

STATE OF NEW YORK

S. 7507--A

A. 9507--A

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

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

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

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

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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 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 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 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); to amend the mental hygiene law, the social services law and the public health law, in relation to providers of service (Part BB); to amend the public health law, in relation to the renaming of the Physically Handicapped Children's Program (Part CC); to amend education law and other laws relating to applied behavior analysis, in relation to extending the expiration of certain provisions thereof (Part DD); and to amend the social services law, the public health law and the insurance law, in relation to creating a single preferred-drug list for medication assisted treatment; to amend 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 165 of the laws of 1991, amending the public health law and other laws relating to establishing payments for medical assistance, in relation to the effectiveness thereof; to amend chapter 710 of the laws of 1988, amending the social services law and the education law relating to medical assistance eligibility of certain persons and providing for managed medical care demonstration programs, in relation to the effec-

tiveness there-of; and providing for the repeal of certain provisions upon expiration thereof (Part EE)

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 EE. 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.

12 PART A

13 Section 1. Section 34 of part A3 of chapter 62 of the laws of 2003
14 amending the general business law and other laws relating to enacting
15 major components necessary to implement the state fiscal plan for the
16 2003-04 state fiscal year, as amended by section 14 of part H of chapter
17 57 of the laws of 2017, is amended to read as follows:

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

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

44 (3) Notwithstanding any inconsistent provision of law, rule or regu-
45 lation and effective April 1, 2008 through March 31, ~~2020~~ 2023, the
46 commissioner of health is authorized to transfer and the comptroller is
47 authorized to deposit, within amounts appropriated each year, those

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

9 ~~[(4) Notwithstanding any inconsistent provision of law, rule or regu-~~
10 ~~lation and effective April 1, 2008 through March 31, 2020, the commis-~~
11 ~~sioner of health is authorized to transfer and the comptroller is~~
12 ~~authorized to deposit, within amounts appropriated each year, those~~
13 ~~funds authorized for distribution in accordance with the provisions of~~
14 ~~paragraph (e) of subdivision 1 of section 2807-1 of the public health~~
15 ~~law for the purpose of payment for administrative costs of the depart-~~
16 ~~ment of health related to the health occupation development and work-~~
17 ~~place demonstration program established pursuant to section 2807-h and~~
18 ~~the health workforce retraining program established pursuant to section~~
19 ~~2807-g of the public health law into the special revenue funds - other,~~
20 ~~health care reform act (HCRA) resources fund - 061, health occupation~~
21 ~~development and workplace demonstration program account, established~~
22 ~~within the department of health.]~~

23 (5) Notwithstanding any inconsistent provision of law, rule or regu-
24 lation and effective April 1, 2008 through March 31, [2020] 2023, the
25 commissioner of health is authorized to transfer and the comptroller is
26 authorized to deposit, within amounts appropriated each year, those
27 funds allocated pursuant to paragraph (j) of subdivision 1 of section
28 2807-v of the public health law for the purpose of payment for adminis-
29 trative costs of the department of health related to administration of
30 the state's tobacco control programs and cancer services provided pursu-
31 ant to sections 2807-r and 1399-ii of the public health law into such
32 accounts established within the department of health for such purposes.

33 (6) 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, the funds
37 authorized for distribution in accordance with the provisions of section
38 2807-1 of the public health law for the purposes of payment for adminis-
39 trative costs of the department of health related to the programs funded
40 pursuant to section 2807-1 of the public health law into the special
41 revenue funds - other, health care reform act (HCRA) resources fund -
42 061, pilot health insurance account, established within the department
43 of health.

44 (7) Notwithstanding any inconsistent provision of law, rule or regu-
45 lation and effective April 1, 2008 through March 31, [2020] 2023, the
46 commissioner of health is authorized to transfer and the comptroller is
47 authorized to deposit, within amounts appropriated each year, those
48 funds authorized for distribution in accordance with the provisions of
49 subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c
50 of the public health law from monies accumulated and interest earned in
51 the bad debt and charity care and capital statewide pools through an
52 assessment charged to general hospitals pursuant to the provisions of
53 subdivision 18 of section 2807-c of the public health law and those
54 funds authorized for distribution in accordance with the provisions of
55 section 2807-1 of the public health law for the purposes of payment for
56 administrative costs of the department of health related to programs

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

5 (8) Notwithstanding any inconsistent provision of law, rule or regu-
6 lation and effective April 1, 2008 through March 31, [~~2020~~] 2023, the
7 commissioner of health is authorized to transfer and the comptroller is
8 authorized to deposit, within amounts appropriated each year, those
9 funds authorized for distribution in accordance with section 2807-l of
10 the public health law for the purposes of payment for administrative
11 costs of the department of health related to programs funded under
12 section 2807-l of the public health law into the special revenue funds -
13 other, health care reform act (HCRA) resources fund - 061, health care
14 delivery administration account, established within the department of
15 health.

16 (9) Notwithstanding any inconsistent provision of law, rule or regu-
17 lation and effective April 1, 2008 through March 31, [~~2020~~] 2023, the
18 commissioner of health is authorized to transfer and the comptroller is
19 authorized to deposit, within amounts appropriated each year, those
20 funds authorized pursuant to sections 2807-d, 3614-a and 3614-b of the
21 public health law and section 367-i of the social services law and for
22 distribution in accordance with the provisions of subdivision 9 of
23 section 2807-j of the public health law for the purpose of payment for
24 administration of statutory duties for the collections and distributions
25 authorized by sections 2807-c, 2807-d, 2807-j, 2807-k, 2807-l, 3614-a
26 and 3614-b of the public health law and section 367-i of the social
27 services law into the special revenue funds - other, health care reform
28 act (HCRA) resources fund - 061, provider collection monitoring account,
29 established within the department of health.

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

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

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

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

44 5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health
45 law, as amended or as added by this act, shall expire on December 31,
46 [~~2020~~] 2023, and shall be thereafter effective only in respect to any
47 act done on or before such date or action or proceeding arising out of
48 such act including continued collections of funds from assessments and
49 allowances and surcharges established pursuant to sections 2807-c,
50 2807-j, 2807-s and 2807-t of the public health law, and administration
51 and distributions of funds from pools established pursuant to sections
52 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s and 2807-t of the public
53 health law related to patient services provided before December 31,
54 [~~2020~~] 2023, and continued expenditure of funds authorized for programs
55 and grants until the exhaustion of funds therefor;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 three; up to one million three hundred thousand dollars for the period
2 January first, two thousand four through December thirty-first, two
3 thousand four; up to six hundred seventy thousand dollars for the period
4 January first, two thousand five through June thirtieth, two thousand
5 five; up to one million three hundred thousand dollars for the period
6 April first, two thousand six through March thirty-first, two thousand
7 seven; and up to one million three hundred thousand dollars annually for
8 the period April first, two thousand seven through March thirty-first,
9 two thousand nine, shall be allocated to individual subsidy programs;
10 and

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

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

38 (c) Up to seventy-eight million dollars shall be reserved and accumu-
39 lated from year to year from the pool for the period January first,
40 nineteen hundred ninety-seven through December thirty-first, nineteen
41 hundred ninety-seven, for purposes of public health programs, up to
42 seventy-six million dollars shall be reserved and accumulated from year
43 to year from the pools for the periods January first, nineteen hundred
44 ninety-eight through December thirty-first, nineteen hundred ninety-
45 eight and January first, nineteen hundred ninety-nine through December
46 thirty-first, nineteen hundred ninety-nine, up to eighty-four million
47 dollars shall be reserved and accumulated from year to year from the
48 pools for the period January first, two thousand through December thir-
49 ty-first, two thousand, up to eighty-five million dollars shall be
50 reserved and accumulated from year to year from the pools for the period
51 January first, two thousand one through December thirty-first, two thou-
52 sand one, up to eighty-six million dollars shall be reserved and accumu-
53 lated from year to year from the pools for the period January first, two
54 thousand two through December thirty-first, two thousand two, up to
55 eighty-six million one hundred fifty thousand dollars shall be reserved
56 and accumulated from year to year from the pools for the period January

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

28 (i) deposit by the commissioner, within amounts appropriated, and the
29 state comptroller is hereby authorized and directed to receive for
30 deposit to, to the credit of the department of health's special revenue
31 fund - other, hospital based grants program account or the health care
32 reform act (HCRA) resources fund, whichever is applicable, for purposes
33 of services and expenses related to general hospital based grant
34 programs, up to twenty-two million dollars annually from the nineteen
35 hundred ninety-seven pool, nineteen hundred ninety-eight pool, nineteen
36 hundred ninety-nine pool, two thousand pool, two thousand one pool and
37 two thousand two pool, respectively, up to twenty-two million dollars
38 from the two thousand three pool, up to ten million dollars for the
39 period January first, two thousand four through December thirty-first,
40 two thousand four, up to eleven million dollars for the period January
41 first, two thousand five through December thirty-first, two thousand
42 five, up to twenty-two million dollars for the period January first, two
43 thousand six through December thirty-first, two thousand six, up to
44 twenty-two million ninety-seven thousand dollars annually for the period
45 January first, two thousand seven through December thirty-first, two
46 thousand ten, up to five million five hundred twenty-four thousand
47 dollars for the period January first, two thousand eleven through March
48 thirty-first, two thousand eleven, up to thirteen million four hundred
49 forty-five thousand dollars for the period April first, two thousand
50 eleven through March thirty-first, two thousand twelve, and up to thir-
51 teen million three hundred seventy-five thousand dollars each state
52 fiscal year for the period April first, two thousand twelve through
53 March thirty-first, two thousand fourteen;

54 (ii) deposit by the commissioner, within amounts appropriated, and the
55 state comptroller is hereby authorized and directed to receive for
56 deposit to, to the credit of the emergency medical services training

1 account established in section ninety-seven-q of the state finance law
2 or the health care reform act (HCRA) resources fund, whichever is appli-
3 cable, up to sixteen million dollars on an annualized basis for the
4 periods January first, nineteen hundred ninety-seven through December
5 thirty-first, nineteen hundred ninety-nine, up to twenty million dollars
6 for the period January first, two thousand through December thirty-
7 first, two thousand, up to twenty-one million dollars for the period
8 January first, two thousand one through December thirty-first, two thou-
9 sand one, up to twenty-two million dollars for the period January first,
10 two thousand two through December thirty-first, two thousand two, up to
11 twenty-two million five hundred fifty thousand dollars for the period
12 January first, two thousand three through December thirty-first, two
13 thousand three, up to nine million six hundred eighty thousand dollars
14 for the period January first, two thousand four through December thir-
15 ty-first, two thousand four, up to twelve million one hundred thirty
16 thousand dollars for the period January first, two thousand five through
17 December thirty-first, two thousand five, up to twenty-four million two
18 hundred fifty thousand dollars for the period January first, two thou-
19 sand six through December thirty-first, two thousand six, up to twenty
20 million four hundred ninety-two thousand dollars annually for the period
21 January first, two thousand seven through December thirty-first, two
22 thousand ten, up to five million one hundred twenty-three thousand
23 dollars for the period January first, two thousand eleven through March
24 thirty-first, two thousand eleven, up to eighteen million three hundred
25 fifty thousand dollars for the period April first, two thousand eleven
26 through March thirty-first, two thousand twelve, up to eighteen million
27 nine hundred fifty thousand dollars for the period April first, two
28 thousand twelve through March thirty-first, two thousand thirteen, up to
29 nineteen million four hundred nineteen thousand dollars for the period
30 April first, two thousand thirteen through March thirty-first, two thou-
31 sand fourteen, and up to nineteen million six hundred fifty-nine thou-
32 sand seven hundred dollars each state fiscal year for the period of
33 April first, two thousand fourteen through March thirty-first, two thou-
34 sand [~~twenty~~] twenty-three;

35 (iii) priority distributions by the commissioner up to thirty-two
36 million dollars on an annualized basis for the period January first, two
37 thousand through December thirty-first, two thousand four, up to thir-
38 ty-eight million dollars on an annualized basis for the period January
39 first, two thousand five through December thirty-first, two thousand
40 six, up to eighteen million two hundred fifty thousand dollars for the
41 period January first, two thousand seven through December thirty-first,
42 two thousand seven, up to three million dollars annually for the period
43 January first, two thousand eight through December thirty-first, two
44 thousand ten, up to seven hundred fifty thousand dollars for the period
45 January first, two thousand eleven through March thirty-first, two thou-
46 sand eleven, up to two million nine hundred thousand dollars each state
47 fiscal year for the period April first, two thousand eleven through
48 March thirty-first, two thousand fourteen, and up to two million nine
49 hundred thousand dollars each state fiscal year for the period April
50 first, two thousand fourteen through March thirty-first, two thousand
51 [~~twenty~~] twenty-three to be allocated (A) for the purposes established
52 pursuant to subparagraph (ii) of paragraph (f) of subdivision nineteen
53 of section twenty-eight hundred seven-c of this article as in effect on
54 December thirty-first, nineteen hundred ninety-six and as may thereafter
55 be amended, up to fifteen million dollars annually for the periods Janu-
56 ary first, two thousand through December thirty-first, two thousand

1 four, up to twenty-one million dollars annually for the period January
2 first, two thousand five through December thirty-first, two thousand
3 six, and up to seven million five hundred thousand dollars for the peri-
4 od January first, two thousand seven through March thirty-first, two
5 thousand seven;

6 (B) pursuant to a memorandum of understanding entered into by the
7 commissioner, the majority leader of the senate and the speaker of the
8 assembly, for the purposes outlined in such memorandum upon the recom-
9 mendation of the majority leader of the senate, up to eight million
10 five hundred thousand dollars annually for the period January first, two
11 thousand through December thirty-first, two thousand six, and up to four
12 million two hundred fifty thousand dollars for the period January first,
13 two thousand seven through June thirtieth, two thousand seven, and for
14 the purposes outlined in such memorandum upon the recommendation of the
15 speaker of the assembly, up to eight million five hundred thousand
16 dollars annually for the periods January first, two thousand through
17 December thirty-first, two thousand six, and up to four million two
18 hundred fifty thousand dollars for the period January first, two thou-
19 sand seven through June thirtieth, two thousand seven; and

20 (C) for services and expenses, including grants, related to emergency
21 assistance distributions as designated by the commissioner. Notwith-
22 standing section one hundred twelve or one hundred sixty-three of the
23 state finance law or any other contrary provision of law, such distrib-
24 utions shall be limited to providers or programs where, as determined by
25 the commissioner, emergency assistance is vital to protect the life or
26 safety of patients, to ensure the retention of facility caregivers or
27 other staff, or in instances where health facility operations are jeop-
28 ardized, or where the public health is jeopardized or other emergency
29 situations exist, up to three million dollars annually for the period
30 April first, two thousand seven through March thirty-first, two thousand
31 eleven, up to two million nine hundred thousand dollars each state
32 fiscal year for the period April first, two thousand eleven through
33 March thirty-first, two thousand fourteen, up to two million nine
34 hundred thousand dollars each state fiscal year for the period April
35 first, two thousand fourteen through March thirty-first, two thousand
36 seventeen, ~~and~~ up to two million nine hundred thousand dollars each
37 state fiscal year for the period April first, two thousand seventeen
38 through March thirty-first, two thousand twenty, and up to two million
39 nine hundred thousand dollars each state fiscal year for the period
40 April first, two thousand twenty through March thirty-first, two thou-
41 sand twenty-three. Upon any distribution of such funds, the commissioner
42 shall immediately notify the chair and ranking minority member of the
43 senate finance committee, the assembly ways and means committee, the
44 senate committee on health, and the assembly committee on health;

45 (iv) distributions by the commissioner related to poison control
46 centers pursuant to subdivision seven of section twenty-five hundred-d
47 of this chapter, up to five million dollars for the period January
48 first, nineteen hundred ninety-seven through December thirty-first,
49 nineteen hundred ninety-seven, up to three million dollars on an annual-
50 ized basis for the periods during the period January first, nineteen
51 hundred ninety-eight through December thirty-first, nineteen hundred
52 ninety-nine, up to five million dollars annually for the periods January
53 first, two thousand through December thirty-first, two thousand two, up
54 to four million six hundred thousand dollars annually for the periods
55 January first, two thousand three through December thirty-first, two
56 thousand four, up to five million one hundred thousand dollars for the

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

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

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

1 thousand twenty, and up to nineteen million six hundred thousand dollars
2 each state fiscal year for the period of April first, two thousand twen-
3 ty through March thirty-first, two thousand twenty-three, shall be
4 transferred to the health facility restructuring pool established pursu-
5 ant to section twenty-eight hundred fifteen of this article;

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

11 (e) 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 to organizations to support the health workforce
14 retraining program established pursuant to section twenty-eight hundred
15 seven-g of this article from the respective health care initiatives
16 pools established for the following periods in the following amounts
17 from the pools or the health care reform act (HCRA) resources fund,
18 whichever is applicable, during the period January first, nineteen
19 hundred ninety-seven through December thirty-first, nineteen hundred
20 ninety-nine, up to fifty million dollars on an annualized basis, up to
21 thirty million dollars for the period January first, two thousand
22 through December thirty-first, two thousand, up to forty million dollars
23 for the period January first, two thousand one through December thirty-
24 first, two thousand one, up to fifty million dollars for the period
25 January first, two thousand two through December thirty-first, two thou-
26 sand two, up to forty-one million one hundred fifty thousand dollars for
27 the period January first, two thousand three through December thirty-
28 first, two thousand three, up to forty-one million one hundred fifty
29 thousand dollars for the period January first, two thousand four through
30 December thirty-first, two thousand four, up to fifty-eight million
31 three hundred sixty thousand dollars for the period January first, two
32 thousand five through December thirty-first, two thousand five, up to
33 fifty-two million three hundred sixty thousand dollars for the period
34 January first, two thousand six through December thirty-first, two thou-
35 sand six, up to thirty-five million four hundred thousand dollars annu-
36 ally for the period January first, two thousand seven through December
37 thirty-first, two thousand ten, up to eight million eight hundred fifty
38 thousand dollars for the period January first, two thousand eleven
39 through March thirty-first, two thousand eleven, up to twenty-eight
40 million four hundred thousand dollars each state fiscal year for the
41 period April first, two thousand eleven through March thirty-first, two
42 thousand fourteen, up to twenty-six million eight hundred seventeen
43 thousand dollars each state fiscal year for the period April first, two
44 thousand fourteen through March thirty-first, two thousand seventeen,
45 ~~and~~ up to twenty-six million eight hundred seventeen thousand dollars
46 each state fiscal year for the period April first, two thousand seven-
47 teen through March thirty-first, two thousand twenty, and up to twenty-
48 six million eight hundred seventeen thousand dollars each state fiscal
49 year for the period April first, two thousand twenty through March thir-
50 ty-first, two thousand twenty-three, less the amount of funds available
51 for allocations for rate adjustments for workforce training programs for
52 payments by state governmental agencies for inpatient hospital services.

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

54 (i) from the pool for the period January first, nineteen hundred nine-
55 ty-seven through December thirty-first, nineteen hundred ninety-seven,
56 (A) thirty-four million six hundred thousand dollars shall be trans-

ferred to funds reserved and accumulated pursuant to paragraph (b) of subdivision nineteen of section twenty-eight hundred seven-c of this article, and (B) eighty-two million dollars shall be transferred and deposited and credited to the credit of the state general fund medical assistance local assistance account;

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

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

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

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

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

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

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

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

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

(i) funds shall be reserved and accumulated:

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

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

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

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

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

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

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

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

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

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

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

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

(iv) from the pool for the periods January first, two thousand through December thirty-first, two thousand two, seventeen million dollars annually, and for the period January first, two thousand three through December thirty-first, two thousand three, up to fifteen million eight hundred fifty thousand dollars;

(v) from the pool or the health care reform act (HCRA) resources fund, whichever is applicable, for the period January first, two thousand four through December thirty-first, two thousand four, up to fifteen million eight hundred fifty thousand dollars, 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 April first, two thousand eleven through March thirty-first, two thousand fourteen, up to sixteen million two hundred thousand dollars, up to sixteen million two hundred thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, ~~and~~ up to sixteen 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 up to sixteen 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.

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

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

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

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

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

1 through (f) of this subdivision, and for periods on and after January
2 first, two thousand, in the following amounts:

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

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

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

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

16 (v) (A) from the pool or the health care reform act (HCRA) resources
17 fund, whichever is applicable, for the period July first, two thousand
18 three through December thirty-first, two thousand three, up to six
19 million dollars, for the period January first, two thousand four through
20 December thirty-first, two thousand six, up to twelve million dollars
21 annually, for the period January first, two thousand seven through
22 December thirty-first, two thousand thirteen, up to forty-eight million
23 dollars annually, for the period January first, two thousand fourteen
24 through March thirty-first, two thousand fourteen, up to twelve million
25 dollars for the period April first, two thousand fourteen through March
26 thirty-first, two thousand seventeen, up to forty-eight million dollars
27 annually, ~~and~~ for the period April first, two thousand seventeen
28 through March thirty-first, two thousand twenty, up to forty-eight
29 million dollars annually, and for the period April first, two thousand
30 twenty through March thirty-first, two thousand twenty-three, up to
31 forty-eight million dollars annually;

32 (B) from the health care reform act (HCRA) resources fund for the
33 period January first, two thousand six through December thirty-first,
34 two thousand six, an additional seven million five hundred thousand
35 dollars, for the period January first, two thousand seven through Decem-
36 ber thirty-first, two thousand thirteen, an additional seven million
37 five hundred thousand dollars annually, for the period January first,
38 two thousand fourteen through March thirty-first, two thousand fourteen,
39 an additional one million eight hundred seventy-five thousand dollars,
40 for the period April first, two thousand fourteen through March thirty-
41 first, two thousand seventeen, an additional seven million five hundred
42 thousand dollars annually, ~~and~~ for the period April first, two thou-
43 sand seventeen through March thirty-first, two thousand twenty, an addi-
44 tional seven million five hundred thousand dollars annually, and for the
45 period April first, two thousand twenty through March thirty-first, two
46 thousand twenty-three, an additional seven million five hundred thousand
47 dollars annually for voluntary non-profit diagnostic and treatment
48 center uncompensated care in accordance with subdivision four-c of
49 section twenty-eight hundred seven-p of this article; and

50 (vi) funds reserved and accumulated pursuant to this paragraph for
51 periods on and after July first, two thousand three, shall be deposited
52 by the commissioner, within amounts appropriated, and the state comp-
53 troller is hereby authorized and directed to receive for deposit to the
54 credit of the state special revenue funds - other, HCRA transfer fund,
55 medical assistance account, for purposes of funding the state share of
56 rate adjustments made pursuant to section twenty-eight hundred seven-p

1 of this article, provided, however, that in the event federal financial
2 participation is not available for rate adjustments made pursuant to
3 paragraph (b) of subdivision one of section twenty-eight hundred seven-p
4 of this article, funds shall be distributed pursuant to paragraph (a) of
5 subdivision one of section twenty-eight hundred seven-p of this article
6 from the respective health care initiatives pools or the health care
7 reform act (HCRA) resources fund, whichever is applicable.

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

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

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

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

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

34 (v) from the pool or the health care reform act (HCRA) resources fund,
35 whichever is applicable, for the periods January first, two thousand
36 four through December thirty-first, two thousand four, up to fifty-six
37 million dollars, for the period January first, two thousand five through
38 December thirty-first, two thousand six, up to sixty million dollars
39 annually, for the period January first, two thousand seven through
40 December thirty-first, two thousand ten, up to sixty million dollars
41 annually, for the period January first, two thousand eleven through
42 March thirty-first, two thousand eleven, up to fifteen million dollars,
43 each state fiscal year for the period April first, two thousand eleven
44 through March thirty-first, two thousand fourteen, up to forty-two
45 million three hundred thousand dollars and up to forty-one million fifty
46 thousand dollars each state fiscal year for the period April first, two
47 thousand fourteen through March thirty-first, two thousand [twenty]
48 twenty-three.

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

1 periods on and after January first, two thousand, in the following
2 amounts:

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

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

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

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

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

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

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

37 2. Notwithstanding any inconsistent provision of law, rule or regu-
38 lation, any funds accumulated in the health care initiatives pools
39 pursuant to paragraph (b) of subdivision nine of section twenty-eight
40 hundred seven-j of this article, as a result of surcharges, assessments
41 or other obligations during the periods January first, nineteen hundred
42 ninety-seven through December thirty-first, nineteen hundred ninety-
43 nine, which are unused or uncommitted for distributions pursuant to this
44 section shall be reserved and accumulated from year to year by the
45 commissioner and, within amounts appropriated, transferred and deposited
46 into the special revenue funds - other, miscellaneous special revenue
47 fund - 339, child health insurance account or any successor fund or
48 account, for purposes of distributions to implement the child health
49 insurance program established pursuant to sections twenty-five hundred
50 ten and twenty-five hundred eleven of this chapter for periods on and
51 after January first, two thousand one; provided, however, funds reserved
52 and accumulated for priority distributions pursuant to subparagraph
53 (iii) of paragraph (c) of subdivision one of this section shall not be
54 transferred and deposited into such account pursuant to this subdivi-
55 sion; and provided further, however, that any unused or uncommitted pool
56 funds accumulated and allocated pursuant to paragraph (j) of subdivision

1 one of this section shall be distributed for purposes of the health
2 information and quality improvement act of 2000.

3 3. Revenue from distributions pursuant to this section shall not be
4 included in gross revenue received for purposes of the assessments
5 pursuant to subdivision eighteen of section twenty-eight hundred seven-c
6 of this article, subject to the provisions of paragraph (e) of subdivi-
7 sion eighteen of section twenty-eight hundred seven-c of this article,
8 and shall not be included in gross revenue received for purposes of the
9 assessments pursuant to section twenty-eight hundred seven-d of this
10 article, subject to the provisions of subdivision twelve of section
11 twenty-eight hundred seven-d of this article.

12 § 6. Subdivision 1, paragraph (f) of subdivision 3, paragraphs (a) and
13 (d) of subdivision 5 and subdivisions 5-a and 12 of section 2807-m of
14 the public health law, subdivision 1 as amended by section 16 of part B
15 of chapter 58 of the laws of 2008, the opening paragraph of paragraph
16 (s) of subdivision 1 as amended by section 95 and paragraph (f) of
17 subdivision 3 as amended by section 97 of part C of chapter 58 of the
18 laws of 2009, paragraph (a) of subdivision 5 as amended by section 75-b
19 of part C of chapter 58 of the laws of 2008, paragraph (d) of subdivi-
20 sion 5 as added by section 10-a of part E of chapter 63 of the laws of
21 2005, subdivision 5-a as amended by section 6 of part H of chapter 57 of
22 the laws of 2017 and subdivision 12 as added by section 3 of part R of
23 chapter 59 of the laws of 2016, are amended to read as follows:

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

26 (a) "Clinical research" means patient-oriented research, epidemiologic
27 and behavioral studies, or outcomes research and health services
28 research that is approved by an institutional review board by the time
29 the clinical research position is filled.

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

33 (i) financial support for overhead, supervision, equipment and other
34 resources equal to the amount of funding provided pursuant to subpara-
35 graph (i) of paragraph (b) of subdivision five-a of this section by the
36 teaching general hospital or consortium for the clinical research posi-
37 tion;

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

40 (iii) methods, data collection and anticipated measurable outcomes of
41 the clinical research to be performed;

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

44 (v) scientific relevance, merit and health implications of the
45 research to be performed;

46 (vi) information on potential scientific meetings and peer review
47 journals where research results can be disseminated;

48 (vii) clear and comprehensive details on the clinical research posi-
49 tion;

50 (viii) qualifications necessary for the clinical research position and
51 strategy for recruitment;

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

54 (x) methods to track the career of the clinical researcher once the
55 term of the position is complete; and

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

(xii) The clinical review plan submitted in accordance with this paragraph may be reviewed by the commissioner in consultation with experts outside the department of health.

(c) "Clinical research position" means a post-graduate residency position which:

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

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

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

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

(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 (q) 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.

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

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

5 (g) "Distribution period" means each calendar year set forth in subdi-
6 vision two of this section.

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

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

19 (j) "Indirect medical education" means the estimate of costs, other
20 than direct costs, of educational activities in teaching hospitals as
21 determined in accordance with the methodology applicable for purposes of
22 determining an estimate of indirect medical education costs for
23 reimbursement for inpatient hospital service pursuant to title XVIII of
24 the federal social security act (medicare).

25 (k) "Medicare" means the methodology used for purposes of reimbursing
26 inpatient hospital services provided to beneficiaries of title XVIII of
27 the federal social security act.

28 (l) "Primary care" residents specialties shall include family medi-
29 cine, general pediatrics, primary care internal medicine, and primary
30 care obstetrics and gynecology. In determining whether a residency is in
31 primary care, the commissioner shall consult with the council.

32 (m) "Regions", for purposes of this section, shall mean the regions as
33 defined in paragraph (b) of subdivision sixteen of section twenty-eight
34 hundred seven-c of this article as in effect on June thirtieth, nineteen
35 hundred ninety-six. For purposes of distributions pursuant to subdivi-
36 sion five-a of this section, except distributions made in accordance
37 with paragraph (a) of subdivision five-a of this section, "regions"
38 shall be defined as New York city and the rest of the state.

39 (n) "Regional pool" means a professional education pool established on
40 a regional basis by the commissioner from funds available pursuant to
41 sections twenty-eight hundred seven-s and twenty-eight hundred seven-t
42 of this article.

43 (o) "Resident" means a person in a graduate medical education program
44 which has received accreditation from a nationally recognized accredi-
45 tation body or in a program approved by any other nationally recognized
46 organization for medical, osteopathic or dental residency programs
47 including, but not limited to, specialty boards.

48 (p) "Shortage specialty" means a specialty determined by the commis-
49 sioner, in consultation with the council, to be in short supply in the
50 state of New York.

51 (q) "Sponsoring institution" means the entity that has the overall
52 responsibility for a program of graduate medical education. Such insti-
53 tutions shall include teaching general hospitals, medical schools,
54 consortia and diagnostic and treatment centers.

55 (r) "Weighted resident count" means a teaching general hospital's
56 total number of residents as of July first, nineteen hundred ninety-

1 five, including residents in affiliated non-hospital ambulatory
2 settings, reported to the commissioner. Such resident counts shall
3 reflect the weights established in accordance with rules and regulations
4 adopted by the state hospital review and planning council and approved
5 by the commissioner for purposes of implementing subdivision twenty-five
6 of section twenty-eight hundred seven-c of this article and in effect on
7 July first, nineteen hundred ninety-five. Such weights shall not be
8 applied to specialty hospitals, specified by the commissioner, whose
9 primary care mission is to engage in research, training and clinical
10 care in specialty eye and ear, special surgery, orthopedic, joint
11 disease, cancer, chronic care or rehabilitative services.

12 (s) "Adjustment amount" means an amount determined for each teaching
13 hospital for periods prior to January first, two thousand nine by:

14 (i) determining the difference between (A) a calculation of what each
15 teaching general hospital would have been paid if payments made pursuant
16 to paragraph (a-3) of subdivision one of section twenty-eight hundred
17 seven-c of this article between January first, nineteen hundred ninety-
18 six and December thirty-first, two thousand three were based solely on
19 the case mix of persons eligible for medical assistance under the
20 medical assistance program pursuant to title eleven of article five of
21 the social services law who are enrolled in health maintenance organiza-
22 tions and persons paid for under the family health plus program enrolled
23 in approved organizations pursuant to title eleven-D of article five of
24 the social services law during those years, and (B) the actual payments
25 to each such hospital pursuant to paragraph (a-3) of subdivision one of
26 section twenty-eight hundred seven-c of this article between January
27 first, nineteen hundred ninety-six and December thirty-first, two thou-
28 sand three.

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

32 (iii) further reducing each of the amounts determined in subparagraph
33 (ii) of this paragraph by the amount received by each hospital as a
34 distribution from funds designated in paragraph (a) of subdivision five
35 of this section attributable to the period January first, two thousand
36 three through December thirty-first, two thousand three, except that if
37 such amount was provided to a consortium then the amount of the
38 reduction for each hospital in the consortium shall be determined by
39 applying the proportion of each hospital's amount determined under
40 subparagraph (i) of this paragraph to the total of such amounts of all
41 hospitals in such consortium to the consortium award;

42 (iv) further reducing each of the amounts determined in subparagraph
43 (iii) of this paragraph by the amounts specified in paragraph (t) of
44 this subdivision; and

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

47 (t) "Extra reduction amount" shall mean an amount determined for a
48 teaching hospital for which an adjustment amount is calculated pursuant
49 to paragraph (s) of this subdivision that is the hospital's propor-
50 tionate share of the sum of the amounts specified in paragraph (u) of
51 this subdivision determined based upon a comparison of the hospital's
52 remaining liability calculated pursuant to paragraph (s) of this subdi-
53 vision to the sum of all such hospital's remaining liabilities.

54 (u) "Allotment amount" shall mean an amount determined for teaching
55 hospitals as follows:

(i) for a hospital for which an adjustment amount pursuant to paragraph (s) of this subdivision does not apply, the amount received by the hospital pursuant to paragraph (a) of subdivision five of this section attributable to the period January first, two thousand three through December thirty-first, two thousand three, or

(ii) for a hospital for which an adjustment amount pursuant to paragraph (s) of this subdivision applies and which received a distribution pursuant to paragraph (a) of subdivision five of this section attributable to the period January first, two thousand three through December thirty-first, two thousand three that is greater than the hospital's adjustment amount, the difference between the distribution amount and the adjustment amount.

(f) Effective January first, two thousand five through December thirty-first, two thousand eight, each teaching general hospital shall receive a distribution from the applicable regional pool based on its distribution amount determined under paragraphs (c), (d) and (e) of this subdivision and reduced by its adjustment amount calculated pursuant to paragraph (s) of subdivision one of this section and, for distributions for the period January first, two thousand five through December thirty-first, two thousand five, further reduced by its extra reduction amount calculated pursuant to paragraph (t) of subdivision one of this section.

(a) Up to thirty-one million dollars annually for the periods January first, two thousand through December thirty-first, two thousand three, and up to twenty-five million dollars plus the sum of the amounts specified in paragraph (n) of subdivision one of this section for the period January first, two thousand five through December thirty-first, two thousand five, and up to thirty-one million dollars annually for the period January first, two thousand six through December thirty-first, two thousand seven, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section for supplemental distributions in each such region to be made by the commissioner to consortia and teaching general hospitals in accordance with a distribution methodology developed in consultation with the council and specified in rules and regulations adopted by the commissioner.

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

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

1 sion (f) of section 86-1.89 of title 10 of the codes, rules and regu-
2 lations of the state of New York shall be increased from sixty thousand
3 dollars to seventy-five thousand dollars.

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

10 (b) Empire clinical research investigator program (ECRIP). Nine
11 million one hundred twenty thousand dollars annually for the period
12 January first, two thousand nine through December thirty-first, two
13 thousand ten, and two million two hundred eighty thousand dollars for
14 the period January first, two thousand eleven, through March thirty-
15 first, two thousand eleven, nine million one hundred twenty thousand
16 dollars each state fiscal year for the period April first, two thousand
17 eleven through March thirty-first, two thousand fourteen, up to eight
18 million six hundred twelve thousand dollars each state fiscal year for
19 the period April first, two thousand fourteen through March thirty-
20 first, two thousand seventeen, [and] up to eight million six hundred
21 twelve thousand dollars each state fiscal year for the period April
22 first, two thousand seventeen through March thirty-first, two thousand
23 twenty, and up to eight million six hundred twelve thousand dollars each
24 state fiscal year for the period April first, two thousand twenty
25 through March thirty-first, two thousand twenty-three, shall be set
26 aside and reserved by the commissioner from the regional pools estab-
27 lished pursuant to subdivision two of this section to be allocated
28 regionally with two-thirds of the available funding going to New York
29 city and one-third of the available funding going to the rest of the
30 state and shall be available for distribution as follows:

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

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

47 (B) Distributions made to a consortium or teaching general hospital
48 shall equal the product of the total number of clinical research posi-
49 tions submitted by a consortium or teaching general hospital and
50 accepted by the commissioner as meeting the criteria set forth in para-
51 graph (b) of subdivision one of this section, subject to the reduction
52 calculation set forth in clause (C) of this subparagraph, times one
53 hundred ten thousand dollars.

54 (C) If the dollar amount for the total number of clinical research
55 positions in the region calculated pursuant to clause (B) of this
56 subparagraph exceeds the total amount appropriated for purposes of this

1 paragraph, including clinical research positions that continue from and
2 were funded in prior distribution periods, the commissioner shall elimi-
3 nate one-half of the clinical research positions submitted by each
4 consortium or teaching general hospital rounded down to the nearest one
5 position. Such reduction shall be repeated until the dollar amount for
6 the total number of clinical research positions in the region does not
7 exceed the total amount appropriated for purposes of this paragraph. If
8 the repeated reduction of the total number of clinical research posi-
9 tions in the region by one-half does not render a total funding amount
10 that is equal to or less than the total amount reserved for that region
11 within the appropriation, the funding for each clinical research posi-
12 tion in that region shall be reduced proportionally in one thousand
13 dollar increments until the total dollar amount for the total number of
14 clinical research positions in that region does not exceed the total
15 amount reserved for that region within the appropriation. Any reduction
16 in funding will be effective for the duration of the award. No clinical
17 research positions that continue from and were funded in prior distrib-
18 ution periods shall be eliminated or reduced by such methodology.

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

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

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

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

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

50 (G) In order to be eligible for distributions pursuant to this subpar-
51 agraph, each consortium and teaching general hospital shall provide to
52 the commissioner by July first of each distribution period, the follow-
53 ing data and information on a hospital-specific basis. Such data and
54 information shall be certified as to accuracy and completeness by the
55 chief executive officer, chief financial officer or chair of the consor-
56 tium governing body of each consortium or teaching general hospital and

1 shall be maintained by each consortium and teaching general hospital for
2 five years from the date of submission:

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

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

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

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

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

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

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

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

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

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

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

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

52 ~~[(c) Ambulatory care training. Four million nine hundred thousand~~
53 ~~dollars for the period January first, two thousand eight through Decem-~~
54 ~~ber thirty-first, two thousand eight, four million nine hundred thousand~~
55 ~~dollars for the period January first, two thousand nine through December~~
56 ~~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)~~] (c) 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 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

1 general hospitals, and who enter and remain in primary care or specialty
2 practices in underserved communities, as determined by the commissioner.

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

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

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

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

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

26 ~~[(e)]~~ (d) Physician practice support. Four million nine hundred thou-
27 sand dollars for the period January first, two thousand eight through
28 December thirty-first, two thousand eight, four million nine hundred
29 thousand dollars annually for the period January first, two thousand
30 nine through December thirty-first, two thousand ten, one million two
31 hundred twenty-five thousand dollars for the period January first, two
32 thousand eleven through March thirty-first, two thousand eleven, four
33 million three hundred thousand dollars each state fiscal year for the
34 period April first, two thousand eleven through March thirty-first, two
35 thousand fourteen, up to four million three hundred sixty thousand
36 dollars each state fiscal year for the period April first, two thousand
37 fourteen through March thirty-first, two thousand seventeen, ~~[and]~~ up to
38 four million three hundred sixty thousand dollars for each state fiscal
39 year for the period April first, two thousand seventeen through March
40 thirty-first, two thousand twenty, and up to four million three hundred
41 sixty thousand dollars for each fiscal year for the period April first,
42 two thousand twenty through March thirty-first, two thousand twenty-
43 three, shall be set aside and reserved by the commissioner from the
44 regional pools established pursuant to subdivision two of this section
45 and shall be available for purposes of physician practice support.
46 Notwithstanding any contrary provision of this section, sections one
47 hundred twelve and one hundred sixty-three of the state finance law, or
48 any other contrary provision of law, such funding shall be allocated
49 regionally with one-third of available funds going to New York city and
50 two-thirds of available funds going to the rest of the state and shall
51 be distributed in a manner to be determined by the commissioner without
52 a competitive bid or request for proposal process as follows:

53 (i) Preference in funding shall first be accorded to teaching general
54 hospitals for up to twenty-five awards, to support costs incurred by
55 physicians trained in primary or specialty tracks who thereafter estab-

lish or join practices in underserved communities, as determined by the commissioner.

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

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

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

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

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

(f) Study on physician workforce. Five hundred ninety thousand dollars annually for the period January first, two thousand eight through December thirty-first, two thousand ten, one hundred forty-eight thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, five hundred sixteen thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to four hundred eighty-seven thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, ~~and~~ up to four hundred eighty-seven thousand dollars for each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, and up to four hundred eighty-seven 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 to fund a study of physician workforce needs and solutions including, but not limited to, an analysis of residency programs and projected physician workforce and community needs. The commissioner shall enter into agreements with one or more organizations to conduct such study based on a request for proposal process.

(g) Diversity in medicine/post-baccalaureate program. Notwithstanding any inconsistent provision of section one hundred twelve or one hundred sixty-three of the state finance law or any other law, one million nine hundred sixty thousand dollars annually for the period January first, two thousand eight through December thirty-first, two thousand ten, four hundred ninety thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, one million seven hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thou-

1 sand fourteen, up to one million six hundred five thousand dollars each
2 state fiscal year for the period April first, two thousand fourteen
3 through March thirty-first, two thousand seventeen, up to one million
4 six hundred five thousand dollars each state fiscal year for the period
5 April first, two thousand seventeen through March thirty-first, two
6 thousand twenty, and up to one million six hundred five thousand dollars
7 each state fiscal year for the period April first, two thousand twenty
8 through March thirty-first, two thousand twenty-three, shall be set
9 aside and reserved by the commissioner from the regional pools estab-
10 lished pursuant to subdivision two of this section and shall be avail-
11 able for distributions to the Associated Medical Schools of New York to
12 fund its diversity program including existing and new post-baccalaureate
13 programs for minority and economically disadvantaged students and
14 encourage participation from all medical schools in New York. The asso-
15 ciated medical schools of New York shall report to the commissioner on
16 an annual basis regarding the use of funds for such purpose in such form
17 and manner as specified by the commissioner.

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

23 12. Notwithstanding any provision of law to the contrary, applications
24 submitted on or after April first, two thousand sixteen, for the physi-
25 cian loan repayment program pursuant to paragraph [~~(d)~~] (c) of subdivi-
26 sion five-a of this section and subdivision ten of this section or the
27 physician practice support program pursuant to paragraph [~~(e)~~] (d) of
28 subdivision five-a of this section, shall be subject to the following
29 changes:

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

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

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

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

41 § 7. Subdivision 7 of section 2807-m of the public health law is
42 REPEALED.

43 § 8. Subparagraph (xvi) of paragraph (a) of subdivision 7 of section
44 2807-s of the public health law, as amended by section 30 of part H of
45 chapter 59 of the laws of 2011, is amended to read as follows:

46 (xvi) provided further, however, for periods prior to July first, two
47 thousand nine, amounts set forth in this paragraph shall be reduced by
48 an amount equal to the actual distribution reductions for all facilities
49 pursuant to paragraph (s) of subdivision one of section twenty-eight
50 hundred seven-m of this article.

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

54 (c) The pool administrator shall, from appropriated funds transferred
55 to the pool administrator from the comptroller, continue to make
56 payments as required pursuant to sections twenty-eight hundred seven-k,

1 twenty-eight hundred seven-m (not including payments made pursuant to
2 ~~[subparagraph (ii) of paragraph (b) and]~~ paragraphs (c), (d), ~~[(e)]~~, (f)
3 and (g) of subdivision five-a ~~[and subdivision seven]~~ of section twen-
4 ty-eight hundred seven-m), and twenty-eight hundred seven-w of the
5 public health law, paragraph (e) of subdivision twenty-five of section
6 twenty-eight hundred seven-c of the public health law, paragraphs (b)
7 and (c) of subdivision thirty of section twenty-eight hundred seven-c of
8 the public health law, paragraph (b) of subdivision eighteen of section
9 twenty-eight hundred eight of the public health law, subdivision seven
10 of section twenty-five hundred-d of the public health law and section
11 eighty-eight of chapter one of the laws of nineteen hundred ninety-nine.

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

15 4-c. Notwithstanding any provision of law to the contrary, the commis-
16 sioner shall make additional payments for uncompensated care to volun-
17 tary non-profit diagnostic and treatment centers that are eligible for
18 distributions under subdivision four of this section in the following
19 amounts: for the period June first, two thousand six through December
20 thirty-first, two thousand six, in the amount of seven million five
21 hundred thousand dollars, for the period January first, two thousand
22 seven through December thirty-first, two thousand seven, seven million
23 five hundred thousand dollars, for the period January first, two thou-
24 sand eight through December thirty-first, two thousand eight, seven
25 million five hundred thousand dollars, for the period January first, two
26 thousand nine through December thirty-first, two thousand nine, fifteen
27 million five hundred thousand dollars, for the period January first, two
28 thousand ten through December thirty-first, two thousand ten, seven
29 million five hundred thousand dollars, for the period January first, two
30 thousand eleven through December thirty-first, two thousand eleven, seven
31 million five hundred thousand dollars, for the period January first, two
32 thousand twelve through December thirty-first, two thousand twelve,
33 seven million five hundred thousand dollars, for the period January
34 first, two thousand thirteen through December thirty-first, two thousand
35 thirteen, seven million five hundred thousand dollars, for the period
36 January first, two thousand fourteen through December thirty-first, two
37 thousand fourteen, seven million five hundred thousand dollars, for the
38 period January first, two thousand fifteen through December thirty-
39 first, two thousand fifteen, seven million five hundred thousand
40 dollars, for the period January first two thousand sixteen through
41 December thirty-first, two thousand sixteen, seven million five hundred
42 thousand dollars, for the period January first, two thousand seventeen
43 through December thirty-first, two thousand seventeen, seven million
44 five hundred thousand dollars, for the period January first, two thou-
45 sand eighteen through December thirty-first, two thousand eighteen,
46 seven million five hundred thousand dollars, for the period January
47 first, two thousand nineteen through December thirty-first, two thousand
48 nineteen, seven million five hundred thousand dollars, for the period
49 January first, two thousand twenty through December thirty-first, two
50 thousand twenty, seven million five hundred thousand dollars, for the
51 period January first, two thousand twenty-one through December thirty-
52 first, two thousand twenty-one, seven million five hundred thousand
53 dollars, for the period January first, two thousand twenty-two through
54 December thirty-first, two thousand twenty-two, seven million five
55 hundred thousand dollars, and for the period January first, two thousand
56 ~~[twenty]~~ twenty-three through March thirty-first, two thousand ~~[twenty]~~

1 ~~twenty-three~~, in the amount of one million six hundred thousand dollars,
2 provided, however, that for periods on and after January first, two
3 thousand eight, such additional payments shall be distributed to volun-
4 tary, non-profit diagnostic and treatment centers and to public diagnos-
5 tic and treatment centers in accordance with paragraph (g) of subdivi-
6 sion four of this section. In the event that federal financial
7 participation is available for rate adjustments pursuant to this
8 section, the commissioner shall make such payments as additional adjust-
9 ments to rates of payment for voluntary non-profit diagnostic and treat-
10 ment centers that are eligible for distributions under subdivision
11 four-a of this section in the following amounts: for the period June
12 first, two thousand six through December thirty-first, two thousand six,
13 fifteen million dollars in the aggregate, and for the period January
14 first, two thousand seven through June thirtieth, two thousand seven,
15 seven million five hundred thousand dollars in the aggregate. The
16 amounts allocated pursuant to this paragraph shall be aggregated with
17 and distributed pursuant to the same methodology applicable to the
18 amounts allocated to such diagnostic and treatment centers for such
19 periods pursuant to subdivision four of this section if federal finan-
20 cial participation is not available, or pursuant to subdivision four-a
21 of this section if federal financial participation is available.
22 Notwithstanding section three hundred sixty-eight-a of the social
23 services law, there shall be no local share in a medical assistance
24 payment adjustment under this subdivision.

25 § 11. Subparagraph (xv) of paragraph (a) of subdivision 6 of section
26 2807-s of the public health law, as amended by section 3 of part H of
27 chapter 57 of the laws of 2017, is amended to read as follows:

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

31 § 12. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section
32 2807-s of the public health law, as amended by section 4 of part H of
33 chapter 57 of the laws of 2017, is amended to read as follows:

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

37 § 13. Subdivision 6 of section 2807-t of the public health law, as
38 amended by section 8 of part H of chapter 57 of the laws of 2017, is
39 amended to read as follows:

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

53 (b) Notwithstanding the provisions of paragraph (a) of this subdivi-
54 sion, for covered lives assessment rate periods on and after January
55 first, two thousand fifteen through December thirty-first, two thousand
56 [~~twenty~~] ~~twenty-three~~, for amounts collected in the aggregate in excess

1 of one billion forty-five million dollars on an annual basis, prospec-
2 tive adjustments shall be suspended if the annual reconciliation calcu-
3 lation from the prior year would otherwise result in a decrease to the
4 regional allocation of the specified gross annual payment amount for
5 that region, provided, however, that such suspension shall be lifted
6 upon a determination by the commissioner, in consultation with the
7 director of the budget, that sixty-five million dollars in aggregate
8 collections on an annual basis over and above one billion forty-five
9 million dollars on an annual basis have been reserved and set aside for
10 deposit in the HCRA resources fund. Any amounts collected in the aggre-
11 gate at or below one billion forty-five million dollars on an annual
12 basis, shall be subject to regional adjustments reconciling any
13 decreases or increases to the regional allocation in accordance with
14 paragraph (a) of this subdivision.

15 § 14. Section 2807-v of the public health law, as amended by section
16 22 of part H of chapter 57 of the laws of 2017, is amended to read as
17 follows:

18 § 2807-v. Tobacco control and insurance initiatives pool distrib-
19 utions. 1. Funds accumulated in the tobacco control and insurance
20 initiatives pool or in the health care reform act (HCRA) resources fund
21 established pursuant to section ninety-two-dd of the state finance law,
22 whichever is applicable, including income from invested funds, shall be
23 distributed or retained by the commissioner or by the state comptroller,
24 as applicable, in accordance with the following:

25 (a) Funds shall be deposited by the commissioner, within amounts
26 appropriated, and the state comptroller is hereby authorized and
27 directed to receive for deposit to the credit of the state special
28 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and
29 medicaid administration account, or any successor fund or account, for
30 purposes of services and expenses related to the toll-free medicaid
31 fraud hotline established pursuant to section one hundred eight of chap-
32 ter one of the laws of nineteen hundred ninety-nine from the tobacco
33 control and insurance initiatives pool established for the following
34 periods in the following amounts: four hundred thousand dollars annually
35 for the periods January first, two thousand through December thirty-
36 first, two thousand two, up to four hundred thousand dollars for the
37 period January first, two thousand three through December thirty-first,
38 two thousand three, up to four hundred thousand dollars for the period
39 January first, two thousand four through December thirty-first, two
40 thousand four, up to four hundred thousand dollars for the period Janu-
41 ary first, two thousand five through December thirty-first, two thousand
42 five, up to four hundred thousand dollars for the period January first,
43 two thousand six through December thirty-first, two thousand six, up to
44 four hundred thousand dollars for the period January first, two thousand
45 seven through December thirty-first, two thousand seven, up to four
46 hundred thousand dollars for the period January first, two thousand
47 eight through December thirty-first, two thousand eight, up to four
48 hundred thousand dollars for the period January first, two thousand nine
49 through December thirty-first, two thousand nine, up to four hundred
50 thousand dollars for the period January first, two thousand ten through
51 December thirty-first, two thousand ten, up to one hundred thousand
52 dollars for the period January first, two thousand eleven through March
53 thirty-first, two thousand eleven and within amounts appropriated on and
54 after April first, two thousand eleven.

55 (b) Funds shall be reserved and accumulated from year to year and
56 shall be available, including income from invested funds, for purposes

1 of payment of audits or audit contracts necessary to determine payor and
2 provider compliance with requirements set forth in sections twenty-eight
3 hundred seven-j, twenty-eight hundred seven-s and twenty-eight hundred
4 seven-t of this article from the tobacco control and insurance initi-
5 atives pool established for the following periods in the following
6 amounts: five million six hundred thousand dollars annually for the
7 periods January first, two thousand through December thirty-first, two
8 thousand two, up to five million dollars for the period January first,
9 two thousand three through December thirty-first, two thousand three, up
10 to five million dollars for the period January first, two thousand four
11 through December thirty-first, two thousand four, up to five million
12 dollars for the period January first, two thousand five through December
13 ~~thirty-first~~ thirty-first, two thousand five, up to five million
14 dollars for the period January first, two thousand six through December
15 thirty-first, two thousand six, up to seven million eight hundred thou-
16 sand dollars for the period January first, two thousand seven through
17 December thirty-first, two thousand seven, and up to eight million three
18 hundred twenty-five thousand dollars for the period January first, two
19 thousand eight through December thirty-first, two thousand eight, up to
20 eight million five hundred thousand dollars for the period January
21 first, two thousand nine through December thirty-first, two thousand
22 nine, up to eight million five hundred thousand dollars for the period
23 January first, two thousand ten through December thirty-first, two thou-
24 sand ten, up to two million one hundred twenty-five thousand dollars for
25 the period January first, two thousand eleven through March thirty-
26 first, two thousand eleven, up to fourteen million seven hundred thou-
27 sand dollars each state fiscal year for the period April first, two
28 thousand eleven through March thirty-first, two thousand fourteen, up to
29 eleven million one hundred thousand dollars each state fiscal year for
30 the period April first, two thousand fourteen through March thirty-
31 first, two thousand seventeen, ~~and~~ up to eleven million one hundred
32 thousand dollars each state fiscal year for the period April first, two
33 thousand seventeen through March thirty-first, two thousand twenty, and
34 up to eleven million one hundred thousand dollars each state fiscal year
35 for the period April first, two thousand twenty through March thirty-
36 first, two thousand twenty-three.

37 (c) Funds shall be deposited by the commissioner, within amounts
38 appropriated, and the state comptroller is hereby authorized and
39 directed to receive for deposit to the credit of the state special
40 revenue funds - other, HCRA transfer fund, enhanced community services
41 account, or any successor fund or account, for mental health services
42 programs for case management services for adults and children; supported
43 housing; home and community based waiver services; family based treat-
44 ment; family support services; mobile mental health teams; transitional
45 housing; and community oversight, established pursuant to articles seven
46 and forty-one of the mental hygiene law and subdivision nine of section
47 three hundred sixty-six of the social services law; and for comprehen-
48 sive care centers for eating disorders pursuant to the former section
49 twenty-seven hundred ninety-nine-l of this chapter, provided however
50 that, for such centers, funds in the amount of five hundred thousand
51 dollars on an annualized basis shall be transferred from the enhanced
52 community services account, or any successor fund or account, and depos-
53 ited into the fund established by section ninety-five-e of the state
54 finance law; from the tobacco control and insurance initiatives pool
55 established for the following periods in the following amounts:

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

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

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

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

17 (v) eighty-eight million dollars, plus five hundred thousand dollars,
18 to be reserved, to be retained or for distribution pursuant to a chapter
19 of the laws of two thousand four, and pursuant to the former section
20 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
21 ary first, two thousand four through December thirty-first, two thousand
22 four;

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

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

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

41 (ix) twenty-two million nine hundred thirteen thousand dollars, plus
42 one hundred twenty-five thousand dollars, to be reserved, to be retained
43 or for distribution pursuant to a chapter of the laws of two thousand
44 eight and pursuant to the former section twenty-seven hundred ninety-
45 nine-1 of this chapter, for the period January first, two thousand eight
46 through March thirty-first, two thousand eight.

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

1 of subdivision two of section three hundred sixty-nine-ee of the social
2 services law from the tobacco control and insurance initiatives pool
3 established for the following periods in the following amounts:

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

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

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

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

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

25 (ii) thirty million five hundred thousand dollars for the period Janu-
26 ary first, two thousand one through December thirty-first, two thousand
27 one; and

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

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

53 (g) Funds shall be reserved and accumulated from year to year and
54 shall be available, including income from invested funds, for purposes
55 of services and expenses related to the health maintenance organization
56 direct pay market program established pursuant to sections forty-three

1 hundred twenty-one-a and forty-three hundred twenty-two-a of the insur-
2 ance law from the tobacco control and insurance initiatives pool estab-
3 lished for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

1 and fifty per centum shall be allocated to the program pursuant to
2 section four thousand three hundred twenty-two-a of the insurance law.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i-1) Notwithstanding the provisions of paragraphs (h) and (i) of this subdivision, the commissioner shall reserve and accumulate up to two million five hundred thousand dollars annually for the periods January first, two thousand four through December thirty-first, two thousand six, one million four hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, two million dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, from funds otherwise available for distribution under such paragraphs for the services and expenses related to the pilot program for entertainment industry employees included in subsection (b) of section one thousand one hundred twenty-two of the insurance law, and an additional seven hundred thousand dollars annually for the periods January first, two thousand four through December thirty-first, two thousand six, an additional three hundred thousand dollars for the period January first, two thousand seven through June thirtieth, two thousand seven for services and expenses related to the pilot program for displaced workers included in subsection (c) of section one thousand one hundred twenty-two of the insurance law.

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

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

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

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

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

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

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

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

(viii) up to ninety-four million one hundred fifty thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, provided, however, that within amounts appropriated, a portion of such funds may be transferred to the Roswell

1 Park Cancer Institute Corporation to support costs associated with
2 cancer research;

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

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

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

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

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

18 (xiv) up to six million dollars each state fiscal year for the period
19 April first, two thousand fourteen through March thirty-first, two thou-
20 sand seventeen; ~~[and]~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) 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;

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

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

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

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

13 (m) Funds shall be deposited by the commissioner, within amounts
14 appropriated, and the state comptroller is hereby authorized and
15 directed to receive for deposit to the credit of the state special
16 revenue funds - other, HCRA transfer fund, medical assistance account,
17 or any successor fund or account, for purposes of funding the state
18 share of services and expenses related to home care workers insurance
19 pilot demonstration programs established pursuant to subdivision two of
20 section three hundred sixty-seven-o of the social services law from the
21 tobacco control and insurance initiatives pool established for the
22 following periods in the following amounts:

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

25 (ii) three million eight hundred thousand dollars for the period Janu-
26 ary first, two thousand one through December thirty-first, two thousand
27 one;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

39 (p) Funds shall be deposited by the commissioner, within amounts
40 appropriated, and the state comptroller is hereby authorized and
41 directed to receive for deposit to the credit of the state special
42 revenue funds - other, indigent care fund - 068, indigent care account,
43 or any successor fund or account, for purposes of providing a medicaid
44 disproportionate share payment from the high need indigent care adjust-
45 ment pool established pursuant to section twenty-eight hundred seven-w
46 of this article, from the tobacco control and insurance initiatives pool
47 established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

48 (xii) up to five million two hundred ~~eighty-eight~~ eighty-eight
49 thousand dollars each state fiscal year for the period April first, two
50 thousand fourteen through March thirty-first, two thousand seventeen;
51 ~~and~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (v) Funds shall be transferred by the commissioner and shall be depos-
5 ited to the credit of the hospital excess liability pool created pursu-
6 ant to section eighteen of chapter two hundred sixty-six of the laws of
7 nineteen hundred eighty-six, or any successor fund or account, for
8 purposes of expenses related to the purchase of excess medical malprac-
9 tice insurance and the cost of administering the pool, including costs
10 associated with the risk management program established pursuant to
11 section forty-two of part A of chapter one of the laws of two thousand
12 two required by paragraph (a) of subdivision one of section eighteen of
13 chapter two hundred sixty-six of the laws of nineteen hundred eighty-six
14 as may be amended from time to time, from the tobacco control and insur-
15 ance initiatives pool established for the following periods in the
16 following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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

1 share of the non-public general hospital rates increases for recruitment
2 and retention of health care workers from the tobacco control and insur-
3 ance initiatives pool established for the following periods in the
4 following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (viii) twelve million two hundred fifty thousand dollars for the peri-
2 od January first, two thousand nine through March thirty-first, two
3 thousand nine.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 (iv) sixteen million two hundred thousand dollars for the period Janu-
11 ary first, two thousand five through December thirty-first, two thousand
12 five;

13 (v) sixteen million two hundred thousand dollars for the period Janu-
14 ary first, two thousand six through December thirty-first, two thousand
15 six;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 (K) up to one hundred thirty-six million dollars each state fiscal
15 year for the period April first, two thousand eleven through March thir-
16 ty-first, two thousand fourteen;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 (cc) Funds shall be deposited by the commissioner, within amounts
24 appropriated, and the state comptroller is hereby authorized and
25 directed to receive for deposit to the credit of the state special
26 revenue funds - other, HCRA transfer fund, medical assistance account,
27 or any successor fund or account, for the purpose of supporting the
28 state share of adjustments to Medicaid rates of payment for personal
29 care services provided pursuant to paragraph (e) of subdivision two of
30 section three hundred sixty-five-a of the social services law, for local
31 social service districts which shall not include a city with a popu-
32 lation of over one million persons for the purpose of supporting the
33 personal care services worker recruitment and retention program as
34 established pursuant to section three hundred sixty-seven-q of the
35 social services law, from the tobacco control and insurance initiatives
36 pool established for the following periods and the following amounts:

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

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

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

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

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

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

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

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

4 (ix) eleven million two hundred thousand dollars for the period Janu-
5 ary first, two thousand ten through December thirty-first, two thousand
6 ten;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 (iv) thirty million six hundred thousand dollars for the period Janu-
10 ary first, two thousand five through December thirty-first, two thousand
11 five;

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

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

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

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

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

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

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

29 (xii) fifteen million dollars each state fiscal year for the period
30 April first, two thousand fourteen through March thirty-first, two thou-
31 sand seventeen; ~~and~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 revenue funds - other, HCRA transfer fund, medical assistance account,
2 or any successor fund or account, for the purpose of supporting the
3 state share of Medicaid expenditures for disabled persons as authorized
4 by sections 1619 (a) and (b) of the federal social security act pursuant
5 to the tobacco control and insurance initiatives pool established for
6 the following periods in the following amounts:

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

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

12 (iii) eight million five hundred thousand dollars for the period Janu-
13 ary first, two thousand four through December thirty-first, two thousand
14 four;

15 (iv) eight million five hundred thousand dollars for the period Janu-
16 ary first, two thousand five through December thirty-first, two thousand
17 five;

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

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

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

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

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

32 (x) two million one hundred twenty-five thousand dollars for the peri-
33 od January first, two thousand eleven through March thirty-first, two
34 thousand eleven;

35 (xi) eight million five hundred thousand dollars each state fiscal
36 year for the period April first, two thousand eleven through March thir-
37 ty-first, two thousand fourteen;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

48 (nn) Funds shall be deposited by the commissioner, within amounts
49 appropriated, and the state comptroller is hereby authorized and
50 directed to receive for deposit to the credit of the state special
51 revenue fund - other, HCRA transfer fund, health care services account,
52 or any successor fund or account, for purposes related to adult home
53 initiatives for medicaid eligible residents of residential facilities
54 licensed pursuant to section four hundred sixty-b of the social services
55 law from the tobacco control and insurance initiatives pool established
56 for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 (ss) Funds shall be reserved and accumulated from the tobacco control
9 and insurance initiatives pool and used for a health care stabilization
10 program established by the commissioner for the purposes of stabilizing
11 critical health care providers and health care programs whose ability to
12 continue to provide appropriate services are threatened by financial or
13 other challenges, in the amount of up to twenty-eight million dollars
14 for the period July first, two thousand four through June thirtieth, two
15 thousand five. Notwithstanding the provisions of section one hundred
16 twelve of the state finance law or any other inconsistent provision of
17 the state finance law or any other law, funds available for distribution
18 pursuant to this paragraph may be allocated and distributed by the
19 commissioner, or the state comptroller as applicable without a compet-
20 itive bid or request for proposal process. Considerations relied upon by
21 the commissioner in determining the allocation and distribution of these
22 funds shall include, but not be limited to, the following: (i) the
23 importance of the provider or program in meeting critical health care
24 needs in the community in which it operates; (ii) the provider or
25 program provision of care to under-served populations; (iii) the quality
26 of the care or services the provider or program delivers; (iv) the abil-
27 ity of the provider or program to continue to deliver an appropriate
28 level of care or services if additional funding is made available; (v)
29 the ability of the provider or program to access, in a timely manner,
30 alternative sources of funding, including other sources of government
31 funding; (vi) the ability of other providers or programs in the communi-
32 ty to meet the community health care needs; (vii) whether the provider
33 or program has an appropriate plan to improve its financial condition;
34 and (viii) whether additional funding would permit the provider or
35 program to consolidate, relocate, or close programs or services where
36 such actions would result in greater stability and efficiency in the
37 delivery of needed health care services or programs.

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

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

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

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

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

52 (v) up to two hundred fifty thousand dollars for the period January
53 first, two thousand eight through March thirty-first, two thousand
54 eight.

55 (uu) Funds shall be reserved and accumulated from year to year and
56 shall be available, including income from invested funds, for the

1 purpose of supporting disease management and telemedicine demonstration
2 programs authorized pursuant to section twenty-one hundred eleven of
3 this chapter for the following periods in the following amounts:

4 (i) five million dollars for the period January first, two thousand
5 four through December thirty-first, two thousand four, of which three
6 million dollars shall be available for disease management demonstration
7 programs and two million dollars shall be available for telemedicine
8 demonstration programs;

9 (ii) five million dollars for the period January first, two thousand
10 five through December thirty-first, two thousand five, of which three
11 million dollars shall be available for disease management demonstration
12 programs and two million dollars shall be available for telemedicine
13 demonstration programs;

14 (iii) nine million five hundred thousand dollars for the period Janu-
15 ary first, two thousand six through December thirty-first, two thousand
16 six, of which seven million five hundred thousand dollars shall be
17 available for disease management demonstration programs and two million
18 dollars shall be available for telemedicine demonstration programs;

19 (iv) nine million five hundred thousand dollars for the period January
20 first, two thousand seven through December thirty-first, two thousand
21 seven, of which seven million five hundred thousand dollars shall be
22 available for disease management demonstration programs and one million
23 dollars shall be available for telemedicine demonstration programs;

24 (v) nine million five hundred thousand dollars for the period January
25 first, two thousand eight through December thirty-first, two thousand
26 eight, of which seven million five hundred thousand dollars shall be
27 available for disease management demonstration programs and two million
28 dollars shall be available for telemedicine demonstration programs;

29 (vi) seven million eight hundred thirty-three thousand three hundred
30 thirty-three dollars for the period January first, two thousand nine
31 through December thirty-first, two thousand nine, of which seven million
32 five hundred thousand dollars shall be available for disease management
33 demonstration programs and three hundred thirty-three thousand three
34 hundred thirty-three dollars shall be available for telemedicine demon-
35 stration programs for the period January first, two thousand nine
36 through March first, two thousand nine;

37 (vii) one million eight hundred seventy-five thousand dollars for the
38 period January first, two thousand ten through March thirty-first, two
39 thousand ten shall be available for disease management demonstration
40 programs.

41 (ww) 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 recruitment and
47 retention of health care workers pursuant to paragraph (e) of subdivi-
48 sion thirty of section twenty-eight hundred seven-c of this article from
49 the tobacco control and insurance initiatives pool established for the
50 following periods in the following amounts:

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

54 (ii) sixty million five hundred thousand dollars for the period Janu-
55 ary first, two thousand six through December thirty-first, two thousand
56 six.

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

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

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

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

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

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

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

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

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

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

(iii) one hundred seventy-one million dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, provided, however, that within amounts appropriated in the two

1 thousand six through two thousand seven state fiscal year, a portion of
2 such funds may be transferred to the Roswell Park Cancer Institute
3 Corporation to fund capital costs;

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

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

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

13 (vii) thirty-four million two hundred fifty thousand dollars for the
14 period January first, two thousand eleven through March thirty-first,
15 two thousand eleven;

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

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

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

25 (aaa) Funds shall be reserved and accumulated from year to year and
26 shall be available, including income from invested funds, for services
27 and expenses related to school based health centers, in an amount up to
28 three million five hundred thousand dollars for the period April first,
29 two thousand six through March thirty-first, two thousand seven, up to
30 three million five hundred thousand dollars for the period April first,
31 two thousand seven through March thirty-first, two thousand eight, up to
32 three million five hundred thousand dollars for the period April first,
33 two thousand eight through March thirty-first, two thousand nine, up to
34 three million five hundred thousand dollars for the period April first,
35 two thousand nine through March thirty-first, two thousand ten, up to
36 three million five hundred thousand dollars for the period April first,
37 two thousand ten through March thirty-first, two thousand eleven, up to
38 two million eight hundred thousand dollars each state fiscal year for
39 the period April first, two thousand eleven through March thirty-first,
40 two thousand fourteen, up to two million six hundred forty-four thousand
41 dollars each state fiscal year for the period April first, two thousand
42 fourteen through March thirty-first, two thousand seventeen, ~~and~~ up to
43 two million six hundred forty-four thousand dollars each state fiscal
44 year for the period April first, two thousand seventeen through March
45 thirty-first, two thousand twenty, and up to two million six hundred
46 forty-four thousand dollars each state fiscal year for the period April
47 first, two thousand twenty through March thirty-first, two thousand
48 twenty-three. The total amount of funds provided herein shall be
49 distributed as grants based on the ratio of each provider's total
50 enrollment for all sites to the total enrollment of all providers. This
51 formula shall be applied to the total amount provided herein.

52 (bbb) Funds shall be reserved and accumulated from year to year and
53 shall be available, including income from invested funds, for purposes
54 of awarding grants to operators of adult homes, enriched housing
55 programs and residences through the enhancing abilities and life experi-
56 ence (EnAbLe) program to provide for the installation, operation and

1 maintenance of air conditioning in resident rooms, consistent with this
2 paragraph, in an amount up to two million dollars for the period April
3 first, two thousand six through March thirty-first, two thousand seven,
4 up to three million eight hundred thousand dollars for the period April
5 first, two thousand seven through March thirty-first, two thousand
6 eight, up to three million eight hundred thousand dollars for the period
7 April first, two thousand eight through March thirty-first, two thousand
8 nine, up to three million eight hundred thousand dollars for the period
9 April first, two thousand nine through March thirty-first, two thousand
10 ten, and up to three million eight hundred thousand dollars for the
11 period April first, two thousand ten through March thirty-first, two
12 thousand eleven. Residents shall not be charged utility cost for the use
13 of air conditioners supplied under the EnAbLe program. All such air
14 conditioners must be operated in occupied resident rooms consistent with
15 requirements applicable to common areas.

16 (ccc) Funds shall be deposited by the commissioner, within amounts
17 appropriated, and the state comptroller is hereby authorized and
18 directed to receive for the deposit to the credit of the state special
19 revenue funds - other, HCRA transfer fund, medical assistance account,
20 or any successor fund or account, for purposes of funding the state
21 share of increases in the rates for certified home health agencies, long
22 term home health care programs, AIDS home care programs, hospice
23 programs and managed long term care plans and approved managed long term
24 care operating demonstrations as defined in section forty-four hundred
25 three-f of this chapter for recruitment and retention of health care
26 workers pursuant to subdivisions nine and ten of section thirty-six
27 hundred fourteen of this chapter from the tobacco control and insurance
28 initiatives pool established for the following periods in the following
29 amounts:

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

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

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

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

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

40 (vi) twelve million five hundred thousand dollars for the period Janu-
41 ary first, two thousand eleven through March thirty-first, two thousand
42 eleven;

43 (vii) up to fifty million dollars each state fiscal year for the peri-
44 od April first, two thousand eleven through March thirty-first, two
45 thousand fourteen;

46 (viii) up to fifty million dollars each state fiscal year for the
47 period April first, two thousand fourteen through March thirty-first,
48 two thousand seventeen; ~~and~~

49 (ix) up to fifty million dollars each state fiscal year for the period
50 April first, two thousand seventeen through March thirty-first, two
51 thousand twenty; and

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

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

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

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

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

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

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

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

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

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

53 (ii) two million two hundred ninety-two thousand dollars for the peri-
54 od January first, two thousand nine through November thirtieth, two
55 thousand nine.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(u) for the period April first, two thousand twenty-one through March thirty-first, two thousand twenty-two, up to twenty-eight million five 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:

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

9 (2) Notwithstanding the provisions of article forty-nine of this chap-
10 ter and article forty-nine of the public health law, following payment
11 of the early intervention program service claim, an insurer may initiate
12 a non-expedited external appeal pursuant to title two of article forty-
13 nine of this chapter or title two of article forty-nine of the public
14 health law or pursue a determination from an independent third-party
15 review agent agreed upon by the insurer and the provider, which determi-
16 nation shall be binding, in order to determine whether the early inter-
17 vention program service was medically necessary. The insurer shall
18 notify the state fiscal agent as designated pursuant to section two
19 thousand five hundred fifty-seven of the public health law of the
20 external appeal agent's or independent third-party review agent's deter-
21 mination. If the external appeal agent or the independent third-party
22 review agent determines that the early intervention program service
23 provided was not medically necessary, in whole or in part, the insurer
24 may recoup, offset, or otherwise require a refund of any overpayment
25 resulting from the determination. Such recoupment, offset or other
26 required refund shall be a charge to the appropriate municipality and
27 state. The state fiscal agent designated pursuant to section two thou-
28 sand five hundred fifty-seven of the public health law shall process the
29 recoupment, offset, or refund submitted by the insurer within ninety
30 days of receipt of the notification of the external appeal agent's or
31 independent third-party review agent's determination.

32 (3) If the external appeal agent or independent third-party review
33 agent determines that the early intervention program services rendered
34 by the provider were not medically necessary, in whole or in part, more
35 than sixty percent of the time in any twelve-month period, the insurer
36 may for the subsequent twelve-month period review the provider's early
37 intervention program services claims for medical necessity prior to
38 making payment, in accordance with title one of article forty-nine of
39 this chapter or title one of article forty-nine of the public health
40 law.

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

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

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

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

5 1. (a) The commissioner of health shall establish the enhanced quality
6 of adult living program (referred to in this section as the "EQUAL
7 program" or the "program") for adult care facilities. The program shall
8 be targeted at improving the quality of life for adult care facility
9 residents by means of grants to facilities for ~~[specified]~~ the purposes
10 set forth in subparagraphs (i) and (ii) of the paragraph. The depart-
11 ment of health, subject to the approval of the director of the budget,
12 shall develop an allocation methodology taking into account the finan-
13 cial status and size of the facility ~~[as well as]~~, resident needs and
14 the population of residents who receive supplemental security income or
15 safety net assistance or who are living with a serious mental illness,
16 as defined by the commissioner of health. On or before June first of
17 each year, the department shall make available the application for EQUAL
18 program funds]. Grants may be used to support the following purposes:

19 (i) to improve the quality of life for adult care facility residents
20 by funding projects including, but not limited to, clothing allowances,
21 resident training to support independent living skills, staff training,
22 outdoor leisure projects, and culturally recreational and other leisure
23 events; and resident quality of life, pursuant to subparagraph (i) of
24 paragraph (a) of this division, or

25 (ii) to improve the quality of life for adult care facility residents
26 by financing capital improvement projects that will enhance the physical
27 environment of the facility and promote a higher quality of life for
28 residents. Any capital related expense generated by such capital expend-
29 iture must receive approval by the department of health.

30 (b) On or before June first of each year, the department shall make
31 available the application for EQUAL program funds to eligible adult care
32 facilities, as set forth in this section.

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

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

1

PART E

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

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

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

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

9 § 5. Clause (B) of subparagraph (iii) of paragraph (e) of subdivision
10 one of section twenty-eight hundred seven-c of the public health law is
11 REPEALED.

12 § 6. Article 27-G of the public health law is REPEALED.

13 § 7. Section 95-e of the state finance law, as added by chapter 301 of
14 the laws of 2004, subdivision 2 as amended by chapter 483 of the laws of
15 2015, subdivision 2-a as added by section 27-i of part UU of chapter 54
16 of the laws of 2016, is amended to read as follows:

17 § 95-e. The New York state autism awareness and research fund. 1.
18 There is hereby established in the joint custody of the commissioner of
19 taxation and finance and the comptroller, a special fund to be known as
20 the New York state autism awareness and research fund.

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

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

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

40 (ii) recipients of awards from the fund;

41 (iii) the amount awarded to each;

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

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

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

53 (b) As used in this section, the term "autism research project" means
54 scientific research approved by the ~~[department of health]~~ office for
55 people with developmental disabilities into the causes and/or treatment

1 of autism, and the term "autism awareness project" means a project
2 approved by the [~~department of health~~] office for people with develop-
3 mental disabilities aimed toward educating the general public about the
4 causes, symptoms, and treatments of autism.

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

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

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

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

15 ARTICLE 30

16 COMPREHENSIVE CARE CENTERS FOR EATING DISORDERS

17 Section 30.01 Legislative findings.

18 30.02 Definitions.

19 30.03 Comprehensive care centers for eating disorders; estab- 20 lished.

21 30.04 Qualifying criteria.

22 30.05 State identification of comprehensive care centers for 23 eating disorders; commissioner's written notice.

24 30.06 Restricted use of title.

25 § 30.01 Legislative findings.

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

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

44 The legislature therefore declares that the state take positive action
45 to facilitate the development and public identification of provider
46 networks and care centers of excellence to provide a coordinated,
47 comprehensive system for the treatment of such disorders, as well as to
48 conduct community education, prevention, information/referral and
49 research activities. The legislature further declares that health cover-
50 age by insurers and health maintenance organizations should include
51 covered services provided through such centers and that, to the extent
52 possible and practicable, health plan reimbursement should be structured
53 in a manner to facilitate the individualized, comprehensive and inte-
54 grated plans of care which such centers are required to provide.

55 § 30.02 Definitions.

56 For purposes of this article:

1 (a) "Eating disorder" is defined to include, but not be limited to,
2 conditions such as anorexia nervosa, bulimia and binge eating disorder,
3 identified as such in the ICD-9-CM International Classification of
4 Disease or the most current edition of the Diagnostic and Statistical
5 Manual of Mental Disorders, or other medical and mental health diagnos-
6 tic references generally accepted for standard use by the medical and
7 mental health fields.

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

16 § 30.03 Comprehensive care centers for eating disorders; established.

17 The commissioner shall provide for the public identification of
18 comprehensive care centers for persons with eating disorders for the
19 purposes of:

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

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

25 (c) Promoting community education, prevention and patient entry into
26 care; and

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

30 § 30.04 Qualifying criteria.

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

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

37 (i) Individual health, psychosocial and case management services, in
38 both noninstitutional and institutional settings, from licensed and
39 certified practitioners with demonstrated experience and expertise in
40 providing services to individuals with eating disorders;

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

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

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

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

55 4. The applicant meets such additional criteria as are established by
56 the commissioner.

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

§ 10. 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.

§ 11. 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 comprehen-

sive-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~~] thirty of the mental hygiene law; provided, however, that reimbursement under such policy for services provided through such comprehensive care centers shall, to the extent possible and practicable, be structured in a manner to facilitate the individualized, comprehensive and integrated plans of care which such centers' network of practitioners and providers are required to provide.

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

(dd) No health service corporation or medical service expense indemnity corporation 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~~] thirty of the mental hygiene law; provided, however, that reimbursement by such corporation for services provided through such comprehensive care centers shall, to the extent possible and practicable, be structured in a manner to facilitate the individualized, comprehensive and integrated plans of care which such centers' network of practitioners and providers are required to provide.

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

(27) 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~~] thirty of the mental hygiene law; provided, however, that reimbursement under such policy for services provided through such comprehensive care centers shall, to the extent possible and practicable, be structured in a manner to facilitate the individualized, comprehensive and integrated plans of care which such centers' network of practitioners and providers are required to provide.

§ 14. Subdivision 1 of section 154 of the labor law, as added by chapter 675 of the laws of 2007, is amended to read as follows:

1. The commissioner, in consultation with the commissioner of health and the commissioner of mental health, shall establish a child performer advisory board for the purpose of recommending guidelines for the employment of child performers and models under the age of eighteen and preventing eating disorders such as anorexia nervosa and bulimia nervosa amongst such persons. The advisory board shall consist of at least sixteen but no more than twenty members appointed by the commissioner, and shall include: representatives of professional organizations or unions representing child performers or models; employers representing child performers or models; physicians, nutritionists and mental health professionals with demonstrated expertise in treating patients with eating disorders; at least one representative from each of the comprehensive care centers for eating disorders established pursuant to article [~~twenty-seven-J of the public health~~] thirty of the mental hygiene law; advocacy organizations working to prevent and treat eating disorders; and other members deemed necessary by the commissioner. In addition, the commissioner of health and the commissioner of mental health, or their designees, shall serve on the advisory board. The members of the advisory board shall receive no compensation for their services but shall be reimbursed their actual and necessary expenses incurred in the performance of their duties.

§ 15. 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 F

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

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

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

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

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

(e-1) Notwithstanding any inconsistent provision of law or regulation, the commissioner shall provide, in addition to payments established pursuant to this article prior to application of this section, additional payments under the medical assistance program pursuant to title eleven of article five of the social services law for non-state operated public residential health care facilities, including public residential health care facilities located in the county of Nassau, the county of Westchester and the county of Erie, but excluding public residential health care facilities operated by a town or city within a county, in aggregate annual amounts of up to one hundred fifty million dollars in additional payments for the state fiscal year beginning April first, two thousand six and for the state fiscal year beginning April first, two thousand seven and for the state fiscal year beginning April first, two thousand eight and of up to three hundred million dollars in such aggregate annual additional payments for the state fiscal year beginning April first, two thousand nine, and for the state fiscal year beginning April first, two thousand ten and for the state fiscal year beginning April first, two thousand eleven, and for the state fiscal years beginning April first, two thousand twelve and April first, two thousand thirteen, and of up to five hundred million dollars in such aggregate annual additional payments for the state fiscal years beginning April first, two thousand fourteen, April first, two thousand fifteen and April first, two thousand sixteen and of up to five hundred million dollars in such aggregate annual additional payments for the state fiscal years beginning April first, two thousand seventeen, April first, two thousand eighteen, and April first, two thousand nineteen, and of up to five hundred million dollars in such aggregate annual additional payments for the state fiscal years beginning April first, two thousand twenty, April first, two thousand twenty-one, and April first, two thousand twenty-two. The amount allocated to each eligible public residential health care facility for this period shall be computed in accordance with the provisions of paragraph (f) of this subdivision, provided, however, that patient days shall be utilized for such computation reflecting actual reported data for two thousand three and each repre-

1 tentative succeeding year as applicable, and provided further, however,
2 that, in consultation with impacted providers, of the funds allocated
3 for distribution in the state fiscal year beginning April first, two
4 thousand thirteen, up to thirty-two million dollars may be allocated in
5 accordance with paragraph (f-1) of this subdivision.

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

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

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

25 § 4. This act shall take effect immediately; provided that the
26 provisions of section one of this act shall be deemed to have been in
27 full force and effect on and after April 1, 2003, and shall expire March
28 31, ~~2020~~ 2023 when upon such date the provisions of such section shall
29 be deemed repealed.

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

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

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

43 § 32. This act shall take effect immediately and shall be deemed to
44 have been in full force and effect on and after April 1, 2008; provided
45 however, that sections one, six-a, nineteen, twenty, twenty-four, and
46 twenty-five of this act shall take effect July 1, 2008; provided however
47 that sections sixteen, seventeen and eighteen of this act shall expire
48 April 1, ~~2020~~ 2023; provided, however, that the amendments made by
49 section twenty-eight of this act shall take effect on the same date as
50 section 1 of chapter 281 of the laws of 2007 takes effect; provided
51 further, that sections twenty-nine, thirty, and thirty-one of this act
52 shall take effect October 1, 2008; provided further, that section twen-
53 ty-seven of this act shall take effect January 1, 2009; and provided
54 further, that section twenty-seven of this act shall expire and be
55 deemed repealed March 31, ~~2020~~ 2023; and provided, further, however,
56 that the amendments to subdivision 1 of section 241 of the education law

made by section twenty-nine of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith and provided that the amendments to section 272 of the public health law made by section thirty of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

§ 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

1 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).

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

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

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

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

(iii) one and eight-tenths percentage points for LTHHCPS located within the downstate region; and

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

(b) For 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 for each regional group, the target medicaid revenue percentage for the respective year shall be calculated by subtracting the respective year's medicaid revenue reduction percentage from the base period medicaid revenue percentage. The medicaid revenue reduction percentages for 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, taking into account regional and program differences in utilization of medicaid and medicare services, for the following regional groups shall be equal to for each such year:

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

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

(iii) one and eight-tenths percentage points for LTHHCPS located within the downstate region; and

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

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

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

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

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

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

5. (a) For each regional group, if the 1996 medicaid revenue percentage is not equal to or less than the 1996 target medicaid revenue percentage, the commissioner of health shall compare the 1996 medicaid revenue percentage to the 1996 target medicaid revenue percentage to determine the amount of the shortfall which, when divided by the 1996 medicaid revenue reduction percentage, shall be called the 1996 reduction factor. These amounts, expressed as a percentage, shall not exceed one hundred percent. If the 1996 medicaid revenue percentage is

1 equal to or less than the 1996 target medicaid revenue percentage, the
2 1996 reduction factor shall be zero.

3 (b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
4 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018
5 ~~[and]~~, 2019, 2020, 2021, 2022 and 2023, for each regional group, if the
6 medicaid revenue percentage for the respective year is not equal to or
7 less than the target medicaid revenue percentage for such respective
8 year, the commissioner of health shall compare such respective year's
9 medicaid revenue percentage to such respective year's target medicaid
10 revenue percentage to determine the amount of the shortfall which, when
11 divided by the respective year's medicaid revenue reduction percentage,
12 shall be called the reduction factor for such respective year. These
13 amounts, expressed as a percentage, shall not exceed one hundred
14 percent. If the medicaid revenue percentage for a particular year is
15 equal to or less than the target medicaid revenue percentage for that
16 year, the reduction factor for that year shall be zero.

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

20 (i) two million three hundred ninety thousand dollars (\$2,390,000) for
21 CHHAs located within the downstate region;

22 (ii) seven hundred fifty thousand dollars (\$750,000) for CHHAs located
23 within the upstate region;

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

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

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

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

36 (i) two million three hundred ninety thousand dollars (\$2,390,000) for
37 CHHAs located within the downstate region;

38 (ii) seven hundred fifty thousand dollars (\$750,000) for CHHAs located
39 within the upstate region;

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

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

44 For each regional group reduction, if the reduction factor for a
45 particular year shall be zero, there shall be no state share reduction
46 amount for such year.

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

50 (i) one million seven hundred ninety-two thousand five hundred dollars
51 (\$1,792,500) for CHHAs located within the downstate region;

52 (ii) five hundred sixty-two thousand five hundred dollars (\$562,500)
53 for CHHAs located within the upstate region;

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

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

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

5 7. (a) For each regional group, the 1996 state share reduction amount
6 shall be allocated by the commissioner of health among CHHAs and LTHHCPs
7 on the basis of the extent of each CHHA's and LTHHCP's failure to
8 achieve the 1996 target medicaid revenue percentage, calculated on a
9 provider specific basis utilizing revenues for this purpose, expressed
10 as a proportion of the total of each CHHA's and LTHHCP's failure to
11 achieve the 1996 target medicaid revenue percentage within the applica-
12 ble regional group. This proportion shall be multiplied by the applica-
13 ble 1996 state share reduction amount calculation pursuant to paragraph
14 (a) of subdivision 6 of this section. This amount shall be called the
15 1996 provider specific state share reduction amount.

16 (b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
17 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018,
18 2019 [and], 2020, 2021, 2022 and 2023 for each regional group, the state
19 share reduction amount for the respective year shall be allocated by the
20 commissioner of health among CHHAs and LTHHCPs on the basis of the
21 extent of each CHHA's and LTHHCP's failure to achieve the target medi-
22 caid revenue percentage for the applicable year, calculated on a provid-
23 er specific basis utilizing revenues for this purpose, expressed as a
24 proportion of the total of each CHHA's and LTHHCP's failure to achieve
25 the target medicaid revenue percentage for the applicable year within
26 the applicable regional group. This proportion shall be multiplied by
27 the applicable year's state share reduction amount calculation pursuant
28 to paragraph (b) or (c) of subdivision 6 of this section. This amount
29 shall be called the provider specific state share reduction amount for
30 the applicable year.

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

36 (b) The provider specific state share reduction amount for 1997, 1998,
37 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010,
38 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 [and], 2020, 2021,
39 2022 and 2023 respectively, shall be due to the state from each CHHA and
40 LTHHCP and each year the amount due for such year may be recouped by the
41 state by March 31 of the following year in a lump sum amount or amounts
42 from payments due to the CHHA and LTHHCP pursuant to title 11 of article
43 5 of the social services law.

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

48 10. On or about June 1, 1997, for each regional group the commissioner
49 of health shall calculate for the period August 1, 1996 through March
50 31, 1997 a medicaid revenue percentage, a reduction factor, a state
51 share reduction amount, and a provider specific state share reduction
52 amount in accordance with the methodology provided in paragraph (a) of
53 subdivision 2, paragraph (a) of subdivision 5, paragraph (a) of subdivi-
54 sion 6 and paragraph (a) of subdivision 7 of this section. The provider
55 specific state share reduction amount calculated in accordance with this
56 subdivision shall be compared to the 1996 provider specific state share

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

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

13 (a) such CHHA or LTHHCP shall be presumed to have no decrease in medi-
14 caid revenue percentage between the applicable base period and the
15 applicable target period for purposes of the calculations pursuant to
16 this section; and

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

24 12. The commissioner of health shall inform in writing the director of
25 the budget and the chair of the senate finance committee and the chair
26 of the assembly ways and means committee of the results of the calcu-
27 lations pursuant to this section.

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

32 (f) Prior to February 1, 2001, February 1, 2002, February 1, 2003,
33 February 1, 2004, February 1, 2005, February 1, 2006, February 1, 2007,
34 February 1, 2008, February 1, 2009, February 1, 2010, February 1, 2011,
35 February 1, 2012, February 1, 2013, February 1, 2014, February 1, 2015,
36 February 1, 2016, February 1, 2017, February 1, 2018, February 1, 2019
37 ~~[and]~~, February 1, 2020, February 1, 2021, February 1, 2022 and February
38 1, 2023, the commissioner of health shall calculate the result of the
39 statewide total of residential health care facility days of care
40 provided to beneficiaries of title XVIII of the federal social security
41 act (medicare), divided by the sum of such days of care plus days of
42 care provided to residents eligible for payments pursuant to title 11 of
43 article 5 of the social services law minus the number of days provided
44 to residents receiving hospice care, expressed as a percentage, for the
45 period commencing January 1, through November 30, of the prior year
46 respectively, based on such data for such period. This value shall be
47 called the 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009,
48 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 ~~[and]~~, 2020,
49 2021, 2022 and 2023 statewide target percentage respectively.

50 § 14. Subparagraph (ii) of paragraph (b) of subdivision 3 of section
51 64 of chapter 81 of the laws of 1995, amending the public health law and
52 other laws relating to medical reimbursement and welfare reform, as
53 amended by chapter 49 of the laws of 2017, is amended to read as
54 follows:

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

2019 ~~[and]~~, 2020, 2021, 2022 and 2023 statewide target percentages are not for each year at least three percentage points higher than the statewide base percentage, the commissioner of health shall determine 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 section 5 of 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. Paragraph (e) of subdivision seven of section 367-a of the social services law, as amended by section 5-a of part T of chapter 57 of the laws of 2018, is amended to read as follows:

(e) During the period from April first, two thousand fifteen through March thirty-first, two thousand ~~twenty~~ twenty-three, the commissioner may, in lieu of a managed care provider, negotiate directly and enter into an agreement with a pharmaceutical manufacturer for the provision of supplemental rebates relating to pharmaceutical utilization by enrollees of managed care providers pursuant to section three hundred sixty-four-j of this title and may also negotiate directly and enter into such an agreement relating to pharmaceutical utilization by medical assistance recipients not so enrolled. Such rebates shall be limited to, drug utilization in the following classes: antiretrovirals approved by the FDA for the treatment of HIV/AIDS and hepatitis C agents for which the pharmaceutical manufacturer has in effect a rebate agreement with the federal secretary of health and human services pursuant to 42 U.S.C. § 1396r-8, and for which the state has established standard clinical

1 criteria. No agreement entered into pursuant to this paragraph shall
2 have an initial term or be extended beyond the expiration or repeal of
3 this paragraph.

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

8 1. section one of this act shall expire and be deemed repealed March
9 31, [~~2023~~] 2026;

10 § 19. Subdivision 4-a of section 71 of part C of chapter 60 of the
11 laws of 2014, amending the social services law relating to fair hearings
12 held in connection with appeals under the fully integrated duals advan-
13 tage demonstration program, as amended by section 6 of chapter 106 of
14 the laws of 2018, is amended to read as follows:

15 4-a. section twenty-two of this act shall take effect April 1, 2014[~~r~~
16 ~~and shall be deemed expired January 1, 2021~~];

17 § 20. Subdivision 2-a of section 22 of the social services law is
18 amended to read as follows:

19 2-a. With regard to fair hearings held in connection with appeals
20 [~~under the fully integrated duals advantage demonstration program~~] for
21 integrated fair hearing and appeals processes for individuals dually
22 eligible for medical assistance and benefits available under titles
23 XVIII and XIX of the federal social security act, the commissioner may
24 contract for the sole purpose of assisting staff of the office for such
25 purpose.

26 § 21. Subdivision 5-d of section 2807-k of the public health law, as
27 amended by section 2 of part A of chapter 57 of the laws of 2018, is
28 amended to read as follows:

29 5-d. (a) Notwithstanding any inconsistent provision of this section,
30 section twenty-eight hundred seven-w of this article or any other
31 contrary provision of law, and subject to the availability of federal
32 financial participation, for periods on and after January first, two
33 thousand thirteen, through March thirty-first, two thousand [~~twenty~~]
34 twenty-three, all funds available for distribution pursuant to this
35 section, except for funds distributed pursuant to subparagraph (v) of
36 paragraph (b) of subdivision five-b of this section, and all funds
37 available for distribution pursuant to section twenty-eight hundred
38 seven-w of this article, shall be reserved and set aside and distributed
39 in accordance with the provisions of this subdivision.

40 (b) The commissioner shall promulgate regulations, and may promulgate
41 emergency regulations, establishing methodologies for the distribution
42 of funds as described in paragraph (a) of this subdivision and such
43 regulations shall include, but not be limited to, the following:

44 (i) Such regulations shall establish methodologies for determining
45 each facility's relative uncompensated care need amount based on unin-
46 sured inpatient and outpatient units of service from the cost reporting
47 year two years prior to the distribution year, multiplied by the appli-
48 cable medicaid rates in effect January first of the distribution year,
49 as summed and adjusted by a statewide cost adjustment factor and reduced
50 by the sum of all payment amounts collected from such uninsured
51 patients, and as further adjusted by application of a nominal need
52 computation that shall take into account each facility's medicaid inpa-
53 tient share.

54 (ii) Annual distributions pursuant to such regulations for the two
55 thousand thirteen through two thousand [~~twenty~~] twenty-two calendar
56 years shall be in accord with the following:

1 (A) one hundred thirty-nine million four hundred thousand dollars
2 shall be distributed as Medicaid Disproportionate Share Hospital ("DSH")
3 payments to major public general hospitals; and

4 (B) nine hundred ninety-four million nine hundred thousand dollars as
5 Medicaid DSH payments to eligible general hospitals, other than major
6 public general hospitals.

7 (iii)(A) Such regulations shall establish transition adjustments to
8 the distributions made pursuant to clauses (A) and (B) of subparagraph
9 (ii) of this paragraph such that no facility experiences a reduction in
10 indigent care pool payments pursuant to this subdivision that is greater
11 than the percentages, as specified in clause (C) of this subparagraph as
12 compared to the average distribution that each such facility received
13 for the three calendar years prior to two thousand thirteen pursuant to
14 this section and section twenty-eight hundred seven-w of this article.

15 (B) Such regulations shall also establish adjustments limiting the
16 increases in indigent care pool payments experienced by facilities
17 pursuant to this subdivision by an amount that will be, as determined by
18 the commissioner and in conjunction with such other funding as may be
19 available for this purpose, sufficient to ensure full funding for the
20 transition adjustment payments authorized by clause (A) of this subpara-
21 graph.

22 (C) No facility shall experience a reduction in indigent care pool
23 payments pursuant to this subdivision that: for the calendar year begin-
24 ning January first, two thousand thirteen, is greater than two and one-
25 half percent; for the calendar year beginning January first, two thou-
26 sand fourteen, is greater than five percent; and, for the calendar year
27 beginning on January first, two thousand fifteen; is greater than seven
28 and one-half percent, and for the calendar year beginning on January
29 first, two thousand sixteen, is greater than ten percent; and for the
30 calendar year beginning on January first, two thousand seventeen, is
31 greater than twelve and one-half percent; and for the calendar year
32 beginning on January first, two thousand eighteen, is greater than
33 fifteen percent; and for the calendar year beginning on January first,
34 two thousand nineteen, is greater than seventeen and one-half percent;
35 and for the calendar year beginning on January first, two thousand twen-
36 ty, is greater than twenty percent; and for the calendar year beginning
37 on January first, two thousand twenty-one, is greater than twenty-two
38 and a half percent; and for the calendar year beginning on January
39 first, two thousand twenty-two, is greater than twenty-five percent.

40 (iv) Such regulations shall reserve one percent of the funds available
41 for distribution in the two thousand fourteen and two thousand fifteen
42 calendar years, and for calendar years thereafter, pursuant to this
43 subdivision, subdivision fourteen-f of section twenty-eight hundred
44 seven-c of this article, and sections two hundred eleven and two hundred
45 twelve of chapter four hundred seventy-four of the laws of nineteen
46 hundred ninety-six, in a "financial assistance compliance pool" and
47 shall establish methodologies for the distribution of such pool funds to
48 facilities based on their level of compliance, as determined by the
49 commissioner, with the provisions of subdivision nine-a of this section.

50 (c) The commissioner shall annually report to the governor and the
51 legislature on the distribution of funds under this subdivision includ-
52 ing, but not limited to:

53 (i) the impact on safety net providers, including community providers,
54 rural general hospitals and major public general hospitals;

55 (ii) the provision of indigent care by units of services and funds
56 distributed by general hospitals; and

(iii) the extent to which access to care has been enhanced.
§ 22. 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 employee thereof, shall have employed, or employs, or is about to employ any device, scheme or artifice to defraud or for obtaining money or property by means of any false pretense, representation or promise, or that any person, partnership, corporation, company, trust or association, or any agent or employee thereof, shall have made, makes or attempts to make within or from this state or shall have engaged in or engages in or is about to engage in any practice or transaction or course of business relating to the purchase, exchange, or sale of prescription drugs which is fraudulent or in violation of law and which has operated or which would operate as a fraud upon the purchaser, or that any agent or employee thereof, has sold or offered for sale or is attempting to sell or is offering for sale any prescription drug for which the price has increased one hundred percent over the prior calendar year, and the superintendent believes it to be in the public interest that an investigation be made, he or she may in their sole discretion either require or permit such person, partnership, corporation, company, trust or association, or any agent or employee thereof, to file with the department a statement in writing under oath or otherwise as to all the facts and circumstances concerning the price increase which he or she believes it is to the public interest to investigate, and for that purpose may prescribe forms upon which such statements shall be made. The superintendent may also require such other data and information as he or she may deem relevant and may make such special and independent investigations as he or she may deem necessary in connection with the matter.

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

(c) No person shall be excused from attending such inquiry in pursuance to the mandates of a subpoena, or from producing a paper or book, or from being examined or required to answer a question on the ground of failure of tender or payment of a witness fee and/or mileage, unless at the time of such appearance or production, as the case may be, such witness makes demand for such payment as a condition precedent to the offering of testimony or production required by the subpoena and unless such payment is not thereupon made. The provisions for payment of

1 witness fee and/or mileage shall not apply to any officer, director or
2 person in the employ of any person, partnership, corporation, company,
3 trust or association whose conduct or practices are being investigated.

4 (d) If a person subpoenaed to attend such inquiry fails to obey the
5 command of a subpoena without reasonable cause, or if a person in
6 attendance upon such inquiry shall without reasonable cause refuse to be
7 sworn or to be examined or to answer a question or to produce a book or
8 paper when ordered so to do by the officer conducting such inquiry, or
9 if a person, partnership, corporation, company, trust or association
10 fails to perform any act required by this section to be performed, he or
11 she shall be guilty of a misdemeanor and shall be subject to a civil
12 penalty as set forth in subsection (e) of this section.

13 (e) (1) If after an investigation authorized under this section the
14 superintendent determines that any person, partnership, corporation,
15 company, trust or association, or any agent or employee thereof, shall
16 have employed any device, scheme or artifice to defraud or for obtaining
17 money or property by means of any false pretense, representation or
18 promise, or that any person, partnership, corporation, company, trust or
19 association, or any agent or employee thereof, shall have made within or
20 from this state or shall have engaged in any practice or transaction or
21 course of business relating to the purchase, exchange, or sale of
22 prescription drugs which is fraudulent or in violation of law and which
23 has operated as a fraud upon the purchaser, the superintendent may,
24 after notice and a hearing, levy a civil penalty not to exceed the
25 greater of: (A) five thousand dollars for each offense; (B) a multiple
26 of two times the aggregate damages attributable to the offense; or (C) a
27 multiple of two times the aggregate economic gain attributable to the
28 offense.

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

35 (f) If during an investigation authorized under this section the
36 superintendent determines that any person, partnership, corporation,
37 company, trust or association, or any agent or employee thereof is pres-
38 ently taking or is about to take any action in violation of subsection
39 (e) of this section the superintendent may in addition to all other
40 remedies as are provided by law maintain and prosecute an action against
41 such person, partnership, corporation, company, trust or association, or
42 any agent or employee thereof for the purpose of obtaining an injunction
43 restraining such person, partnership, corporation, company, trust or
44 association, or any agent or employee thereof from doing any acts in
45 violation of the provisions of this section.

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

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

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

54 (1) licensed and actively engaged in the practice of medicine in the
55 state;

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

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

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

7 (5) who are health care economists;

8 (6) who are actuaries; and

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

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

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

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

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

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

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

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

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

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

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

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

34 (A) publicly available information relevant to the pricing of the
35 drug;

36 (B) information supplied by the department relevant to the pricing of
37 the drug;

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

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

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

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

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

47 (H) the average wholesale price, wholesale acquisition cost, retail
48 price of the drug, and the cost of the drug to the Medicaid program
49 minus rebates received by the state;

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

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

53 (K) information supplied by the manufacturer, if any, explaining the
54 relationship between the pricing of the drug and the cost of development
55 of the drug and/or the therapeutic benefit of the drug, or that is
56 otherwise pertinent to the manufacturer's pricing decision; any such

1 information provided shall be considered confidential and shall not be
2 disclosed by the drug utilization review board in a form that identifies
3 a specific manufacturer or prices charged for drugs by such manufactur-
4 er; and

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

7 (4) Following its review, the board shall report its findings to the
8 superintendent. Such report shall include the determinations required
9 by paragraph two of this subsection and any other information required
10 by the superintendent.

11 (g) Notwithstanding any law to the contrary, the papers and informa-
12 tion considered by the board and any report thereof shall be confiden-
13 tial and not subject to disclosure. The superintendent, in his or her
14 sole discretion, may determine that the release of the board's report
15 would not harm an ongoing investigation and would be in the public
16 interest, and thereafter may release the report or any portion thereof
17 to the public.

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

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

26 § 4. This act shall take effect immediately.

27 PART H

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

31 1. A registered pharmacy technician may, under the direct personal
32 supervision of a licensed pharmacist, assist such licensed pharmacist,
33 as directed, in compounding, preparing, labeling, or dispensing of drugs
34 used to fill valid prescriptions or medication orders ~~[ex], and a regis-~~
35 tered pharmacy technician employed by a facility licensed in accordance
36 with article twenty-eight of the public health law, or a pharmacy owned
37 and operated by such a facility may assist a licensed pharmacist as
38 directed in compounding, preparing, and labeling in anticipation of a
39 valid prescription or medication order for a patient to be served by the
40 facility, in accordance with article one hundred thirty-seven of this
41 title where such tasks require no professional judgment. Such profes-
42 sional judgment shall only be exercised by a licensed pharmacist. A
43 registered pharmacy technician may only practice ~~[in a facility licensed~~
44 ~~in accordance with article twenty-eight of the public health law, or a~~
45 ~~pharmacy owned and operated by such a facility,]~~ in a registered pharma-
46 cy under the direct personal supervision of a licensed pharmacist
47 employed ~~[in]~~ by such a facility or pharmacy. Such facility or pharmacy
48 shall be responsible for ensuring that the registered pharmacy techni-
49 cian has received appropriate training to ensure competence before he or
50 she begins assisting a licensed pharmacist in compounding, preparing,
51 labeling, or dispensing of drugs, in accordance with this article and
52 article one hundred thirty-seven of this title. For the purposes of this
53 article, direct personal supervision means supervision of procedures
54 based on instructions given directly by a supervising licensed pharma-

1 cist who remains in the immediate area where the procedures are being
2 performed, authorizes the procedures and evaluates the procedures
3 performed by the registered pharmacy technicians and a supervising
4 licensed pharmacist shall approve all work performed by the registered
5 pharmacy technician prior to the actual dispensing of any drug.

6 4. No licensed pharmacist shall obtain the assistance of more than
7 ~~[two]~~ four registered pharmacy technicians in the performance of
8 ~~[licensed tasks]~~ compounding or preparation of sterile products within
9 their scope of practice. No licensed pharmacist shall obtain the assist-
10 ance of more than four registered pharmacy technicians or ~~[four]~~ six
11 unlicensed persons, in the performance of the activities that do not
12 require licensure, the total of such persons shall not exceed ~~[four]~~ six
13 individuals at any one time. Pharmacy interns shall be exempt from such
14 ratios, but shall be supervised in accordance with commissioner's regu-
15 lations. Individuals who are responsible for the act of placing drugs
16 which are in unit-dose packaging into medication carts as part of an
17 approved unit-dose drug distribution system for patients in institu-
18 tional settings shall be exempt from such ratio, provided that such
19 individuals are not also engaged in performing the activities set forth
20 in subdivision one or paragraph b, c, d, e, f, g, h, or i of subdivision
21 two of this section. The licensed pharmacist shall provide the degree
22 of supervision of such persons as may be appropriate to ensure compli-
23 ance with the relevant provisions of regulations of the commissioner.

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

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

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

47 PART I

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

51 7. A licensed physician may prescribe and order a patient specific
52 order or non-patient specific regimen to a licensed pharmacist, pursuant
53 to regulations promulgated by the commissioner, and consistent with the
54 public health law, for administering immunizations to prevent influenza,

1 pneumococcal, acute herpes zoster, meningococcal, tetanus, diphtheria or
2 pertussis disease or, for patients eighteen years of age and older, any
3 other immunizations recommended by the advisory committee on immuniza-
4 tions practices of the centers for disease control and prevention, and
5 medications required for emergency treatment of anaphylaxis. Nothing in
6 this subdivision shall authorize unlicensed persons to administer immun-
7 izations, vaccines or other drugs.

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

10 7. A certified nurse practitioner may prescribe and order a patient
11 specific order or non-patient specific regimen to a licensed pharmacist,
12 pursuant to regulations promulgated by the commissioner, and consistent
13 with the public health law, for administering immunizations to prevent
14 influenza, pneumococcal, acute herpes zoster, meningococcal, tetanus,
15 diphtheria or pertussis disease or, for patients eighteen years of age
16 and older, any other immunizations recommended by the advisory committee
17 on immunization practices of the centers for disease control and
18 prevention, and medications required for emergency treatment of anaphy-
19 laxis. Nothing in this subdivision shall authorize unlicensed persons to
20 administer immunizations, vaccines or other drugs.

21 § 3. Paragraph (a) of subdivision 22 of section 6802 of the education
22 law, as amended by chapter 57 of the laws of 2018, is amended to read as
23 follows:

24 a. the direct application of an immunizing agent to adults, whether by
25 injection, ingestion, inhalation or any other means, pursuant to a
26 patient specific order or non-patient specific regimen prescribed or
27 ordered by a physician or certified nurse practitioner, who has a prac-
28 tice site in the county or adjoining county in which the immunization is
29 administered, for immunizations to prevent influenza, pneumococcal,
30 acute herpes zoster, meningococcal, tetanus, diphtheria or pertussis
31 disease or, for patients eighteen years of age and older, any other
32 immunizations recommended by the advisory committee on immunizations
33 practices of the centers for disease control and prevention, and medica-
34 tions required for emergency treatment of anaphylaxis. If the commis-
35 sioner of health determines that there is an outbreak of disease, or
36 that there is the imminent threat of an outbreak of disease, then the
37 commissioner of health may issue a non-patient specific regimen applica-
38 ble statewide.

39 § 4. Section 6801-a of the education law, as amended by chapter 238
40 of the laws of 2015, is amended to read as follows:

41 § 6801-a. Collaborative drug therapy management [~~demonstration~~
42 ~~program~~]. 1. As used in this section, the following terms shall have
43 the following meanings:

44 a. "Board" shall mean the state board of pharmacy as established by
45 section sixty-eight hundred four of this article.

46 b. "Clinical services" shall mean the collection and interpretation of
47 patient data for the purpose of [~~initiating, modifying and~~ monitoring
48 drug therapy and prescribing in order to adjust or manage drug therapy
49 with associated accountability and responsibility for outcomes in a
50 direct patient care setting.

51 c. "Collaborative drug therapy management" shall mean the performance
52 of clinical services by a pharmacist relating to the review, evaluation
53 and management of drug therapy to a patient, who is being treated by a
54 physician or nurse practitioner for a specific disease or associated
55 disease states, in accordance with a written agreement or protocol with
56 a voluntarily participating physician or nurse practitioner [~~and in~~

1 ~~accordance with the policies, procedures, and protocols of the facili-~~
2 ~~ty].~~ Such agreement or protocol as entered into by the physician or
3 nurse practitioner, and a pharmacist, may include~~[, and shall be limited~~
4 ~~to]~~:

5 (i) ~~[adjusting or managing]~~ prescribing in order to adjust or manage a
6 drug regimen of a patient, pursuant to a patient specific order or non-
7 patient specific protocol made by the patient's physician, or nurse
8 practitioner, which may include adjusting drug strength, frequency of
9 administration or route of administration~~[, Adjusting the drug regimen~~
10 ~~shall not include substituting]~~ or selecting a ~~[different]~~ drug which
11 differs from that initially prescribed by the patient's physician
12 ~~[unless such substitution is expressly]~~ or nurse practitioner as author-
13 ized in the written agreement ~~[order]~~ or protocol, provided, however,
14 that the pharmacist shall appropriately consider clinical benefit and
15 cost to the patient and/or payer in discharging these responsibilities.
16 The pharmacist shall be required to immediately document in the patient
17 record changes made to the patient's drug therapy and shall use any
18 reasonable means or method established by the facility or practice to
19 notify the patient's other treating physicians, physician assistants,
20 nurse practitioners and other professionals as required by the facility
21 or the collaborative practice agreement ~~[with whom he or she does not~~
22 ~~have a written agreement or protocol regarding such changes. The~~
23 ~~patient's physician may prohibit, by written instruction, any adjustment~~
24 ~~or change in the patient's drug regimen by the pharmacist]~~;

25 (ii) evaluating and~~[, only if specifically]~~ as authorized by the writ-
26 ten agreement or protocol and only to the extent necessary to discharge
27 the responsibilities set forth in this section, ordering disease state
28 laboratory tests related to the drug therapy management for the specific
29 disease or disease ~~[state]~~ states specified within the written agreement
30 or protocol; and

31 (iii) ~~[only if specifically]~~ as authorized by the written agreement or
32 protocol and only to the extent necessary to discharge the responsibil-
33 ities set forth in this section, ordering or performing routine patient
34 monitoring functions as may be necessary in the drug therapy manage-
35 ment~~[, including the collecting and reviewing of patient histories, and~~
36 ~~ordering or checking patient vital signs, including pulse, temperature,~~
37 ~~blood pressure and respiration]~~.

38 d. "Facility" shall mean~~[, (i)]~~ a ~~[teaching hospital or]~~ general
39 hospital, ~~[including any]~~ diagnostic center, treatment center, or hospi-
40 tal-based outpatient department as defined in section twenty-eight
41 hundred one of the public health law~~[, or (ii)]~~, a residential health
42 care facility or nursing home with an on-site pharmacy staffed by a
43 licensed pharmacist or any facility as defined in section twenty-eight
44 hundred one of the public health law or other entity that provides
45 direct patient care under the auspices of a medical director; provided,
46 however, for the purposes of this section the term "facility" shall not
47 include dental clinics, dental dispensaries, ~~[residential health care~~
48 ~~facilities]~~ and rehabilitation centers.

49 For the purposes of this section, ~~[a "teaching hospital" shall mean a~~
50 ~~hospital licensed pursuant to article twenty-eight of the public health~~
51 ~~law that is eligible to receive direct or indirect graduate medical~~
52 ~~education payments pursuant to article twenty-eight of the public health~~
53 ~~law.]~~ a "practice" shall mean a place or situation in which physicians,
54 and nurse practitioners either alone or in group practices provide diag-
55 nostic and treatment care for patients.

e. "Physician or nurse practitioner" shall mean the physician or nurse practitioner selected by or assigned to a patient, who has primary responsibility for the treatment and care of the patient for the disease and associated disease states that are the subject of the collaborative drug therapy management.

f. "Written agreement or protocol" shall mean a written document, pursuant to and consistent with any applicable state or federal requirements, that addresses a specific disease or associated disease states and that describes the nature and scope of collaborative drug therapy management to be undertaken by the pharmacists, in collaboration with the participating physician, nurse practitioner or facility in accordance with the provisions of this section.

2. a. A pharmacist who meets the experience requirements of paragraph b of this subdivision and who is [~~employed by or otherwise affiliated with a facility~~] certified by the department to engage in collaborative drug therapy management and who is either employed by or otherwise affiliated with a facility or is participating with a practicing physician or nurse practitioner shall be permitted to enter into a written agreement or protocol with a physician, nurse practitioner or facility authorizing collaborative drug therapy management, subject to the limitations set forth in this section, within the scope of such employment [~~or~~], affiliation or participation. Only pharmacists so certified may engage in collaborative drug therapy management as defined in this section.

b. A participating pharmacist must[~~+~~]
~~(i)(A) have been awarded either a master of science in clinical pharmacy or a doctor of pharmacy degree;~~
~~(B)] maintain a current unrestricted license[~~+~~], and~~
~~[(C) have a minimum of two years experience, of which at least one year of such experience shall include clinical 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; or~~
~~(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 experience, of which at least one year of such experience shall include clinical 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 pharmacy, pharmacotherapy, or psychiatric pharmacy, from a national accrediting 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 physician, nurse practitioner or

(B) has documented experience in provision of clinical services to patients for at least one year or one thousand hours, and deemed acceptable 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 or 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 or nurse practitioner may disagree with the exercise of professional judgment by a pharmacist, the judgment of the treating physician 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, 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 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, 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.]~~

§ 5. 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

1 administered to adults by pharmacists, as amended by section 3 of part
2 DD of chapter 57 of the laws of 2018, is amended to read as follows:

3 § 8. This act shall take effect on the ninetieth day after it shall
4 have become a law ~~[and shall expire and be deemed repealed July 1,~~
5 ~~2020]~~.

6 § 6. Section 5 of chapter 116 of the laws of 2012, amending the educa-
7 tion law relating to authorizing a licensed pharmacist and certified
8 nurse practitioner to administer certain immunizing agents, as amended
9 by section 4 of part DD of chapter 57 of the laws of 2018, is amended to
10 read as follows:

11 § 5. This act shall take effect on the ninetieth day after it shall
12 have become a law~~[, provided, however, that the provisions of sections~~
13 ~~one, two and four of this act shall expire and be deemed repealed July~~
14 ~~1, 2020 provided, that:~~

15 ~~(a) the amendments to subdivision 7 of section 6527 of the education~~
16 ~~law made by section one of this act shall not affect the repeal of such~~
17 ~~subdivision and shall be deemed to be repealed therewith;~~

18 ~~(b) the amendments to subdivision 7 of section 6909 of the education~~
19 ~~law, made by section two of this act shall not affect the repeal of such~~
20 ~~subdivision and shall be deemed to be repealed therewith;~~

21 ~~(c) the amendments to subdivision 22 of section 6802 of the education~~
22 ~~law made by section three of this act shall not affect the repeal of~~
23 ~~such subdivision and shall be deemed to be repealed therewith; and~~

24 ~~(d) the amendments to section 6801 of the education law made by~~
25 ~~section four of this act shall not affect the expiration of such section~~
26 ~~and shall be deemed to expire therewith].~~

27 § 7. Section 4 of chapter 274 of the laws of 2013, amending the educa-
28 tion law relating to authorizing a licensed pharmacist and certified
29 nurse practitioner to administer meningococcal disease immunizing
30 agents, is amended to read as follows:

31 § 4. This act shall take effect on the ninetieth day after it shall
32 have become a law~~[, provided, that:~~

33 ~~(a) the amendments to subdivision 7 of section 6527 of the education~~
34 ~~law, made by section one of this act shall not affect the expiration and~~
35 ~~reversion of such subdivision, as provided in section 6 of chapter 116~~
36 ~~of the laws of 2012, and shall be deemed to expire therewith; and~~

37 ~~(b) the amendments to subdivision 7 of section 6909 of the education~~
38 ~~law, made by section two of this act shall not affect the expiration and~~
39 ~~reversion of such subdivision, as provided in section 6 of chapter 116~~
40 ~~of the laws of 2012, and shall be deemed to be expire therewith; and~~

41 ~~(c) the amendments to subdivision 22 of section 6802 of the education~~
42 ~~law made by section three of this act shall not affect the expiration of~~
43 ~~such subdivision and shall be deemed to expire therewith].~~

44 § 8. Section 5 of chapter 21 of the laws of 2011, amending the educa-
45 tion law relating to authorizing pharmacists to perform collaborative
46 drug therapy management with physicians in certain settings, as amended
47 by section 5 of part DD of chapter 57 of the laws of 2018, is amended to
48 read as follows:

49 § 5. This act shall take effect on the one hundred twentieth day after
50 it shall have become a law~~[, provided, however, that the provisions of~~
51 ~~sections two, three, and four of this act shall expire and be deemed~~
52 ~~repealed July 1, 2020; provided, however, that the amendments to subdi-~~
53 ~~vision 1 of section 6801 of the education law made by section one of~~
54 ~~this act shall be subject to the expiration and reversion of such subdi-~~
55 ~~vision pursuant to section 8 of chapter 563 of the laws of 2008, when~~
56 ~~upon such date the provisions of section one-a of this act shall take~~

1 ~~effect, provided, further, that effective~~]. Effective immediately, the
2 addition, amendment and/or repeal of any rule or regulation necessary
3 for the implementation of this act on its effective date are authorized
4 and directed to be made and completed on or before such effective date.

5 § 9. This act shall take effect immediately and shall be deemed to
6 have been in full force and effect on and after April 1, 2020; provided,
7 however, that section four of this act shall take effect on the one
8 hundred eightieth day after it shall have become a law.

9 PART J

10 § 1. Paragraphs 1 and 2 of subsection (a) of section 605 of the finan-
11 cial services law, as amended by chapter 377 of the laws of 2019, are
12 amended to read as follows:

13 (1) When a health care plan receives a bill for emergency services
14 from a non-participating physician or hospital, including a bill for
15 inpatient services which follow an emergency room visit, the health care
16 plan shall pay an amount that it determines is reasonable for the emer-
17 gency services, including inpatient services which follow an emergency
18 room visit, rendered by the non-participating physician or hospital, in
19 accordance with section three thousand two hundred twenty-four-a of the
20 insurance law, except for the insured's co-payment, coinsurance or
21 deductible, if any, and shall ensure that the insured shall incur no
22 greater out-of-pocket costs for the emergency services, including inpa-
23 tient services which follow an emergency room visit, than the insured
24 would have incurred with a participating physician or hospital [~~pursuant~~
25 ~~to subsection (c) of section three thousand two hundred forty one of the~~
26 ~~insurance law~~]. If an insured assigns benefits to a non-participating
27 physician or hospital in relation to emergency services, including inpa-
28 tient services which follow an emergency room visit, provided by such
29 non-participating physician or hospital, the non-participating physician
30 or hospital may bill the health care plan for the [~~emergency~~] services
31 rendered. Upon receipt of the bill, the health care plan shall pay the
32 non-participating physician or hospital the amount prescribed by this
33 section and any subsequent amount determined to be owed to the hospital
34 in relation to the emergency services provided, including inpatient
35 services which follow an emergency room visit.

36 (2) A non-participating physician or hospital or a health care plan
37 may submit a dispute regarding a fee or payment for emergency services,
38 including inpatient services which follow an emergency room visit, for
39 review to an independent dispute resolution entity.

40 § 2. Paragraph 1 of subsection (b) of section 605 of the financial
41 services law, as amended by chapter 377 of the laws of 2019, is amended
42 to read as follows:

43 (1) A patient that is not an insured or the patient's physician may
44 submit a dispute regarding a fee for emergency services, including inpa-
45 tient services which follow an emergency room visit, for review to an
46 independent dispute resolution entity upon approval of the superinten-
47 dent.

48 § 3. Subsection (d) of section 605 of the financial services law is
49 REPEALED and subsection (e) is relettered subsection (d).

50 § 4. Section 606 of the financial services law, as added by section 26
51 of part H of chapter 60 of the laws of 2014, is amended to read as
52 follows:

53 § 606. Hold harmless and assignment of benefits [~~for surprise bills~~]
54 for insureds. (a) When an insured assigns benefits for a surprise bill

1 in writing to a non-participating physician that knows the insured is
2 insured under a health care plan, the non-participating physician shall
3 not bill the insured except for any applicable copayment, coinsurance or
4 deductible that would be owed if the insured utilized a participating
5 physician.

6 (b) When an insured assigns benefits for emergency services, including
7 inpatient services which follow an emergency room visit, to a non-parti-
8 cipating physician or hospital that knows the insured is insured under a
9 health care plan, the non-participating physician or hospital shall not
10 bill the insured except for any applicable copayment, coinsurance or
11 deductible that would be owed if the insured utilized a participating
12 physician or hospital.

13 § 5. The civil practice law and rules is amended by adding a new
14 section 213-d to read as follows:

15 § 213-d. Actions to be commenced within three years; medical debt. An
16 action on a medical debt by a hospital licensed under article twenty-
17 eight of the public health law or a health care professional authorized
18 under title eight of the education law shall be commenced within three
19 years of treatment.

20 § 6. This act shall take effect immediately.

21 PART K

22 Section 1. Paragraphs (n), (p) and (q) of subdivision 1 of section
23 2995-a of the public health law, as added by chapter 542 of the laws of
24 2000, are amended and three new paragraphs (r), (s) and (t) are added to
25 read as follows:

26 (n) (i) the location of the licensee's primary practice setting iden-
27 tified as such; ~~[and]~~

28 (ii) ~~[the names of any licensed physicians with whom the licensee~~
29 ~~shares a group practice, as defined in subdivision five of section two~~
30 ~~hundred thirty-eight of this chapter]~~ hours of operation of the
31 licensee's primary practice setting;

32 (iii) availability of assistive technology at the licensee's primary
33 practice setting; and

34 (iv) whether the licensee is accepting new patients;

35 (p) whether the licensee participates in the medicaid or medicare
36 program or any other state or federally financed health insurance
37 program; ~~[and]~~

38 (q) health care plans with which the licensee has contracts, employ-
39 ment, or other affiliation~~[-]~~ provided that the reporting and accuracy
40 of such information shall not be the responsibility of the physician,
41 but shall be included and updated by the department utilizing provider
42 network participation information, or other reliable sources of informa-
43 tion submitted by the health care plans;

44 (r) the physician's website and social media accounts;

45 (s) the names of any licensed physicians with whom the licensee shares
46 a group practice, as defined in subdivision five of section two hundred
47 thirty-eight of this chapter; and

48 (t) workforce research and planning information as determined by the
49 commissioner.

50 § 2. Section 2995-a of the public health law is amended by adding a
51 new subdivision 1-b to read as follows:

52 1-b. (a) For the purposes of this section, a physician licensed and
53 registered to practice in this state may authorize a designee to regis-

1 ter, transmit, enter or update information on his or her behalf,
2 provided that:

3 (i) the designee so authorized is employed by the physician or the
4 same professional practice or is under contract with such practice;

5 (ii) the physician takes reasonable steps to ensure that such designee
6 is sufficiently competent in the profile requirements;

7 (iii) the physician remains responsible for ensuring the accuracy of
8 the information provided and for any failure to provide accurate infor-
9 mation; and

10 (iv) the physician shall notify the department upon terminating the
11 authorization of any designee, in a manner determined by the department.

12 (b) The commissioner shall grant access to the profile in a reasonably
13 prompt manner to designees authorized by physicians and establish a
14 mechanism to prevent designees terminated pursuant to subparagraph (iv)
15 of paragraph (a) of this subdivision from accessing the profile in a
16 reasonably prompt manner following notification of termination.

17 § 3. Subdivision 4 of section 2995-a of the public health law, as
18 amended by section 3 of part A of chapter 57 of the laws of 2015, is
19 amended to read as follows:

20 4. Each physician shall periodically report to the department on forms
21 and in the time and manner required by the commissioner any other infor-
22 mation as is required by the department for the development of profiles
23 under this section which is not otherwise reasonably obtainable. In
24 addition to such periodic reports and providing the same information,
25 each physician shall update his or her profile information within the
26 six months prior to ~~[the expiration date of such physician's registra-~~
27 ~~tion period]~~ submission of the re-registration application, as a condi-
28 tion of registration renewal ~~[under article one hundred thirty-one]~~
29 pursuant to section sixty-five hundred twenty-four of the education law.
30 Except for optional information provided and information required under
31 subparagraph (iv) of paragraph (n) and paragraphs (q) and (t) of subdi-
32 vision one of this section, physicians shall notify the department of
33 any change in the profile information within thirty days of such change.

34 § 4. Subdivision 6 of section 2995-a of the public health law, as
35 added by chapter 542 of the laws of 2000, is amended to read as follows:

36 6. A physician may elect to have his or her profile omit certain
37 information provided pursuant to paragraphs (k), (l), (m), ~~[(n) and (q)]~~
38 (r) and (s) of subdivision one of this section. Information provided
39 pursuant to paragraph (t) of subdivision one of this section shall be
40 omitted from a physician's profile and shall be exempt from disclosure
41 under article six of the public officers law. In collecting information
42 for such profiles and disseminating the same, the department shall
43 inform physicians that they may choose not to provide such information
44 required pursuant to paragraphs (k), (l), (m), ~~[(n) and (q)]~~ (r) and (s)
45 of subdivision one of this section.

46 § 5. This act shall take effect on the one hundred eightieth day after
47 it shall have become a law.

48 PART L

49 Section 1. Subdivision 1 of section 6502 of the education law, as
50 amended by chapter 599 of the laws of 1996, is amended and two new
51 subdivisions 1-a and 1-b are added to read as follows:

52 1. ~~[A]~~ Except pursuant to subdivision one-a of this section, a license
53 shall be valid during the life of the holder unless revoked, annulled or
54 suspended by the board of regents ~~[or in the case of physicians, physi-~~

~~eians 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:

(i) 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; or

(ii) the licensee has failed to register with the department for two consecutive registration periods, in which case the licensee shall be immediately stricken from the roster of such licensees by the board of regents.

1-b. 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.

§ 2. Section 6524 of the education law is amended by adding a new subdivision 6-a to read as follows:

(6-a) Fingerprints and criminal history record check: consent to submission of fingerprints for purposes of conducting a criminal history record check. The commissioner shall submit to the division of criminal justice services two sets of fingerprints of applicants for licensure pursuant to this article, and the division of criminal justice services processing fee imposed pursuant to subdivision eight-a of section eight hundred thirty-seven of the executive law and any fee imposed by the federal bureau of investigation. The division of criminal justice services and the federal bureau of investigation shall forward such criminal history record to the commissioner in a timely manner. For the purposes of this section, the term "criminal history record" shall mean a record of all convictions of crimes and any pending criminal charges maintained on an individual by the division of criminal justice services and the federal bureau of investigation. All such criminal history records sent to the commissioner pursuant to this subdivision shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall not be published or in any way disclosed to persons other than the commissioner, unless otherwise authorized by law;

§ 3. Paragraph (c) of subdivision 9 and subdivisions 20, 28, and 31 of section 6530 of the education law, as added by chapter 606 of the laws of 1991, are amended and a new subdivision 51 is added to read as follows:

(c) Having been found guilty in an adjudicatory proceeding of violating a state or federal statute or regulation, pursuant to a final decision or determination, and when no appeal is pending, or after resolution of the proceeding or a complaint alleging a violation of a state or federal statute or regulation by stipulation or agreement, and when the violation would constitute professional misconduct pursuant to this section;

20. Conduct [~~in the practice of medicine~~] which evidences moral unfitness to practice medicine;

28. Failing to respond within [~~thirty~~] ten days to written communications from the department of health and to make available any relevant records with respect to an inquiry or complaint about the licensee's

professional misconduct. The period of [~~thirty~~] ten days shall commence on the date when such communication was delivered personally to the licensee. If the communication is sent from the department of health by registered or certified mail, with return receipt requested, to the address appearing in the last registration, the period of [~~thirty~~] ten days shall commence on the date of delivery to the licensee, as indicated by the return receipt;

31. Willfully harassing, abusing, or intimidating a patient [~~either~~] or a patient's caregiver or surrogate physically or verbally;

51. Except for good cause shown, failing to notify the department of health within twenty-four hours of having been charged with a crime in any jurisdiction or of any event meeting the definitions of professional misconduct set forth in subdivision nine of this section.

§ 4. Section 6532 of the education law, as added by chapter 606 of the laws of 1991, is amended to read as follows:

§ 6532. Enforcement, administration and interpretation of this article. The board [~~of~~] for professional medical conduct and the department of health shall enforce, administer and interpret this article. Before issuing a declaratory ruling pursuant to section two hundred four of the state administrative procedure act with respect to this article, the department of health shall fully consult with the department of education. [~~Neither the commissioner of education, the board of regents nor the~~] The commissioner of health may promulgate any rules or regulations concerning this article.

§ 5. Subdivision 4 of section 206 of the public health law, as amended by chapter 602 of the laws of 2007, is amended to read as follows:

4. The commissioner may:

(a) issue subpoenas, compel the attendance of witnesses and compel them to testify in any matter or proceeding before him, and may also require a witness to attend and give testimony in a county where he resides or has a place of business without the payment of any fees;

(b) require, in writing, the production of any and all relevant documents in the possession or control of an individual or entity subject to an investigation or inquiry under this chapter. Unless a shorter period is specified in such writing, as determined for good cause by the commissioner, the required documents shall be produced no later than ten days after the delivery of the writing. Failure by the subject individual or entity to produce to the department the required documents within the ten day or otherwise specified period shall be a violation or failure within the meaning of paragraph (d) of this subdivision. Each additional day of non-production shall be a separate violation or failure;

(c) annul or modify an order, regulation, by-law or ordinance of a local board of health concerning a matter which in his judgment affects the public health beyond the territory over which such local board of health has jurisdiction;

[~~(e)~~] (d) assess any penalty prescribed for a violation of or a failure to comply with any term or provision of this chapter or of any lawful notice, order or regulation pursuant thereto, not exceeding two thousand dollars for every such violation or failure, which penalty may be assessed after a hearing or an opportunity to be heard;

[~~(d)~~] (e) assess civil penalties against a public water system which provides water to the public for human consumption through pipes or other constructed conveyances, as further defined in the state sanitary code or, in the case of mass gatherings, the person who holds or promotes the mass gathering as defined in subdivision five of section two hundred twenty-five of this article not to exceed twenty-five thou-

1 sand dollars per day, for each violation of or failure to comply with
2 any term or provision of the state sanitary code as it relates to public
3 water systems that serve a population of five thousand or more persons
4 or any mass gatherings, which penalty may be assessed after a hearing or
5 an opportunity to be heard; and

6 (f) seek to obtain a warrant based on probable cause that a licensee
7 has committed professional misconduct or a crime from a judicial officer
8 authorized to issue a warrant. Such warrant shall authorize the commis-
9 sioner and any person authorized by him to have the authority to inspect
10 all grounds, erections, vehicles, structures, apartments, buildings,
11 places and the contents therein and to remove any books, records,
12 papers, documents, computers, electronic devices and other physical
13 objects.

14 § 6. Subdivision 1 of section 230 of the public health law, as amended
15 by chapter 537 of the laws of 1998, is amended to read as follows:

16 1. A state board for professional medical conduct is hereby created in
17 the department in matters of professional misconduct as defined in
18 sections sixty-five hundred thirty and sixty-five hundred thirty-one of
19 the education law. Its physician members shall be appointed by the
20 commissioner at least eighty-five percent of whom shall be from among
21 nominations submitted by the medical society of the state of New York,
22 the New York state osteopathic society, the New York academy of medi-
23 cine, county medical societies, statewide specialty societies recognized
24 by the council of medical specialty societies, and the hospital associ-
25 ation of New York state. Its lay members shall be appointed by the
26 commissioner with the approval of the governor. The board of regents
27 shall also appoint twenty percent of the members of the board. Not less
28 than sixty-seven percent of the members appointed by the board of
29 regents shall be physicians. Not less than eighty-five percent of the
30 physician members appointed by the board of regents shall be from among
31 nominations submitted by the medical society of the state of New York,
32 the New York state osteopathic society, the New York academy of medi-
33 cine, county medical societies, statewide medical societies recognized
34 by the council of medical specialty societies, and the hospital associ-
35 ation of New York state. Any failure to meet the percentage thresholds
36 stated in this subdivision shall not be grounds for invalidating any
37 action by or on authority of the board for professional medical conduct
38 or a committee or a member thereof. The board for professional medical
39 conduct shall consist of not fewer than eighteen physicians licensed in
40 the state for at least five years, two of whom shall be doctors of
41 osteopathy, not fewer than two of whom shall be physicians who dedicate
42 a significant portion of their practice to the use of non-conventional
43 medical treatments who may be nominated by New York state medical asso-
44 ciations dedicated to the advancement of such treatments, at least one
45 of whom shall have expertise in palliative care, and not fewer than
46 seven lay members. An executive secretary shall be appointed by the
47 chairperson and shall be a licensed physician. Such executive secretary
48 shall not be a member of the board, shall hold office at the pleasure
49 of, and shall have the powers and duties assigned and the annual salary
50 fixed by~~[, the chairperson. The chairperson shall also assign such~~
51 ~~secretaries or other persons to the board as are necessary]~~ the commis-
52 sioner.

53 § 7. Clause (C) of subparagraph (iii) of paragraph (a) of subdivision
54 10 of section 230 of the public health law, as amended by chapter 477 of
55 the laws of 2008, is amended to read as follows:

(C) If the director determines that the matter shall be submitted to an investigation committee, an investigation committee shall be convened ~~[within ninety days of any interview of the licensee]~~. The director shall present the investigation committee with relevant documentation including, but not limited to: (1) a copy of the original complaint; (2) the report of the interviewer and the stenographic record if one was taken; (3) the report of any medical or scientific expert; (4) copies of reports of any patient record reviews; and (5) the licensee's 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 imme-

diately 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 consultation with the executive secretary, determines that there is substantial evidence of professional misconduct of a minor or technical nature or of substandard medical practice which does not constitute professional misconduct, the director may issue an administrative warning and/or provide for consultation with a panel of one or more experts, chosen by the director. Panels of one or more experts may include, but shall not be limited to, a peer review committee of a county medical society or a specialty board. Administrative warnings and consultations shall be ~~confidential and~~ made public, but shall not constitute an adjudication of guilt or be used as evidence that the licensee is guilty of the alleged misconduct. However, in the event of a further allegation of similar misconduct by the same licensee, the matter may be reopened and further proceedings instituted as provided in this section.

§ 11. Paragraph (p) of subdivision 10 of section 230 of the public health law, as amended by chapter 599 of the laws of 1996, is amended to read as follows:

(p) Convictions of crimes or administrative violations. Except for good cause shown, a licensee shall notify the department within twenty-four hours of having been charged with a crime in any jurisdiction or of any event meeting the definitions of professional misconduct set forth in subdivision nine of section sixty-five hundred thirty of the education law. In cases of professional misconduct based solely upon a violation of subdivision nine of section sixty-five hundred thirty of the education law, the director may direct that charges be prepared and served and may refer the matter to a committee on professional conduct for its review and report of findings, conclusions as to guilt, and determination. In such cases, the notice of hearing shall state that the licensee shall file a written answer to each of the charges and allegations in the statement of charges no later than ten days prior to the hearing, and that any charge or allegation not so answered shall be deemed admitted, that the licensee may wish to seek the advice of counsel prior to filing such answer that the licensee may file a brief and affidavits with the committee on professional conduct, that the licensee may appear personally before the committee on professional conduct, may be represented by counsel and may present evidence or sworn testimony in his or her behalf, and the notice may contain such other information as may be considered appropriate by the director. The department may also present evidence or sworn testimony and file a brief at the hearing. A stenographic record of the hearing shall be made. Such evidence or sworn testimony offered to the committee on professional conduct shall be strictly limited to evidence and testimony relating to the nature and severity of the penalty to be imposed upon the licensee. Where the charges are based on the conviction of state law crimes in other jurisdictions, evidence may be offered to the committee which would show that the conviction would not be a crime in New York state. The committee on professional conduct may reasonably limit the number of witnesses whose testimony will be received and the length of time any witness will be

1 permitted to testify. The determination of the committee shall be served
2 upon the licensee and the department in accordance with the provisions
3 of paragraph (h) of this subdivision. A determination pursuant to this
4 subdivision may be reviewed by the administrative review board for
5 professional medical conduct.

6 § 12. Subdivision 12 of section 230 of the public health law, as
7 amended by chapter 627 of the laws of 1996, paragraph (a) as amended by
8 chapter 477 of the laws of 2008 and paragraph (b) as amended by section
9 3 of part CC of chapter 57 of the laws of 2018, is amended to read as
10 follows:

11 12. Summary action. (a) Whenever the commissioner, (i) after being
12 presented with information indicating that a licensee is causing, engag-
13 ing in or maintaining a condition or activity which has resulted in the
14 transmission or suspected transmission, or is likely to lead to the
15 transmission, of communicable disease as defined in the state sanitary
16 code or HIV/AIDS, by the state and/or a local health department and if
17 in the commissioner's opinion it would be prejudicial to the interests
18 of the people to delay action until an opportunity for a hearing can be
19 provided in accordance with the prehearing and hearing provisions of
20 this section; ~~or~~ (ii) after requiring that a licensee produce docu-
21 ments in accordance with subdivision four of section two hundred six of
22 this chapter, and such licensee has failed to produce the required docu-
23 ments within ten days, or within such shorter period as may have been
24 specified in the commissioner's written demand for documents; or (iii)
25 after an investigation and a recommendation by a committee on profes-
26 sional conduct of the state board for professional medical conduct,
27 based upon a determination that a licensee is causing, engaging in or
28 maintaining a condition or activity which in the commissioner's opinion
29 ~~[constitutes an imminent danger]~~ presents a risk to the health of the
30 people, and that it therefore appears to be prejudicial to the interests
31 of the people to delay action until an opportunity for a hearing can be
32 provided in accordance with the prehearing and hearing provisions of
33 this section; the commissioner may order the licensee, by written
34 notice, to discontinue such dangerous condition or activity or take
35 certain action immediately and for a period of ~~[ninety]~~ one hundred
36 twenty days from the date of service of the order. Within ~~[ten]~~ thirty
37 days from the date of service of the said order, the state board for
38 professional medical conduct shall commence and regularly schedule such
39 hearing proceedings as required by this section, provided, however, that
40 the hearing shall be completed within ~~[ninety]~~ one hundred twenty days
41 of the date of service of the order. To the extent that the issue of
42 ~~[imminent danger]~~ risk to the health of the people can be proven without
43 the attorney representing the office of professional medical conduct
44 putting in its entire case, the committee of the board shall first
45 determine whether by a preponderance of the evidence the licensee is
46 causing, engaging in or maintaining a condition or activity which
47 ~~[constitutes an imminent danger]~~ presents a risk to the health of the
48 people. The attorney representing the office of professional medical
49 conduct shall have the burden of going forward and proving by a prepon-
50 derance of the evidence that the licensee's condition, activity or prac-
51 tice ~~[constitutes an imminent danger]~~ presents a risk to the health of
52 the people. The licensee shall have an opportunity to be heard and to
53 present proof. When both the office and the licensee have completed
54 their cases with respect to the question of ~~[imminent danger]~~ risk to
55 the health of the people, the committee shall promptly make a recommen-
56 dation to the commissioner on the issue of ~~[imminent danger]~~ risk to the

1 health of the people and determine whether the summary order should be
2 left in effect, modified or vacated, and continue the hearing on all the
3 remaining charges, if any, in accordance with paragraph (f) of subdivi-
4 sion ten of this section. Within ten days of the committee's recommenda-
5 tion, the commissioner shall determine whether or not to adopt the
6 committee's recommendations, in whole or in part, and shall leave in
7 effect, modify or vacate his summary order. The state board for profes-
8 sional medical conduct shall make every reasonable effort to avoid any
9 delay in completing and determining such proceedings. If, at the conclu-
10 sion of the hearing, (i) the hearing committee of the board finds the
11 licensee guilty of one or more of the charges which are the basis for
12 the summary order, (ii) the hearing committee determines that the summa-
13 ry order continue, and (iii) the ninety day term of the order has not
14 expired, the summary order shall remain in full force and effect until a
15 final decision has been rendered by the committee or, if review is
16 sought, by the administrative review board. A summary order shall be
17 public upon issuance.

18 (b) When a licensee has pleaded or been found guilty or convicted of
19 committing an act constituting a felony under New York state law or
20 federal law, or the law of another jurisdiction which, if committed
21 within this state, would have constituted a felony under New York state
22 law, or when a licensee has been charged with committing an act consti-
23 tuting a felony under New York state or federal law or the law of anoth-
24 er jurisdiction, where the licensee's alleged conduct, which, if commit-
25 ted within this state, would have constituted a felony under New York
26 state law, and [~~in the commissioner's opinion the licensee's alleged~~
27 ~~conduct constitutes an imminent danger~~] where the licensee's alleged
28 conduct may present a risk to the health of the people, or when the duly
29 authorized professional disciplinary agency of another jurisdiction has
30 made a finding substantially equivalent to a finding that the practice
31 of medicine by the licensee in that jurisdiction [~~constitutes an immi-~~
32 ~~nent danger~~] presents a risk to the health of its people, or when a
33 licensee has been disciplined by a duly authorized professional disci-
34 plinary agency of another jurisdiction for acts which if committed in
35 this state would have constituted the basis for summary action by the
36 commissioner pursuant to paragraph (a) of this subdivision, the commis-
37 sioner, after a recommendation by a committee of professional conduct of
38 the state board for professional medical conduct, may order the licen-
39 see, by written notice, to discontinue or refrain from practicing medi-
40 cine in whole or in part or to take certain actions authorized pursuant
41 to this title immediately. The order of the commissioner shall consti-
42 tute summary action against the licensee and become public upon issu-
43 ance. The summary suspension shall remain in effect until the final
44 conclusion of a hearing which shall commence within ninety days of the
45 date of service of the commissioner's order, end within [~~ninety~~] one
46 hundred eighty days thereafter and otherwise be held in accordance with
47 paragraph (a) of this subdivision, provided, however, that when the
48 commissioner's order is based upon a finding substantially equivalent to
49 a finding that the practice of medicine by the licensee in another
50 jurisdiction [~~constitutes an imminent danger~~] presents a risk to the
51 health of its people, the hearing shall commence within thirty days
52 after the disciplinary proceedings in that jurisdiction are finally
53 concluded. If, at any time, the felony charge is dismissed, withdrawn or
54 reduced to a non-felony charge, the commissioner's summary order shall
55 terminate.

§ 13. Paragraph (a) of subdivision 1 of section 2803-e of the public health law, as amended by chapter 294 of the laws of 1985, is amended to read as follows:

(a) Hospitals and other facilities approved pursuant to this article shall make a report or cause a report to be made within thirty days of the occurrence of any of the following: the suspension, restriction, termination or curtailment of the training, employment, association or professional privileges or the denial of the certification of completion of training of an individual licensed pursuant to the provisions of title eight of the education law or of a medical resident with such facility for reasons related in any way to alleged mental or physical impairment, incompetence, malpractice or misconduct or impairment of patient safety or welfare; the voluntary or involuntary resignation or withdrawal of association or of privileges with such facility to avoid the imposition of disciplinary measures; notification by the hospital or facility, to any entity providing personnel to perform professional services to such hospital or facility, that the entity shall not assign a particular individual to provide such services to the hospital or facility, for reasons related in any way to alleged mental or physical impairment, incompetence, malpractice or misconduct or impairment of patient safety or welfare; or the receipt of information which indicates that any professional licensee or medical resident has been convicted of a crime; the denial of staff privileges to a physician if the reasons stated for such denial are related to alleged mental or physical impairment, incompetence, malpractice, misconduct or impairment of patient safety or welfare.

§ 14. 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 the amendments to paragraph (a) of subdivision 10 of section 230 of the public health law made by sections 7 and 8 of this act shall not affect the expiration of such paragraph and shall expire therewith.

PART M

Section 1. Paragraphs 56 and 57 of subdivision (b) of schedule I of section 3306 of the public health law, as added by section 4 of part BB of chapter 57 of the laws of 2018, are amended to read as follows:

(56) [~~3,4-dichloro-N-((1-dimethylamino) cyclohexylmethyl)benzamide~~] 3,4-dichloro-N-((1-dimethylamino)cyclohexylmethyl)benzamide. Some trade or other names: AH-7921.

(57) [~~N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide (Acetyl Fentanyl)~~] N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide. Some trade or other names: Acetyl Fentanyl.

§ 2. Subdivision (b) of schedule I of section 3306 of the public health law is amended by adding twenty-four new paragraphs 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80 and 81 to read as follows:

(58) N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide. Other name: Butyryl Fentanyl.

(59) N-{1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl}-N-phenylpropionamide. Other name: Beta-Hydroxythiofentanyl.

(60) N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide. Other name: Furanyl Fentanyl.

(61) 3,4-Dichloro-N-{2-(dimethylamino) cyclohexyl}-N-methylbenzamide. Other name: U-47700.

(62) N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide. Other names: Acryl Fentanyl or Acryloylfentanyl.

(63) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide. Other names: 4-fluoroisobutyryl fentanyl, para-fluoroisobutyryl fentanyl.

(64) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide. Other names: ortho-fluorofentanyl or 2-fluorofentanyl.

(65) N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide. Other name: tetrahydrofuranyl fentanyl.

(66) 2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide. Other name: methoxyacetyl fentanyl.

(67) N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide. 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:

1 (29) Thiafentanil.

2 (30) Norfentanyl.

3 § 4. Section 3308 of the public health law is amended by adding a new
4 subdivision 7 to read as follows:

5 7. The commissioner may, by regulation, classify as a schedule I
6 controlled substance in section three thousand three hundred six of this
7 article any substance listed in Schedule I of the federal schedules of
8 controlled substances in 21 USC § 812 or 21 CFR § 1308.11.

9 § 5. Severability clause. If any clause, sentence, paragraph, subdivi-
10 sion, section or part of this act shall be adjudged by any court of
11 competent jurisdiction to be invalid, such judgment shall not affect,
12 impair, or invalidate the remainder thereof, but shall be confined in
13 its operation to the clause, sentence, paragraph, subdivision, section
14 or part thereof directly involved in the controversy in which such judg-
15 ment shall have been rendered. It is hereby declared to be the intent of
16 the legislature that this act would have been enacted even if such
17 invalid provisions had not been included herein.

18 § 6. This act shall take effect on the ninetieth day after it shall
19 have become a law.

20 PART N

21 Section 1. The public health law is amended by adding a new section
22 2803-z to read as follows:

23 § 2803-z. Antimicrobial resistance prevention and education. 1. Every
24 general hospital and nursing home shall establish and implement an anti-
25 biotic stewardship program that meets or exceeds federal Medicare and
26 Medicaid conditions of participation for antimicrobial stewardship
27 programs in health care facilities. Additionally, such program shall
28 incorporate an ongoing process to measure the impact of the program,
29 including review, at least annually, of antimicrobial utilization data
30 with development of response plans for high or increasing utilization.

31 2. Every general hospital and nursing home shall establish and imple-
32 ment training regarding antimicrobial resistance and infection
33 prevention and control, or ensure that such training has taken place, in
34 addition to or within existing infection control training programs, for
35 all individuals licensed or certified pursuant to title eight of the
36 education law and who are required to complete coursework or training
37 regarding infection control pursuant to section 239 of the public health
38 law or section 6505-b of the education law.

39 3. The commissioner shall make such rules and regulations as may be
40 necessary and proper to carry out the provisions of this section.

41 § 2. This act shall take effect on the one hundred eightieth day after
42 it shall have become a law. Effective immediately, the addition, amend-
43 ment and/or repeal of any rule or regulation necessary for the implemen-
44 tation of this act on its effective date are authorized to be made and
45 completed on or before such effective date.

46 PART O

47 Section 1. Subdivisions 1, 4-b, and 7 of section 2805-i of the public
48 health law, subdivision 1 as amended by section 1 of part HH of chapter
49 57 of the laws of 2018, paragraph (c) of subdivision 1 as amended by
50 chapter 681 of the laws of 2019, subdivisions 4-b and 7 as added by
51 chapter 1 of the laws of 2000, subparagraph 1 of paragraph (b) and para-
52 graph (c) of subdivision 4-b as amended by chapter 292 of the laws of

2008, and subdivision 7 as renumbered by chapter 407 of the laws of 2018, are amended to read as follows:

1. ~~[Every]~~ When an alleged victim of a sexual offense seeks services from a hospital with an emergency department, such hospital ~~[providing treatment to alleged victims of a sexual offense]~~ shall be responsible for:

(a) maintaining sexual offense evidence and the chain of custody as provided in subdivision two of this section;

(b) contacting a rape crisis or victim assistance organization, if any, providing victim assistance to the geographic area served by that hospital to establish the coordination of non-medical services to sexual offense victims who request such coordination and services;

(c) offering and making available appropriate HIV post-exposure treatment therapies; including a full regimen of HIV post-exposure prophylaxis, in cases where it has been determined, in accordance with guidelines issued by the commissioner, that a significant exposure to HIV has occurred. With the consent of the victim of a sexual assault, the hospital emergency room department shall provide or arrange for an appointment for medical follow-up related to HIV post-exposure prophylaxis and other care as appropriate, and inform the victim that payment assistance for such care may be available from the office of victim services pursuant to the provisions of article twenty-two of the executive law; ~~[and]~~

(d) ensuring sexual assault survivors are not billed for sexual assault forensic exams and are notified orally and in writing of the option to decline to provide private health insurance information and have the office of victim services reimburse the hospital for the exam pursuant to subdivision thirteen of section six hundred thirty-one of the executive law~~[.];~~

(e) ensuring that the victim, absent exigent circumstances, is met by a sexual assault forensic examiner within sixty minutes of arriving at the hospital and that the victim, upon consent, is promptly examined by such sexual assault forensic examiner in a private room designated for such examinations;

(1) the term examination means the sexual assault medical forensic examination, which may include, upon consent of the victim, gathering information from the victim for the medical forensic history; a medical examination; coordinating treatment of injuries, documentation of biological and physical findings, and collection of evidence from the victim using the sexual offense evidence collection kit; documentation of findings; information, treatment, and referrals for sexually transmitted infections, pregnancy, suicidal ideation, alcohol and substance abuse, and other nonacute medical concerns; and assessment for additional treatment and services.

(2) the sexual assault forensic examiner shall be a nurse practitioner, physician assistant, registered nurse or physician specially trained and certified in forensic examination of sexual offense victims and the preservation of forensic evidence in such cases, pursuant to regulations promulgated by the commissioner. A sexual assault forensic examiner shall be available on a twenty-four hour a day basis every day of the year.

(3) during the examination, 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.

(4) promptly after the examination is completed, the victim shall be permitted to shower, be provided with a change of clothing, and receive

1 follow-up information, counseling, medical treatment and referrals for
2 same;

3 (f) designating a qualified staff person to exercise administrative
4 and clinical oversight of the treatment of sexual assault patients who
5 seek care in the hospital's emergency department, and develop policies
6 and procedures to guarantee sufficient staffing to meet the requirements
7 of this section;

8 (g) ensuring that all emergency department personnel receive training
9 regarding standards of care for assessment and treatment of victims of
10 sexual assault. Such training shall be provided by October first, two
11 thousand twenty and at least annually thereafter;

12 (h) beginning March first, two thousand twenty-one, and annually ther-
13 eafter, hospitals with an emergency department shall provide an attesta-
14 tion to the department, which shall:

15 (1) detail the number of duly trained and certified sexual assault
16 forensic examiners available to the hospital, pursuant to paragraph (e)
17 of this subdivision;

18 (2) list the name and contact information of the staff person who has
19 been designated by the hospital to oversee the treatment of sexual
20 assault patients, pursuant to paragraph (f) of this subdivision; and

21 (3) affirm that the hospital has completed trainings regarding stand-
22 ards of care for assessment and treatment of victims of sexual assault,
23 pursuant to paragraph (g) of this subdivision; and

24 (i) a hospital without an emergency department shall establish a
25 protocol for the transfer of sexual assault victims to a hospital with
26 an emergency department. The protocol must address all patient needs,
27 including, but not limited to:

28 (1) requirements to obtain consent from the sexual assault victim for
29 the transfer;

30 (2) measures to ensure minimal delay in care;

31 (3) procedures to prevent loss of evidence; and

32 (4) protocols for providing care if the sexual assault victim declines
33 a transfer to a hospital with an emergency department. Such a protocol
34 may include having a sexual assault forensic examiner come to the hospi-
35 tal.

36 ~~4-b. (a) The commissioner shall, with the consent of the directors of~~
37 ~~interested hospitals in the state and in consultation with the commis-~~
38 ~~sioner of the division of criminal justice services, designate hospitals~~
39 ~~in the state as the sites of a twenty-four hour sexual assault forensic~~
40 ~~examiner program. The hospital sites shall be designated in urban,~~
41 ~~suburban and rural areas to give as many state residents as possible~~
42 ~~ready access to the sexual assault forensic examiner program. The~~
43 ~~commissioner, in consultation with the commissioner of the division of~~
44 ~~criminal justice services, shall consider the following criteria when~~
45 ~~designating these sexual assault forensic examiner program sites:~~

46 ~~(1) the location of the hospital;~~

47 ~~(2) the hospital's capacity to provide on-site comprehensive medical~~
48 ~~services to victims of sexual offenses;~~

49 ~~(3) the capacity of the hospital site to coordinate services for~~
50 ~~victims of sexual offenses including medical treatment, rape crisis~~
51 ~~counseling, psychological support, law enforcement assistance and foren-~~
52 ~~sic evidence collection;~~

53 ~~(4) the hospital's capacity to provide access to the sexual assault~~
54 ~~forensic examiner site for disabled victims;~~

55 ~~(5) the hospital's existing services for victims of sexual offenses;~~

~~(6) the capacity of the hospital site to collect uniform data and insure confidentiality of such data; and~~

~~(7) the hospital's compliance with state and federally mandated standards of medical care.~~

~~(b) Each sexual assault forensic examiner program site designated pursuant to this subdivision shall comply with the requirements of subdivisions one, two and three of this section, and shall also provide treatment to the victim as follows:~~

~~(1) The victim shall, absent exigent circumstances, be met by a sexual assault forensic examiner within sixty minutes of arriving at the hospital, who shall be a nurse practitioner, physician assistant, registered nurse or physician specially trained in forensic examination of sexual offense victims and the preservation of forensic evidence in such cases and certified as qualified to provide such services pursuant to regulations 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.

1 Section 1. Subdivisions 1 and 4 of section 1119 of the public health
2 law, as amended by chapter 61 of the laws of 1989, are amended to read
3 as follows:

4 1. At the time of submitting a plan for approval as required by this
5 article, a filing fee computed at the rate of [~~twelve dollars and fifty~~
6 ~~cents~~] fifty dollars per lot shall be paid to the department or to the
7 city, county or part-county health district wherein such plans are
8 filed.

9 4. Notwithstanding any other provision of this title the commissioner
10 [~~of health~~] is empowered to make administrative arrangements with the
11 commissioner of environmental conservation for joint or cooperative
12 administration of this title and title fifteen of article seventeen of
13 the environmental conservation law, such that only one plan must be
14 filed and only one fee totaling [~~twenty-five~~] one hundred dollars per
15 lot must be paid.

16 § 2. Subdivision 4 of section 1393 of the public health law, as
17 amended by chapter 439 of the laws of 2009, is amended to read as
18 follows:

19 4. The fee for a permit shall be [~~two~~] eight hundred dollars, except
20 that no fee shall be charged in the case of a children's overnight,
21 summer day or traveling summer day camp operated by a person, firm,
22 corporation or association for charitable, philanthropic or religious
23 purposes.

24 § 3. Subdivision 2 of section 3551 of the public health law, as added
25 by chapter 378 of the laws of 1990, is amended to read as follows:

26 2. The department shall license each applicant who submits an applica-
27 tion on a form prescribed by the commissioner and meets the requirements
28 of this article and any rules or regulations promulgated pursuant to
29 this article, upon payment of a registration fee of [~~thirty~~] one hundred
30 twenty dollars.

31 § 4. Subdivision 1 of section 3554 of the public health law, as added
32 by chapter 378 of the laws of 1990, is amended to read as follows:

33 1. The commissioner shall inspect each tanning facility licensed under
34 this article and each ultraviolet radiation device used, offered, or
35 made available for use in such facility, not less than biennially. The
36 commissioner may establish a fee for such inspection, which shall not
37 exceed [~~fifty~~] two hundred dollars per ultraviolet radiation device;
38 provided, however, that no facility shall be required to pay any such
39 fee on more than one occasion in any biennial registration period. The
40 commissioner may appoint and designate, from time to time, persons to
41 make the inspections authorized by this article.

42 § 5. Paragraph (a) of subdivision 2 of section 905 of the labor law,
43 as added by chapter 166 of the laws of 1991, is amended to read as
44 follows:

45 (a) The commissioner of health shall assess a fee of no more than
46 [~~twenty~~] fifty dollars for each asbestos safety program completion
47 certificate requested by the training sponsor for each full asbestos
48 safety program and a fee of no more than [~~twelve~~] thirty dollars for
49 each asbestos safety program completion certificate requested by the
50 training sponsor for each refresher training asbestos safety program,
51 provided, however, that in no event shall the cost of such certificates
52 be assessed by the sponsor against the participants.

53 § 6. This act shall take effect immediately.

1 Section 1. The public health law is amended by adding three new
2 sections 1399-mm-1, 1399-mm-2, and 1399-mm-3 to read as follows:

3 § 1399-mm-1. Sale of flavored products prohibited. 1. For the purposes
4 of this section, the following terms shall have the following meanings:

5 (a) "Flavored" shall mean any electronic cigarette, liquid nicotine,
6 or other vapor product intended or reasonably expected to be used with
7 or for the consumption of nicotine, with a distinguishable taste or
8 aroma, other than the taste or aroma of tobacco, imparted either prior
9 to or during consumption of such product or a component part thereof,
10 including but not limited to tastes or aromas relating to any fruit,
11 chocolate, vanilla, honey, candy, cocoa, dessert, alcoholic beverage,
12 mint, wintergreen, menthol, herb or spice, or any concept flavor that
13 imparts a taste or aroma that is distinguishable from tobacco flavor but
14 may not relate to any particular known flavor. An electronic cigarette,
15 liquid nicotine, or other vapor product intended or reasonably expected
16 to be used with or for the consumption of nicotine, shall be presumed to
17 be flavored if a product's retailer, manufacturer, or a manufacturer's
18 agent or employee has made a statement or claim directed to consumers or
19 the public, whether expressed or implied, that such product or device
20 has a distinguishable taste or aroma other than the taste or aroma of
21 tobacco.

22 (b) "Liquid nicotine" shall have the same meaning as set forth in
23 section thirteen hundred ninety-nine-cc of this article.

24 2. No person shall sell or offer for sale at retail in the state any
25 flavored electronic cigarette, flavored liquid nicotine, or other
26 flavored vapor product intended or reasonably expected to be used with
27 or for the consumption of nicotine.

28 3. Any person who violates the provisions of this section shall be
29 subject to a fine of not more than one hundred dollars for each individ-
30 ual package of flavored electronic cigarette, flavored liquid nicotine,
31 or other flavored vapor product intended or reasonably expected to be
32 used with or for the consumption of nicotine sold or offered for sale,
33 provided, however, that with respect to a manufacturer, it shall be an
34 affirmative defense to a finding of violation pursuant to this section
35 that such sale or offer of sale, as applicable, occurred without the
36 knowledge, consent, authorization, or involvement, direct or indirect,
37 of such manufacturer. Violations of this section shall be enforced
38 pursuant to section thirteen hundred ninety-nine-ff of this article,
39 except that any person may submit a complaint to an enforcement officer
40 that a violation of this section has occurred.

41 § 1399-mm-2. Sale in pharmacies. No tobacco product, herbal cigarette,
42 electronic cigarette, or other vapor product intended or reasonably
43 expected to be used with or for the consumption of nicotine, shall be
44 sold in a pharmacy or in a retail establishment that contains a pharmacy
45 operated as a department as defined by paragraph (f) of subdivision two
46 of section sixty-eight hundred eight of the education law.

47 § 1399-mm-3. Carrier oils. 1. For the purposes of this section "carri-
48 er oils" shall mean any ingredient of a vapor product intended to
49 control the consistency or other physical characteristics of such vapor
50 product, to control the consistency or other physical characteristics of
51 vapor, or to facilitate the production of vapor when such vapor product
52 is used in an electronic cigarette. "Carrier oils" shall not include any
53 product approved by the United States food and drug administration as a
54 drug or medical device or manufactured and dispensed pursuant to title
55 five-A of article thirty-three of this chapter.

1 2. The commissioner is authorized to promulgate rules and regulations
2 governing the sale and distribution of carrier oils. Such regulations
3 may, to the extent deemed by the commissioner as necessary for the
4 protection of public health, prohibit or restrict the selling, offering
5 for sale, possessing with intent to sell, or distributing of carrier
6 oils.

7 3. The provisions of this section shall not apply where preempted by
8 federal law. Furthermore, the provisions of this section shall be
9 severable, and if any phrase, clause, sentence, or provision is declared
10 to be invalid, or is preempted by federal law or regulation, the validi-
11 ty of the remainder of this section shall not be affected thereby. If
12 any provision of this section is declared to be inapplicable to any
13 specific category, type, or kind of carrier oil, the provisions of this
14 section shall nonetheless continue to apply with respect to all other
15 carrier oils.

16 § 2. Section 1399-n of the public health law is amended by adding a
17 new subdivision 3-a to read as follows:

18 3-a. "Indoor area" means any area with a full or partial roof cover-
19 ing; provided, however, that with respect to facilities licensed pursu-
20 ant to article thirteen of the racing, pari-mutuel wagering and breeding
21 law only, "indoor area" shall mean an area with a roof or ceiling in
22 place, including a fixed or movable roof or ceiling, where the total
23 actual area of the wall surfaces exceeds seventy-five percent of the
24 total notional wall area, and which allow the free flow of air without
25 the assistance of mechanical ventilation, as defined by the commis-
26 sioner. The commissioner may determine and enforce a lower percentage of
27 total actual area to notional wall area, as deemed necessary to protect
28 the public health and the intent of this article; provided, however,
29 that the maximum percentage determined is no lower than fifty percent of
30 the total notional wall area. The commissioner shall promulgate such
31 rules and regulations as are necessary to define notional wall area,
32 mechanical ventilation, and related building specifications needed to
33 make a determination of whether or not a structure falls within the
34 definition of indoor area.

35 § 3. Section 6808 of the education law is amended by adding a new
36 subdivision 9 to read as follows:

37 9. No tobacco product, herbal cigarette, electronic cigarette, or
38 other vapor product intended or reasonably expected to be used with or
39 for the consumption of nicotine, as such terms are defined by section
40 thirteen hundred ninety-nine-aa of the public health law, shall be sold
41 or offered for sale at a registered pharmacy or an establishment where a
42 pharmacy department is located.

43 § 4. Section 1399-aa of the public health law is amended by adding
44 five new subdivisions 14, 15, 16, 17, and 18 to read as follows:

45 14. "Price reduction instrument" means any coupon, voucher, rebate,
46 card, paper, note, form, statement, ticket, image, or other issue,
47 whether in paper, digital, or any other form, used for commercial
48 purposes to receive an article, product, service, or accommodation with-
49 out charge or at a discounted price.

50 15. "Tobacco menu" means a booklet, pamphlet, or other listing of
51 tobacco products, herbal cigarettes, electronic liquids, or electronic
52 cigarettes offered for sale by a retail dealer which includes the price
53 of such products. A tobacco menu may contain pictures of and advertise-
54 ments for tobacco products, herbal cigarettes, electronic liquids, or
55 electronic cigarettes.

1 16. "Menu cover page" means the front cover of a tobacco menu or, if
2 there is no front cover, the first page of such tobacco menu.

3 17. "Vapor products" means any noncombustible liquid or gel, regard-
4 less of the presence of nicotine therein, that is manufactured into a
5 finished product for use in an electronic cigarette. "Vapor product"
6 shall not include any product approved by the United States food and
7 drug administration as a drug or medical device, or manufactured and
8 dispensed pursuant to title five-A of article thirty-three of this chap-
9 ter.

10 18. "Vapor products dealer" means a person licensed by the commission-
11 er of tax and finance to sell vapor products in this state.

12 § 5. The section heading and subdivisions 1, 2, 3 and 4 of section
13 1399-11 of the public health law, the section heading and subdivisions
14 2, 3, and 4 as added by chapter 262 of the laws of 2000, and subdivision
15 1 as amended by chapter 342 of the laws of 2013, are amended to read as
16 follows:

17 Unlawful shipment or transport of cigarettes and electronic
18 cigarettes. 1. It shall be unlawful for any person engaged in the busi-
19 ness of selling cigarettes, electronic cigarettes, liquid nicotine,
20 and/or other vapor products intended or reasonably expected to be used
21 with or for the consumption of nicotine, to ship or cause to be shipped
22 any cigarettes, electronic cigarettes, liquid nicotine, and/or other
23 vapor products intended or reasonably expected to be used with or for
24 the consumption of nicotine, to any person in this state who is not: (a)
25 a person licensed as a cigarette tax agent or wholesale dealer under
26 article twenty of the tax law or registered retail dealer under section
27 four hundred eighty-a of the tax law; (b) an export warehouse proprietor
28 pursuant to chapter 52 of the internal revenue code or an operator of a
29 customs bonded warehouse pursuant to section 1311 or 1555 of title 19 of
30 the United States Code; ~~(c)~~ (c) a vapor products dealer registered with
31 the commissioner of taxation and finance pursuant to article
32 twenty-eight-C of the tax law; or (d) a person who is an officer,
33 employee or agent of the United States government, this state or a
34 department, agency, instrumentality or political subdivision of the
35 United States or this state and presents himself or herself as such,
36 when such person is acting in accordance with his or her official
37 duties. For purposes of this subdivision, a person is a licensed or
38 registered agent or dealer described in paragraph (a) of this subdivi-
39 sion if his or her name appears on a list of licensed or registered
40 agents or dealers published by the department of taxation and finance,
41 or if such person is licensed or registered as an agent or dealer under
42 article twenty of the tax law.

43 2. It shall be unlawful for any common or contract carrier to knowingly
44 transport cigarettes, electronic cigarettes, liquid nicotine, and/or
45 other vapor products intended or reasonably expected to be used with or
46 for the consumption of nicotine to any person in this state reasonably
47 believed by such carrier to be other than a person described in para-
48 graph (a), (b) ~~(c)~~, (c), or (d) of subdivision one of this section. For
49 purposes of the preceding sentence, if cigarettes, electronic ciga-
50 rettes, liquid nicotine, and/or other vapor products intended or reason-
51 ably expected to be used with or for the consumption of nicotine are
52 transported to a home or residence, it shall be presumed that the common
53 or contract carrier knew that such person was not a person described in
54 paragraph (a), (b) ~~(c)~~, (c), or (d) of subdivision one of this section.
55 It shall be unlawful for any other person to knowingly transport ciga-
56 rettes, electronic cigarettes, liquid nicotine, and/or other vapor

1 products intended or reasonably expected to be used with or for the
2 consumption of nicotine to any person in this state, other than to a
3 person described in paragraph (a), (b) ~~[ex]~~, (c), or (d) of subdivision
4 one of this section. Nothing in this subdivision shall be construed to
5 prohibit a person other than a common or contract carrier from trans-
6 porting not more than eight hundred cigarettes at any one time to any
7 person in this state.

8 3. When a person engaged in the business of selling cigarettes, elec-
9 tronic cigarettes, liquid nicotine, and/or other vapor products intended
10 or reasonably expected to be used with or for the consumption of nico-
11 tine ships or causes to be shipped any cigarettes, electronic ciga-
12 rettes, liquid nicotine, and/or other vapor products intended or reason-
13 ably expected to be used with or for the consumption of nicotine to any
14 person in this state, other than in the cigarette manufacturer's
15 original container or wrapping, the container or wrapping must be plain-
16 ly and visibly marked with the ~~[word]~~ words "cigarettes", "electronic
17 cigarettes", or "liquid nicotine", as applicable.

18 4. Whenever a police officer designated in section 1.20 of the crimi-
19 nal procedure law or a peace officer designated in subdivision four of
20 section 2.10 of such law, acting pursuant to his or her special duties,
21 shall discover any cigarettes, electronic cigarettes, liquid nicotine,
22 and/or other vapor products intended or reasonably expected to be used
23 with or for the consumption of nicotine which have been or which are
24 being shipped or transported in violation of this section, such person
25 is hereby empowered and authorized to seize and take possession of such
26 cigarettes, electronic cigarettes, liquid nicotine, and/or other vapor
27 products intended or reasonably expected to be used with or for the
28 consumption of nicotine, and such cigarettes, electronic cigarettes,
29 liquid nicotine, and/or other vapor products intended or reasonably
30 expected to be used with or for the consumption of nicotine shall be
31 subject to a forfeiture action pursuant to the procedures provided for
32 in article thirteen-A of the civil practice law and rules, as if such
33 article specifically provided for forfeiture of cigarettes, electronic
34 cigarettes, liquid nicotine, and/or other vapor products intended or
35 reasonably expected to be used with or for the consumption of nicotine
36 seized pursuant to this section as a pre-conviction forfeiture crime.

37 § 6. Section 1399-bb of the public health law, as amended by chapter
38 508 of the laws of 2000, the section heading as amended by chapter 4 of
39 the laws of 2018, subdivision 2 as amended by chapter 13 of the laws of
40 2003, and paragraphs (b), (c), and (f) of subdivision 2 and subdivisions
41 4 and 5 as amended by chapter 100 of the laws of 2019, is amended to
42 read as follows:

43 § 1399-bb. Distribution of tobacco products, electronic liquids, elec-
44 tronic cigarettes or herbal cigarettes without charge. 1. No person
45 engaged in the business of selling or otherwise distributing tobacco
46 products, electronic liquids, electronic cigarettes, other vapor
47 products intended or reasonably expected to be used with or for the
48 consumption of nicotine, or herbal cigarettes for commercial purposes,
49 or any agent or employee of such person, shall knowingly, in furtherance
50 of such business:

51 (a) distribute without charge any tobacco products, electronic
52 liquids, electronic cigarettes, other vapor products intended or reason-
53 ably expected to be used with or for the consumption of nicotine, or
54 herbal cigarettes to any individual, provided that the distribution of a
55 package containing tobacco products, electronic liquids, electronic
56 cigarettes, other vapor products intended or reasonably expected to be

1 used with or for the consumption of nicotine, or herbal cigarettes in
2 violation of this subdivision shall constitute a single violation with-
3 out regard to the number of items in the package; or

4 (b) distribute [~~coupons~~] price reduction instruments which are redeem-
5 able for tobacco products, electronic liquids, electronic cigarettes,
6 other vapor products intended or reasonably expected to be used with or
7 for the consumption of nicotine, or herbal cigarettes to any individual,
8 provided that this subdivision shall not apply to coupons contained in
9 newspapers, magazines or other types of publications, coupons obtained
10 through the purchase of tobacco products electronic liquids, electronic
11 cigarettes, other vapor products intended or reasonably expected to be
12 used with or for the consumption of nicotine, or herbal cigarettes or
13 obtained at locations which sell tobacco products, electronic liquids,
14 electronic cigarettes, other vapor products intended or reasonably
15 expected to be used with or for the consumption of nicotine, or herbal
16 cigarettes provided that such distribution is confined to a designated
17 area or to coupons sent through the mail.

18 1-a. No person engaged in the business of selling or otherwise
19 distributing tobacco products, herbal cigarettes, electronic liquids,
20 electronic cigarettes, or other vapor products intended or reasonably
21 expected to be used with or for the consumption of nicotine for commer-
22 cial purposes, or any agent or employee of such person, shall knowingly,
23 in furtherance of such business:

24 (a) honor or accept a price reduction instrument in any transaction
25 related to the sale of tobacco products, herbal cigarettes, electronic
26 liquids, electronic cigarettes, or other vapor products intended or
27 reasonably expected to be used with or for the consumption of nicotine
28 to a consumer;

29 (b) sell or offer for sale any tobacco products, herbal cigarettes,
30 electronic liquids, electronic cigarettes, or other vapor products
31 intended or reasonably expected to be used with or for the consumption
32 of nicotine to a consumer through any multi-package discount or other-
33 wise provide to a consumer any tobacco products, herbal cigarettes,
34 electronic liquids, electronic cigarettes, or other vapor products
35 intended or reasonably expected to be used with or for the consumption
36 of nicotine for less than the listed price in exchange for the purchase
37 of any other tobacco products, herbal cigarettes, electronic liquids,
38 electronic cigarettes, or other vapor products intended or reasonably
39 expected to be used with or for the consumption of nicotine by such
40 consumer;

41 (c) sell, offer for sale, or otherwise provide any product other than
42 a tobacco product, herbal cigarette, electronic liquid, electronic ciga-
43 rette, or other vapor product intended or reasonably expected to be used
44 with or for the consumption of nicotine to a consumer for less than the
45 listed price in exchange for the purchase of a tobacco product, herbal
46 cigarette, electronic liquid, electronic cigarette, or other vapor prod-
47 uct intended or reasonably expected to be used with or for the consump-
48 tion of nicotine by such consumer; or

49 (d) sell, offer for sale, or otherwise provide a tobacco product,
50 herbal cigarette, electronic liquid, electronic cigarette, or other
51 vapor product intended or reasonably expected to be used with or for the
52 consumption of nicotine to a consumer for less than the listed price.

53 2. The prohibitions contained in subdivision one of this section shall
54 not apply to the following locations:

1 (a) private social functions when seating arrangements are under the
2 control of the sponsor of the function and not the owner, operator,
3 manager or person in charge of such indoor area;

4 (b) conventions and trade shows; provided that the distribution is
5 confined to designated areas generally accessible only to persons over
6 the age of twenty-one;

7 (c) events sponsored by tobacco, electronic liquid, electronic ciga-
8 rette, other vapor product intended or reasonably expected to be used
9 with or for the consumption of nicotine, or herbal cigarette manufactur-
10 ers provided that the distribution is confined to designated areas
11 generally accessible only to persons over the age of twenty-one;

12 (d) bars as defined in subdivision one of section thirteen hundred
13 ninety-nine-n of this chapter;

14 (e) tobacco businesses as defined in subdivision eight of section
15 thirteen hundred ninety-nine-aa of this article;

16 (f) factories as defined in subdivision nine of section thirteen
17 hundred ninety-nine-aa of this article and construction sites; provided
18 that the distribution is confined to designated areas generally accessi-
19 ble only to persons over the age of twenty-one.

20 3. No person shall distribute tobacco products, electronic liquids,
21 electronic cigarettes, other vapor products intended or reasonably
22 expected to be used with or for the consumption of nicotine, or herbal
23 cigarettes at the locations set forth in paragraphs (b), (c) and (f) of
24 subdivision two of this section unless such person gives five days writ-
25 ten notice to the enforcement officer.

26 4. No person engaged in the business of selling or otherwise distrib-
27 uting electronic liquids, electronic cigarettes, or other vapor products
28 intended or reasonably expected to be used with or for the consumption
29 of nicotine for commercial purposes, or any agent or employee of such
30 person, shall knowingly, in furtherance of such business, distribute
31 without charge any electronic cigarettes to any individual under twen-
32 ty-one years of age.

33 5. The distribution of tobacco products, electronic cigarettes, elec-
34 tronic liquids, other vapor products intended or reasonably expected to
35 be used with or for the consumption of nicotine, or herbal cigarettes
36 pursuant to subdivision two of this section or the distribution without
37 charge of electronic cigarettes, electronic liquids, or other vapor
38 products intended or reasonably expected to be used with or for the
39 consumption of nicotine, shall be made only to an individual who demon-
40 strates, through (a) a driver's license or [~~other photographic~~] non-dri-
41 ver identification card issued by [~~a government entity or educational~~
42 ~~institution~~] the commissioner of motor vehicles, the federal government,
43 any United States territory, commonwealth, or possession, the District
44 of Columbia, a state government within the United States, or a provin-
45 cial government of the dominion of Canada, (b) a valid passport issued
46 by the United States government or the government of any other country,
47 or (c) an identification card issued by the armed forces of the United
48 States, indicating that the individual is at least twenty-one years of
49 age. Such identification need not be required of any individual who
50 reasonably appears to be at least twenty-five years of age; provided,
51 however, that such appearance shall not constitute a defense in any
52 proceeding alleging the sale of a tobacco product, electronic cigarette,
53 electronic liquid, other vapor product intended or reasonably expected
54 to be used with or for the consumption of nicotine, or herbal cigarette
55 or the distribution without charge of electronic cigarettes, electronic

1 liquids, or other vapor products intended or reasonably expected to be
2 used with or for the consumption of nicotine to an individual.

3 § 7. Subdivision 7 of section 1399-cc of the public health law, as
4 amended by chapter 100 of the laws of 2019, is amended to read as
5 follows:

6 7. (a) No person operating a place of business wherein tobacco
7 products, herbal cigarettes, liquid nicotine, shisha or electronic ciga-
8 rettes are sold or offered for sale shall sell, permit to be sold, offer
9 for sale or display for sale any tobacco product, herbal cigarettes,
10 liquid nicotine, shisha or electronic cigarettes in any manner, unless
11 such products and cigarettes are stored for sale [~~(a)~~] (i) behind a
12 counter in an area accessible only to the personnel of such business, or
13 [~~(b)~~] (ii) in a locked container; provided, however, such restriction
14 shall not apply to tobacco businesses, as defined in subdivision eight
15 of section thirteen hundred ninety-nine-aa of this article, and to plac-
16 es to which admission is restricted to persons twenty-one years of age
17 or older.

18 (b) In addition to the requirements set forth in paragraph (a) of this
19 subdivision, no retailer of tobacco and/or vapor products shall permit
20 the display of any tobacco product, herbal cigarette, electronic liquid,
21 electronic cigarette, or other vapor product intended or reasonably
22 expected to be used with or for the consumption of nicotine in a manner
23 that permits a consumer to view any such item prior to purchase, except:

24 (i) at the direct request of a customer at least twenty-one years of
25 age, where such retailer allows such customer to handle such item, pack-
26 aged or otherwise, for the purpose of inspecting such item prior to
27 purchase; or

28 (ii) where such items are temporarily visible during the restocking,
29 sale, or carriage into or out of the premises of such items.

30 (c) No tobacco and/or vapor products retailer shall display or permit
31 the display of any tobacco product, herbal cigarette, electronic liquid,
32 electronic cigarette, or other vapor product intended or reasonably
33 expected to be used with or for the consumption of nicotine for any
34 longer than necessary to complete the purposes identified in subpara-
35 graphs (i) and (ii) of paragraph (b) of this subdivision.

36 (d) No tobacco and/or vapor products retailer shall store any tobacco
37 menu in a location where it is visible to customers or accessible to
38 customers without the assistance of such retailer. A tobacco menu shall
39 also contain a menu cover page that shall prevent the inadvertent view-
40 ing of promotional material or other material contained within such
41 tobacco menu.

42 (e) No tobacco and/or vapor products retailer shall provide any tobac-
43 co menu or tobacco product, herbal cigarette, electronic liquid, elec-
44 tronic cigarette, or other vapor product intended or reasonably expected
45 to be used with or for the consumption of nicotine to any individual who
46 has not demonstrated, through identification which meets the require-
47 ments of subdivision three of this section, that such individual is at
48 least twenty-one years of age. Such identification need not be required
49 of any individual who reasonably appears to be over the age of twenty-
50 five, provided, however, that such appearance shall not constitute a
51 defense in any proceeding alleging the sale of such item to an individ-
52 ual under twenty-one years of age. It shall be an affirmative defense to
53 a violation of this subdivision that the tobacco and/or vapor products
54 retailer successfully performed a transaction scan of an individual's
55 identification and that a tobacco menu, tobacco product, herbal ciga-
56 rette, electronic liquid, electronic cigarette, or other vapor product

1 intended or reasonably expected to be used with or for the consumption
2 of nicotine was provided to such individual in reasonable reliance upon
3 such identification and transaction scan.

4 (f) After a customer has completed viewing a tobacco menu, the retail-
5 er of tobacco and/or vapor products shall immediately return such tobac-
6 co menu to its storage location.

7 (g) Unless required otherwise by rule or regulation of the department,
8 the menu cover page of a tobacco menu shall be blank or contain only the
9 words "Tobacco Menu" and shall not contain any advertising or other
10 promotional material.

11 § 8. The general business law is amended by adding a new section 396-
12 bbb to read as follows:

13 § 396-bbb. Restrictions on electronic cigarette and electronic liquid
14 advertisements. 1. No manufacturer, distributor, and/or retailer of
15 electronic cigarettes, electronic liquids, or other vapor products
16 intended or reasonably expected to be used with or for the consumption
17 of nicotine shall advertise or disseminate, or cause to be advertised or
18 disseminated, any advertising for electronic cigarettes, electronic
19 liquids, or other vapor products intended or reasonably expected to be
20 used with or for the consumption of nicotine other than in publications,
21 whether for periodic or limited distribution, that such manufacturer,
22 distributor, and/or retailer demonstrates is an adult publication.

23 2. Advertising of electronic cigarettes, electronic liquids, or other
24 vapor products intended or reasonably expected to be used with or for
25 the consumption of nicotine by a manufacturer, distributor, and/or
26 retailer in an audio or video format, including but not limited to
27 advertising on websites and social media platforms, shall be limited as
28 follows:

29 (a) audio formats shall be limited to words only, with no music or
30 sound effects; and

31 (b) video formats shall be limited to static black text only on a
32 white background, and any audio with such videos shall be limited to
33 words only, with no music or sound effects.

34 3. No manufacturer, distributor, and/or retailer of electronic ciga-
35 rettes, electronic liquids, or other vapor products intended or reason-
36 ably expected to be used with or for the consumption of nicotine shall
37 advertise or cause to be advertised, disseminate or cause to be dissem-
38 inated, false or misleading statements. Such false or misleading state-
39 ments include but shall not be limited to statements indicating or
40 suggesting to a reasonable person: (a) that an electronic cigarette, an
41 electronic liquid, or other vapor product intended or reasonably
42 expected to be used with or for the consumption of nicotine is a smoking
43 cessation product, unless such electronic cigarette, electronic liquid,
44 or other vapor product intended or reasonably expected to be used with
45 or for the consumption of nicotine is approved by the United States food
46 and drug administration as such; or (b) that an electronic cigarette, an
47 electronic liquid, or other vapor product intended or reasonably
48 expected to be used with or for the consumption of nicotine is safe,
49 unless such electronic cigarette, electronic liquid, or other vapor
50 product intended or reasonably expected to be used with or for the
51 consumption of nicotine has received marketing approval from the United
52 States food and drug administration.

53 4. For the purposes of this section "adult publication" shall mean a
54 newspaper, magazine, periodical, website, social media platform, or
55 other publication:

1 (a) whose readers younger than twenty-one years of age constitute
2 fifteen percent or less of the total readership or viewership, as meas-
3 ured by competent and reliable survey evidence; and

4 (b) that is read or viewed by fewer than two million persons younger
5 than twenty-one years of age as measured by competent and reliable
6 survey evidence.

7 § 9. The public health law is amended by adding a new article 17 to
8 read as follows:

9 ARTICLE 17

10 INGREDIENT DISCLOSURES FOR
11 VAPOR PRODUCTS AND E-CIGARETTES

12 Section 1700. Definitions.

13 1701. Disclosure.

14 1702. Penalties.

15 § 1700. Definitions. As used in this article, the following terms
16 shall have the following meanings:

17 1. "Vapor products" shall have the same meaning as defined by section
18 thirteen hundred ninety-nine-aa of this chapter.

19 2. "Electronic cigarette" or "e-cigarette" shall have the same meaning
20 as defined by section thirteen hundred ninety-nine-aa of this chapter.

21 3. "Ingredient" shall mean all of the following:

22 (a) any intentional additive present in any quantity in a vapor prod-
23 uct;

24 (b) a byproduct or contaminant, present in a vapor product in any
25 quantity equal to or greater than one-half of one percent of the content
26 of such product by weight, or other amount determined by the commission-
27 er;

28 (c) a byproduct present in a vapor product in any quantity less than
29 one-half of one percent of the content of such product by weight,
30 provided such element or compound has been published as a chemical of
31 concern on one or more lists identified by the commissioner; and

32 (d) a contaminant present in a vapor product in a quantity determined
33 by the commissioner and less than one-half of one percent of the content
34 of such product by weight, provided such element or compound has been
35 published as a chemical of concern on one or more lists identified by
36 the commissioner.

37 4. "Intentionally added ingredient" shall mean any element or compound
38 that a manufacturer has intentionally added to a vapor product at any
39 point in such product's supply chain, or at any point in the supply
40 chain of any raw material or ingredient used to manufacture such prod-
41 uct.

42 5. "Byproduct" shall mean any element or compound in the finished
43 vapor product, or in the vapor produced during consumption of a vapor
44 product, which: (a) was created or formed during the manufacturing
45 process as an intentional or unintentional consequence of such manufac-
46 turing process at any point in such product's supply chain, or at any
47 point in the supply chain of any raw material or ingredient used to
48 manufacture such product; or (b) is created or formed as an intentional
49 or unintentional consequence of the use of an e-cigarette or consumption
50 of a vapor product. "Byproduct" shall include, but is not limited to,
51 an unreacted raw material, a breakdown product of an intentionally added
52 ingredient, a breakdown product of any component part of an e-cigarette,
53 or a derivative of the manufacturing process.

54 6. "Contaminant" shall mean any element or compound made present in a
55 vapor product as an unintentional consequence of manufacturing. Contam-
56 inants include, but are not limited to, elements or compounds present in

1 the environment which were introduced into a product, a raw material, or
2 a product ingredient as a result of the use of an environmental medium,
3 such as naturally occurring water, or other materials used in the manu-
4 facturing process at any point in a product's supply chain, or at any
5 point in the supply chain of any raw material or ingredient used to
6 manufacture such product.

7 7. "Manufacturer" shall mean any person, firm, association, partner-
8 ship, limited liability company, or corporation which produces,
9 prepares, formulates, or compounds a vapor product or e-cigarette, or
10 whose brand name is affixed to such product. In the case of a vapor
11 product or e-cigarette imported into the United States, "manufacturer"
12 shall mean the importer or first domestic distributor of such product if
13 the entity that manufactures such product or whose brand name is affixed
14 to such product does not have a presence in the United States.

15 § 1701. Disclosure. 1. Manufacturers of vapor products or e-cigarettes
16 distributed, sold, or offered for sale in this state, whether at retail
17 or wholesale, shall furnish to the commissioner for public record and
18 post on such manufacturer's website, in a manner prescribed by the
19 commissioner that is readily accessible to the public and machine read-
20 able, information regarding such products pursuant to rules or regu-
21 lations which shall be promulgated by the commissioner.

22 (a) For each vapor product, the information posted pursuant to this
23 subdivision shall include, but shall not be limited to:

24 (i) a list naming each ingredient of such vapor product in descending
25 order of predominance by weight in such product, except that ingredients
26 present at a weight below one percent may be listed following other
27 ingredients without respect to the order of predominance by weight;

28 (ii) the nature and extent of investigations and research performed by
29 or for the manufacturer concerning the effects on human health of such
30 product or its ingredients;

31 (iii) where applicable, a statement disclosing that an ingredient of
32 such product is published as a chemical of concern on one or more lists
33 identified by the commissioner; and

34 (iv) for each ingredient published as a chemical of concern on one or
35 more lists identified by the commissioner, an evaluation of the avail-
36 ability of potential alternatives and potential hazards posed by such
37 alternatives.

38 (b) For each e-cigarette capable of being re-filled by a final consum-
39 er, the information posted pursuant to this subdivision shall include,
40 but shall not be limited to:

41 (i) a list naming each byproduct that may be introduced into vapor
42 produced during the normal use of such e-cigarette;

43 (ii) the nature and extent of investigations and research performed by
44 or for the manufacturer concerning the effects on human health of such
45 product or such ingredients;

46 (iii) where applicable, a statement disclosing that an ingredient is
47 published as a chemical of concern on one or more lists identified by
48 the commissioner; and

49 (iv) for each ingredient published as a chemical of concern on one or
50 more lists identified by the commissioner, an evaluation of the avail-
51 ability of potential alternatives and potential hazards posed by such
52 alternatives.

53 2. Manufacturers shall furnish the information required to be posted
54 pursuant to subdivision one of this section on or before January first,
55 two thousand twenty-one, and every two years thereafter. In addition,
56 such manufacturers shall furnish such information prior to the sale of

any new vapor product or e-cigarette, when the formulation of a currently disclosed product is changed such that the predominance of the ingredients in such product is changed, when any list of chemicals of concern identified by the commissioner pursuant to this article is changed to include an ingredient present in a vapor product or e-cigarette subject to this article, or at such other times as may be required by the commissioner.

3. The information required to be posted pursuant to subdivision one of this section shall be made available to the public by the commissioner and manufacturers, in accordance with this section, with the exception of those portions which a manufacturer determines, subject to the approval of the commissioner, are related to a proprietary process the disclosure of which would compromise such manufacturer's competitive position. The commissioner shall not approve any exceptions under this subdivision with respect to any ingredient published as a chemical of concern on one or more lists identified by the commissioner.

§ 1702. Penalties. Notwithstanding any other provision of this chapter, any manufacturer who violates any of the provisions of, or who fails to perform any duty imposed by, this article or any rule or regulation promulgated thereunder, shall be liable, in the case of a first violation, for a civil penalty not to exceed five thousand dollars. In the case of a second or any subsequent violation, the liability shall be for a civil penalty not to exceed ten thousand dollars for each such violation.

§ 10. Subdivision 2 and paragraphs (e) and (f) of subdivision 3 of section 1399-ee of the public health law, as amended by chapter 162 of the laws of 2002, are amended to read as follows:

2. If the enforcement officer determines after a hearing that a violation of this article has occurred, he or she shall impose a civil penalty of a minimum of [~~three hundred~~] one thousand dollars, but not to exceed [~~one~~] two thousand dollars for a first violation, and a minimum of one thousand five hundred dollars, but not to exceed [~~one~~] three thousand [~~five hundred~~] dollars for each subsequent violation, unless a different penalty is otherwise provided in this article. The enforcement officer shall advise the retail dealer that upon the accumulation of three or more points pursuant to this section the department of taxation and finance shall suspend the dealer's registration. If the enforcement officer determines after a hearing that a retail dealer was selling tobacco products while their registration was suspended or permanently revoked pursuant to subdivision three or four of this section, he or she shall impose a civil penalty of twenty-five hundred dollars.

(e) Suspension. If the department determines that a retail dealer has accumulated three points or more, the department shall direct the commissioner of taxation and finance to suspend such dealer's registration for [~~six months~~] one year. The three points serving as the basis for a suspension shall be erased upon the completion of the [~~six month~~] one year penalty.

(f) Surcharge. A two hundred fifty dollar surcharge to be assessed for every violation will be made available to enforcement officers and shall be used solely for compliance checks to be conducted to determine compliance with this section.

§ 11. Paragraph 1 of subdivision h of section 1607 of the tax law, as amended by chapter 162 of the laws of 2002, is amended to read as follows:

1. A license shall be suspended for a period of [~~six months~~] one year upon notification to the division by the commissioner of health of a

1 lottery sales agent's accumulation of three or more points pursuant to
2 subdivision three of section thirteen hundred ninety-nine-ee of the
3 public health law.

4 § 12. Section 1399-x of the public health law is REPEALED.

5 § 13. This act shall take effect July 1, 2020; provided, however, that
6 section one of this act shall take effect on the thirtieth day after it
7 shall have become a law. Effective immediately, the addition, amendment
8 and/or repeal of any rule or regulation necessary for the implementation
9 of this act on its effective date are authorized to be made and
10 completed on or before such effective date.

11 PART R

12 Section 1. The director of the division of the budget may direct the
13 commissioner of health to distribute enhanced federal medical assistance
14 percentage payments, as described in subsections (y) and (z) of section
15 1905 of the federal social security act, to social services districts
16 only in such amounts as is necessary to ensure that such districts, in
17 the aggregate, do not pay a greater percentage of the non-federal share
18 of expenditures under the state's plan for medical assistance, main-
19 tained pursuant to section 363-a of the social services law, as compared
20 to the percentage paid by such districts during the calendar year of
21 2009.

22 § 2. 1. Each year beginning calendar year 2020, each social services
23 district ("district") shall certify to the department of health, in a
24 manner to be determined by the department of health in consultation with
25 the director of the division of the budget, whether such district has
26 adopted a budget with respect to such district's fiscal year that begins
27 on January first of the then current calendar year that does not exceed
28 the tax levy limit established pursuant to section 3-c of the general
29 municipal law or, for the City of New York, shall certify that the most
30 recently adopted budget for such city does not exceed the tax levy limit
31 that would have applied to such budget had the provisions of section 3-c
32 of the general municipal law applied to such city; provided, however,
33 that for the purposes of this subdivision, such tax levy limit shall be
34 determined by substituting equivalent local expenditures for the exclu-
35 sions provided by subparagraphs (ii), (iii) and (iv) of paragraph (g) of
36 subdivision 2 of such section.

37 2. (a) Districts other than the City of New York shall make the annual
38 certification required by subdivision one of this section by April 20,
39 2020, and for years beginning 2021 and thereafter, by January fifteenth
40 of such year.

41 (b) The City of New York shall make the annual certification required
42 by subdivision one of this section by July fifteenth of each year.

43 3. For each district that does not certify that such district has
44 limited the increase in real property taxes in accordance with subdivi-
45 sion one of this section [~~by the real property tax cap~~] by the date
46 specified in subdivision two of this section, the department of health
47 shall calculate the savings in medical assistance expenditures that such
48 district realized, or would have realized, for the district's prior
49 fiscal year as a result of application of section 1 of part C of chapter
50 58 of the laws of 2005, as amended by section 1 of part F of chapter 56
51 of the laws of 2012 and any subsequent amendments thereto ("medicaid
52 local share cap"). Notwithstanding section 1 of part C of chapter 58 of
53 the laws of 2005, as amended, such district's actual savings during the
54 district's then current fiscal year shall be limited to the savings

1 calculated in the manner prescribed in this subdivision, less any remittances imposed by application of this subdivision in prior fiscal years, provided that each imposition of a remittance pursuant to this subdivision shall be deducted only once ~~[for each year that the district does not limit the increase in real property taxes by the real property tax cap pursuant to subdivision two of this section]~~ ("limited local share savings"). The district shall be liable for and remit to the state the difference between the district's limited local share savings and the savings that the district would have realized as a result of application of the medicaid local share cap, pursuant to a schedule determined by the commissioner of health in consultation with the director of the division of the budget. Further, the amount of any remittances imposed by application of this subdivision shall be owed to the state in every subsequent fiscal year, regardless whether the district certifies that it has limited the increase in real property taxes in accordance with subdivision one of this section by the date specified in subdivision two of this section, provided that each imposition of a remittance pursuant to this subdivision shall be applied only once. ~~[provided]~~ Provided, however, that the commissioner of health may, in consultation with the director of the division of the budget, reduce ~~[such]~~ any liability imposed pursuant to this subdivision to the extent necessary to achieve compliance with section 1905 of the federal social security act or any other legal requirements imposed on the subject matter hereof. Such remittances shall be separate from, and shall not affect or be affected by, any voluntary local share contributions made by any district, including the City of New York.

27 4. The director of the division of the budget may grant a waiver to any district that does not provide the certification required pursuant to subdivision two of this section upon a showing by such district of financial hardship in a form and manner prescribed by the division of the budget. In evaluating an application for a financial hardship waiver, the director of the division of the budget shall consider changes in state or federal aid payments and other extraordinary costs, including the occurrence of a disaster as defined in paragraph a of subdivision two of section twenty of the executive law, repair and maintenance of infrastructure, annual growth of tax receipts, including personal income, business, and other taxes, prepayment of debt service and other expenses or such other factors that such director may determine.

39 § 3. Section 363-c of the social services law is amended by adding new subdivisions 4, 5 and 6 to read as follows:

41 4. Notwithstanding any laws or regulations to the contrary, all social services districts, providers and other recipients of medical assistance program funds shall make available to the commissioner or the director of the division of budget in a prompt fashion all fiscal and statistical records and reports, other contemporaneous records demonstrating their right to receive payment, and all underlying books, records, documentation and reports, which may be requested by the commissioner or the director of the division of the budget as may be determined necessary to manage and oversee the Medicaid program.

51 5. For the state fiscal year beginning April first, two thousand twenty-one and every state fiscal year thereafter, notwithstanding the provisions of section three hundred sixty-eight-a of this title, and notwithstanding section one of part C of chapter fifty-eight of the laws of two thousand five, as amended by section one of part F of chapter fifty-six of the laws of two thousand twelve, and any subsequent amendments thereto, if the total percentage increase in medicaid local spend-

ing, meaning the amount that the department of health reimbursed any social services district during the prior state fiscal year for expenditures made by or on behalf of such social services district for medical assistance for needy persons, relative to such amount paid in the state fiscal year beginning April first, two thousand twenty ("Medicaid local spending growth rate"), exceeds the total percentage increase in the year to year rate of growth of department of health state funds Medicaid spending, as established by section 91 of part H of chapter 59 of the laws of 2011, and as subsequently amended, over the same time period ("Medicaid global cap growth rate") the social services district shall be liable for and remit to the state one hundred percent of the amount of Medicaid local spending multiplied by the difference in the Medicaid global cap growth rate and the Medicaid local spending growth rate pursuant to a schedule determined by the commissioner of health in consultation with the director of the division of budget. Such remittances shall not be considered when determining a district's Medicaid local spending growth in subsequent fiscal years. Provided, however, that this subdivision shall not apply only to the extent that it conflicts with or would achieve less savings to the state than the application of subdivision one of section one of part R of a chapter of the laws of 2020, concerning distribution of enhanced federal medical assistance percentage payments, as proposed in legislative bill numbers S.7507-A and A.9507-A.

6. For the state fiscal year beginning April first, two thousand twenty-one and every state fiscal year thereafter, notwithstanding the provisions of section three hundred sixty-eight-a of this title, and notwithstanding section one of part C of chapter fifty-eight of the laws of two thousand five, as amended by section one of part F of chapter fifty-six of the laws of two thousand twelve, and any subsequent amendments thereto, if a social services district's medicaid local spending growth rate is less than the medicaid global cap growth rate, both terms as defined in subdivision five of this section, the state shall remit to the social services district twenty-five percent of the amount of medical local spending, as defined in subdivision five of this section, multiplied by the difference in the medicaid global cap growth rate and the medicaid local spending growth rate, pursuant to a schedule determined by the commissioner of health in consultation with the director of the division of budget. Such remittances shall not be considered when determining a district's medicaid local spending growth in subsequent fiscal years.

§ 4. 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 S

Section 1. Subdivision 7 of section 2802 of the public health law is amended by adding a new paragraph (b-1) to read as follows:

(b-1) At such time as the commissioner's written contingent approval is granted, or written approval in instances where no contingencies were applied to such approval, each applicant shall pay an additional surcharge equal to three percent of the total capital value of the application.

§ 2. Paragraph (d) of subdivision 7 of section 2802 of the public health law, as amended by section 87 of part C of chapter 58 of the laws of 2009, is amended and a new paragraph (e) is added to read as follows:

(d) (i) The fees and charges ~~[paid by an applicant pursuant to 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

1 physicians and surgeons during the July 1, 1985 through June 30, [~~2020~~]
2 ~~2021~~ policy periods; in the event and to the extent physicians and
3 surgeons were insured by another insurer during such periods, all or a
4 pro rata share of the surcharge, as the case may be, shall be remitted
5 to such other insurer in accordance with rules and regulations to be
6 promulgated by the superintendent. Surcharges collected from physicians
7 and surgeons who were not insured during such policy periods shall be
8 apportioned among all insurers in proportion to the premium written by
9 each insurer during such policy periods; if a physician or surgeon was
10 insured by an insurer subject to rates established by the superintendent
11 during such policy periods, and at any time thereafter a hospital,
12 health maintenance organization, employer or institution is responsible
13 for responding in damages for liability arising out of such physician's
14 or surgeon's practice of medicine, such responsible entity shall also
15 remit to such prior insurer the equivalent amount that would then be
16 collected as a surcharge if the physician or surgeon had continued to
17 remain insured by such prior insurer. In the event any insurer that
18 provided coverage during such policy periods is in liquidation, the
19 property/casualty insurance security fund shall receive the portion of
20 surcharges to which the insurer in liquidation would have been entitled.
21 The surcharges authorized herein shall be deemed to be income earned for
22 the purposes of section 2303 of the insurance law. The superintendent,
23 in establishing adequate rates and in determining any projected defi-
24 ciency pursuant to the requirements of this section and the insurance
25 law, shall give substantial weight, determined in his discretion and
26 judgment, to the prospective anticipated effect of any regulations
27 promulgated and laws enacted and the public benefit of stabilizing
28 malpractice rates and minimizing rate level fluctuation during the peri-
29 od of time necessary for the development of more reliable statistical
30 experience as to the efficacy of such laws and regulations affecting
31 medical, dental or podiatric malpractice enacted or promulgated in 1985,
32 1986, by this act and at any other time. Notwithstanding any provision
33 of the insurance law, rates already established and to be established by
34 the superintendent pursuant to this section are deemed adequate if such
35 rates would be adequate when taken together with the maximum authorized
36 annual surcharges to be imposed for a reasonable period of time whether
37 or not any such annual surcharge has been actually imposed as of the
38 establishment of such rates.

39 § 2. Section 20 of part H of chapter 57 of the laws of 2017, amending
40 the New York Health Care Reform Act of 1996 and other laws relating to
41 extending certain provisions relating thereto, as amended by section 6
42 of part F of chapter 57 of the laws of 2019, is amended to read as
43 follows:

44 § 20. Notwithstanding any law, rule or regulation to the contrary,
45 only physicians or dentists who were eligible, and for whom the super-
46 intendent of financial services and the commissioner of health, or their
47 designee, purchased, with funds available in the hospital excess liabil-
48 ity pool, a full or partial policy for excess coverage or equivalent
49 excess coverage for the coverage period ending the thirtieth of June,
50 two thousand [~~nineteen~~] ~~twenty~~, shall be eligible to apply for such
51 coverage for the coverage period beginning the first of July, two thou-
52 sand [~~nineteen~~] ~~twenty~~; provided, however, if the total number of
53 physicians or dentists for whom such excess coverage or equivalent
54 excess coverage was purchased for the policy year ending the thirtieth
55 of June, two thousand [~~nineteen~~] ~~twenty~~ exceeds the total number of
56 physicians or dentists certified as eligible for the coverage period

beginning the first of July, two thousand [~~nineteen~~] twenty, then the general hospitals may certify additional eligible physicians or dentists in a number equal to such general hospital's proportional share of the total number of physicians or dentists for whom excess coverage or equivalent excess coverage was purchased with funds available in the hospital excess liability pool as of the thirtieth of June, two thousand [~~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;

1 including the procurement of prescription drugs to be dispensed to
2 patients, or the administration or management of prescription drug bene-
3 fits, including but not limited to, any of the following:

4 (1) mail service pharmacy;

5 (2) claims processing, retail network management, or payment of claims
6 to pharmacies for dispensing prescription drugs;

7 (3) clinical or other formulary or preferred drug list development or
8 management;

9 (4) negotiation or administration of rebates, discounts, payment
10 differentials, or other incentives, for the inclusion of particular
11 prescription drugs in a particular category or to promote the purchase
12 of particular prescription drugs;

13 (5) patient compliance, therapeutic intervention, or generic substi-
14 tution programs;

15 (6) disease management;

16 (7) drug utilization review or prior authorization;

17 (8) adjudication of appeals or grievances related to prescription drug
18 coverage;

19 (9) contracting with network pharmacies; and

20 (10) controlling the cost of covered prescription drugs.

21 (c) "Pharmacy benefit manager" means any entity, including a wholly
22 owned or partially owned or controlled subsidiary of a pharmacy benefits
23 manager, that contracts to provide pharmacy benefit management services
24 on behalf of a health plan.

25 (d) "Controlling person" means any person or other entity who or which
26 directly or indirectly has the power to direct or cause to be directed
27 the management, control or activities of a pharmacy benefit manager.

28 (e) "Covered individual" means a member, participant, enrollee,
29 contract holder or policy holder or beneficiary of a health plan.

30 § 2902. Acting without a registration. (a) No person, firm, associ-
31 ation, corporation or other entity may act as a pharmacy benefit manager
32 on or after June first, two thousand twenty and prior to January first,
33 two thousand twenty-two, without having a valid registration as a phar-
34 macy benefit manager filed with the superintendent in accordance with
35 this article and any regulations promulgated thereunder.

36 (b) Any person, firm, association, corporation or other entity that
37 violates this section shall, in addition to any other penalty provided
38 by law, be liable for restitution to any health plan, pharmacy, or
39 covered individual harmed by the violation and shall also be subject to
40 a penalty not exceeding the greater of: (1) one thousand dollars for the
41 first violation and two thousand five hundred dollars for each subse-
42 quent violation; or (2) the aggregate economic gross receipts attribut-
43 able to all violations.

44 § 2903. Registration requirements for pharmacy benefit managers. (a)
45 Every pharmacy benefit manager that performs pharmacy benefit management
46 services on or after June first, two thousand twenty and prior to Janu-
47 ary first, two thousand twenty-two shall register with the superinten-
48 dent in a manner acceptable to the superintendent and shall pay a fee of
49 one thousand dollars for each year or fraction of a year in which the
50 registration shall be valid. The superintendent shall require that the
51 pharmacy benefit manager disclose its officer or officers and director
52 or directors who are responsible for the business entity's compliance
53 with the financial services and insurance laws, rules and regulations of
54 this state. The registration shall detail the locations from which it
55 provides services, and a listing of any entities with which it has
56 contracts in New York state. The superintendent can reject a registra-

1 tion application filed by a pharmacy benefit manager that fails to
2 comply with the minimum registration standards.

3 (b) For each business entity, the officer or officers and director or
4 directors named in the application shall be designated responsible for
5 the business entity's compliance with the financial services and insur-
6 ance laws, rules and regulations of this state.

7 (c) Every registration will expire on December thirty-first, two thou-
8 sand twenty-one regardless of when registration was first made.

9 (d) Every pharmacy benefit manager that performs pharmacy benefit
10 management services at any time prior to June first, two thousand twen-
11 ty, shall make the registration and fee payment required by subsection
12 (a) of this section on or before June first, two thousand twenty. Any
13 other pharmacy benefit manager shall make the registration and fee
14 payment required by subsection (a) of this section prior to performing
15 pharmacy benefit management services.

16 (e) Registrants under this section shall be subject to examination by
17 the superintendent as often as the superintendent may deem it necessary.
18 The superintendent may promulgate regulations establishing methods and
19 procedures for facilitating and verifying compliance with the require-
20 ments of this article and such other regulations as necessary to enforce
21 the provisions of this article.

22 § 2904. Reporting requirements for pharmacy benefit managers. (a)(1)
23 On or before July first of each year, beginning in two thousand twenty-
24 one, every pharmacy benefit manager shall report to the superintendent,
25 in a statement subscribed and affirmed as true under penalties of perju-
26 ry, the information requested by the superintendent including, without
27 limitation:

28 (i) any pricing discounts, rebates of any kind, inflationary payments,
29 credits, clawbacks, fees, grants, chargebacks, reimbursements, other
30 financial or other reimbursements, incentives, inducements, refunds or
31 other benefits received by the pharmacy benefit manager; and

32 (ii) the terms and conditions of any contract or arrangement, includ-
33 ing other financial or other reimbursements incentives, inducements or
34 refunds between the pharmacy benefit manager and any other party relat-
35 ing to pharmacy benefit management services provided to a health plan
36 including but not limited to, dispensing fees paid to pharmacies.

37 (2) The superintendent may require the filing of quarterly or other
38 statements, which shall be in such form and shall contain such matters
39 as the superintendent shall prescribe.

40 (3) The superintendent may address to any pharmacy benefit manager or
41 its officers any inquiry in relation to its provision of pharmacy bene-
42 fit management services or any matter connected therewith. Every pharma-
43 cy benefit manager or person so addressed shall reply in writing to such
44 inquiry promptly and truthfully, and such reply shall be, if required by
45 the superintendent, subscribed by such individual, or by such officer or
46 officers of the pharmacy benefit manager, as the superintendent shall
47 designate, and affirmed by them as true under the penalties of perjury.

48 (b) In the event any pharmacy benefit manager or person does not
49 submit a report required by paragraphs one or two of subsection (a) of
50 this section or does not provide a good faith response to an inquiry
51 from the superintendent pursuant to paragraph three of subsection (a) of
52 this section within a time period specified by the superintendent of not
53 less than fifteen business days, the superintendent is authorized to
54 levy a civil penalty, after notice and hearing, against such pharmacy
55 benefit manager or person not to exceed one thousand dollars per day for

1 each day beyond the date the report is due or the date specified by the
2 superintendent for response to the inquiry.

3 (c) All documents, materials, or other information disclosed by a
4 pharmacy benefit manager under this section which is in the control or
5 possession of the superintendent shall be deemed confidential, shall not
6 be disclosed, either pursuant to freedom of information requests or
7 subpoena, and further shall not be subject to discovery or admissible in
8 evidence in any private civil action.

9 § 2905. Acting without a license. (a) No person, firm, association,
10 corporation or other entity may act as a pharmacy benefit manager on or
11 after January first, two thousand twenty-two without having authority to
12 do so by virtue of a license issued in force pursuant to the provisions
13 of this article.

14 (b) Any person, firm, association, corporation or other entity that
15 violates this section shall, in addition to any other penalty provided
16 by law, be subject to a penalty not exceeding the greater of (1) one
17 thousand dollars for the first violation and two thousand five hundred
18 dollars for each subsequent violation or (2) the aggregate economic
19 gross receipts attributable to all violations.

20 § 2906. Licensing of a pharmacy benefit manager. (a) The superinten-
21 dent may issue a pharmacy benefit manager's license to any person, firm,
22 association or corporation who or that has complied with the require-
23 ments of this article, including regulations promulgated by the super-
24 intendent. The superintendent, in consultation with the commissioner of
25 health, may establish, by regulation, minimum standards for the issuance
26 of a license to a pharmacy benefit manager.

27 (b) The minimum standards established under this section shall take
28 the form of a code of conduct which may address, without limitation:

29 (1) prohibitions on conflicts of interest between pharmacy benefit
30 managers and health plans;

31 (2) prohibitions on deceptive practices in connection with the
32 performance of pharmacy benefit management services;

33 (3) prohibitions on anti-competitive practices in connection with the
34 performance of pharmacy benefit management services;

35 (4) prohibitions on pricing models including spread pricing;

36 (5) prohibitions on unfair claims practices in connection with the
37 performance of pharmacy benefit management services;

38 (6) codification of standards and practices in the creation of pharma-
39 cy networks and contracting with network pharmacies and other providers;
40 and

41 (7) best practices for protection of consumers.

42 (c) The superintendent may require any or all of the members, offi-
43 cers, directors, or designated employees of the applicant to be named in
44 the application for a license under this article. For each business
45 entity, the officer or officers and director or directors named in the
46 application shall be designated responsible for the business entity's
47 compliance with the insurance laws, rules and regulations of this state.

48 (d)(1) Before a pharmacy benefit manager's license shall be issued or
49 renewed, the prospective licensee shall properly file in the office of
50 the superintendent a written application therefor in such form or forms
51 and supplements thereto as the superintendent prescribes, and pay a fee
52 of two thousand dollars for each year or fraction of a year in which a
53 license shall be valid.

54 (2) Every pharmacy benefit manager's license shall expire thirty-six
55 months after the date of issue. Every license issued pursuant to this

1 section may be renewed for the ensuing period of thirty-six months upon
2 the filing of an application in conformity with this subsection.

3 (e) If an application for a renewal license shall have been filed with
4 the superintendent at least two months before its expiration, then the
5 license sought to be renewed shall continue in full force and effect
6 either until the issuance by the superintendent of the renewal license
7 applied for or until five days after the superintendent shall have
8 refused to issue such renewal license and given notice of such refusal
9 to the applicant.

10 (f) The superintendent may refuse to issue a pharmacy benefit manag-
11 er's license if, in the superintendent's judgment, the applicant or any
12 member, principal, officer or director of the applicant, is not trust-
13 worthy and competent to act as or in connection with a pharmacy benefit
14 manager, or that any of the foregoing has given cause for revocation or
15 suspension of such license, or has failed to comply with any prerequi-
16 site for the issuance of such license. As a part of such determination,
17 the superintendent is authorized to fingerprint applicants or any
18 member, principal, officer or director of the applicant for licensure.
19 Such fingerprints shall be submitted to the division of criminal justice
20 services for a state criminal history record check, as defined in subdi-
21 vision one of section three thousand thirty-five of the education law,
22 and may be submitted to the federal bureau of investigation for a
23 national criminal history record check.

24 (g) Licensees and applicants for a license under this section shall be
25 subject to examination by the superintendent as often as the superinten-
26 dent may deem it expedient. The superintendent may promulgate regu-
27 lations establishing methods and procedures for facilitating and verify-
28 ing compliance with the requirements of this section and such other
29 regulations as necessary.

30 (h) The superintendent may issue a replacement for a currently
31 in-force license that has been lost or destroyed. Before the replacement
32 license shall be issued, there shall be on file in the office of the
33 superintendent a written application for the replacement license,
34 affirming under penalty of perjury that the original license has been
35 lost or destroyed, together with a fee of two hundred dollars.

36 (i) No pharmacy benefit manager shall engage in any practice or action
37 that a health plan is prohibited from engaging in pursuant to this chap-
38 ter.

39 § 2907. Revocation or suspension of a registration or license of a
40 pharmacy benefit manager. (a) The superintendent may refuse to renew,
41 may revoke, or may suspend for a period the superintendent determines
42 the registration or license of any pharmacy benefit manager if, the
43 superintendent determines that the registrant or licensee or any member,
44 principal, officer, director, or controlling person of the registrant or
45 licensee, has:

46 (1) violated any insurance laws, section two hundred eighty-a or two
47 hundred eighty-c of the public health law or violated any regulation,
48 subpoena or order of the superintendent or of another state's insurance
49 commissioner, or has violated any law in the course of its dealings in
50 such capacity after such license has been issued or renewed pursuant to
51 section two thousand nine hundred six of this article;

52 (2) provided materially incorrect, materially misleading, materially
53 incomplete or materially untrue information in the registration or
54 license application;

55 (3) obtained or attempted to obtain a registration or license through
56 misrepresentation or fraud;

1 (4)(i) used fraudulent, coercive or dishonest practices;
2 (ii) demonstrated incompetence;
3 (iii) demonstrated untrustworthiness; or
4 (iv) demonstrated financial irresponsibility in the conduct of busi-
5 ness in this state or elsewhere;

6 (5) improperly withheld, misappropriated or converted any monies or
7 properties received in the course of business in this state or else-
8 where;

9 (6) intentionally misrepresented the terms of an actual or proposed
10 insurance contract;

11 (7) admitted or been found to have committed any insurance unfair
12 trade practice or fraud;

13 (8) had a pharmacy benefit manager registration or license, or its
14 equivalent, denied, suspended or revoked in any other state, province,
15 district or territory;

16 (9) failed to pay state income tax or comply with any administrative
17 or court order directing payment of state income tax;

18 (10) failed to pay any assessment required by this article; or

19 (11) ceased to meet the requirements for registration or licensure
20 under this article.

21 (b) Before revoking or suspending the registration or license of any
22 pharmacy benefit manager pursuant to the provisions of this article, the
23 superintendent shall give notice to the registrant or licensee and shall
24 hold, or cause to be held, a hearing not less than ten days after the
25 giving of such notice.

26 (c) If a registration or license pursuant to the provisions of this
27 article is revoked or suspended by the superintendent, then the super-
28 intendent shall forthwith give notice to the registrant or licensee.

29 (d) The revocation or suspension of any registration or license pursu-
30 ant to the provisions of this article shall terminate forthwith such
31 registration or license and the authority conferred thereby upon all
32 licensees. For good cause shown, the superintendent may delay the effec-
33 tive date of a revocation or suspension to permit the registrant or
34 licensee to satisfy some or all of its contractual obligations to
35 perform pharmacy benefit management services in the state.

36 (e)(1) No individual, corporation, firm or association whose registra-
37 tion or license as a pharmacy benefit manager has been revoked pursuant
38 to subsection (a) of this section, and no firm or association of which
39 such individual is a member, and no corporation of which such individual
40 is an officer or director, and no controlling person of the registrant
41 or licensee shall be entitled to obtain any registration or license
42 under the provisions of this article for a minimum period of one year
43 after such revocation, or, if such revocation be judicially reviewed,
44 for a minimum period of one year after the final determination thereof
45 affirming the action of the superintendent in revoking such license.

46 (2) If any such registration or license held by a firm, association or
47 corporation be revoked, no member of such firm or association and no
48 officer or director of such corporation or any controlling person of the
49 registrant or licensee shall be entitled to obtain any registration or
50 license, under this article for the same period of time, unless the
51 superintendent determines, after notice and hearing, that such member,
52 officer or director was not personally at fault in the matter on account
53 of which such registration or license was revoked.

54 (f) If any corporation, firm, association or person aggrieved shall
55 file with the superintendent a verified complaint setting forth facts
56 tending to show sufficient ground for the revocation or suspension of

1 any pharmacy benefit manager's registration or license, then if the
2 superintendent finds the complaint credible, the superintendent shall,
3 after notice and a hearing, determine whether such registration or
4 license shall be suspended or revoked.

5 (g) The superintendent shall retain the authority to enforce the
6 provisions of and impose any penalty or remedy authorized by this chap-
7 ter against any person or entity who is under investigation for or
8 charged with a violation of this chapter, even if the person's or enti-
9 ty's registration or license has been surrendered, or has expired or has
10 lapsed by operation of law.

11 (h) A registrant or licensee subject to this article shall report to
12 the superintendent any administrative action taken against the regis-
13 trant or licensee or any of the members, officers, directors, or desig-
14 nated employees of the applicant named in the registration or licens-
15 ing application in another jurisdiction or by another governmental agency in
16 this state within thirty days of the final disposition of the matter.
17 This report shall include a copy of the order, consent to order or other
18 relevant legal documents.

19 (i) Within thirty days of the initial pretrial hearing date, a regis-
20 trant or licensee subject to this article shall report to the super-
21 intendent any criminal prosecution of the registrant or licensee or any
22 of the members, officers, directors, or designated employees of the
23 applicant named in the registration or licensing application taken in
24 any jurisdiction. The report shall include a copy of the initial
25 complaint filed, the order resulting from the hearing and any other
26 relevant legal documents.

27 § 2908. Penalties for violations. (a) In addition to any other power
28 conferred by law, the superintendent may in any one proceeding by order,
29 require a registrant or licensee who has violated any provision of this
30 article or whose license would otherwise be subject to revocation or
31 suspension to pay to the people of this state a penalty in a sum not
32 exceeding the greater of: (1) one thousand dollars for each offense and
33 two thousand five hundred dollars for each subsequent violation; or (2)
34 the aggregate gross receipts attributable to all offenses.

35 (b) Upon the failure of such a registrant or licensee to pay the
36 penalty ordered pursuant to subsection (a) of this section within twenty
37 days after the mailing of the order, postage prepaid, registered, and
38 addressed to the last known place of business of the licensee, unless
39 the order is stayed by an order of a court of competent jurisdiction,
40 the superintendent may revoke the registration or license of the regis-
41 trant or licensee or may suspend the same for such period as the super-
42 intendent determines.

43 § 2909. Stay or suspension of superintendent's determination. The
44 commencement of a proceeding under article seventy-eight of the civil
45 practice law and rules, to review the action of the superintendent in
46 suspending or revoking or refusing to renew any certificate under this
47 article, shall stay such action of the superintendent for a period of
48 thirty days. Such stay shall not be extended for a longer period unless
49 the court shall determine, after a preliminary hearing of which the
50 superintendent is notified forty-eight hours in advance, that a stay of
51 the superintendent's action pending the final determination or further
52 order of the court will not injure the interests of the people of the
53 state.

54 § 2910. Revoked registrations or licenses. (a)(1) No person, firm,
55 association, corporation or other entity subject to the provisions of
56 this article whose registration or license under this article has been

1 revoked, or whose registration or license to engage in the business of
2 pharmacy benefit management in any capacity has been revoked by any
3 other state or territory of the United States shall become employed or
4 appointed by a pharmacy benefit manager as an officer, director, manag-
5 er, controlling person or for other services, without the prior written
6 approval of the superintendent, unless such services are for maintenance
7 or are clerical or ministerial in nature.

8 (2) No person, firm, association, corporation or other entity subject
9 to the provisions of this article shall knowingly employ or appoint any
10 person or entity whose registration or license issued under this article
11 has been revoked, or whose registration or license to engage in the
12 business of pharmacy benefit management in any capacity has been revoked
13 by any other state or territory of the United States, as an officer,
14 director, manager, controlling person or for other services, without the
15 prior written approval of the superintendent, unless such services are
16 for maintenance or are clerical or ministerial in nature.

17 (3) No corporation or partnership subject to the provisions of this
18 article shall knowingly permit any person whose registration or license
19 issued under this article has been revoked, or whose registration or
20 license to engage in the business of pharmacy benefit management in any
21 capacity has been revoked by any other state, or territory of the United
22 States, to be a shareholder or have an interest in such corporation or
23 partnership, nor shall any such person become a shareholder or partner
24 in such corporation or partnership, without the prior written approval
25 of the superintendent.

26 (b) The superintendent may approve the employment, appointment or
27 participation of any such person whose registration or license has been
28 revoked:

29 (1) if the superintendent determines that the duties and responsibil-
30 ities of such person are subject to appropriate supervision and that
31 such duties and responsibilities will not have an adverse effect upon
32 the public, other registrants or licensees, or the registrant or licen-
33 see proposing employment or appointment of such person; or

34 (2) if such person has filed an application for reregistration or
35 relicensing pursuant to this article and the application for reregistra-
36 tion or relicensing has not been approved or denied within one hundred
37 twenty days following the filing thereof, unless the superintendent
38 determines within the said time that employment or appointment of such
39 person by a registrant or licensee in the conduct of a pharmacy benefit
40 management business would not be in the public interest.

41 (c) The provisions of this section shall not apply to the ownership of
42 shares of any corporation registered or licensed pursuant to this arti-
43 cle if the shares of such corporation are publicly held and traded in
44 the over-the-counter market or upon any national or regional securities
45 exchange.

46 § 2911. Change of address. A registrant or licensee under this article
47 shall inform the superintendent by a means acceptable to the superinten-
48 dent of a change of address within thirty days of the change.

49 § 2912. Duties. (a) A pharmacy benefit manager shall be required to
50 adhere to the code of conduct, as the superintendent may establish by
51 regulation pursuant to section twenty-nine hundred six of this article.

52 (b) No contract with a health plan shall limit access to financial or
53 utilization information of the pharmacy benefit manager in relation to
54 pharmacy benefit management services provided to the health plan.

55 (c) A pharmacy benefit manager shall disclose in writing to a health
56 plan with whom a contract for pharmacy benefit management services has

1 been executed any activity, policy, practice, contract or arrangement of
2 the pharmacy benefit manager that directly or indirectly presents a
3 conflict of interest with the pharmacy benefit manager's contractual
4 relationship with, or duties and obligations to, the health plan.

5 (d) A pharmacy benefit manager shall assist a health plan in answering
6 any inquiry made under section three hundred eight of this chapter.

7 (e) No pharmacy benefit manager shall violate any provision of the
8 public health law applicable to pharmacy benefit managers.

9 (f) (1) Any information required to be disclosed by a pharmacy benefit
10 manager to a health plan under this section that is designated by the
11 pharmacy benefit manager as proprietary or trade secret information
12 shall be kept confidential by the health plan, except as required to be
13 disclosed by law or court order, including disclosure necessary to pros-
14 ecute or defend any legitimate legal claim or cause of action.

15 (2) Designation as proprietary or trade secret information under this
16 subsection shall have no effect on the obligations of any pharmacy bene-
17 fit manager or health plan to provide that information to the depart-
18 ment.

19 § 2913. Applicability of other laws. Nothing in this article shall be
20 construed to exempt a pharmacy benefit manager from complying with the
21 provisions of articles twenty-one and forty-nine of this chapter and
22 articles forty-four and forty-nine and sections two hundred eighty-a and
23 two hundred eighty-c of the public health law, section three hundred
24 sixty-four-j of the social services law, or any other provision of this
25 chapter or the financial services law.

26 § 2914. Assessments. Notwithstanding section two hundred six of the
27 financial services law, pharmacy benefit managers that file a registra-
28 tion with the department or are licensed by the department shall be
29 assessed by the superintendent for the operating expenses of the depart-
30 ment that are attributable to regulating such pharmacy benefit managers
31 in such proportions as the superintendent shall deem just and reason-
32 able.

33 § 2. Subsection (b) of section 2402 of the insurance law, as amended
34 by section 71 of part A of chapter 62 of the laws of 2011, is amended to
35 read as follows:

36 (b) "Defined violation" means the commission by a person of an act
37 prohibited by: subsection (a) of section one thousand one hundred two,
38 section one thousand two hundred fourteen, one thousand two hundred
39 seventeen, one thousand two hundred twenty, one thousand three hundred
40 thirteen, subparagraph (B) of paragraph two of subsection (i) of section
41 one thousand three hundred twenty-two, subparagraph (B) of paragraph two
42 of subsection (i) of section one thousand three hundred twenty-four, two
43 thousand one hundred two, two thousand one hundred seventeen, two thou-
44 sand one hundred twenty-two, two thousand one hundred twenty-three,
45 subsection (p) of section two thousand three hundred thirteen, section
46 two thousand three hundred twenty-four, two thousand five hundred two,
47 two thousand five hundred three, two thousand five hundred four, two
48 thousand six hundred one, two thousand six hundred two, two thousand six
49 hundred three, two thousand six hundred four, two thousand six hundred
50 six, two thousand seven hundred three, two thousand nine hundred two,
51 two thousand nine hundred five, three thousand one hundred nine, three
52 thousand two hundred twenty-four-a, three thousand four hundred twenty-
53 nine, three thousand four hundred thirty-three, paragraph seven of
54 subsection (e) of section three thousand four hundred twenty-six, four
55 thousand two hundred twenty-four, four thousand two hundred twenty-five,
56 four thousand two hundred twenty-six, seven thousand eight hundred nine,

1 seven thousand eight hundred ten, seven thousand eight hundred eleven,
2 seven thousand eight hundred thirteen, seven thousand eight hundred
3 fourteen and seven thousand eight hundred fifteen of this chapter; or
4 section 135.60, 135.65, 175.05, 175.45, or 190.20, or article one
5 hundred five of the penal law.

6 § 3. Severability. If any provision of this act, or any application of
7 any provision of this act, is held to be invalid, or ruled by any feder-
8 al agency to violate or be inconsistent with any applicable federal law
9 or regulation, that shall not affect the validity or effectiveness of
10 any other provision of this act, or of any other application of any
11 provision of this act.

12 § 4. This act shall take effect immediately.

13 PART V

14 Section 1. Section 9.51 of the mental hygiene law, as added by chapter
15 947 of the laws of 1981, subdivision (b) as amended by chapter 465 of
16 the laws of 1992, subdivision (c) as amended by chapter 230 of the laws
17 of 2004, the opening paragraph of subdivision (d) as amended by chapter
18 273 of the laws of 1986, subdivision (f) as amended by chapter 401 of
19 the laws of 2006, and the closing paragraph of subdivision (g) as
20 amended by section 66 of part A of chapter 3 of the laws of 2005, is
21 amended to read as follows:

22 § 9.51 Residential treatment facilities for children and youth; admis-
23 sions.

24 (a) A psychiatric residential treatment facility is devoted to the
25 provision of inpatient psychiatric care for persons under the age of
26 twenty-one. The director of a residential treatment facility for chil-
27 dren and youth may receive as a patient a person in need of care and
28 treatment in such a facility who has been [~~certified as needing~~] deter-
29 mined appropriate for such care [~~by the pre-admission certification~~
30 ~~committee serving the facility~~] and treatment in accordance with stand-
31 ards and priorities for admission established by [~~such committee, as~~
32 ~~provided by this section. Subject to the provisions of this section, the~~
33 ~~provisions of this article shall apply to admission and retention of~~
34 ~~patients to residential treatment facilities for children and youth~~] the
35 office in regulations.

36 (b) Persons admitted as in-patients to hospitals operated by the
37 office of mental health upon the application of the [~~director of the~~
38 ~~division for youth~~] commissioner of the office of children and family
39 services pursuant to section five hundred nine of the executive law or
40 353.4 of the family court act who are not subject to a restrictive
41 placement pursuant to section 353.5 of the family court act, may, if
42 appropriate, and subject to the provisions of subdivision (d) of this
43 section, be transferred to a residential treatment facility for children
44 and youth. The [~~director of the division for youth~~] commissioner of the
45 office of children and family services shall be notified of any such
46 transfer. When appropriate, the director of the residential treatment
47 facility may arrange the return of a patient so transferred to the
48 hospital or the transfer of a patient to another hospital or, in accord-
49 ance with subdivision four of section five hundred nine of the executive
50 law, [~~to the division for youth~~] to the commissioner of the office of
51 children and family services.

52 (c) The commissioner shall [~~designate pre-admission certification~~
53 ~~committees for defined geographic areas to evaluate each person proposed~~
54 ~~for admission or transfer to a residential treatment facility for chil-~~

~~dren and youth. When designating persons to serve on pre-admission certification committees, the commissioners shall assure that the interests 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

1 to a person whose need for care and treatment in such a facility was not
2 certified pursuant to this section.

3 (f) No person shall be admitted to a residential treatment facility
4 for children and youth who has a mental illness which presents a likeli-
5 hood of serious harm to others; "likelihood of serious harm" shall mean
6 a substantial risk of physical harm to other persons as manifested by
7 recent homicidal or other violent behavior by which others are placed in
8 reasonable fear of serious physical harm.

9 (g) Notwithstanding any other provision of law, [~~pre-admission-certif-~~
10 ~~ication-committees~~] the office or commissioner's designee shall be enti-
11 tled to review clinical records maintained by any person or entity which
12 pertain to an individual on whose behalf an application is made for
13 admission to a residential treatment facility for children and youth.
14 Any clinical records received by [~~a pre-admission certification commit-~~
15 ~~tee and all assessments submitted to the committee~~] the office or
16 commissioner's designee shall be kept confidential in accordance with
17 the provisions of section 33.13 of [~~the mental hygiene law, provided,~~
18 ~~however, that the commissioner may have access to and receive copies of~~
19 ~~such records for the purpose of evaluating the operation and effective-~~
20 ~~ness of the committee~~] this chapter.

21 Confidentiality of clinical records of treatment of a person in a
22 residential treatment facility for children and youth shall be main-
23 tained as required in section 33.13 of this chapter. That portion of the
24 clinical record maintained by a residential treatment facility for chil-
25 dren and youth operated by an authorized agency specifically related to
26 medical care and treatment shall not be considered part of the record
27 required to be maintained by such authorized agency pursuant to section
28 three hundred seventy-two of the social services law and shall not be
29 discoverable in a proceeding under section three hundred fifty-eight-a
30 of the social services law or article ten-A of the family court act
31 except upon order of the family court; provided, however, that all other
32 information required by a local social services district or the office
33 of children and family services for purposes of sections three hundred
34 fifty-eight-a, four hundred nine-e and four hundred nine-f of the social
35 services law and article ten-A of the family court act shall be
36 furnished on request, and the confidentiality of such information shall
37 be safeguarded as provided in section four hundred sixty-e of the social
38 services law.

39 § 2. Subdivisions (b) and (c) of section 31.26 of the mental hygiene
40 law, as added by chapter 947 of the laws of 1981, are amended to read as
41 follows:

42 (b) The commissioner shall have the power to adopt rules and regu-
43 lations governing the establishment and operation of residential treat-
44 ment facilities for children and youth. Such rules and regulations shall
45 at least require, as a condition of issuance or retention of an operat-
46 ing certificate for a residential treatment facility for children and
47 youth, that admission of children into such facilities be in accordance
48 with priorities for admission of children most immediately in need of
49 such services [~~established by the pre-admission certification committee~~
50 ~~serving the facility,~~] in accordance with [~~section 9.51 of this chapter~~]
51 standards established by the commissioner.

52 (c) The commissioner [~~and the commissioner of social services shall~~],
53 in consultation with the commissioner of education [~~and the director of~~
54 ~~the division for youth~~], the commissioner of social services and the
55 commissioner of the office of children and family services, shall adopt
56 rules and regulations governing the [~~operation of the pre-admission~~

~~certification committees~~] standards for admissions of individuals to residential treatment facilities required in section 9.51 of this chapter.

§ 3. Subdivision (g) of section 9.27 of the mental hygiene law, as added by chapter 947 of the laws of 1981, is amended to read as follows:

(g) Applications for involuntary admission of patients to residential treatment facilities for children and youth or transfer of involuntarily admitted patients to such facilities [~~shall~~] may be reviewed by the [~~pre-admission certification committee~~] office or commissioner's designee serving such facility in accordance with section 9.51 of this article.

§ 4. This act shall take effect July 1, 2020 and shall apply to all applications received on or after such effective date.

PART W

Section 1. Subdivision 9 of section 730.10 of the criminal procedure law, as added by section 1 of part Q of chapter 56 of the laws of 2012, is amended to read as follows:

9. "Appropriate institution" means: (a) a hospital operated by the office of mental health or a developmental center operated by the office for people with developmental disabilities; ~~or~~ (b) a hospital licensed by the department of health which operates a psychiatric unit licensed by the office of mental health, as determined by the commissioner provided, however, that any such hospital that is not operated by the state shall qualify as an "appropriate institution" only pursuant to the terms of an agreement between the commissioner and the hospital; or (c) a mental health unit operating within a local correctional facility except those located within a city with a population of one million or more; provided however, that any such mental health unit operating within a local correctional facility shall qualify as an "appropriate institution" only pursuant to the terms of an agreement between the commissioner of mental health, director of community mental health services and the sheriff for the respective locality. Nothing in this article shall be construed as requiring a hospital or local correctional facility to consent to providing care and treatment to an incapacitated person at such hospital or local correctional facility.

§ 2. This act shall take effect immediately.

PART X

Section 1. Pursuant to section 7.18 of the mental hygiene law, the office of mental health will establish a separate appointing authority of secure treatment and rehabilitation center within the office of mental health for the care and treatment of dangerous sex offenders requiring confinement as described in article 10 of the mental hygiene law. All office of mental health employees who are substantially engaged in the care and treatment of article 10 sex offenders will be transferred to the secure treatment and rehabilitation center pursuant to subdivision 2 of section 70 of the civil service law. Employees will remain in their current geographic location, and civil service title and status.

§ 2. This act shall take effect immediately.

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 and paragraph 1 of subdivision (b) as amended by section 2 of
28 part M of chapter 57 of the laws of 2006 and subparagraph (ii) of para-
29 graph 2 of subdivision (b) as amended by section 2 of part E of chapter
30 111 of the laws of 2010, are amended and a new paragraph 12 is added to
31 subdivision (a) to read as follows:

32 (2) "Crisis intervention services" means [~~psychiatric emergency~~]
33 services provided in an emergency room located within a general hospi-
34 tal, which shall include but not be limited to: psychiatric and medical
35 evaluations and assessments; prescription or adjustment of medication,
36 counseling, and other stabilization or treatment services intended to
37 reduce symptoms of mental illness[~~, extended observation beds, and other~~
38 ~~on-site psychiatric emergency services~~] when appropriate.

39 (5) "Extended observation bed" means an inpatient bed which is in or
40 adjacent to an emergency room located within a general hospital or
41 satellite facility approved by the commissioner, designed to provide a
42 safe environment for an individual who, in the opinion of the examining
43 physician, requires extensive evaluation, assessment, or stabilization
44 of the person's acute psychiatric symptoms, except that, if the commis-
45 sioner determines that the program can provide for the privacy and safe-
46 ty of all patients receiving services in a hospital, he or she may
47 approve the location of one or more such beds within another unit of the
48 hospital.

49 (12) "Satellite facility" means a medical facility providing psychiat-
50 ric emergency services that is managed and operated by a general hospi-
51 tal who holds a valid operating certificate for a comprehensive psychi-
52 atric emergency program and is located away from the central campus of
53 the general hospital.

54 (1) The commissioner may license the operation of comprehensive
55 psychiatric emergency programs by general hospitals which are operated
56 by state or local governments or voluntary agencies. The provision of

1 such services in general hospitals may be located either within the
2 state or, with the approval of the commissioner and the director of the
3 budget and to the extent consistent with state and federal law, in a
4 contiguous state. The commissioner is further authorized to enter into
5 interstate agreements for the purpose of facilitating the development of
6 programs which provide services in another state. A comprehensive
7 psychiatric emergency program shall serve as a primary psychiatric emer-
8 gency service provider within a defined catchment area for persons in
9 need of psychiatric emergency services including persons who require
10 immediate observation, care and treatment in accordance with section
11 9.40 of this chapter. Each comprehensive psychiatric emergency program
12 shall provide or contract to provide psychiatric emergency services
13 twenty-four hours per day, seven days per week, including but not limit-
14 ed to: crisis intervention services, crisis outreach services, [~~crisis~~
15 ~~residence services~~] extended observation beds, and triage and referral
16 services.

17 (ii) a description of the program's psychiatric emergency services,
18 including but not limited to crisis intervention services, crisis
19 outreach services, [~~crisis residence services~~] extended observation
20 beds, and triage and referral services, whether or not provided directly
21 or through agreement with other providers of services;

22 § 4. Paragraphs 4 and 8 of subdivision (a), and subdivision (i) of
23 section 31.27 of the mental hygiene law are REPEALED.

24 § 5. This act shall take effect immediately and shall be deemed to
25 have been in full force and effect on and after April 1, 2020; provided
26 however that:

27 (a) sections two through four of this act shall take effect on the one
28 hundred eightieth day after it shall have become a law;

29 (b) the amendments to section 19 of chapter 723 of the laws of 1989
30 amending the mental hygiene law and other laws relating to comprehensive
31 psychiatric emergency programs made by section one of this act shall not
32 affect the repeal of such section and shall be deemed repealed there-
33 with;

34 (c) the amendments to section 9.40 of the mental hygiene law made by
35 section two of this act shall not affect the repeal of such section and
36 shall be deemed repealed therewith; and

37 (d) the amendments to section 31.27 of the mental hygiene law made by
38 section three of this act shall not affect the repeal of such section
39 and shall be deemed repealed therewith.

40 PART Z

41 Section 1. The insurance law is amended by adding a new section 344 to
42 read as follows:

43 § 344. Mental health and substance use disorder parity compliance
44 programs. (a) Pursuant to the Paul Wellstone and Pete Domenici Mental
45 Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a) and
46 the requirement to provide mental health and substance use disorder
47 coverage that is comparable to medical and surgical services as refer-
48 enced in sections three thousand two hundred sixteen, three thousand two
49 hundred twenty-one and four thousand three hundred three of this chap-
50 ter, the superintendent and the commissioner of health, in consultation
51 with the commissioner of addiction services and supports and the commis-
52 sioner of mental health, shall promulgate regulations prior to October
53 first, two thousand twenty to establish mental health and substance use
54 disorder parity compliance program requirements. Such regulations

1 shall, at a minimum, set forth requirements for policies and procedures
2 for compliance, impermissible practices, requirements for training and
3 education programs, public notification and remediation requirements and
4 methods for designating an employee of the insurer who is responsible
5 for ensuring parity compliance consistent with this chapter and federal
6 requirements.

7 (b) Penalties collected for violations of section three thousand two
8 hundred sixteen, three thousand two hundred twenty-one and four thousand
9 three hundred three of the insurance law prior to October first, two
10 thousand twenty shall be deposited into the general fund. Penalties
11 collected on or after October first, two thousand twenty for violations
12 of section three thousand two hundred sixteen, three thousand two
13 hundred twenty-one and four thousand three hundred three of the insur-
14 ance law related to mental health and substance use disorder parity
15 compliance and violations of regulations promulgated pursuant to this
16 section shall be deposited in a fund established pursuant to section
17 ninety-nine-hh of the state finance law.

18 § 2. The state finance law is amended by adding a new section 99-hh to
19 read as follows:

20 § 99-hh. Behavioral health parity compliance fund. 1. There is hereby
21 established in the custody of the state comptroller and the department
22 of taxation and finance a special fund to be known as the behavioral
23 health parity compliance fund.

24 2. Moneys in the behavioral health parity compliance fund shall be
25 kept separate from and shall not be commingled with any other moneys in
26 the custody of the comptroller or the commissioner of taxation and
27 finance. Provided, however that any moneys of the fund not required for
28 immediate use may, at the discretion of the comptroller, in consultation
29 with the director of the budget, be invested by the comptroller in obli-
30 gations of the United States or the state. The proceeds of any such
31 investment shall be retained by the fund as assets to be used for
32 purposes of this fund.

33 3. Such fund shall consist of all moneys required to be deposited
34 thereto pursuant to section three hundred forty-four of the insurance
35 law, section forty-four hundred fourteen of the public health law or any
36 other provision of law, monetary grants, gifts or bequests received by
37 the state, and all other moneys credited or transferred thereto from any
38 other fund or source.

39 4. Moneys of the fund shall only be expended for initiatives support-
40 ing parity implementation and enforcement on behalf of consumers,
41 including the behavioral health ombudsman program.

42 § 3. Section 4414 of the public health law, as added by chapter 2 of
43 the laws of 1998, and as further amended by section 104 of part A of
44 chapter 62 of the laws of 2011, is amended to read as follows:

45 § 4414. Health care compliance programs. 1. The commissioner of
46 health, after consultation with the superintendent of financial
47 services, shall by regulation establish standards and criteria for
48 compliance programs to be implemented by persons providing coverage or
49 coverage and service pursuant to any public or governmentally-sponsored
50 or supported plan for health care coverage or services. Such regulations
51 shall include provisions for the design and implementation of programs
52 or processes to prevent, detect and address instances of fraud and
53 abuse. Such regulations shall take into account the nature of the enti-
54 ty's business and the size of its enrolled population. The commissioner
55 of health and the superintendent of financial services shall accept
56 programs and processes implemented pursuant to section four hundred nine

1 of the insurance law as satisfying the obligations of this section and
2 the regulations promulgated thereunder when such programs and processes
3 incorporate the objectives contemplated by this section.

4 2. (a) Pursuant to the Paul Wellstone and Pete Domenici Mental Health
5 Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a) and the
6 requirement to provide mental health and substance use disorder coverage
7 that is comparable to medical and surgical services as referenced in
8 section four thousand three hundred three of the insurance law, the
9 commissioner and the superintendent of financial services, in consulta-
10 tion with the commissioner of addiction services and supports and the
11 commissioner of mental health, shall promulgate regulations prior to
12 October first, two thousand twenty to establish mental health and
13 substance use disorder parity compliance program requirements. Such
14 regulations shall, at a minimum, set forth requirements for policies and
15 procedures for compliance, impermissible practices, requirements for
16 training and education programs, public notification and remediation
17 requirements and methods for designating an employee of the health main-
18 tenance organization who is responsible for ensuring parity compliance
19 consistent with this chapter and federal requirements.

20 (b) Notwithstanding any provisions of section twelve of this chapter
21 to the contrary, penalties collected from any health maintenance organ-
22 ization certified pursuant to this article resulting from a violation of
23 the health maintenance organization's mental health and substance use
24 disorder parity compliance program shall be deposited into the behav-
25 ioral health parity compliance fund as established pursuant to section
26 ninety-nine-hh of the state finance law.

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

29 PART AA

30 Section 1. Subparagraph (iv) of paragraph c of subdivision 3 of
31 section 492 of the social services law, as added by section 1 of part B
32 of chapter 501 of the laws of 2012, is amended to read as follows:

33 (iv) when determined to be relevant to an investigation, contact the
34 statewide central register of child abuse and maltreatment to determine
35 whether the subject of the report has been or is currently the subject
36 of an indicated child abuse and maltreatment report on file with the
37 statewide central register of child abuse and maltreatment;

38 § 2. This act shall take effect immediately.

39 PART BB

40 Section 1. Subdivision (a) of section 16.03 of the mental hygiene law
41 is amended by adding a new paragraph 5 to read as follows:

42 (5) The provision of services approved in a medicaid state plan
43 authorized pursuant to section nineteen hundred two of the federal
44 social security act, including optional state plan services authorized
45 pursuant to subdivision (g) of section nineteen hundred fifteen of the
46 federal social security act, and designated by the commissioner of
47 health, in consultation with the commissioner, as being for persons with
48 developmental disabilities.

49 § 2. Subdivision (d) of section 16.03 of the mental hygiene law, as
50 added by chapter 786 of the laws of 1983, is amended to read as follows:

51 (d) The operation of a facility or provision of services for which an
52 operating certificate is required pursuant to this article shall be in

1 accordance with the terms of the operating certificate and the regu-
2 lations of the commissioner.

3 § 3. Subdivision (a) of section 16.11 of the mental hygiene law is
4 amended by adding a new paragraph 3 to read as follows:

5 (3) The review of providers of services, as defined in paragraph five
6 of subdivision (a) of section 16.03 of this article, shall ensure that
7 the provider of services complies with all the requirements of the
8 applicable federal regulations and rules and the regulations adopted by
9 the commissioner.

10 § 4. Paragraph (a) of subdivision 4 of section 488 of the social
11 services law, as amended by section 2 of part MM of chapter 58 of the
12 laws of 2015, is amended to read as follows:

13 (a) a facility or program in which services are provided and which is
14 operated, licensed or certified by the office of mental health, the
15 office for people with developmental disabilities or the office of
16 ~~[alcoholism and substance abuse services]~~ addiction services and
17 supports, including but not limited to psychiatric centers, inpatient
18 psychiatric units of a general hospital, developmental centers, interme-
19 diate care facilities, community residences, group homes and family care
20 homes, provided, however, that such term shall not include a secure
21 treatment facility as defined in section 10.03 of the mental hygiene
22 law, services defined in ~~[subparagraph]~~ paragraphs four and five of
23 subdivision (a) of section 16.03 of the mental hygiene law, or services
24 provided in programs or facilities that are operated by the office of
25 mental health and located in state correctional facilities under the
26 jurisdiction of the department of corrections and community supervision;

27 § 5. Subdivision 6 of section 2899 of the public health law, as
28 amended by section 3 of part C of chapter 57 of the laws of 2018, is
29 amended to read as follows:

30 6. "Provider" shall mean: (a) any residential health care facility
31 licensed under article twenty-eight of this chapter; or any certified
32 home health agency, licensed home care services agency or long term home
33 health care program certified under article thirty-six of this chapter;
34 any hospice program certified pursuant to article forty of this chapter;
35 or any adult home, enriched housing program or residence for adults
36 licensed under article seven of the social services law; or (b) a health
37 home, or any subcontractor of such health home, who contracts with or is
38 approved or otherwise authorized by the department to provide health
39 home services, including ~~[to all those enrolled pursuant to a diagnosis~~
40 ~~of a developmental disability as defined in subdivision twenty-two of~~
41 ~~section 1.03 of the mental hygiene law and]~~ enrollees who are under
42 twenty-one years of age, under section three hundred sixty-five-1 of the
43 social services law, except for a health home, or any subcontractor of
44 such health home, who contracts with or is approved or otherwise author-
45 ized by the department to provide health home services to all those
46 enrolled pursuant to a diagnosis of a developmental disability as
47 defined in subdivision twenty-two of section 1.03 of the mental hygiene
48 law; or any entity that provides home and community based services to
49 enrollees who are under twenty-one years of age under a demonstration
50 program pursuant to section eleven hundred fifteen of the federal social
51 security act.

52 § 6. Paragraph (b) of subdivision 9 of section 2899-a of the public
53 health law, as amended by section 4 of part C of chapter 57 of the laws
54 of 2018, is amended to read as follows:

55 (b) Residential health care facilities licensed pursuant to article
56 twenty-eight of this chapter and certified home health care agencies and

1 long-term home health care programs certified or approved pursuant to
2 article thirty-six of this chapter or a health home, or any subcontractor
3 of such health home, who contracts with or is approved or otherwise
4 authorized by the department to provide health home services, including
5 ~~[to all those enrolled pursuant to a diagnosis of a developmental disability~~
6 ~~as defined in subdivision twenty-two of section 1.03 of the~~
7 ~~mental hygiene law and]~~ enrollees who are under twenty-one years of age,
8 under section three hundred sixty-five-1 of the social services law,
9 except for a health home, or any subcontractor of such health home, who
10 contracts with or is approved or otherwise authorized by the department
11 to provide health home services to all those enrolled pursuant to a
12 diagnosis of a developmental disability as defined in subdivision twenty-
13 two of section 1.03 of the mental hygiene law; or any entity that
14 provides home and community based services to enrollees who are under
15 twenty-one years of age under a demonstration program pursuant to
16 section eleven hundred fifteen of the federal social security act, may,
17 subject to the availability of federal financial participation, claim as
18 reimbursable costs under the medical assistance program, costs reflecting
19 the fee established pursuant to law by the division of criminal
20 justice services for processing a criminal history information check,
21 the fee imposed by the federal bureau of investigation for a national
22 criminal history check, and costs associated with obtaining the fingerprints,
23 provided, however, that for the purposes of determining rates of
24 payment pursuant to article twenty-eight of this chapter for residential
25 health care facilities, such reimbursable fees and costs shall be
26 reflected as timely as practicable in such rates within the applicable
27 rate period.

28 § 7. Subdivision 10 of section 2899-a of the public health law, as
29 amended by section 1 of part EE of chapter 57 of the laws of 2019, is
30 amended to read as follows:

31 10. Notwithstanding subdivision eleven of section eight hundred
32 forty-five-b of the executive law, a certified home health agency,
33 licensed home care services agency or long term home health care program
34 certified, licensed or approved under article thirty-six of this chapter
35 or a home care services agency exempt from certification or licensure
36 under article thirty-six of this chapter, a hospice program under article
37 forty of this chapter, or an adult home, enriched housing program or
38 residence for adults licensed under article seven of the social services
39 law, or a health home, or any subcontractor of such health home, who
40 contracts with or is approved or otherwise authorized by the department
41 to provide health home services, including ~~[to all enrollees enrolled~~
42 ~~pursuant to a diagnosis of a developmental disability as defined in~~
43 ~~subdivision twenty-two of section 1.03 of the mental hygiene law and]~~
44 enrollees who are under twenty-one years of age, under section three
45 hundred sixty-five-1 of the social services law, except for a health
46 home, or any subcontractor of such health home, who contracts with or is
47 approved or otherwise authorized by the department to provide health
48 home services to all those enrolled pursuant to a diagnosis of a devel-
49 opmental disability as defined in subdivision twenty-two of section 1.03
50 of the mental hygiene law; or any entity that provides home and community
51 based services to enrollees who are under twenty-one years of age
52 under a demonstration program pursuant to section eleven hundred fifteen
53 of the federal social security act may temporarily approve a prospective
54 employee while the results of the criminal history information check and
55 the determination are pending, upon the condition that the provider
56 conducts appropriate direct observation and evaluation of the temporary

1 employee, while he or she is temporarily employed, and the care recipi-
2 ent; provided, however, that for a health home, or any subcontractor of
3 a health home, who contracts with or is approved or otherwise authorized
4 by the department to provide health home services, including ~~[to all~~
5 ~~enrollees enrolled pursuant to a diagnosis of developmental disability~~
6 ~~as defined in subdivision twenty-two of section 1.03 of the mental~~
7 ~~hygiene law and]~~ enrollees who are under twenty-one years of age, under
8 section three hundred sixty-five-1 of the social services law, except
9 for a health home, or any subcontractor of such health home, who
10 contracts with or is approved or otherwise authorized by the department
11 to provide health home services to all those enrolled pursuant to a
12 diagnosis of a developmental disability as defined in subdivision twen-
13 ty-two of section 1.03 of the mental hygiene law; or any entity that
14 provides home and community based services to enrollees who are under
15 twenty-one years of age under a demonstration program pursuant to
16 section eleven hundred fifteen of the federal social security act,
17 direct observation and evaluation of temporary employees shall not be
18 required until July first, two thousand nineteen. The results of such
19 observations shall be documented in the temporary employee's personnel
20 file and shall be maintained. For purposes of providing such appropriate
21 direct observation and evaluation, the provider shall utilize an indi-
22 vidual employed by such provider with a minimum of one year's experience
23 working in an agency certified, licensed or approved under article thir-
24 ty-six of this chapter or an adult home, enriched housing program or
25 residence for adults licensed under article seven of the social services
26 law, a health home, or any subcontractor of such health home, who
27 contracts with or is approved or otherwise authorized by the department
28 to provide health home services, including ~~[to those enrolled pursuant~~
29 ~~to a diagnosis of a developmental disability as defined in subdivision~~
30 ~~twenty-two of section 1.03 of the mental hygiene law and]~~ enrollees who
31 are under twenty-one years of age, under section three hundred sixty-
32 five-1 of the social services law, except for a health home, or any
33 subcontractor of such health home, who contracts with or is approved or
34 otherwise authorized by the department to provide health home services
35 to all those enrolled pursuant to a diagnosis of a developmental disa-
36 bility as defined in subdivision twenty-two of section 1.03 of the
37 mental hygiene law; or any entity that provides home and community based
38 services to enrollees who are under twenty-one years of age under a
39 demonstration program pursuant to section eleven hundred fifteen of the
40 federal social security act. If the temporary employee is working under
41 contract with another provider certified, licensed or approved under
42 article thirty-six of this chapter, such contract provider's appropriate
43 direct observation and evaluation of the temporary employee, shall be
44 considered sufficient for the purposes of complying with this subdivi-
45 sion.

46 § 8. This act shall take effect on the ninetieth day after it shall
47 have become a law; provided, however, that the amendments to subdivision
48 6 of section 2899 of the public health law made by section five of this
49 act shall not affect the expiration of such subdivision and shall be
50 deemed to expire therewith.

51 PART CC

52 Section 1. Subdivision 1 of section 356 of the public health law, as
53 amended by chapter 163 of the laws of 1975, is amended to read as
54 follows:

1 1. The legislative body of each county having a population of less
2 than one hundred fifty thousand according to the nineteen hundred seven-
3 ty federal decennial census or the legislative body of any county whose
4 population shall be less than one hundred fifty thousand under any
5 future federal decennial census, except a county in which a county or
6 part-county health district has been established under this article or a
7 county having a county charter, optional or alternative form of govern-
8 ment, shall constitute the board of health of such county and shall have
9 all the powers and duties of a board of health of a county or part-county
10 health district including the power to appoint a full-time or part-
11 time county health director. The county health director may serve as
12 director of the [~~physically handicapped children's~~] children and youth
13 with special health care needs support services program and may employ
14 such persons as shall be necessary to enable [~~him~~] the county health
15 director to carry into effect the orders and regulations of the board of
16 health and the provisions of this chapter and of the sanitary code, and
17 fix their compensation within the limits of the appropriation therefor.
18 The members of a [~~legislative~~] legislative body shall not receive addi-
19 tional compensation by reason of serving as members of a board of
20 health. The county health director, so appointed, shall have all the
21 powers and duties prescribed in section three hundred fifty-two of this
22 [~~article~~] title.

23 § 2. The section heading and subdivisions 1 and 2 of section 608 of
24 the public health law, as added by chapter 901 of the laws of 1986, are
25 amended to read as follows:

26 State aid; [~~physically handicapped children~~] children and youth with
27 special health care needs support services. 1. Whenever the commission-
28 er of health of any county or part-county health district or, in a coun-
29 ty lacking a county or part-county health district, the medical director
30 of the [~~physically handicapped children's~~] children and youth with
31 special health care needs support services program, or the department of
32 health of the city of New York, issues an authorization for medical
33 service for a [~~physically handicapped~~] child with physical disabilities,
34 such county or the city of New York shall be granted state aid in an
35 amount of fifty per centum of the amount expended in accordance with the
36 rules and regulations established by the commissioner, except that such
37 state aid reimbursement may be withheld if, on post-audit and review,
38 the commissioner finds that the medical service rendered and furnished
39 was not in conformance with a plan submitted by the municipality and
40 with the rules and regulations established by the commissioner or that
41 the recipient of the medical service was not a [~~physically handicapped~~]
42 child with a physical disability as defined in section two thousand five
43 hundred eighty-one of this chapter.

44 2. Whenever a court of any county issues an order for medical services
45 for any [~~physically handicapped~~] Indian child with a physical
46 disability, residing on an Indian reservation, such county shall be
47 granted state aid in the amount of one hundred percent of the amount
48 expended in accordance with the standards established by the commission-
49 er. Such reimbursement shall be made from any funds appropriated to the
50 department for payment of state aid for [~~care of physically handicapped~~]
51 children with physical disabilities.

52 § 3. Subdivision 10 of section 2511 of the public health law, as
53 amended by chapter 2 of the laws of 1998, is amended to read as follows:

54 10. Notwithstanding any other law or agreement to the contrary, and
55 except in the case of a child or children who also becomes eligible for
56 medical assistance, benefits under this title shall be considered

1 secondary to any other plan of insurance or benefit program, except the
2 [~~physically handicapped children's~~] children and youth with special
3 health care needs support services program and the early intervention
4 program, under which an eligible child may have coverage.

5 § 4. This act shall take effect immediately.

6 PART DD

7 Section 1. Subdivision a of section 13 of chapter 554 of the laws of
8 2013, amending the education law and other laws relating to applied
9 behavior analysis, as amended by chapter 8 of the laws of 2014, is
10 amended to read as follows:

11 a. Nothing in this act shall be construed as prohibiting a person
12 employed or retained by programs licensed, certified, operated,
13 approved, registered or funded and regulated by the office for people
14 with developmental disabilities, the office of children and family
15 services, or the office of mental health from performing the duties of a
16 licensed behavior analyst or a certified behavior analyst assistant in
17 the course of such employment or retention; provided, however, that this
18 section shall not authorize the use of any title authorized pursuant to
19 article 167 of the education law; and provided further, however, that
20 this section shall be deemed repealed on July 1, [~~2020~~] 2025.

21 § 2. This act shall take effect immediately.

22 PART EE

23 Section 1. Paragraph (e) of subdivision 7 of section 367-a of the
24 social services law, as amended by section 5-a of part T of chapter 57
25 of the laws of 2018, is amended to read as follows:

26 (e) During the period from April first, two thousand fifteen through
27 March thirty-first, two thousand [~~twenty~~] twenty-three, the commissioner
28 may, in lieu of a managed care provider, negotiate directly and enter
29 into an agreement with a pharmaceutical manufacturer for the provision
30 of supplemental rebates relating to pharmaceutical utilization by enrol-
31 lees of managed care providers pursuant to section three hundred sixty-
32 four-j of this title and may also negotiate directly and enter into such
33 an agreement relating to pharmaceutical utilization by medical assist-
34 ance recipients not so enrolled. Such rebates shall be limited to drug
35 utilization in the following classes: antiretrovirals approved by the
36 FDA for the treatment of HIV/AIDS, opioid dependence agents and opioid
37 antagonists listed in a statewide formulary established pursuant to
38 subparagraph (vii) of this paragraph and hepatitis C agents for which
39 the pharmaceutical manufacturer has in effect a rebate agreement with
40 the federal secretary of health and human services pursuant to 42 U.S.C.
41 § 1396r-8, and for which the state has established standard clinical
42 criteria. No agreement entered into pursuant to this paragraph shall
43 have an initial term or be extended beyond the expiration or repeal of
44 this paragraph.

45 (i) The manufacturer shall not pay supplemental rebates to a managed
46 care provider, or any of a managed care provider's agents, including but
47 not limited to any pharmacy benefit manager on the [~~two~~] classes of
48 drugs subject to this paragraph when the state is collecting supple-
49 mental rebates and standard clinical criteria are imposed on the managed
50 care provider.

51 (ii) The commissioner shall establish adequate rates of reimbursement
52 which shall take into account both the impact of the commissioner nego-

1 tiating such rebates and any limitations imposed on the managed care
2 provider's ability to establish clinical criteria relating to the utili-
3 zation of such drugs. In developing the managed care provider's
4 reimbursement rate, the commissioner shall identify the amount of
5 reimbursement for such drugs as a separate and distinct component from
6 the reimbursement otherwise made for prescription drugs as prescribed by
7 this section.

8 (iii) The commissioner shall submit a report to the temporary presi-
9 dent of the senate and the speaker of the assembly annually by December
10 thirty-first. The report shall analyze the adequacy of rates to managed
11 care providers for drug expenditures related to the classes under this
12 paragraph.

13 (iv) Nothing in this paragraph shall be construed to require a pharma-
14 ceutical manufacturer to enter into a supplemental rebate agreement with
15 the commissioner relating to pharmaceutical utilization by enrollees of
16 managed care providers pursuant to section three hundred sixty-four-j of
17 this title or relating to pharmaceutical utilization by medical assist-
18 ance recipients not so enrolled.

19 (v) All clinical criteria, including requirements for prior approval,
20 and all utilization review determinations established by the state as
21 described in this paragraph for [~~either~~] any of the drug classes subject
22 to this paragraph shall be developed using evidence-based and peer-re-
23 viewed clinical review criteria in accordance with article two-A of the
24 public health law, as applicable.

25 (vi) All prior authorization and utilization review determinations
26 related to the coverage of any drug subject to this paragraph shall be
27 subject to article forty-nine of the public health law, section three
28 hundred sixty-four-j of this title, and article forty-nine of the insur-
29 ance law, as applicable. Nothing in this paragraph shall diminish any
30 rights relating to access, prior authorization, or appeal relating to
31 any drug class or drug afforded to a recipient under any other provision
32 of law.

33 (vii) The department shall publish a statewide formulary of opioid
34 dependence agents and opioid antagonists, which shall include all drugs
35 in such classes, provided that:

36 (A) for all drugs that are included as of the date of the enactment of
37 this subparagraph on a formulary of a managed care provider, as defined
38 in section three hundred sixty-four-j of this title, or in the Medicaid
39 fee-for-service preferred drug program pursuant to section two hundred
40 seventy-two of the public health law, the cost to the department for
41 such drug is equal to or less than the lowest cost paid for the drug by
42 any managed care provider or by the Medicaid fee-for-service program
43 after the application of any rebates, as of the date that the department
44 implements the statewide formulary established by this subparagraph.
45 Where there is a generic version of the drug approved by the Food and
46 Drug Administration as bioequivalent to a brand name drug pursuant to 21
47 U.S.C. § 355(j)(8)(B), the cost to the department for both the brand and
48 generic versions shall be equal to or less than the lower of the two
49 maximum costs determined pursuant to the previous sentence; and

50 (B) for all drugs that are not included as of the date of the enact-
51 ment of this subparagraph on a formulary of a managed care provider, as
52 defined in section three hundred sixty-four-j of this title, or in the
53 Medicaid fee-for-service preferred drug program pursuant to section two
54 hundred seventy-two of the public health law, the department is able to
55 obtain the drug at a cost that is equal to or less than the lowest cost
56 to the department of other drugs in the class, after the application of

1 any rebates. Where there is a generic version of the drug approved by
2 the Food and Drug Administration as bioequivalent to a brand name drug
3 pursuant to 21 U.S.C. § 355(j)(8)(B), the cost to the department for
4 both the brand and generic versions shall be equal to or less than the
5 lower of the two maximum costs determined pursuant to the previous
6 sentence.

7 § 2. Paragraph (a) of subdivision 3 of section 273 of the public
8 health law, as added by section 10 of part C of chapter 58 of the laws
9 of 2005, is amended and a new paragraph (a-1) is added to read as
10 follows:

11 (a) When a patient's health care provider prescribes a prescription
12 drug that is not on the preferred drug list or the statewide formulary
13 of opioid dependence agents and opioid antagonists established pursuant
14 to subparagraph (vii) of paragraph (e) of subdivision seven of section
15 three hundred sixty-seven-a of the social services law, the prescriber
16 shall consult with the program to confirm that in his or her reasonable
17 professional judgment, the patient's clinical condition is consistent
18 with the criteria for approval of the non-preferred drug. Such criteria
19 shall include:

20 (i) the preferred drug has been tried by the patient and has failed to
21 produce the desired health outcomes;

22 (ii) the patient has tried the preferred drug and has experienced
23 unacceptable side effects;

24 (iii) the patient has been stabilized on a non-preferred drug and
25 transition to the preferred drug would be medically contraindicated; or

26 (iv) other clinical indications identified by the ~~[committee for the~~
27 ~~patient's use of the non-preferred drug]~~ drug utilization review board
28 established pursuant to section three hundred sixty-nine-bb of the
29 social services law, which shall include consideration of the medical
30 needs of special populations, including children, elderly, chronically
31 ill, persons with mental health conditions, and persons affected by
32 HIV/AIDS, pregnant persons and persons with an opioid use disorder.

33 (a-1) When a patient's health care provider prescribes a prescription
34 drug that is on the statewide formulary of opioid dependence agents and
35 opioid antagonists established pursuant to subparagraph (vii) of para-
36 graph (e) of subdivision seven of section three hundred sixty-seven-a of
37 the social services law, the department shall not require prior authori-
38 zation unless required by the department's drug use review program
39 established pursuant to section 1927(g) of the Social Security Act.

40 § 3. Section 364-j of the social services law is amended by adding a
41 new subdivision 38 to read as follows:

42 38. (a) When a patient's health care provider prescribes a
43 prescription drug that is not on the statewide formulary of opioid
44 dependence agents and opioid antagonists, the prescriber shall consult
45 with the managed care plan to confirm that in his or her reasonable
46 professional judgment, the patient's clinical condition is consistent
47 with the criteria for approval of the non-preferred or non-formulary
48 drug. Such criteria shall include:

49 (i) the preferred drug has been tried by the patient and has failed to
50 produce the desired health outcomes;

51 (ii) the patient has tried the preferred drug and has experienced
52 unacceptable side effects;

53 (iii) the patient has been stabilized on a non-preferred drug and
54 transition to the preferred or formulary drug would be medically
55 contraindicated; or

1 (iv) other clinical indications identified by the committee for the
2 patient's use of the non-preferred drug, which shall include consider-
3 ation of the medical needs of special populations, including children,
4 elderly, chronically ill, persons with mental health conditions, persons
5 affected by HIV/AIDS and pregnant persons with a substance use disorder.

6 (b) The managed care plan shall have a process for a patient, or the
7 patient's prescribing health care provider, to request a review for a
8 prescription drug that is not on the statewide formulary of opioid
9 dependence agents and opioid antagonists, consistent with 42 C.F.R.
10 438.210(d), or any successor regulation.

11 (c) A managed care plan's failure to comply with the requirements of
12 this subdivision shall be subject to a one thousand dollar fine per
13 violation.

14 § 4. Subparagraph (A) of paragraph 7-a of subsection (1) of section
15 3221 of the insurance law, as added by chapter 748 of the laws of 2019,
16 is amended to read as follows:

17 (A) Every policy that provides medical, major medical or similar
18 comprehensive-type large group coverage shall provide immediate coverage
19 for all buprenorphine products, methadone or long acting injectable
20 naltrexone without prior authorization for the detoxification or mainte-
21 nance treatment of a substance use disorder. Further, immediate cover-
22 age without prior authorization shall include methadone, when used for
23 opioid use disorder and administered or dispensed in an opioid treatment
24 program.

25 § 5. Section 364-j of the social services law is amended by adding new
26 subdivision 26-c to read as follows:

27 26-c. Managed care providers shall not require prior authorization for
28 methadone, when used for opioid use disorder and administered or
29 dispensed in an opioid treatment program.

30 § 6. Subdivision 10 of section 273 of the public health law, as added
31 by section 5 of part B of chapter 69 of the laws of 2016, is amended to
32 read as follows:

33 10. Prior authorization shall not be required for an initial or
34 renewal prescription for buprenorphine or injectable naltrexone for
35 detoxification or maintenance treatment of opioid addiction unless the
36 prescription is for a non-preferred or non-formulary form of such drug
37 as otherwise required by section 1927(k)(6) of the Social Security Act.
38 Further, prior authorization shall not be required for methadone, when
39 used for opioid use disorder and administered or dispensed in an opioid
40 treatment program.

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

45 1. section one of this act shall expire and be deemed repealed March
46 31, [~~2023~~] 2026;

47 § 8. Subdivision (c) of section 62 of chapter 165 of the laws of 1991,
48 amending the public health law and other laws relating to establishing
49 payments for medical assistance, as amended by section 16 of part Z of
50 chapter 57 of the laws of 2018, is amended to read as follows:

51 (c) section 364-j of the social services law, as amended by section
52 eight of this act and subdivision 6 of section 367-a of the social
53 services law as added by section twelve of this act shall expire and be
54 deemed repealed on March 31, [~~2024~~] 2026 and provided further, that the
55 amendments to the provisions of section 364-j of the social services law

1 made by section eight of this act shall only apply to managed care
2 programs approved on or after the effective date of this act;

3 § 9. Section 11 of chapter 710 of the laws of 1988, amending the
4 social services law and the education law relating to medical assistance
5 eligibility of certain persons and providing for managed medical care
6 demonstration programs, as amended by section 18 of part Z of chapter 57
7 of the laws of 2018, is amended to read as follows:

8 § 11. This act shall take effect immediately; except that the
9 provisions of sections one, two, three, four, eight and ten of this act
10 shall take effect on the ninetieth day after it shall have become a law;
11 and except that the provisions of sections five, six and seven of this
12 act shall take effect January 1, 1989; and except that effective imme-
13 diately, the addition, amendment and/or repeal of any rule or regulation
14 necessary for the implementation of this act on its effective date are
15 authorized and directed to be made and completed on or before such
16 effective date; provided, however, that the provisions of section 364-j
17 of the social services law, as added by section one of this act shall
18 expire and be deemed repealed on and after March 31, ~~2024~~ 2026, the
19 provisions of section 364-k of the social services law, as added by
20 section two of this act, except subdivision 10 of such section, shall
21 expire and be deemed repealed on and after January 1, 1994, and the
22 provisions of subdivision 10 of section 364-k of the social services
23 law, as added by section two of this act, shall expire and be deemed
24 repealed on January 1, 1995.

25 § 10. This act shall take effect immediately, provided however, that:

26 a. the amendments to paragraph (e) of subdivision 7 of section 367-a
27 of the social services law made by section one of this act shall not
28 affect the repeal of such paragraph and shall be deemed expired there-
29 with;

30 b. the provisions of section two of this act shall expire March 31,
31 2026 when upon such date the provisions of such section shall be deemed
32 repealed;

33 c. the amendments to section 364-j of the social services law made by
34 sections three and five of this act shall not affect the repeal of such
35 section and shall be deemed expired therewith; and

36 d. the statewide formulary of opioid dependence agents and opioid
37 antagonists authorized by this act shall be implemented within six
38 months after it shall have become a law.

39 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
40 sion, section or part of this act shall be adjudged by any court of
41 competent jurisdiction to be invalid, such judgment shall not affect,
42 impair, or invalidate the remainder thereof, but shall be confined in
43 its operation to the clause, sentence, paragraph, subdivision, section
44 or part thereof directly involved in the controversy in which such judg-
45 ment shall have been rendered. It is hereby declared to be the intent of
46 the legislature that this act would have been enacted even if such
47 invalid provisions had not been included herein.

48 § 3. This act shall take effect immediately provided, however, that
49 the applicable effective date of Parts A through EE of this act shall be
50 as specifically set forth in the last section of such Parts.