

# STATE OF NEW YORK

S. 2507--C

A. 3007--C

## SENATE - ASSEMBLY

January 20, 2021

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

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

AN ACT to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to known and projected department of health state fund Medicaid expenditures, in relation to extending the Medicaid global cap (Part A); intentionally omitted (Part B); to amend part FFF of chapter 56 of the laws of 2020 relating to directing the department of health to remove the pharmacy benefit from the managed care benefit package and to provide the pharmacy benefit under the fee for service program, in relation to the effectiveness thereof (Part C); to amend the public health law, in relation to reducing the hospital capital rate add-on (Part D); intentionally omitted (Part E); to amend the public health law, in relation to telehealth distant sites and providers (Part F); to amend the public health law, in relation to authorizing the implementation of medical respite pilot programs (Part G); to amend the social services law, in relation to eliminating consumer-paid premium payments in the basic health program (Part H); intentionally omitted (Part I); intentionally omitted (Part J); 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 physicians medical malpractice program; to amend part J of chapter 63

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

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of the laws of 2001 amending chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, relating to the effectiveness of certain provisions of such chapter, in relation to extending certain provisions concerning the hospital excess liability pool; 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 K); intentionally omitted (Part L); to amend the public health law and part H of chapter 58 of the laws of 2007 amending the public health law, the public officers law and the state finance law relating to establishing the empire state stem cell board, in relation to the discontinuation of the empire clinical research investigator program (Part M); intentionally omitted (Part N); intentionally omitted (Part O); intentionally omitted (Part P); intentionally omitted (Part Q); intentionally omitted (Part R); to amend chapter 884 of the laws of 1990, amending the public health law relating to authorizing bad debt and charity care allowances for certified home health agencies, in relation to extending the provisions thereof; to amend chapter 109 of the laws of 2010, amending the social services law relating to transportation costs, in relation to the effectiveness thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to the effectiveness thereof; to amend chapter 56 of the laws of 2013 amending chapter 59 of the laws of 2011 amending the public health law and other laws relating to general hospital reimbursement for annual rates, in relation to extending government rates for behavioral services and adding an alternative payment methodology requirement; 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 517 of the laws of 2016, amending the public health law relating to payments from the New York state medical indemnity fund, in relation to the effectiveness thereof; to amend the public health law, in relation to improved integration of health care and financing; to amend chapter 56 of the laws of 2014, amending the education law relating to the nurse practitioners modernization act, in relation to extending the provisions thereof; and to amend chapter 66 of the laws of 2016, amending the public health law relating to reporting of opioid overdose data, in relation to the effectiveness thereof (Part S); to amend part A of chapter 111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, in relation to the effectiveness thereof (Part T); to amend part L of chapter 59 of the laws of 2016, amending the mental hygiene law relating to the appointment of temporary operators for the continued operation of programs and the provision of services for persons with serious mental illness and/or developmental disabilities and/or chemical dependence, in relation to the effectiveness thereof (Part U); to amend the mental hygiene law, in relation to requiring the final reports of such programs to be included in the statewide comprehensive plan; and to amend part NN of chapter 58 of the laws of 2015, amending the mental hygiene law relating to clarifying the authority of the commissioners in the department of mental hygiene to design and implement time-limited demonstration programs, in relation to the

effectiveness thereof (Part V); to amend chapter 62 of the laws of 2003, amending the mental hygiene law and the state finance law relating to the community mental health support and workforce reinvestment program, the membership of subcommittees for mental health of community services boards and the duties of such subcommittees and creating the community mental health and workforce reinvestment account, in relation to extending such provisions relating thereto (Part W); relating to the office of mental health allocating funding for the 2021-22 fiscal year; and providing for the repeal of such provisions upon expiration thereof (Part X); intentionally omitted (Part Y); to amend the mental hygiene law, in relation to authorizing the charging an application processing fee for the issuance of operating certificates (Part Z); to amend the mental hygiene law and the social services law, in relation to crisis stabilization services (Part AA); intentionally omitted (Part BB); intentionally omitted (Part CC); intentionally omitted (Part DD); intentionally omitted (Part EE); intentionally omitted (Part FF); to amend the public health law, in relation to minimum direct care spending in residential health care facilities (Part GG); and to amend the executive law, in relation to the composition of the developmental disabilities planning council (Part HH); to amend the social services law, in relation to the provision of services to certain persons suffering from traumatic brain injuries or qualifying for nursing home diversion and transition services (Part II); to amend the social services law, in relation to managed care programs; and providing for the repeal of such provisions upon expiration thereof (Part JJ); to amend chapter 495 of the laws of 2004, amending the insurance law and the public health law relating to the New York state health insurance continuation assistance demonstration project, in relation to the effectiveness thereof (Part KK); to amend the social services law, in relation to requests for offers from fiscal intermediaries (Part LL); to amend the public health law, in relation to aiding in the transition to adulthood for children with medical fragility living in pediatric nursing homes and other settings; and providing for the repeal of such provisions upon expiration thereof (Part MM); to amend the social services law, in relation to providing for an exemption or disregard of income for certain individuals receiving medical assistance (Part NN); to amend part KKK of chapter 56 of the laws of 2020 amending the social services law and other laws relating to managed care encounter data, authorizing electronic notifications, and establishing regional demonstration projects, in relation to the regional demonstration program (Part OO); to amend the public health law and the social services law, in relation to post-partum extended coverage insurance coverage (Part PP); and requiring the commissioner of health to file a report on the calculation and payment of prescription drug dispensing fees to retail pharmacies by the state's medical assistance program (Part QQ)

**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 2021-2022 state fiscal year. Each component is wholly contained  
4 within a Part identified as Parts A through QQ. The effective date for  
5 each particular provision contained within such Part is set forth in the

1 last section of such Part. Any provision in any section contained within  
2 a Part, including the effective date of the Part, which makes a refer-  
3 ence to a section "of this act", when used in connection with that  
4 particular component, shall be deemed to mean and refer to the corre-  
5 sponding section of the Part in which it is found. Section three of this  
6 act sets forth the general effective date of this act.

7

## PART A

8 Section 1. Paragraph (a) of subdivision 1 of section 92 of part H of  
9 chapter 59 of the laws of 2011, amending the public health law and other  
10 laws relating to known and projected department of health state fund  
11 Medicaid expenditures, as amended by section 1 of part CCC of chapter 56  
12 of the laws of 2020, is amended to read as follows:

13 (a) For state fiscal years 2011-12 through [~~2021-22~~] 2022-23, the  
14 director of the budget, in consultation with the commissioner of health  
15 referenced as "commissioner" for purposes of this section, shall assess  
16 on a [~~monthly~~] quarterly basis, as reflected in [~~monthly~~] quarterly  
17 reports pursuant to subdivision five of this section known and projected  
18 department of health state funds medicaid expenditures by category of  
19 service and by geographic regions, as defined by the commissioner.

20 § 2. Subdivision 5 of section 92 of part H of chapter 59 of the laws  
21 of 2011, amending the public health law and other laws relating to known  
22 and projected department of health state fund Medicaid expenditures, as  
23 amended by section 1 of part CCC of chapter 56 of the laws of 2020, is  
24 amended to read as follows:

25 5. The commissioner of health, in consultation with the director of  
26 budget, shall prepare a [~~monthly~~] quarterly report that sets forth:

27 (a) known and projected department of health medicaid expenditures as  
28 described in subdivision one of this section, and factors that could  
29 result in medicaid disbursements for the relevant state fiscal year to  
30 exceed the projected department of health state funds disbursements in  
31 the enacted budget financial plan pursuant to subdivision 3 of section  
32 23 of the state finance law, including spending increases or decreases  
33 due to: enrollment fluctuations, rate changes, utilization changes, MRT  
34 investments, and shift of beneficiaries to managed care; and variations  
35 in offline medicaid payments;

36 (b) the actions taken to implement any medicaid savings allocation  
37 adjustment implemented pursuant to subdivisions one and four of this  
38 section, including information concerning the impact of such actions on  
39 each category of service and each geographic region of the state.

40 (c) The price, to include the base rate plus any upcoming rate adjust-  
41 ment; utilization, to include current enrollment, projected enrollment  
42 changes and acuity; and Medicaid Redesign Team initiatives, one-time  
43 initiatives and other initiatives describing the proposed budget action  
44 impact, any prior year initiative with current and future year impacts  
45 for the following categories of spending:

- 46 (i) inpatient;
- 47 (ii) outpatient;
- 48 (iii) emergency room;
- 49 (iv) clinic;
- 50 (v) nursing homes;
- 51 (vi) other long term care;
- 52 (vii) medicaid managed care;
- 53 (viii) family health plus;
- 54 (ix) pharmacy;

1 (x) transportation;  
2 (xi) dental;  
3 (xii) non-institutional and all other categories;  
4 (xiii) affordable housing;  
5 (xiv) vital access provider services;  
6 (xv) behavioral health vital access provider services;  
7 (xvi) health home establishment grants;  
8 (xvii) grants for facilitating transition of behavioral health service  
9 to managed care;  
10 (xviii) Finger Lakes health services agency;  
11 (xix) the transition of vulnerable populations to managed care;  
12 (xx) audit recoveries and settlements; and  
13 (d) where price and utilization are not applicable, detail shall be  
14 provided on spending, to include but not be limited to:  
15 (i) demographic information of targeted recipients;  
16 (ii) number of recipients;  
17 (iii) award amounts;  
18 (iv) timing of awards; and  
19 (v) the impact of Medicaid Redesign Team and/or one-time initiatives.  
20 Information required by paragraphs (a) and (b) of this subdivision  
21 shall be provided to the chairs of the senate finance and the assembly  
22 ways and means committees, and shall be posted on the department of  
23 health's website in the timely manner.  
24 (e) Beginning on July 1, 2014, additional information required by  
25 paragraphs (c) and (d) of this subdivision shall be provided to the  
26 governor, the temporary president of the senate, the speaker of the  
27 assembly, the chair of the senate finance committee, the chair of the  
28 assembly ways and means committee, and the chairs of the senate and  
29 assembly health committees.  
30 (f) any projected Medicaid savings determined by the commissioner of  
31 health pursuant to section 34 of part C of a chapter of the laws of  
32 2014, relating to the implementation of the health and mental hygiene  
33 budget, and the proposed allocation plan spending adjustment with regard  
34 to such savings.  
35 (g) any material impact to the global cap annual projection, along  
36 with an explanation of the variance from the projection at the time of  
37 the enacted budget. Such material impacts shall include, but not be  
38 limited to, policy and programmatic changes, significant transactions,  
39 and any actions taken, administrative or otherwise, which would mate-  
40 rially impact expenditures under the global cap. Reporting requirements  
41 under this paragraph shall include material impacts from the preceding  
42 [month] quarter and any anticipated material impacts for the [month]  
43 quarter in which the report required under this subdivision is issued,  
44 as well as anticipated material impacts for the [month] quarter subse-  
45 quent to such report.  
46 § 3. This act shall take effect immediately.

47 PART B

48 Intentionally Omitted

49 PART C

50 Section 1. Section 1 of part FFF of chapter 56 of the laws of 2020  
51 relating to directing the department of health to remove the pharmacy  
52 benefit from the managed care benefit package and to provide the pharma-

1 cy benefit under the fee for service program, is amended to read as  
2 follows:

3 Section 1. The Legislature hereby finds and declares that medical  
4 assistance for needy persons is a matter of public concern and a neces-  
5 sity in promoting the public health and welfare and for promoting the  
6 state's goal of making available to everyone, regardless of race, age,  
7 gender, national origin or economic standing, uniform, high-quality  
8 medical care. As the department of health is the single state agency  
9 responsible for supervising the administration of the state's medical  
10 assistance program (Medicaid), it is tasked with ensuring efficiency,  
11 economy, and quality of care in providing benefits to the state's needy  
12 persons. To this end and with the fiscal constraints facing our state in  
13 mind, the department of health continues to analyze the Medicaid program  
14 in search of ways to ensure Medicaid spending is held to the standard of  
15 efficiency, economy, and quality of care. In consideration of this stan-  
16 dard, the department of health is hereby directed to exercise its exist-  
17 ing administrative authority to remove the pharmacy benefit from managed  
18 care benefit package and instead provide the pharmacy benefit under the  
19 fee for service program, except where otherwise required by federal law,  
20 to ensure transparency and that the benefit is provided to the fullest  
21 extent and as efficiently as possible; provided, however, that the  
22 department of health shall not implement the transition of the pharmacy  
23 benefit from the managed care benefit package to the fee for service  
24 program sooner than April 1, [~~2021~~ 2023], and until it is satisfied that  
25 all necessary and appropriate transition planning has occurred, in its  
26 sole discretion, and federal approvals have been obtained and prepara-  
27 tions have been made. Furthermore, to ensure an orderly transition,  
28 continued access to medications, and appropriate patient education and  
29 support, the department may establish uniform standards, payment poli-  
30 cies and reimbursement methodologies for any sites where drugs may be  
31 administered or dispensed under the fee for service program; provided  
32 that, subject to the availability of federal financial participation,  
33 when reimbursing covered entities, as defined under section 340B of the  
34 public health service act (42 U.S.C. §256b), for drugs that would other-  
35 wise be eligible for pricing under section 340B of the public health  
36 service act, the department shall examine all reasonably available meth-  
37 ods for determining actual acquisition cost and the professional  
38 dispensing fee and, beginning in the fiscal year starting April 1,  
39 [~~2021~~ 2023], review and adjust reimbursement for such drugs such that no  
40 sooner than April 1, [~~2023~~ 2025], reimbursement shall be determined  
41 based on a method that the commissioner determines that utilizes the  
42 actual acquisition costs and professional dispensing fee.

43 § 2. This act shall take effect immediately and shall be deemed to  
44 have been in full force and effect on and after April 1, 2021.

45

## PART D

46 Section 1. Paragraph (c) of subdivision 8 of section 2807-c of the  
47 public health law, as amended by section 2 of part KK of chapter 56 of  
48 the laws of 2020, is amended to read as follows:

49 (c) In order to reconcile capital related inpatient expenses included  
50 in rates of payment based on a budget to actual expenses and statistics  
51 for the rate period for a general hospital, rates of payment for a  
52 general hospital shall be adjusted to reflect the dollar value of the  
53 difference between capital related inpatient expenses included in the  
54 computation of rates of payment for a prior rate period based on a budg-

1 et and actual capital related inpatient expenses for such prior rate  
2 period, each as determined in accordance with paragraph (a) of this  
3 subdivision, adjusted to reflect increases or decreases in volume of  
4 service in such prior rate period compared to statistics applied in  
5 determining the capital related inpatient expenses component of rates of  
6 payment based on a budget for such prior rate period. For rates effec-  
7 tive [~~on and after~~] April first, two thousand twenty through March thir-  
8 ty-first, two thousand twenty-one, the budgeted capital-related expenses  
9 add-on as described in paragraph (a) of this subdivision, based on a  
10 budget submitted in accordance to paragraph (a) of this subdivision,  
11 shall be reduced by five percent relative to the rate in effect on such  
12 date; and the actual capital expenses add-on as described in paragraph  
13 (a) of this subdivision, based on actual expenses and statistics through  
14 appropriate audit procedures in accordance with paragraph (a) of this  
15 subdivision shall be reduced by five percent relative to the rate in  
16 effect on such date. For rates effective on and after April first, two  
17 thousand twenty-one, the budgeted capital-related expenses add-on as  
18 described in paragraph (a) of this subdivision, based on a budget  
19 submitted in accordance to paragraph (a) of this subdivision, shall be  
20 reduced by ten percent relative to the rate in effect on such date; and  
21 the actual capital expenses add-on as described in paragraph (a) of this  
22 subdivision, based on actual expenses and statistics through appropriate  
23 audit procedures in accordance with paragraph (a) of this subdivision  
24 shall be reduced by ten percent relative to the rate in effect on such  
25 date. For any rate year, all reconciliation add-on amounts calculated on  
26 and after April first, two thousand twenty shall be reduced by ten  
27 percent, and all reconciliation recoupment amounts calculated on or  
28 after April first, two thousand twenty shall increase by ten percent.  
29 Notwithstanding any inconsistent provision of subparagraph (i) of para-  
30 graph (e) of subdivision nine of this section, capital related inpatient  
31 expenses of a general hospital included in the computation of rates of  
32 payment based on a budget shall not be included in the computation of a  
33 volume adjustment made in accordance with such subparagraph. Adjustments  
34 to rates of payment for a general hospital made pursuant to this para-  
35 graph shall be made in accordance with paragraph (c) of subdivision  
36 eleven of this section. Such adjustments shall not be carried forward  
37 except for such volume adjustment as may be authorized in accordance  
38 with subparagraph (i) of paragraph (e) of subdivision nine of this  
39 section for such general hospital.

40 § 2. This act shall take effect immediately and shall be deemed to  
41 have been in full force and effect on and after April 1, 2021.

42 PART E

43 Intentionally Omitted

44 PART F

45 Section 1. Subdivision 1 of section 2999-cc of the public health law,  
46 as added by chapter 6 of the laws of 2015, is amended to read as  
47 follows:

48 1. "Distant site" means a site at which a telehealth provider is  
49 located while delivering health care services by means of telehealth.  
50 Any site within the United States or United States' territories is  
51 eligible to be a distant site for delivery and payment purposes.

1 § 2. Subdivision 3 of section 2999-cc of the public health law, as  
2 amended by section 2 of subpart C of part S of chapter 57 of the laws of  
3 2018, is amended to read as follows:

4 3. "Originating site" means a site at which a patient is located at  
5 the time health care services are delivered to him or her by means of  
6 telehealth. [~~Originating sites shall be limited to: (a) facilities  
7 licensed under articles twenty eight and forty of this chapter; (b)  
8 facilities as defined in subdivision six of section 1.03 of the mental  
9 hygiene law; (c) certified and non-certified day and residential  
10 programs funded or operated by the office for people with developmental  
11 disabilities; (d) private physician's or dentist's offices located with  
12 in the state of New York; (e) any type of adult care facility licensed  
13 under title two of article seven of the social services law; (f) public,  
14 private and charter elementary and secondary schools, school age child  
15 care programs, and child day care centers within the state of New York;  
16 and (g) the patient's place of residence located within the state of New  
17 York or other temporary location located within or outside the state of  
18 New York.~~]

19 § 3. Paragraphs (w) and (x) of subdivision 2 of section 2999-cc of the  
20 public health law, as amended by section 1 of part HH of chapter 56 of  
21 the laws of 2020, are amended to read as follows:

22 (w) a care manager employed by or under contract to a health home  
23 program, patient centered medical home, office for people with develop-  
24 mental disabilities Care Coordination Organization (CCO), hospice or a  
25 voluntary foster care agency certified by the office of children and  
26 family services certified and licensed pursuant to article twenty-nine-i  
27 of this chapter; [~~and~~]

28 (x) certified peer recovery advocate services providers certified by  
29 the commissioner of addiction services and supports pursuant to section  
30 19.18-b of the mental hygiene law, peer providers credentialed by the  
31 commissioner of addiction services and supports and peers certified or  
32 credentialed by the office of mental health; and

33 (y) any other provider as determined by the commissioner pursuant to  
34 regulation or, in consultation with the commissioner, by the commission-  
35 er of the office of mental health, the commissioner of the office of  
36 addiction services and supports, or the commissioner of the office for  
37 people with developmental disabilities pursuant to regulation.

38 § 4. This act shall take effect April 1, 2021; provided, however, if  
39 this act shall have become a law after such date it shall take effect  
40 immediately and shall be deemed to have been in full force and effect on  
41 and after April 1, 2021.

42 PART G

43 Section 1. The public health law is amended by adding a new article  
44 29-J to read as follows:

45 ARTICLE 29-J

46 MEDICAL RESPITE PROGRAM

47 Section 2999-hh. Medical respite program.

48 § 2999-hh. Medical respite program. 1. Definitions. As used in this  
49 article, the following terms shall have the following meanings, unless  
50 the context clearly otherwise requires:

51 (a) "Medical respite program" means a not-for-profit corporation  
52 certified pursuant to subdivision two of this section to serve recipi-  
53 ents whose prognosis or diagnosis necessitates the receipt of:

54 (i) Temporary room and board; and



1 (ii) The provision or arrangement of the provision of health care and  
2 support services; provided, however, that the operation of a medical  
3 respite program shall be separate and distinct from any housing programs  
4 offered to individuals who do not qualify as recipients.

5 (b) "Recipient" means an individual who:

6 (i) Has a qualifying health condition that requires treatment or care;

7 (ii) Does not require hospital inpatient, observation unit, or emer-  
8 gency room level of care, or a medically indicated emergency department  
9 or observation visit; and

10 (iii) Is experiencing homelessness or at imminent risk of homeles-  
11 ness. A person shall be deemed "homeless" if they lack a fixed, regular  
12 and adequate nighttime residence in a location ordinarily used as a  
13 regular sleeping accommodation for people; provided, however, that an  
14 operator of a medical respite program shall be permitted to specialize  
15 by providing services to a subpopulation of homeless recipients if  
16 necessary to respond to community need or ensure the availability of a  
17 funding source that will support the medical respite program's oper-  
18 ations, and such limitations are otherwise consistent with any rules or  
19 regulations made pursuant to this section.

20 2. Certification. (a) Notwithstanding any inconsistent provision of  
21 law, the commissioner may certify a not-for-profit corporation as an  
22 operator of a medical respite program.

23 (b) The commissioner may make regulations to establish procedures to  
24 review and approve applications for a certification pursuant to this  
25 article, which shall, at a minimum, specify standards for: recipient  
26 eligibility; medical respite program services that shall be provided;  
27 physical environment; staffing; and policies and procedures governing  
28 health and safety, length of stay, referrals, discharge, and coordi-  
29 nation of care.

30 3. Operating standards; responsibility for standards. (a) Medical  
31 respite programs certified pursuant to this article shall:

32 (i) Provide recipients with temporary room and board; and

33 (ii) Provide, or arrange for the provision of, health care and support  
34 services to recipients.

35 (b) Nothing in this article shall affect the application, qualifica-  
36 tion, or requirements that may apply to an operator with respect to any  
37 other licenses or operating certificates that such operator may hold,  
38 including, without limitation, under article twenty-eight of this chap-  
39 ter or article seven of the social services law.

40 4. Temporary accommodation. A medical respite program shall be consid-  
41 ered a form of emergency shelter or temporary shelter for purposes of  
42 determining a recipient's eligibility for housing programs or benefits  
43 administered by the state or by a local social services district,  
44 including programs or benefits that support access to accommodations of  
45 a temporary, transitional, or permanent nature. No claim of recovery  
46 shall accrue against a recipient to recover the cost of care and  
47 services provided under this article. Care and services provided under  
48 this article shall not be deemed public benefits that would affect a  
49 recipient's immigration status under federal law.

50 5. Inspections and compliance. The commissioner shall have the author-  
51 ity to inquire into the operation of any certified medical respite  
52 program and to conduct periodic inspections of facilities with respect  
53 to the fitness and adequacy of the premises, equipment, personnel, rules  
54 and by-laws, standards of medical care and services, system of accounts,  
55 records, and the adequacy of financial resources and sources of future  
56 revenues.

1 6. Suspension or revocation of certification. (a) A certification for  
2 a medical respite program may be revoked, suspended, limited, annulled  
3 or denied by the commissioner, in consultation with either the commis-  
4 sioners of the office of mental health, the office of temporary and  
5 disability assistance, or the office of addiction services and supports,  
6 as appropriate based on a determination of the department depending on  
7 the diagnosis or stated needs of the individuals being served or  
8 proposed to be served in the medical respite program, if an operator is  
9 determined to have failed to comply with this article or the rules and  
10 regulations made pursuant to this section. No action taken against an  
11 operator under this subdivision shall affect an operator's other  
12 licenses or certifications; provided however, that the facts that gave  
13 rise to the revocation, suspension, limitation, annulment or denial of  
14 certification may also form the basis of a limitation, suspension of  
15 revocation of such other licenses or certifications.

16 (b) No medical respite program certification shall be revoked,  
17 suspended, limited, annulled or denied without a hearing; provided that  
18 a certification may be temporarily suspended or limited without a hear-  
19 ing for a period not in excess of thirty days upon written notice that  
20 the continuation of the medical respite program places the health or  
21 safety of the recipients in imminent danger, and that the action is in  
22 the interest of the recipients. However, the department shall not make  
23 a determination until the program has had a reasonable opportunity,  
24 following the initial determination that the program places the health  
25 or safety of the recipients in imminent danger, to correct its deficien-  
26 cies and following this period, which shall be up to thirty calendar  
27 days, has been given written notice and opportunity for hearing.

28 (c) Nothing in this section shall prevent the commissioner from impos-  
29 ing sanctions or penalties on a medical respite program that are author-  
30 ized under any other law or regulation.

31 7. The commissioner shall promulgate regulations to implement this  
32 article.

33 § 2. This act shall take effect immediately and shall be deemed to  
34 have been in full force and effect on and after April 1, 2021.

35 PART H

36 Section 1. The title heading of title 11-D of article 5 of the social  
37 services law, as added by chapter 1 of the laws of 1999, is amended to  
38 read as follows:

39 [~~FAMILY~~] BASIC HEALTH [~~PLUS~~] PROGRAM

40 § 2. Paragraphs (c) and (e) of subdivision 1, paragraph (d) of subdivi-  
41 sion 3, subdivision 5 and subdivision 7 of section 369-gg of the  
42 social services law, as added by section 51 of part C of chapter 60 of  
43 the laws of 2014 and subdivision 7 as renumbered by section 28 of part B  
44 of chapter 57 of the laws of 2015, are amended to read as follows:

45 (c) "Health care services" means (i) the services and supplies as  
46 defined by the commissioner in consultation with the superintendent of  
47 financial services, and shall be consistent with and subject to the  
48 essential health benefits as defined by the commissioner in accordance  
49 with the provisions of the patient protection and affordable care act  
50 (P.L. 111-148) and consistent with the benefits provided by the refer-  
51 ence plan selected by the commissioner for the purposes of defining such  
52 benefits~~+~~, and (ii) dental and vision services as defined by the  
53 commissioner;

1 (e) "Basic health insurance plan" means a standard health plan provid-  
2 ing health care services, separate and apart from qualified health  
3 plans, that is issued by an approved organization and certified in  
4 accordance with this section.

5 (d) (i) has household income at or below two hundred percent of the  
6 federal poverty line defined and annually revised by the United States  
7 department of health and human services for a household of the same  
8 size; and (ii) has household income that exceeds one hundred thirty-  
9 three percent of the federal poverty line defined and annually revised  
10 by the United States department of health and human services for a  
11 household of the same size; however, MAGI eligible aliens lawfully pres-  
12 ent in the United States with household incomes at or below one hundred  
13 thirty-three percent of the federal poverty line shall be eligible to  
14 receive coverage for health care services pursuant to the provisions of  
15 this title if such alien would be ineligible for medical assistance  
16 under title eleven of this article due to his or her immigration status.

17 An applicant who fails to make an applicable premium payment, if any,  
18 shall lose eligibility to receive coverage for health care services in  
19 accordance with time frames and procedures determined by the commission-  
20 er.

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

26 ~~(i) up to twenty dollars monthly for an individual with a household~~  
27 ~~income above one hundred and fifty percent of the federal poverty line~~  
28 ~~but at or below two hundred percent of the federal poverty line defined~~  
29 ~~and annually revised by the United States department of health and human~~  
30 ~~services for a household of the same size; and~~

31 ~~(ii) no~~ No payment is required for individuals with a household  
32 income at or below [~~one hundred and fifty~~] two hundred percent of the  
33 federal poverty line defined and annually revised by the United States  
34 department of health and human services for a household of the same  
35 size.

36 (b) The commissioner shall establish cost sharing obligations for  
37 enrollees, subject to federal approval. There shall be no cost-sharing  
38 obligations for enrollees for dental and vision services as defined in  
39 subparagraph (ii) of paragraph (c) of subdivision one of this section.

40 7. Any funds transferred by the secretary of health and human services  
41 to the state pursuant to 42 U.S.C. 18051(d) shall be deposited in trust.  
42 Funds from the trust shall be used for providing health benefits through  
43 an approved organization, which, at a minimum, shall include essential  
44 health benefits as defined in 42 U.S.C. 18022(b); to reduce the  
45 premiums, if any, and cost sharing of participants in the basic health  
46 program; or for such other purposes as may be allowed by the secretary  
47 of health and human services. Health benefits available through the  
48 basic health program shall be provided by one or more approved organiza-  
49 tions pursuant to an agreement with the department of health and shall  
50 meet the requirements of applicable federal and state laws and regu-  
51 lations.

52 § 3. This act shall take effect June 1, 2021 and shall expire and be  
53 deemed repealed should federal approval be withdrawn or 42 U.S.C. 18051  
54 be repealed; provided that the commissioner of health shall notify the  
55 legislative bill drafting commission upon the withdrawal of federal  
56 approval or the repeal of 42 U.S.C. 18051 in order that the commission

1 may maintain an accurate and timely effective data base of the official  
2 text of the laws of the state of New York in furtherance of effectuating  
3 the provisions of section 44 of the legislative law and section 70-b of  
4 the public officers law.

5 PART I

6 Intentionally Omitted

7 PART J

8 Intentionally Omitted

9 PART K

10 Section 1. Paragraph (a) of subdivision 1 of section 18 of chapter 266  
11 of the laws of 1986, amending the civil practice law and rules and other  
12 laws relating to malpractice and professional medical conduct, as  
13 amended by section 1 of part AAA of chapter 56 of the laws of 2020, is  
14 amended to read as follows:

15 (a) The superintendent of financial services and the commissioner of  
16 health or their designee shall, from funds available in the hospital  
17 excess liability pool created pursuant to subdivision 5 of this section,  
18 purchase a policy or policies for excess insurance coverage, as author-  
19 ized by paragraph 1 of subsection (e) of section 5502 of the insurance  
20 law; or from an insurer, other than an insurer described in section 5502  
21 of the insurance law, duly authorized to write such coverage and actual-  
22 ly writing medical malpractice insurance in this state; or shall  
23 purchase equivalent excess coverage in a form previously approved by the  
24 superintendent of financial services for purposes of providing equiv-  
25 alent excess coverage in accordance with section 19 of chapter 294 of  
26 the laws of 1985, for medical or dental malpractice occurrences between  
27 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,  
28 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June  
29 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991  
30 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July  
31 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,  
32 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June  
33 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998  
34 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July  
35 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,  
36 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June  
37 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005  
38 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July  
39 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,  
40 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June  
41 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012  
42 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July  
43 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,  
44 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June  
45 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019  
46 and June 30, 2020, [~~and~~] between July 1, 2020 and June 30, 2021, and  
47 between July 1, 2021 and June 30, 2022 or reimburse the hospital where  
48 the hospital purchases equivalent excess coverage as defined in subpara-  
49 graph (i) of paragraph (a) of subdivision 1-a of this section for  
50 medical or dental malpractice occurrences between July 1, 1987 and June

1 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989  
2 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July  
3 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,  
4 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June  
5 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996  
6 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July  
7 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,  
8 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June  
9 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003  
10 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July  
11 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,  
12 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June  
13 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010  
14 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July  
15 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,  
16 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June  
17 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017  
18 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July  
19 1, 2019 and June 30, 2020, [and] between July 1, 2020 and June 30, 2021,  
20 and between July 1, 2021 and June 30, 2022 for physicians or dentists  
21 certified as eligible for each such period or periods pursuant to subdi-  
22 vision 2 of this section by a general hospital licensed pursuant to  
23 article 28 of the public health law; provided that no single insurer  
24 shall write more than fifty percent of the total excess premium for a  
25 given policy year; and provided, however, that such eligible physicians  
26 or dentists must have in force an individual policy, from an insurer  
27 licensed in this state of primary malpractice insurance coverage in  
28 amounts of no less than one million three hundred thousand dollars for  
29 each claimant and three million nine hundred thousand dollars for all  
30 claimants under that policy during the period of such excess coverage  
31 for such occurrences or be endorsed as additional insureds under a  
32 hospital professional liability policy which is offered through a volun-  
33 tary attending physician ("channeling") program previously permitted by  
34 the superintendent of financial services during the period of such  
35 excess coverage for such occurrences. During such period, such policy  
36 for excess coverage or such equivalent excess coverage shall, when  
37 combined with the physician's or dentist's primary malpractice insurance  
38 coverage or coverage provided through a voluntary attending physician  
39 ("channeling") program, total an aggregate level of two million three  
40 hundred thousand dollars for each claimant and six million nine hundred  
41 thousand dollars for all claimants from all such policies with respect  
42 to occurrences in each of such years provided, however, if the cost of  
43 primary malpractice insurance coverage in excess of one million dollars,  
44 but below the excess medical malpractice insurance coverage provided  
45 pursuant to this act, exceeds the rate of nine percent per annum, then  
46 the required level of primary malpractice insurance coverage in excess  
47 of one million dollars for each claimant shall be in an amount of not  
48 less than the dollar amount of such coverage available at nine percent  
49 per annum; the required level of such coverage for all claimants under  
50 that policy shall be in an amount not less than three times the dollar  
51 amount of coverage for each claimant; and excess coverage, when combined  
52 with such primary malpractice insurance coverage, shall increase the  
53 aggregate level for each claimant by one million dollars and three  
54 million dollars for all claimants; and provided further, that, with  
55 respect to policies of primary medical malpractice coverage that include  
56 occurrences between April 1, 2002 and June 30, 2002, such requirement

1 that coverage be in amounts no less than one million three hundred thou-  
2 sand dollars for each claimant and three million nine hundred thousand  
3 dollars for all claimants for such occurrences shall be effective April  
4 1, 2002.

5 § 2. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,  
6 amending the civil practice law and rules and other laws relating to  
7 malpractice and professional medical conduct, as amended by section 2 of  
8 part AAA of chapter 56 of the laws of 2020, is amended to read as  
9 follows:

10 (3)(a) The superintendent of financial services shall determine and  
11 certify to each general hospital and to the commissioner of health the  
12 cost of excess malpractice insurance for medical or dental malpractice  
13 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988  
14 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July  
15 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,  
16 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June  
17 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995  
18 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July  
19 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,  
20 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June  
21 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002  
22 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July  
23 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,  
24 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June  
25 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009  
26 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July  
27 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, [~~and~~]  
28 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June  
29 30, 2015, between July 1, 2015 and June 30, 2016, [~~and~~] between July 1,  
30 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between  
31 July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,  
32 [~~and~~] between July 1, 2020 and June 30, 2021, and between July 1, 2021  
33 and June 30, 2022 allocable to each general hospital for physicians or  
34 dentists certified as eligible for purchase of a policy for excess  
35 insurance coverage by such general hospital in accordance with subdivi-  
36 sion 2 of this section, and may amend such determination and certifi-  
37 cation as necessary.

38 (b) The superintendent of financial services shall determine and  
39 certify to each general hospital and to the commissioner of health the  
40 cost of excess malpractice insurance or equivalent excess coverage for  
41 medical or dental malpractice occurrences between July 1, 1987 and June  
42 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989  
43 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July  
44 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,  
45 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June  
46 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996  
47 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July  
48 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,  
49 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June  
50 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003  
51 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July  
52 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,  
53 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June  
54 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010  
55 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July  
56 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,

1 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June  
2 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017  
3 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July  
4 1, 2019 and June 30, 2020, [~~and~~] between July 1, 2020 and June 30, 2021,  
5 and between July 1, 2021 and June 30, 2022 allocable to each general  
6 hospital for physicians or dentists certified as eligible for purchase  
7 of a policy for excess insurance coverage or equivalent excess coverage  
8 by such general hospital in accordance with subdivision 2 of this  
9 section, and may amend such determination and certification as neces-  
10 sary. The superintendent of financial services shall determine and  
11 certify to each general hospital and to the commissioner of health the  
12 ratable share of such cost allocable to the period July 1, 1987 to  
13 December 31, 1987, to the period January 1, 1988 to June 30, 1988, to  
14 the period July 1, 1988 to December 31, 1988, to the period January 1,  
15 1989 to June 30, 1989, to the period July 1, 1989 to December 31, 1989,  
16 to the period January 1, 1990 to June 30, 1990, to the period July 1,  
17 1990 to December 31, 1990, to the period January 1, 1991 to June 30,  
18 1991, to the period July 1, 1991 to December 31, 1991, to the period  
19 January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December  
20 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period  
21 July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June  
22 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period  
23 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December  
24 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period  
25 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June  
26 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period  
27 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December  
28 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period  
29 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June  
30 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period  
31 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,  
32 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,  
33 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to  
34 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006  
35 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the  
36 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and  
37 June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the  
38 period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and  
39 June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the  
40 period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and  
41 June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the  
42 period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June  
43 30, 2019, to the period July 1, 2019 to June 30, 2020, [~~and~~] to the  
44 period July 1, 2020 to June 30, 2021, and to the period July 1, 2021 to  
45 June 30, 2022.

46 § 3. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section  
47 18 of chapter 266 of the laws of 1986, amending the civil practice law  
48 and rules and other laws relating to malpractice and professional  
49 medical conduct, as amended by section 3 of part AAA of chapter 56 of  
50 the laws of 2020, are amended to read as follows:

51 (a) To the extent funds available to the hospital excess liability  
52 pool pursuant to subdivision 5 of this section as amended, and pursuant  
53 to section 6 of part J of chapter 63 of the laws of 2001, as may from  
54 time to time be amended, which amended this subdivision, are insuffi-  
55 cient to meet the costs of excess insurance coverage or equivalent  
56 excess coverage for coverage periods during the period July 1, 1992 to

1 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during  
2 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995  
3 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,  
4 during the period July 1, 1997 to June 30, 1998, during the period July  
5 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,  
6 2000, during the period July 1, 2000 to June 30, 2001, during the period  
7 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to  
8 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during  
9 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004  
10 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,  
11 during the period July 1, 2006 to June 30, 2007, during the period July  
12 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,  
13 2009, during the period July 1, 2009 to June 30, 2010, during the period  
14 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June  
15 30, 2012, during the period July 1, 2012 to June 30, 2013, during the  
16 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to  
17 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during  
18 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017  
19 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,  
20 during the period July 1, 2019 to June 30, 2020, [~~and~~] during the period  
21 July 1, 2020 to June 30, 2021, and during the period July 1, 2021 to  
22 June 30, 2022 allocated or reallocated in accordance with paragraph (a)  
23 of subdivision 4-a of this section to rates of payment applicable to  
24 state governmental agencies, each physician or dentist for whom a policy  
25 for excess insurance coverage or equivalent excess coverage is purchased  
26 for such period shall be responsible for payment to the provider of  
27 excess insurance coverage or equivalent excess coverage of an allocable  
28 share of such insufficiency, based on the ratio of the total cost of  
29 such coverage for such physician to the sum of the total cost of such  
30 coverage for all physicians applied to such insufficiency.

31 (b) Each provider of excess insurance coverage or equivalent excess  
32 coverage covering the period July 1, 1992 to June 30, 1993, or covering  
33 the period July 1, 1993 to June 30, 1994, or covering the period July 1,  
34 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,  
35 1996, or covering the period July 1, 1996 to June 30, 1997, or covering  
36 the period July 1, 1997 to June 30, 1998, or covering the period July 1,  
37 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,  
38 2000, or covering the period July 1, 2000 to June 30, 2001, or covering  
39 the period July 1, 2001 to October 29, 2001, or covering the period  
40 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to  
41 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or  
42 covering the period July 1, 2004 to June 30, 2005, or covering the peri-  
43 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to  
44 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or  
45 covering the period July 1, 2008 to June 30, 2009, or covering the peri-  
46 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to  
47 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or  
48 covering the period July 1, 2012 to June 30, 2013, or covering the peri-  
49 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to  
50 June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or  
51 covering the period July 1, 2016 to June 30, 2017, or covering the peri-  
52 od July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to  
53 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or  
54 covering the period July 1, 2020 to June 30, 2021, or covering the peri-  
55 od July 1, 2021 to June 30, 2022 shall notify a covered physician or  
56 dentist by mail, mailed to the address shown on the last application for



1 excess insurance coverage or equivalent excess coverage, of the amount  
2 due to such provider from such physician or dentist for such coverage  
3 period determined in accordance with paragraph (a) of this subdivision.  
4 Such amount shall be due from such physician or dentist to such provider  
5 of excess insurance coverage or equivalent excess coverage in a time and  
6 manner determined by the superintendent of financial services.

7 (c) If a physician or dentist liable for payment of a portion of the  
8 costs of excess insurance coverage or equivalent excess coverage cover-  
9 ing the period July 1, 1992 to June 30, 1993, or covering the period  
10 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to  
11 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or  
12 covering the period July 1, 1996 to June 30, 1997, or covering the peri-  
13 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to  
14 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or  
15 covering the period July 1, 2000 to June 30, 2001, or covering the peri-  
16 od July 1, 2001 to October 29, 2001, or covering the period April 1,  
17 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,  
18 2003, or covering the period July 1, 2003 to June 30, 2004, or covering  
19 the period July 1, 2004 to June 30, 2005, or covering the period July 1,  
20 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,  
21 2007, or covering the period July 1, 2007 to June 30, 2008, or covering  
22 the period July 1, 2008 to June 30, 2009, or covering the period July 1,  
23 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,  
24 2011, or covering the period July 1, 2011 to June 30, 2012, or covering  
25 the period July 1, 2012 to June 30, 2013, or covering the period July 1,  
26 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,  
27 2015, or covering the period July 1, 2015 to June 30, 2016, or covering  
28 the period July 1, 2016 to June 30, 2017, or covering the period July 1,  
29 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,  
30 2019, or covering the period July 1, 2019 to June 30, 2020, or covering  
31 the period July 1, 2020 to June 30, 2021, or covering the period July 1,  
32 2021 to June 30, 2022 determined in accordance with paragraph (a) of  
33 this subdivision fails, refuses or neglects to make payment to the  
34 provider of excess insurance coverage or equivalent excess coverage in  
35 such time and manner as determined by the superintendent of financial  
36 services pursuant to paragraph (b) of this subdivision, excess insurance  
37 coverage or equivalent excess coverage purchased for such physician or  
38 dentist in accordance with this section for such coverage period shall  
39 be cancelled and shall be null and void as of the first day on or after  
40 the commencement of a policy period where the liability for payment  
41 pursuant to this subdivision has not been met.

42 (d) Each provider of excess insurance coverage or equivalent excess  
43 coverage shall notify the superintendent of financial services and the  
44 commissioner of health or their designee of each physician and dentist  
45 eligible for purchase of a policy for excess insurance coverage or  
46 equivalent excess coverage covering the period July 1, 1992 to June 30,  
47 1993, or covering the period July 1, 1993 to June 30, 1994, or covering  
48 the period July 1, 1994 to June 30, 1995, or covering the period July 1,  
49 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,  
50 1997, or covering the period July 1, 1997 to June 30, 1998, or covering  
51 the period July 1, 1998 to June 30, 1999, or covering the period July 1,  
52 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,  
53 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-  
54 ing the period April 1, 2002 to June 30, 2002, or covering the period  
55 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to  
56 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or

1 covering the period July 1, 2005 to June 30, 2006, or covering the peri-  
2 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to  
3 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or  
4 covering the period July 1, 2009 to June 30, 2010, or covering the peri-  
5 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to  
6 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or  
7 covering the period July 1, 2013 to June 30, 2014, or covering the peri-  
8 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to  
9 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or  
10 covering the period July 1, 2017 to June 30, 2018, or covering the peri-  
11 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to  
12 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or  
13 covering the period July 1, 2021 to June 30, 2022 that has made payment  
14 to such provider of excess insurance coverage or equivalent excess  
15 coverage in accordance with paragraph (b) of this subdivision and of  
16 each physician and dentist who has failed, refused or neglected to make  
17 such payment.

18 (e) A provider of excess insurance coverage or equivalent excess  
19 coverage shall refund to the hospital excess liability pool any amount  
20 allocable to the period July 1, 1992 to June 30, 1993, and to the period  
21 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June  
22 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the  
23 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to  
24 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to  
25 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000  
26 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,  
27 and to the period April 1, 2002 to June 30, 2002, and to the period July  
28 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,  
29 2004, and to the period July 1, 2004 to June 30, 2005, and to the period  
30 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June  
31 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the  
32 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to  
33 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to  
34 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012  
35 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and  
36 to the period July 1, 2014 to June 30, 2015, and to the period July 1,  
37 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and  
38 to the period July 1, 2017 to June 30, 2018, and to the period July 1,  
39 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,  
40 and to the period July 1, 2020 to June 30, 2021, and to the period July  
41 1, 2021 to June 30, 2022 received from the hospital excess liability  
42 pool for purchase of excess insurance coverage or equivalent excess  
43 coverage covering the period July 1, 1992 to June 30, 1993, and covering  
44 the period July 1, 1993 to June 30, 1994, and covering the period July  
45 1, 1994 to June 30, 1995, and covering the period July 1, 1995 to June  
46 30, 1996, and covering the period July 1, 1996 to June 30, 1997, and  
47 covering the period July 1, 1997 to June 30, 1998, and covering the  
48 period July 1, 1998 to June 30, 1999, and covering the period July 1,  
49 1999 to June 30, 2000, and covering the period July 1, 2000 to June 30,  
50 2001, and covering the period July 1, 2001 to October 29, 2001, and  
51 covering the period April 1, 2002 to June 30, 2002, and covering the  
52 period July 1, 2002 to June 30, 2003, and covering the period July 1,  
53 2003 to June 30, 2004, and covering the period July 1, 2004 to June 30,  
54 2005, and covering the period July 1, 2005 to June 30, 2006, and cover-  
55 ing the period July 1, 2006 to June 30, 2007, and covering the period  
56 July 1, 2007 to June 30, 2008, and covering the period July 1, 2008 to

1 June 30, 2009, and covering the period July 1, 2009 to June 30, 2010,  
2 and covering the period July 1, 2010 to June 30, 2011, and covering the  
3 period July 1, 2011 to June 30, 2012, and covering the period July 1,  
4 2012 to June 30, 2013, and covering the period July 1, 2013 to June 30,  
5 2014, and covering the period July 1, 2014 to June 30, 2015, and cover-  
6 ing the period July 1, 2015 to June 30, 2016, and covering the period  
7 July 1, 2016 to June 30, 2017, and covering the period July 1, 2017 to  
8 June 30, 2018, and covering the period July 1, 2018 to June 30, 2019,  
9 and covering the period July 1, 2019 to June 30, 2020, and covering the  
10 period July 1, 2020 to June 30, 2021, and covering the period July 1,  
11 2021 to June 30, 2022 for a physician or dentist where such excess  
12 insurance coverage or equivalent excess coverage is cancelled in accord-  
13 ance with paragraph (c) of this subdivision.

14 § 4. Section 40 of chapter 266 of the laws of 1986, amending the civil  
15 practice law and rules and other laws relating to malpractice and  
16 professional medical conduct, as amended by section 5 of part AAA of  
17 chapter 56 of the laws of 2020, is amended to read as follows:

18 § 40. The superintendent of financial services shall establish rates  
19 for policies providing coverage for physicians and surgeons medical  
20 malpractice for the periods commencing July 1, 1985 and ending June 30,  
21 [~~2021~~] 2022; provided, however, that notwithstanding any other provision  
22 of law, the superintendent shall not establish or approve any increase  
23 in rates for the period commencing July 1, 2009 and ending June 30,  
24 2010. The superintendent shall direct insurers to establish segregated  
25 accounts for premiums, payments, reserves and investment income attrib-  
26 utable to such premium periods and shall require periodic reports by the  
27 insurers regarding claims and expenses attributable to such periods to  
28 monitor whether such accounts will be sufficient to meet incurred claims  
29 and expenses. On or after July 1, 1989, the superintendent shall impose  
30 a surcharge on premiums to satisfy a projected deficiency that is  
31 attributable to the premium levels established pursuant to this section  
32 for such periods; provided, however, that such annual surcharge shall  
33 not exceed eight percent of the established rate until July 1, [~~2021~~]  
34 2022, at which time and thereafter such surcharge shall not exceed twen-  
35 ty-five percent of the approved adequate rate, and that such annual  
36 surcharges shall continue for such period of time as shall be sufficient  
37 to satisfy such deficiency. The superintendent shall not impose such  
38 surcharge during the period commencing July 1, 2009 and ending June 30,  
39 2010. On and after July 1, 1989, the surcharge prescribed by this  
40 section shall be retained by insurers to the extent that they insured  
41 physicians and surgeons during the July 1, 1985 through June 30, [~~2021~~]  
42 2022 policy periods; in the event and to the extent physicians and  
43 surgeons were insured by another insurer during such periods, all or a  
44 pro rata share of the surcharge, as the case may be, shall be remitted  
45 to such other insurer in accordance with rules and regulations to be  
46 promulgated by the superintendent. Surcharges collected from physicians  
47 and surgeons who were not insured during such policy periods shall be  
48 apportioned among all insurers in proportion to the premium written by  
49 each insurer during such policy periods; if a physician or surgeon was  
50 insured by an insurer subject to rates established by the superintendent  
51 during such policy periods, and at any time thereafter a hospital,  
52 health maintenance organization, employer or institution is responsible  
53 for responding in damages for liability arising out of such physician's  
54 or surgeon's practice of medicine, such responsible entity shall also  
55 remit to such prior insurer the equivalent amount that would then be  
56 collected as a surcharge if the physician or surgeon had continued to

1 remain insured by such prior insurer. In the event any insurer that  
2 provided coverage during such policy periods is in liquidation, the  
3 property/casualty insurance security fund shall receive the portion of  
4 surcharges to which the insurer in liquidation would have been entitled.  
5 The surcharges authorized herein shall be deemed to be income earned for  
6 the purposes of section 2303 of the insurance law. The superintendent,  
7 in establishing adequate rates and in determining any projected defi-  
8 ciency pursuant to the requirements of this section and the insurance  
9 law, shall give substantial weight, determined in his discretion and  
10 judgment, to the prospective anticipated effect of any regulations  
11 promulgated and laws enacted and the public benefit of stabilizing  
12 malpractice rates and minimizing rate level fluctuation during the peri-  
13 od of time necessary for the development of more reliable statistical  
14 experience as to the efficacy of such laws and regulations affecting  
15 medical, dental or podiatric malpractice enacted or promulgated in 1985,  
16 1986, by this act and at any other time. Notwithstanding any provision  
17 of the insurance law, rates already established and to be established by  
18 the superintendent pursuant to this section are deemed adequate if such  
19 rates would be adequate when taken together with the maximum authorized  
20 annual surcharges to be imposed for a reasonable period of time whether  
21 or not any such annual surcharge has been actually imposed as of the  
22 establishment of such rates.

23 § 5. Section 5 and subdivisions (a) and (e) of section 6 of part J of  
24 chapter 63 of the laws of 2001, amending chapter 266 of the laws of  
25 1986, amending the civil practice law and rules and other laws relating  
26 to malpractice and professional medical conduct, as amended by section 6  
27 of part AAA of chapter 56 of the laws of 2020, are amended to read as  
28 follows:

29 § 5. The superintendent of financial services and the commissioner of  
30 health shall determine, no later than June 15, 2002, June 15, 2003, June  
31 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,  
32 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,  
33 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June  
34 15, 2018, June 15, 2019, June 15, 2020, [~~and~~] June 15, 2021, and June  
35 15, 2022 the amount of funds available in the hospital excess liability  
36 pool, created pursuant to section 18 of chapter 266 of the laws of 1986,  
37 and whether such funds are sufficient for purposes of purchasing excess  
38 insurance coverage for eligible participating physicians and dentists  
39 during the period July 1, 2001 to June 30, 2002, or July 1, 2002 to June  
40 30, 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,  
41 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,  
42 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008 to June 30,  
43 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to June 30,  
44 2011, or July 1, 2011 to June 30, 2012, or July 1, 2012 to June 30,  
45 2013, or July 1, 2013 to June 30, 2014, or July 1, 2014 to June 30,  
46 2015, or July 1, 2015 to June 30, 2016, or July 1, 2016 to June 30,  
47 2017, or July 1, 2017 to June 30, 2018, or July 1, 2018 to June 30,  
48 2019, or July 1, 2019 to June 30, 2020, or July 1, 2020 to June 30,  
49 2021, or July 1, 2021 to June 30, 2022 as applicable.

50 (a) This section shall be effective only upon a determination, pursu-  
51 ant to section five of this act, by the superintendent of financial  
52 services and the commissioner of health, and a certification of such  
53 determination to the state director of the budget, the chair of the  
54 senate committee on finance and the chair of the assembly committee on  
55 ways and means, that the amount of funds in the hospital excess liabil-  
56 ity pool, created pursuant to section 18 of chapter 266 of the laws of

1 1986, is insufficient for purposes of purchasing excess insurance cover-  
2 age for eligible participating physicians and dentists during the period  
3 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July  
4 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,  
5 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007  
6 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to  
7 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June  
8 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,  
9 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,  
10 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,  
11 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,  
12 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30, 2022  
13 as applicable.

14 (e) The commissioner of health shall transfer for deposit to the  
15 hospital excess liability pool created pursuant to section 18 of chapter  
16 266 of the laws of 1986 such amounts as directed by the superintendent  
17 of financial services for the purchase of excess liability insurance  
18 coverage for eligible participating physicians and dentists for the  
19 policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30,  
20 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,  
21 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,  
22 2007, as applicable, and the cost of administering the hospital excess  
23 liability pool for such applicable policy year, pursuant to the program  
24 established in chapter 266 of the laws of 1986, as amended, no later  
25 than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June  
26 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010,  
27 June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15,  
28 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June  
29 15, 2020, [~~and~~] June 15, 2021, and June 15, 2022 as applicable.

30 § 6. Section 20 of part H of chapter 57 of the laws of 2017, amending  
31 the New York Health Care Reform Act of 1996 and other laws relating to  
32 extending certain provisions thereto, as amended by section 7 of part  
33 AAA of chapter 56 of the laws of 2020, is amended to read as follows:

34 § 20. Notwithstanding any law, rule or regulation to the contrary,  
35 only physicians or dentists who were eligible, and for whom the super-  
36 intendent of financial services and the commissioner of health, or their  
37 designee, purchased, with funds available in the hospital excess liabil-  
38 ity pool, a full or partial policy for excess coverage or equivalent  
39 excess coverage for the coverage period ending the thirtieth of June,  
40 two thousand [~~twenty~~] twenty-one, shall be eligible to apply for such  
41 coverage for the coverage period beginning the first of July, two thou-  
42 sand [~~twenty~~] twenty-one; provided, however, if the total number of  
43 physicians or dentists for whom such excess coverage or equivalent  
44 excess coverage was purchased for the policy year ending the thirtieth  
45 of June, two thousand [~~twenty~~] twenty-one exceeds the total number of  
46 physicians or dentists certified as eligible for the coverage period  
47 beginning the first of July, two thousand [~~twenty~~] twenty-one, then the  
48 general hospitals may certify additional eligible physicians or dentists  
49 in a number equal to such general hospital's proportional share of the  
50 total number of physicians or dentists for whom excess coverage or  
51 equivalent excess coverage was purchased with funds available in the  
52 hospital excess liability pool as of the thirtieth of June, two thousand  
53 [~~twenty~~] twenty-one, as applied to the difference between the number of  
54 eligible physicians or dentists for whom a policy for excess coverage or  
55 equivalent excess coverage was purchased for the coverage period ending  
56 the thirtieth of June, two thousand [~~twenty~~] twenty-one and the number

1 of such eligible physicians or dentists who have applied for excess  
 2 coverage or equivalent excess coverage for the coverage period beginning  
 3 the first of July, two thousand [~~twenty~~] twenty-one.  
 4 § 7. This act shall take effect immediately and shall be deemed to  
 5 have been in full force and effect on and after April 1, 2021.

6 PART L

7 Intentionally Omitted

8 PART M

9 Section 1. Subdivision 1 of section 265-a of the public health law, as  
 10 added by section 1 of part H of chapter 58 of the laws of 2007, is  
 11 amended to read as follows:

12 1. The empire state stem cell board ("board"), comprised of a funding  
 13 committee and an ethics committee, both of which shall be chaired by the  
 14 commissioner, is hereby created within the department for the purpose of  
 15 administering the empire state stem cell trust fund ("fund"), created  
 16 pursuant to section ninety-nine-p of the state finance law. The board is  
 17 hereby empowered, subject to annual appropriations and other funding  
 18 authorized or made available, to make grants to basic, applied, transla-  
 19 tional or other research and development activities that will advance  
 20 scientific discoveries in fields related to stem cell biology; provided,  
 21 however, that the board shall not make any grants on or after April  
 22 first, two thousand twenty-one.

23 § 2. Section 4 of part H of chapter 58 of the laws of 2007 amending  
 24 the public health law, the public officers law and the state finance law  
 25 relating to establishing the empire state stem cell board, is amended to  
 26 read as follows:

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, 2007 and shall  
 29 expire and be deemed repealed December 31, 2025.

30 § 3. This act shall take effect immediately and shall be deemed to  
 31 have been in full force and effect on and after April 1, 2021; provided,  
 32 however, the amendments to section 265-a of the public health law made  
 33 by section one of this act shall not affect the expiration of such  
 34 section and shall be deemed to expire therewith.

35 PART N

36 Intentionally Omitted

37 PART O

38 Intentionally Omitted

39 PART P

40 Intentionally Omitted

41 PART Q

42 Intentionally Omitted

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## PART R

Intentionally Omitted

## PART S

Section 1. Section 11 of chapter 884 of the laws of 1990, amending the public health law relating to authorizing bad debt and charity care allowances for certified home health agencies, as amended by section 3 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

§ 11. This act shall take effect immediately and:

(a) sections one and three shall expire on December 31, 1996,

(b) sections four through ten shall expire on June 30, [~~2021~~] 2023, and

(c) provided that the amendment to section 2807-b of the public health law by section two of this act shall not affect the expiration of such section 2807-b as otherwise provided by law and shall be deemed to expire therewith.

§ 2. Subdivision (a) of section 40 of part B of chapter 109 of the laws of 2010, amending the social services law relating to transportation costs, as amended by section 5 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

(a) sections two, three, three-a, three-b, three-c, three-d, three-e and twenty-one of this act shall take effect July 1, 2010; sections fifteen, sixteen, seventeen, eighteen and nineteen of this act shall take effect January 1, 2011; and provided further that section twenty of this act shall be deemed repealed [~~ten~~] sixteen years after the date the contract entered into pursuant to section 365-h of the social services law, as amended by section twenty of this act, is executed; provided that the commissioner of health shall notify the legislative bill drafting commission upon the execution of the contract entered into pursuant to section [~~367-h~~] 365-h of the social services law in order that the commission may maintain an accurate and timely effective data base of the official text of the laws of the state of New York in furtherance of effectuating the provisions of section 44 of the legislative law and section 70-b of the public officers law;

§ 3. Subdivision 5-a of section 246 of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by section 12 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

5-a. Section sixty-four-a of this act shall be deemed to have been in full force and effect on and after April 1, 1995 through March 31, 1999 and on and after July 1, 1999 through March 31, 2000 and on and after April 1, 2000 through March 31, 2003 and on and after April 1, 2003 through March 31, 2007, and on and after April 1, 2007 through March 31, 2009, and on and after April 1, 2009 through March 31, 2011, and on and after April 1, 2011 through March 31, 2013, and on and after April 1, 2013 through March 31, 2015, and on and after April 1, 2015 through March 31, 2017 and on and after April 1, 2017 through March 31, 2019, and on and after April 1, 2019 through March 31, 2021, and on and after April 1, 2021 through March 31, 2023;

§ 4. Section 64-b of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by section 13 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

1 § 64-b. Notwithstanding any inconsistent provision of law, the  
2 provisions of subdivision 7 of section 3614 of the public health law, as  
3 amended, shall remain and be in full force and effect on April 1, 1995  
4 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on  
5 and after April 1, 2000 through March 31, 2003 and on and after April 1,  
6 2003 through March 31, 2007, and on and after April 1, 2007 through  
7 March 31, 2009, and on and after April 1, 2009 through March 31, 2011,  
8 and on and after April 1, 2011 through March 31, 2013, and on and after  
9 April 1, 2013 through March 31, 2015, and on and after April 1, 2015  
10 through March 31, 2017 and on and after April 1, 2017 through March 31,  
11 2019, and on and after April 1, 2019 through March 31, 2021, and on and  
12 after April 1, 2021 through March 31, 2023.

13 § 5. Section 4-a of part A of chapter 56 of the laws of 2013, amending  
14 chapter 59 of the laws of 2011 amending the public health law and other  
15 laws relating to general hospital reimbursement for annual rates, as  
16 amended by section 14 of part E of chapter 57 of the laws of 2019, is  
17 amended to read as follows:

18 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section  
19 2807-c of the public health law, section 21 of chapter 1 of the laws of  
20 1999, or any other contrary provision of law, in determining rates of  
21 payments by state governmental agencies effective for services provided  
22 on and after January 1, 2017 through March 31, ~~2021~~ 2023, for inpa-  
23 tient and outpatient services provided by general hospitals, for inpa-  
24 tient services and adult day health care outpatient services provided by  
25 residential health care facilities pursuant to article 28 of the public  
26 health law, except for residential health care facilities or units of  
27 such facilities providing services primarily to children under twenty-  
28 one years of age, for home health care services provided pursuant to  
29 article 36 of the public health law by certified home health agencies,  
30 long term home health care programs and AIDS home care programs, and for  
31 personal care services provided pursuant to section 365-a of the social  
32 services law, the commissioner of health shall apply no greater than  
33 zero trend factors attributable to the 2017, 2018, 2019, 2020, ~~and~~  
34 2021, 2022 and 2023 calendar years in accordance with paragraph (c) of  
35 subdivision 10 of section 2807-c of the public health law, provided,  
36 however, that such no greater than zero trend factors attributable to  
37 such 2017, 2018, 2019, 2020, ~~and~~ 2021, 2022 and 2023 calendar years  
38 shall also be applied to rates of payment provided on and after January  
39 1, 2017 through March 31, ~~2021~~ 2023 for personal care services  
40 provided in those local social services districts, including New York  
41 city, whose rates of payment for such services are established by such  
42 local social services districts pursuant to a rate-setting exemption  
43 issued by the commissioner of health to such local social services  
44 districts in accordance with applicable regulations; and provided  
45 further, however, that for rates of payment for assisted living program  
46 services provided on and after January 1, 2017 through March 31, ~~2021~~  
47 2023, such trend factors attributable to the 2017, 2018, 2019, 2020,  
48 ~~and~~ 2021, 2022 and 2023 calendar years shall be established at no  
49 greater than zero percent.

50 § 6. Subdivision 2 of section 246 of chapter 81 of the laws of 1995,  
51 amending the public health law and other laws relating to medical  
52 reimbursement and welfare reform, as amended by section 17 of part E of  
53 chapter 57 of the laws of 2019, is amended to read as follows:

54 2. Sections five, seven through nine, twelve through fourteen, and  
55 eighteen of this act shall be deemed to have been in full force and  
56 effect on and after April 1, 1995 through March 31, 1999 and on and



1 after July 1, 1999 through March 31, 2000 and on and after April 1, 2000  
2 through March 31, 2003 and on and after April 1, 2003 through March 31,  
3 2006 and on and after April 1, 2006 through March 31, 2007 and on and  
4 after April 1, 2007 through March 31, 2009 and on and after April 1,  
5 2009 through March 31, 2011 and sections twelve, thirteen and fourteen  
6 of this act shall be deemed to be in full force and effect on and after  
7 April 1, 2011 through March 31, 2015 and on and after April 1, 2015  
8 through March 31, 2017 and on and after April 1, 2017 through March 31,  
9 2019, and on and after April 1, 2019 through March 31, 2021, and on and  
10 after April 1, 2021 through March 31, 2023;

11 § 7. Section 7 of part H of chapter 57 of the laws of 2019, amending  
12 the public health law relating to waiver of certain regulations, as  
13 amended by section 11 of part BB of chapter 56 of the laws of 2020, is  
14 amended to read as follows:

15 § 7. This act shall take effect immediately and shall be deemed to  
16 have been in full force and effect on and after April 1, 2019, provided,  
17 however, that section two of this act shall expire on April 1, [~~2021~~]  
18 2022.

19 § 8. Section 5 of chapter 517 of the laws of 2016, amending the public  
20 health law relating to payments from the New York state medical indem-  
21 nity fund, as amended by section 18 of part Y of chapter 56 of the laws  
22 of 2020, is amended to read as follows:

23 § 5. This act shall take effect on the forty-fifth day after it shall  
24 have become a law, provided that the amendments to subdivision 4 of  
25 section 2999-j of the public health law made by section two of this act  
26 shall take effect on June 30, 2017 and shall expire and be deemed  
27 repealed December 31, [~~2021~~] 2022.

28 § 9. Subdivision 1 of section 2999-aa of the public health law, as  
29 amended by chapter 80 of the laws of 2017, is amended to read as  
30 follows:

31 1. In order to promote improved quality and efficiency of, and access  
32 to, health care services and to promote improved clinical outcomes to  
33 the residents of New York, it shall be the policy of the state to  
34 encourage, where appropriate, cooperative, collaborative and integrative  
35 arrangements including but not limited to, mergers and acquisitions  
36 among health care providers or among others who might otherwise be  
37 competitors, under the active supervision of the commissioner. To the  
38 extent such arrangements, or the planning and negotiations that precede  
39 them, might be anti-competitive within the meaning and intent of the  
40 state and federal antitrust laws, the intent of the state is to supplant  
41 competition with such arrangements under the active supervision and  
42 related administrative actions of the commissioner as necessary to  
43 accomplish the purposes of this article, and to provide state action  
44 immunity under the state and federal antitrust laws with respect to  
45 activities undertaken by health care providers and others pursuant to  
46 this article, where the benefits of such active supervision, arrange-  
47 ments and actions of the commissioner outweigh any disadvantages likely  
48 to result from a reduction of competition. The commissioner shall not  
49 approve an arrangement for which state action immunity is sought under  
50 this article without first consulting with, and receiving a recommenda-  
51 tion from, the public health and health planning council. No arrangement  
52 under this article shall be approved after December thirty-first, two  
53 thousand [~~twenty~~] twenty-four.

54 § 10. Section 3 of part D of chapter 56 of the laws of 2014, amending  
55 the education law relating to the nurse practitioners modernization act,  
56 is amended to read as follows:

1 § 3. This act shall take effect on the first of January after it shall  
2 have become a law and shall expire June 30 of the [~~sixth~~] seventh year  
3 after it shall have become a law, when upon such date the provisions of  
4 this act shall be deemed repealed; provided, however, that effective  
5 immediately, the addition, amendment and/or repeal of any rule or regu-  
6 lation necessary for the implementation of this act on its effective  
7 date is authorized and directed to be made and completed on or before  
8 such effective date.

9 § 11. Subparagraph (vi) of paragraph (b) of subdivision 2 of section  
10 2807-d of the public health law, as amended by section 9 of part E of  
11 chapter 57 of the laws of 2019, is amended to read as follows:

12 (vi) Notwithstanding any contrary provision of this paragraph or any  
13 other provision of law or regulation to the contrary, for residential  
14 health care facilities the assessment shall be six percent of each resi-  
15 dential health care facility's gross receipts received from all patient  
16 care services and other operating income on a cash basis for the period  
17 April first, two thousand two through March thirty-first, two thousand  
18 three for hospital or health-related services, including adult day  
19 services; provided, however, that residential health care facilities'  
20 gross receipts attributable to payments received pursuant to title XVIII  
21 of the federal social security act (medicare) shall be excluded from the  
22 assessment; provided, however, that for all such gross receipts received  
23 on or after April first, two thousand three through March thirty-first,  
24 two thousand five, such assessment shall be five percent, and further  
25 provided that for all such gross receipts received on or after April  
26 first, two thousand five through March thirty-first, two thousand nine,  
27 and on or after April first, two thousand nine through March thirty-  
28 first, two thousand eleven such assessment shall be six percent, and  
29 further provided that for all such gross receipts received on or after  
30 April first, two thousand eleven through March thirty-first, two thou-  
31 sand thirteen such assessment shall be six percent, and further provided  
32 that for all such gross receipts received on or after April first, two  
33 thousand thirteen through March thirty-first, two thousand fifteen such  
34 assessment shall be six percent, and further provided that for all such  
35 gross receipts received on or after April first, two thousand fifteen  
36 through March thirty-first, two thousand seventeen such assessment shall  
37 be six percent, and further provided that for all such gross receipts  
38 received on or after April first, two thousand seventeen through March  
39 thirty-first, two thousand nineteen such assessment shall be six  
40 percent, and further provided that for all such gross receipts received  
41 on or after April first, two thousand nineteen through March thirty-  
42 first, two thousand twenty-one such assessment shall be six percent, and  
43 further provided that for all such gross receipts received on or after  
44 April first, two thousand twenty-one through March thirty-first, two  
45 thousand twenty-three such assessment shall be six percent.

46 § 12. Section 2 of chapter 66 of the laws of 2016, amending the public  
47 health law relating to reporting of opioid overdose data, is amended to  
48 read as follows:

49 § 2. This act shall take effect immediately, provided that subdivision  
50 6 of section 3309 of the public health law, as added by section one of  
51 this act, shall expire and be deemed repealed March 31, [~~2021~~] 2026.

52 § 13. This act shall take effect immediately and shall be deemed to  
53 have been in full force and effect on and after April 1, 2021.

1 Section 1. Section 3 of part A of chapter 111 of the laws of 2010  
2 amending the mental hygiene law relating to the receipt of federal and  
3 state benefits received by individuals receiving care in facilities  
4 operated by an office of the department of mental hygiene, as amended by  
5 section 1 of part X of chapter 57 of the laws of 2018, is amended to  
6 read as follows:

7 § 3. This act shall take effect immediately; and shall expire and be  
8 deemed repealed June 30, [~~2021~~] 2024.

9 § 2. This act shall take effect immediately.

10

## PART U

11 Section 1. Section 4 of part L of chapter 59 of the laws of 2016,  
12 amending the mental hygiene law relating to the appointment of temporary  
13 operators for the continued operation of programs and the provision of  
14 services for persons with serious mental illness and/or developmental  
15 disabilities and/or chemical dependence, is amended to read as follows:

16 § 4. This act shall take effect immediately and shall be deemed to  
17 have been in full force and effect on and after April 1, 2016; provided,  
18 however, that sections one and two of this act shall expire and be  
19 deemed repealed on March 31, [~~2021~~] 2022.

20 § 2. This act shall take effect immediately.

21

## PART V

22 Section 1. Section 2 of part NN of chapter 58 of the laws of 2015,  
23 amending the mental hygiene law relating to clarifying the authority of  
24 the commissioners in the department of mental hygiene to design and  
25 implement time-limited demonstration programs, as amended by section 1  
26 of part U of chapter 57 of the laws of 2018, is amended to read as  
27 follows:

28 § 2. This act shall take effect immediately and shall expire and be  
29 deemed repealed March 31, [~~2021~~] 2024.

30 § 2. Subdivision (d) of section 41.35 of the mental hygiene law, as  
31 amended by chapter 658 of the laws of 1977, is amended to read as  
32 follows:

33 (d) Quarterly reviews and evaluations of the program shall be under-  
34 taken and a final report shall be developed by representatives of the  
35 commissioner or commissioners having jurisdiction over the services and  
36 the local governmental unit assessing the program, indicating its poten-  
37 tial for continuation or use elsewhere, and making any further recommen-  
38 dations related to the program. Copies of such quarterly evaluations and  
39 final reports shall be sent no later than November fifteenth to the  
40 director of the division of the budget, and the chairmen of the senate  
41 finance committee and the assembly committee on ways and means and such  
42 final reports shall be included in the relevant commissioner or commis-  
43 sioners statewide comprehensive plan pursuant to section 5.07 of this  
44 chapter.

45 § 3. Subparagraphs f and g of paragraph 1 of subdivision (b) of  
46 section 5.07 of the mental hygiene law, as amended by section 3 of part  
47 N of chapter 56 of the laws of 2012, are amended and a new subparagraph  
48 h is added to read as follows:

49 f. encourage and promote person-centered, culturally and linguis-  
50 tically competent community-based programs, services, and supports that  
51 reflect the partnership between state and local governmental units;  
52 [~~and~~]

1 g. include progress reports on the implementation of both short-term  
2 and long-term recommendations of the children's plan required pursuant  
3 to section four hundred eighty-three-f of the social services law[~~+~~];  
4 and

5 h. include final reports for time-limited demonstration programs  
6 pursuant to subdivision (d) of section 41.35 of this chapter.

7 § 4. This act shall take effect immediately.

8

## PART W

9 Section 1. Section 7 of part R2 of chapter 62 of the laws of 2003,  
10 amending the mental hygiene law and the state finance law relating to  
11 the community mental health support and workforce reinvestment program,  
12 the membership of subcommittees for mental health of community services  
13 boards and the duties of such subcommittees and creating the community  
14 mental health and workforce reinvestment account, as amended by section  
15 1 of part V of chapter 57 of the laws of 2018, is amended to read as  
16 follows:

17 § 7. This act shall take effect immediately and shall expire March 31,  
18 [~~2021~~] 2024 when upon such date the provisions of this act shall be  
19 deemed repealed.

20 § 2. This act shall take effect immediately.

21

## PART X

22 Section 1. Notwithstanding section 41.55 of the mental hygiene law,  
23 the office of mental health shall not be required to allocate funding  
24 for fiscal year 2021-22 pursuant to the provisions of such section and  
25 such law.

26 § 2. This act shall take effect immediately and shall expire March 31,  
27 2022 when upon such date the provisions of this act shall be deemed  
28 repealed.

29

## PART Y

30 Intentionally Omitted

31

## PART Z

32 Section 1. Subdivision (a) of section 31.04 of the mental hygiene law  
33 is amended by adding a new paragraph 8 to read as follows:

34 8. establishing a schedule of fees for the purpose of processing  
35 applications for the issuance of operating certificates. All fees pursu-  
36 ant to this section shall be payable to the office for deposit into the  
37 general fund.

38 § 2. This act shall take effect on the one hundred eightieth day  
39 after it shall have become a law. Effective immediately, the commis-  
40 sioner of mental health is authorized to promulgate any and all rules  
41 and regulations and take any other measures necessary to implement this  
42 act on its effective date or before such date.

43

## PART AA

44 Section 1. The mental hygiene law is amended by adding a new section  
45 31.36 to read as follows:

46 § 31.36 Crisis stabilization services.

1 The commissioner shall be authorized, in conjunction with the commis-  
 2 sioner of the office of addiction services and supports, to create  
 3 crisis stabilization centers within New York state in accordance with  
 4 article thirty-six of this title, including the promulgation of joint  
 5 regulations and implementation of a financing mechanism to allow for the  
 6 sustainable operation of such programs.

7 § 2. The mental hygiene law is amended by adding a new section 32.36  
 8 to read as follows:

9 § 32.36 Crisis stabilization services.

10 The commissioner shall be authorized, in conjunction with the commis-  
 11 sioner of the office of mental health, to create crisis stabilization  
 12 centers within New York state in accordance with article thirty-six of  
 13 this title, including the promulgation of joint regulations and imple-  
 14 mentation of a financing mechanism to allow for the sustainable opera-  
 15 tion of such programs.

16 § 3. The mental hygiene law is amended by adding a new article 36 to  
 17 read as follows:

18 ARTICLE XXXVI

19 ADDICTION AND MENTAL HEALTH SERVICES AND SUPPORTS

20 Section 36.01 Crisis stabilization centers.

21 36.02 Referral to crisis stabilization centers.

22 § 36.01 Crisis stabilization centers.

23 (a) (1) The commissioners are authorized to jointly license crisis  
 24 stabilization centers subject to the availability of state and federal  
 25 funding.

26 (2) A crisis stabilization center shall serve as a voluntary and  
 27 urgent service provider for persons at risk of a mental health or  
 28 substance abuse crisis or who are experiencing a crisis related to a  
 29 psychiatric and/or substance use disorder that are in need of crisis  
 30 stabilization services. Each crisis stabilization center shall provide  
 31 or contract to provide person centered and patient driven crisis  
 32 stabilization services for mental health or substance use twenty-four  
 33 hours per day, seven days per week, including but not limited to:

- 34 (i) Engagement, triage and assessment;
- 35 (ii) Continuous observation;
- 36 (iii) Mild to moderate detoxification;
- 37 (iv) Sobering services;
- 38 (v) Therapeutic interventions;
- 39 (vi) Discharge and after care planning;
- 40 (vii) Telemedicine;
- 41 (viii) Peer support services; and
- 42 (ix) Medication assisted treatment.

43 (3) The commissioners shall require each crisis stabilization center  
 44 to submit a plan. The plan shall be approved by the commissioners prior  
 45 to the issuance of a license pursuant to this article. Each plan shall  
 46 include:

- 47 (i) a description of the center's catchment area,
- 48 (ii) a description of the center's crisis stabilization services,
- 49 (iii) agreements or affiliations with hospitals as defined in section  
 50 1.03 of this chapter,
- 51 (iv) agreements or affiliations with general hospitals or law enforce-  
 52 ment to receive persons,
- 53 (v) a description of local resources available to the center to  
 54 prevent unnecessary hospitalizations of persons,

1 (vi) a description of the center's linkages with local police agen-  
2 cies, emergency medical services, ambulance services and other transpor-  
3 tation agencies,

4 (vii) a description of local resources available to the center to  
5 provide appropriate community mental health and substance use disorder  
6 services upon release,

7 (viii) written criteria and guidelines for the development of appro-  
8 priate planning for persons in need of post community treatment or  
9 services,

10 (ix) a statement indicating that the center has been included in an  
11 approved local services plan developed pursuant to article forty-one of  
12 this chapter for each local government located within the center's  
13 catchment area; and

14 (x) any other information or agreements required by the commissioners.

15 (4) Crisis stabilization centers shall participate in county and  
16 community planning activities annually, and as additionally needed, in  
17 order to participate in local community service planning processes to  
18 ensure, maintain, improve or develop community services that demonstrate  
19 recovery outcomes. These outcomes include, but are not limited to, qual-  
20 ity of life, socio-economic status, entitlement status, social network-  
21 ing, coping skills and reduction in use of crisis services.

22 (b) Each crisis stabilization center shall be staffed with a multidis-  
23 ciplinary team capable of meeting the needs of individuals experiencing  
24 all levels of crisis in the community, which shall include, but not be  
25 limited to, at least one psychiatrist or psychiatric nurse practitioner,  
26 a credentialed alcoholism and substance abuse counselor and one peer  
27 support specialist on duty and available at all times.

28 (c) The commissioners shall promulgate regulations necessary to the  
29 operation of such crisis stabilization centers.

30 (d) Where a crisis stabilization center has been established prior to  
31 the effective date of this article, the previously established center  
32 may be issued a license where the provider can demonstrate substantial  
33 compliance with minimum crisis service standards necessary for patient  
34 safety and program efficacy.

35 (e) For the purpose of addressing unique rural service delivery needs  
36 and conditions, the commissioners shall provide technical assistance for  
37 the establishment of crisis stabilization centers otherwise approved  
38 under the provisions of this section, including technical assistance to  
39 promote and facilitate the establishment of such centers in rural areas  
40 in the state or combinations of rural counties.

41 (f) The commissioners shall develop guidelines for educational materi-  
42 als to assist crisis stabilization centers in educating local practi-  
43 tioners, community mental health and substance abuse programs, hospi-  
44 tals, law enforcement and peers. Such materials shall include  
45 appropriate education relating to de-escalation techniques, cultural  
46 competency, the recovery process, mental health, substance use, and  
47 avoidance of aggressive confrontation.

48 (g) Within the amounts appropriated, the commissioners shall arrange  
49 for appropriate training to law enforcement entities, first responders,  
50 and any other entities deemed appropriate by the commissioners, located  
51 within the catchment area of a crisis stabilization center. The training  
52 may include but not be limited to: (1) crisis intervention team train-  
53 ing; (2) mental health first aid; (3) implicit bias training; and (4)  
54 naloxone training. Such training may be provided in an electronic format  
55 or other format as deemed appropriate by the commissioners. The commis-

1 sioners may contract with an organization with the knowledge and exper-  
2 tise in providing the training required under this subdivision.

3 § 36.02 Referral to crisis stabilization centers.

4 (a) A referral to crisis stabilization centers may include but not be  
5 limited to: (1) walk-ins or self-referrals; (2) family members; (3)  
6 schools; (4) hospitals; (5) community-based providers; (6) mobile mental  
7 health crisis teams; (7) crisis call centers; (8) primary care doctors;  
8 (9) law enforcement; and (10) private practitioners.

9 (b) All services provided in crisis stabilization centers shall be  
10 voluntary. No crisis stabilization center shall accept involuntary  
11 referrals, and no person shall be forced or coerced to participate in  
12 services or treatment. A crisis stabilization center may at any time  
13 refer a person in their care to a higher level of treatment if deemed  
14 appropriate.

15 (c) For a person who is in need of emergency observation under section  
16 9.41, 9.43, 9.45, or 9.58 of this chapter, the appropriate police offi-  
17 cer, peace officer, court, community services director or mobile crisis  
18 team must inform the person of the crisis stabilization center services  
19 where available. A crisis stabilization center may conduct an assessment  
20 prior to accepting a referral. A crisis stabilization center may make a  
21 referral to a hospital or comprehensive psychiatric emergency program if  
22 an assessment determines that they are unable to meet the service needs  
23 of a person.

24 § 4. Section 9.41 of the mental hygiene law, as amended by chapter 723  
25 of the laws of 1989, is amended to read as follows:

26 § 9.41 Emergency [~~admissions~~] assessment for immediate observation,  
27 care, and treatment; powers of certain peace officers and  
28 police officers.

29 (a) Any peace officer, when acting pursuant to his or her special  
30 duties, or police officer who is a member of the state police or of an  
31 authorized police department or force or of a sheriff's department may  
32 take into custody any person who appears to be mentally ill and is  
33 conducting himself or herself in a manner which is likely to result in  
34 serious harm to the person or others. Such officer may direct the  
35 removal of such person or remove him or her to any hospital specified in  
36 subdivision (a) of section 9.39 of this article, or any comprehensive  
37 psychiatric emergency program specified in subdivision (a) of section  
38 9.40 of this article, or[7] pending his or her examination or admission  
39 to any such hospital or program, temporarily detain any such person in  
40 another safe and comfortable place, in which event, such officer shall  
41 immediately notify the director of community services or, if there be  
42 none, the health officer of the city or county of such action.

43 (b) A person otherwise determined to meet the criteria for an emergen-  
44 cy assessment pursuant to this section may voluntarily agree to be  
45 transported to a crisis stabilization center under section 36.01 of this  
46 chapter for care and treatment and, in accordance with this article, an  
47 assessment by the crisis stabilization center determines that they are  
48 able to meet the service needs of the person.

49 § 5. Section 9.43 of the mental hygiene law, as amended by chapter 723  
50 of the laws of 1989, is amended to read as follows:

51 § 9.43 Emergency [~~admissions~~] assessment for immediate observation,  
52 care, and treatment; powers of courts.

53 (a) Whenever any court of inferior or general jurisdiction is informed  
54 by verified statement that a person is apparently mentally ill and is  
55 conducting himself or herself in a manner which in a person who is not  
56 mentally ill would be deemed disorderly conduct or which is likely to

1 result in serious harm to himself or herself, such court shall issue a  
2 warrant directing that such person be brought before it. If, when said  
3 person is brought before the court, it appears to the court, on the  
4 basis of evidence presented to it, that such person has or may have a  
5 mental illness which is likely to result in serious harm to himself or  
6 herself or others, the court shall issue a civil order directing his or  
7 her removal to any hospital specified in subdivision (a) of section 9.39  
8 of this article or any comprehensive psychiatric emergency program spec-  
9 ified in subdivision (a) of section 9.40 of this article, or to any  
10 crisis stabilization center specified in section 36.01 of this chapter  
11 when the court deems such center is appropriate and where such person  
12 voluntarily agrees; that is willing to receive such person for a deter-  
13 mination by the director of such hospital [~~or~~], program or center wheth-  
14 er such person should be [~~retained~~] received therein pursuant to such  
15 section.

16 (b) Whenever a person before a court in a criminal action appears to  
17 have a mental illness which is likely to result in serious harm to  
18 himself or herself or others and the court determines either that the  
19 crime has not been committed or that there is not sufficient cause to  
20 believe that such person is guilty thereof, the court may issue a civil  
21 order as above provided, and in such cases the criminal action shall  
22 terminate.

23 § 6. Section 9.45 of the mental hygiene law, as amended by chapter 723  
24 of the laws of 1989 and the opening paragraph as amended by chapter 192  
25 of the laws of 2005, is amended to read as follows:

26 § 9.45 Emergency [~~admissions~~] assessment for immediate observation,  
27 care, and treatment; powers of directors of community services.

28 (a) The director of community services or the director's designee  
29 shall have the power to direct the removal of any person, within his or  
30 her jurisdiction, to a hospital approved by the commissioner pursuant to  
31 subdivision (a) of section 9.39 of this article, or to a comprehensive  
32 psychiatric emergency program pursuant to subdivision (a) of section  
33 9.40 of this article, if the parent, adult sibling, spouse or child of  
34 the person, the committee or legal guardian of the person, a licensed  
35 psychologist, registered professional nurse or certified social worker  
36 currently responsible for providing treatment services to the person, a  
37 supportive or intensive case manager currently assigned to the person by  
38 a case management program which program is approved by the office of  
39 mental health for the purpose of reporting under this section, a  
40 licensed physician, health officer, peace officer or police officer  
41 reports to him or her that such person has a mental illness for which  
42 immediate care and treatment [~~in a hospital~~] is appropriate and which is  
43 likely to result in serious harm to himself or herself or others. It  
44 shall be the duty of peace officers, when acting pursuant to their  
45 special duties, or police officers, who are members of an authorized  
46 police department or force or of a sheriff's department to assist repre-  
47 sentatives of such director to take into custody and transport any such  
48 person. Upon the request of a director of community services or the  
49 director's designee an ambulance service, as defined in subdivision two  
50 of section three thousand one of the public health law, is authorized to  
51 transport any such person. Such person may then be retained in a hospi-  
52 tal pursuant to the provisions of section 9.39 of this article or in a  
53 comprehensive psychiatric emergency program pursuant to the provisions  
54 of section 9.40 of this article.

55 (b) A person otherwise determined to meet the criteria for an emergen-  
56 cy assessment pursuant to this section may voluntarily agree to be



1 transported to a crisis stabilization center under section 36.01 of this  
2 chapter for care and treatment and, in accordance with this article, an  
3 assessment by the crisis stabilization center determines that they are  
4 able to meet the service needs of the person.

5 § 7. Subdivision (a) of section 9.58 of the mental hygiene law, as  
6 added by chapter 678 of the laws of 1994, is amended to read as follows:

7 (a) A physician or qualified mental health professional who is a  
8 member of an approved mobile crisis outreach team shall have the power  
9 to remove, or pursuant to subdivision (b) of this section, to direct the  
10 removal of any person who appears to be mentally ill and is conducting  
11 themselves in a manner which is likely to result in serious harm to  
12 themselves or others, to a hospital approved by the commissioner pursu-  
13 ant to subdivision (a) of section 9.39 or section 31.27 of this chapter  
14 [~~for the purpose of evaluation for admission if such person appears to~~  
15 ~~be mentally ill and is conducting himself or herself in a manner which~~  
16 ~~is likely to result in serious harm to the person or others]~~ or where  
17 the team physician or qualified mental health professional deems appro-  
18 priate and where the person voluntarily agrees, to a crisis stabiliza-  
19 tion center specified in section 36.01 of this chapter.

20 § 8. Subdivision 2 of section 365-a of the social services law is  
21 amended by adding a new paragraph (gg) to read as follows:

22 (gg) addiction and mental health services and supports provided by  
23 facilities licensed pursuant to article thirty-six of the mental hygiene  
24 law.

25 § 9. Paragraph 5 of subdivision (a) of section 22.09 of the mental  
26 hygiene law, as amended by section 1 of part D of chapter 69 of the laws  
27 of 2016, is amended to read as follows:

28 5. "Treatment facility" means a facility designated by the commission-  
29 er which may only include a general hospital as defined in article twenty-  
30 eight of the public health law, or a medically managed or medically  
31 supervised withdrawal, inpatient rehabilitation, or residential stabili-  
32 zation treatment program that has been certified by the commissioner to  
33 have appropriate medical staff available on-site at all times to provide  
34 emergency services and continued evaluation of capacity of individuals  
35 retained under this section or a crisis stabilization center licensed  
36 pursuant to article 36.01 of this chapter.

37 § 10. Subparagraph (B) of paragraph 31 of subsection (i) of section  
38 3216 of the insurance law, as amended by section 6 of subpart A of part  
39 BB of chapter 57 of the laws of 2019, is amended to read as follows:

40 (B) Coverage under this paragraph may be limited to facilities in [~~New~~  
41 ~~York~~] this state that are licensed, certified or otherwise authorized by  
42 the office of [~~alcoholism and substance abuse services~~] addiction  
43 services and supports to provide outpatient substance use disorder  
44 services and crisis stabilization centers licensed pursuant to section  
45 36.01 of the mental hygiene law, and, in other states, to those which  
46 are accredited by the joint commission as alcoholism or chemical depend-  
47 ence substance abuse treatment programs and are similarly licensed,  
48 certified, or otherwise authorized in the state in which the facility is  
49 located.

50 § 11. Paragraph 31 of subsection (i) of section 3216 of the insurance  
51 law is amended by adding a new subparagraph (I) to read as follows:

52 (I) This subparagraph shall apply to crisis stabilization centers in  
53 this state that are licensed pursuant to section 36.01 of the mental  
54 hygiene law and participate in the insurer's provider network. Benefits  
55 for care in a crisis stabilization center shall not be subject to preau-  
56 thorization. All treatment provided under this subparagraph may be

1 reviewed retrospectively. Where care is denied retrospectively, an  
2 insured shall not have any financial obligation to the facility for any  
3 treatment under this subparagraph other than any copayment, coinsurance,  
4 or deductible otherwise required under the policy.

5 § 12. Item (i) of subparagraph (A) of paragraph 35 of subsection (i)  
6 of section 3216 of the insurance law, as added by section 8 of subpart A  
7 of part BB of chapter 57 of the laws of 2019, is amended to read as  
8 follows:

9 (i) where the policy provides coverage for inpatient hospital care,  
10 benefits for inpatient care in a hospital as defined by subdivision ten  
11 of section 1.03 of the mental hygiene law and benefits for outpatient  
12 care provided in a facility issued an operating certificate by the  
13 commissioner of mental health pursuant to the provisions of article  
14 thirty-one of the mental hygiene law, or in a facility operated by the  
15 office of mental health, or in a crisis stabilization center licensed  
16 pursuant to section 36.01 of the mental hygiene law, or, for care  
17 provided in other states, to similarly licensed or certified hospitals  
18 or facilities; and

19 § 13. Paragraph 35 of subsection (i) of section 3216 of the insurance  
20 law is amended by adding a new subparagraph (H) to read as follows:

21 (H) This subparagraph shall apply to crisis stabilization centers in  
22 this state that are licensed pursuant to section 36.01 of the mental  
23 hygiene law and participate in the insurer's provider network. Benefits  
24 for care in a crisis stabilization center shall not be subject to preau-  
25 thorization. All treatment provided under this subparagraph may be  
26 reviewed retrospectively. Where care is denied retrospectively, an  
27 insured shall not have any financial obligation to the facility for any  
28 treatment under this subparagraph other than any copayment, coinsurance,  
29 or deductible otherwise required under the policy.

30 § 14. Item (i) of subparagraph (A) of paragraph 5 of subsection (l)  
31 of section 3221 of the insurance law, as amended by section 13 of  
32 subpart A of part BB of chapter 57 of the laws of 2019, is amended as  
33 follows:

34 (i) where the policy provides coverage for inpatient hospital care,  
35 benefits for inpatient care in a hospital as defined by subdivision ten  
36 of section 1.03 of the mental hygiene law and benefits for outpatient  
37 care provided in a facility issued an operating certificate by the  
38 commissioner of mental health pursuant to the provisions of article  
39 thirty-one of the mental hygiene law, or in a facility operated by the  
40 office of mental health or in a crisis stabilization center licensed  
41 pursuant to section 36.01 of the mental hygiene law or, for care  
42 provided in other states, to similarly licensed or certified hospitals  
43 or facilities; and

44 § 15. Paragraph 5 of subsection (l) of section 3221 of the insurance  
45 law is amended by adding a new subparagraph (H) to read as follows:

46 (H) This subparagraph shall apply to crisis stabilization centers in  
47 this state that are licensed pursuant to section 36.01 of the mental  
48 hygiene law and participate in the insurer's provider network. Benefits  
49 for care in a crisis stabilization center shall not be subject to preau-  
50 thorization. All treatment provided under this subparagraph may be  
51 reviewed retrospectively. Where care is denied retrospectively, an  
52 insured shall not have any financial obligation to the facility for any  
53 treatment under this subparagraph other than any copayment, coinsurance,  
54 or deductible otherwise required under the policy.

1 § 16. Subparagraph (B) of paragraph 7 of subsection (l) of section  
2 3221 of the insurance law, as amended by section 16 of subpart A of part  
3 BB of chapter 57 of the laws of 2019, is amended to read as follows:

4 (B) Coverage under this paragraph may be limited to facilities in [~~New~~  
5 ~~York~~] this state that are licensed, certified or otherwise authorized by  
6 the office of [~~alcoholism and substance abuse services~~] addiction  
7 services and supports to provide outpatient substance use disorder  
8 services and crisis stabilization centers licensed pursuant to section  
9 36.01 of the mental hygiene law, and, in other states, to those which  
10 are accredited by the joint commission as alcoholism or chemical depend-  
11 ence treatment programs and similarly licensed, certified or otherwise  
12 authorized in the state in which the facility is located.

13 § 17. Paragraph 7 of subsection (l) of section 3221 of the insurance  
14 law is amended by adding a new subparagraph (I) to read as follows:

15 (I) This subparagraph shall apply to crisis stabilization centers in  
16 this state that are licensed pursuant to section 36.01 of the mental  
17 hygiene law and participate in the insurer's provider network. Benefits  
18 for care in a crisis stabilization center shall not be subject to preau-  
19 thorization. All treatment provided under this subparagraph may be  
20 reviewed retrospectively. Where care is denied retrospectively, an  
21 insured shall not have any financial obligation to the facility for any  
22 treatment under this subparagraph other than any copayment, coinsurance,  
23 or deductible otherwise required under the policy.

24 § 18. Paragraph 1 of subsection (g) of section 4303 of the insurance  
25 law, as amended by section 22 of subpart A of part BB of chapter 57 of  
26 the laws of 2019, is amended to read as follows:

27 (1) where the contract provides coverage for inpatient hospital care,  
28 benefits for in-patient care in a hospital as defined by subdivision ten  
29 of section 1.03 of the mental hygiene law or for inpatient care provided  
30 in other states, to similarly licensed hospitals, and benefits for out-  
31 patient care provided in a facility issued an operating certificate by  
32 the commissioner of mental health pursuant to the provisions of article  
33 thirty-one of the mental hygiene law or in a facility operated by the  
34 office of mental health or in a crisis stabilization center licensed  
35 pursuant to section 36.01 of the mental hygiene law or for out-patient  
36 care provided in other states, to similarly certified facilities; and

37 § 19. Subsection (g) of section 4303 of the insurance law is amended  
38 by adding a new paragraph 9 to read as follows:

39 (9) This paragraph shall apply to crisis stabilization centers in this  
40 state that are licensed pursuant to section 36.01 of the mental hygiene  
41 law and participate in the corporation's provider network. Benefits for  
42 care in a crisis stabilization center shall not be subject to preauthor-  
43 ization. All treatment provided under this paragraph may be reviewed  
44 retrospectively. Where care is denied retrospectively, an insured shall  
45 not have any financial obligation to the facility for any treatment  
46 under this paragraph other than any copayment, coinsurance, or deduct-  
47 ible otherwise required under the contract.

48 § 20. Paragraph 2 of subsection (l) of section 4303 of the insurance  
49 law, as amended by section 27 of subpart A of part BB of chapter 57 of  
50 the laws of 2019, is amended to read as follows:

51 (2) Coverage under this subsection may be limited to facilities in  
52 [~~New York~~] this state that are licensed, certified or otherwise author-  
53 ized by the office of [~~alcoholism and substance abuse services~~]  
54 addiction services and supports to provide outpatient substance use  
55 disorder services and crisis stabilization centers licensed pursuant to  
56 section 36.01 of the mental hygiene law, and, in other states, to those

1 which are accredited by the joint commission as alcoholism or chemical  
2 dependence substance abuse treatment programs and are similarly  
3 licensed, certified or otherwise authorized in the state in which the  
4 facility is located.

5 § 21. Subsection (1) of section 4303 of the insurance law is amended  
6 by adding a new paragraph 9 to read as follows:

7 (9) This paragraph shall apply to crisis stabilization centers in this  
8 state that are licensed pursuant to section 36.01 of the mental hygiene  
9 law and participate in the corporation's provider network. Benefits for  
10 care in a crisis stabilization center shall not be subject to preauthor-  
11 ization. All treatment provided under this paragraph may be reviewed  
12 retrospectively. Where care is denied retrospectively, an insured shall  
13 not have any financial obligation to the facility for any treatment  
14 under this paragraph other than any copayment, coinsurance, or deduct-  
15 ible otherwise required under the contract.

16 § 22. The commissioner of health, in consultation with the office of  
17 mental health and the office of addiction services and supports, shall  
18 seek Medicaid federal financial participation from the federal centers  
19 for Medicare and Medicaid services for the federal share of payments for  
20 the services authorized pursuant to this part.

21 § 23. This act shall take effect October 1, 2021; provided, however,  
22 that the amendments to sections 9.41, 9.43 and 9.45 of the mental  
23 hygiene law made by sections four, five and six of this act shall not  
24 affect the expiration of such sections and shall expire therewith; and  
25 provided, further, however, that sections ten, eleven, twelve, thirteen,  
26 fourteen, fifteen, sixteen, seventeen, eighteen, nineteen, twenty, and  
27 twenty-one of this act shall apply to policies and contracts issued,  
28 renewed, modified, altered or amended on or after January 1, 2022.  
29 Effective immediately, the addition, amendment and/or repeal of any rule  
30 or regulation necessary for the implementation of this act on its effec-  
31 tive date are authorized to be made and completed on or before such  
32 effective date.

33 PART BB

34 Intentionally Omitted

35 PART CC

36 Intentionally Omitted

37 PART DD

38 Intentionally Omitted

39 PART EE

40 Intentionally Omitted

41 PART FF

42 Intentionally Omitted

43 PART GG

1 Section 1. The public health law is amended by adding a new section  
2 2828 to read as follows:

3 § 2828. Residential health care facilities; minimum direct resident  
4 care spending. 1. (a) Notwithstanding any law to the contrary, the  
5 department shall promulgate regulations governing the disposition of  
6 revenue in excess of expenses for residential health care facilities  
7 consistent with this section. Beginning on and after January first, two  
8 thousand twenty-two, every residential health care facility shall spend  
9 a minimum of seventy percent of revenue on direct resident care, and  
10 forty percent of revenue shall be spent on resident-facing staffing,  
11 provided that amounts spent on resident-facing staffing shall be  
12 included as a part of amounts spent on direct resident care.

13 (b) Fifteen percent of costs associated with resident-facing staffing  
14 contracted out by a facility for services provided by registered profes-  
15 sional nurses or licensed practical nurses licensed pursuant to article  
16 one hundred thirty-nine of the education law or certified nurse aides  
17 who have completed certification and training approved by the department  
18 shall be deducted from the calculation of the amount spent on residen-  
19 ting staffing and direct resident care.

20 (c) Such regulations shall further include at a minimum that any resi-  
21 dential health care facility for which total operating revenue exceeds  
22 total operating and non-operating expenses by more than five percent of  
23 total operating and non-operating expenses or that fails to spend the  
24 minimum amount necessary to comply with the minimum spending standards  
25 for resident-facing staffing or direct resident care, calculated on an  
26 annual basis, shall remit such excess revenue, or the difference between  
27 the minimum spending requirement and the actual amount of spending on  
28 resident-facing staffing or direct care staffing, as the case may be, to  
29 the state, with such excess revenue which shall be payable, in a manner  
30 to be determined by such regulations, by November first in the year  
31 following the year in which the expenses are incurred. The department  
32 shall collect such payments by methods including, but not limited to,  
33 bringing suit in a court of competent jurisdiction on its own behalf  
34 after giving notice of such suit to the attorney general, deductions or  
35 offsets from payments made pursuant to the Medicaid program, and shall  
36 deposit such recouped funds into the nursing home quality pool, as set  
37 forth in paragraph d of subdivision two-c of section two thousand eight  
38 hundred eight of this article. Provided further that such payments of  
39 excess revenue shall be in addition to and shall not affect a residen-  
40 tial health care facility's obligations to make any other payments  
41 required by state or federal law into the nursing home quality pool,  
42 including but not limited to medicaid rate reductions required pursuant  
43 to paragraph g of subdivision two-c of section two thousand eight  
44 hundred eight of this article and department regulations promulgated  
45 pursuant thereto. The commissioner or their designees shall have author-  
46 ity to audit the residential health care facilities' reports for compli-  
47 ance in accordance with this section.

48 2. For the purposes of this section the following terms shall have the  
49 following meanings:

50 (a) "Revenue" shall mean the total operating revenue from or on behalf  
51 of residents of the residential health care facility, government payers,  
52 or third-party payers, to pay for a resident's occupancy of the residen-  
53 tial health care facility, resident care, and the operation of the resi-  
54 dential health care facility as reported in the residential health care  
55 facility cost reports submitted to the department; provided, however,

1 that revenue shall exclude the average increase in the capital portion  
2 of the Medicaid reimbursement rate from the prior three years.

3 (b) "Expenses" shall include all operating and non-operating expenses,  
4 before extraordinary gains, reported in cost reports submitted pursuant  
5 to section twenty-eight hundred five-e of this article, except as  
6 expressly excluded by regulations and/or this section. Such exclusions  
7 shall include, but not be limited to, any related party transaction or  
8 compensation to the extent that the value of such transaction is greater  
9 than fair market value, and the payment of compensation for employees  
10 who are not actively engaged in or providing services at the facility.

11 (c) "Direct resident care" includes the following cost centers in the  
12 residential health care facility cost report: (i) Nonrevenue Support  
13 Services - Plant Operation & Maintenance, Laundry and Linen, House-  
14 keeping, Patient Food Service, Nursing Administration, Activities  
15 Program, Nonphysician Education, Medical Education, Medical Director's  
16 Office, Housing, Social Service, Transportation; (ii) Ancillary Services  
17 - Laboratory Services, Electrocardiology, Electroencephalogy, Radiology,  
18 Inhalation Therapy, Podiatry, Dental, Psychiatric, Physical Therapy,  
19 Occupational Therapy, Speech/Hearing Therapy, Pharmacy, Central Services  
20 Supply, Medical Staff Services provided by licensed or certified profes-  
21 sionals including and without limitation Registered Nurses, Licensed  
22 Practical Nurses, and Certified Nursing Assistant; and (iii) Program  
23 Services - Residential Health Care Facility, Pediatric, Traumatic Brain  
24 Injury (TBI), Autoimmune Deficiency Syndrome (AIDS), Long Term Ventila-  
25 tor, Respite, Behavioral Intervention, Neurodegenerative, Adult Care  
26 Facility, Intermediate Care Facilities, Independent Living, Outpatient  
27 Clinics, Adult Day Health Care, Home Health Care, Meals on Wheels,  
28 Barber & Beauty Shop, and Other similar program services that directly  
29 address the physical conditions of residents. Direct resident care does  
30 not include, at a minimum and without limitation, administrative costs  
31 (other than nurse administration), capital costs, debt service, taxes  
32 (other than sales taxes or payroll taxes), capital depreciation, rent  
33 and leases, and fiscal services.

34 (d) "Resident-facing staffing" shall include all staffing expenses in  
35 the ancillary and program services categories on exhibit h of the resi-  
36 dential health care reports as in effect on February fifteenth, two  
37 thousand twenty-one.

38 (e) "Cost Report" shall mean the annual financial and statistical  
39 report submitted to the department pursuant to sections two thousand  
40 eight hundred five-e and two thousand eight hundred eight-b of this  
41 article, and regulations promulgated pursuant thereto, which includes  
42 the residential health care facility's revenues, expenses, assets,  
43 liabilities and statistical information.

44 3. For the purposes of this section, residential health care facili-  
45 ties shall not include (a) facilities that are authorized by the depart-  
46 ment to primarily care for medically fragile children, people with  
47 HIV/AIDS, persons requiring behavioral intervention, persons requiring  
48 neurodegenerative services, and other specialized populations that the  
49 commissioner deems appropriate to exclude; and (b) continuing care  
50 retirement communities licensed pursuant to article forty-six or forty  
51 six-a of this chapter.

52 4. The commissioner may waive the requirements of this section on a  
53 case-by-case basis with respect to a nursing home that demonstrates to  
54 the commissioner's satisfaction that it experienced unexpected or excep-  
55 tional circumstances that prevented compliance. The commissioner may  
56 also exclude from revenues and expenses, on a case-by-case basis,

1 extraordinary revenues and capital expenses, incurred due to a natural  
 2 disaster or other circumstances set forth by the commissioner in regu-  
 3 lation. At least thirty days before any action by the commissioner under  
 4 this subdivision, the commissioner shall transmit the proposed action to  
 5 the state office of the long-term care ombudsman and the chairs of the  
 6 senate and assembly health committees, and post it on the department's  
 7 website.

8 5. The commissioner shall issue regulations, seek amendments to the  
 9 state plan for medical assistance, seek waivers from the federal Centers  
 10 for Medicare and Medicaid Services, and take such other actions as  
 11 reasonably necessary to implement this section.

12 6. The commissioner shall, if necessary, update reporting forms  
 13 completed by residential health care facilities under section twenty-  
 14 eight hundred five-e of this article to include information to ensure  
 15 all items referred to in this section and organize such information  
 16 consistent with the terms of this section.

17 § 2. Severability. If any provision of this act, or any application of  
 18 any provision of this act, is held to be invalid, that shall not affect  
 19 the validity or effectiveness of any other provision of this act or any  
 20 other application of any provision of this act.

21 § 3. This act shall take effect immediately.

22 PART HH

23 Section 1. Subdivision 3 of section 450 of the executive law, as added  
 24 by chapter 588 of the laws of 1981, is amended to read as follows:

25 3. (a) The ~~[membership of the developmental disabilities planning~~  
 26 ~~council shall at all times include representatives of the principal~~  
 27 ~~state agencies, higher education training facilities,]~~ following people  
 28 shall serve as ex officio members of the council:

29 (i) the head of any state agency that administers funds provided under  
 30 federal laws related to individuals with disabilities, or such person's  
 31 designee;

32 (ii) the head of any university center for excellence in developmental  
 33 disabilities, or such person's designee; and

34 (iii) the head of the state's protection and advocacy system, or such  
 35 person's designee.

36 (b) The membership of the developmental disabilities planning council  
 37 shall also include local agencies, and non-governmental agencies and  
 38 groups concerned with services to persons with developmental disabili-  
 39 ties in New York state[+].

40 [~~(b)~~] (c) At least [one-half] sixty percent of the [membership]  
 41 members appointed by the governor shall consist of[+

42 (i)] developmentally disabled persons or their parents or guardians or  
 43 of immediate relatives or guardians of persons with [mentally impairing]  
 44 developmental disabilities[+].

45 [~~(ii) these~~] (i) These members may not be employees of a state agency  
 46 receiving funds or providing services under the federal developmental  
 47 disabilities assistance act or have a managerial, proprietary or  
 48 controlling interest in an entity which receives funds or provides  
 49 services under such act,

50 [~~(iii) at~~] (ii) At least one-third of these members shall be develop-  
 51 mentally disabled,

52 [~~(iv) at~~] (iii) At least one-third of these members shall be immediate  
 53 relatives or guardians of persons with [~~mentally impairing~~] develop-  
 54 mental disabilities, and

1 [~~(v) at~~] (iv) At least one member shall be an immediate relative or  
2 guardian of an institutionalized developmentally disabled person[~~†~~  
3 ~~(c) The membership may include some or all of the members of the advisory~~  
4 ~~council on mental retardation and developmental disabilities~~].

5 § 2. This act shall take effect immediately.

6 PART II

7 Section 1. Paragraph (d-2) of subdivision 3 of section 364-j of the  
8 social services law, as amended by section 10 of part B of chapter 57 of  
9 the laws of 2018, is amended to read as follows:

10 (d-2) Services provided pursuant to waivers, granted pursuant to  
11 subsection (c) of section 1915 of the federal social security act, to  
12 persons suffering from traumatic brain injuries or qualifying for nurs-  
13 ing home diversion and transition services, shall not be provided to  
14 medical assistance recipients through managed care programs until at  
15 least January first, two thousand [~~twenty-two~~] twenty-six.

16 § 2. This act shall take effect immediately, provided that the amend-  
17 ments to section 364-j of the social services law, made by section one  
18 of this act, shall not affect the expiration and repeal of such section,  
19 and shall expire and be deemed repealed therewith.

20 PART JJ

21 Section 1. Subdivision 3 of section 364-j of the social services law  
22 is amended by adding a new paragraph (d-3) to read as follows:

23 (d-3) Services provided in school-based health centers shall not be  
24 provided to medical assistance recipients through managed care programs  
25 established pursuant to this section until at least April first, two  
26 thousand twenty-three, and shall continue to be provided outside of  
27 managed care programs.

28 § 2. This act shall take effect immediately and shall expire April 1,  
29 2023, when upon such date the provisions of this act shall be deemed  
30 repealed; provided further, the amendments to section 364-j of the  
31 social services law made by section one of this act shall not affect the  
32 repeal of such section and shall be deemed repealed therewith.

33 PART KK

34 Section 1. Section 4 of chapter 495 of the laws of 2004, amending the  
35 insurance law and the public health law relating to the New York state  
36 health insurance continuation assistance demonstration project, as  
37 amended by section 17 of part BB of chapter 56 of the laws of 2020, is  
38 amended to read as follows:

39 § 4. This act shall take effect on the sixtieth day after it shall  
40 have become a law; provided, however, that this act shall remain in  
41 effect until July 1, [~~2021~~] 2022 when upon such date the provisions of  
42 this act shall expire and be deemed repealed; provided, further, that a  
43 displaced worker shall be eligible for continuation assistance retroac-  
44 tive to July 1, 2004.

45 § 2. This act shall take effect immediately.

46 PART LL



1 Section 1. Subparagraph (vi) of paragraph (b) of subdivision 4-a of  
2 section 365-f of the social services law, as amended by section 4 of  
3 part G of chapter 57 of the laws of 2019, is amended to read as follows:

4 (vi) the commissioner is authorized to either reoffer contracts [~~under~~  
5 ~~the same terms of this subdivision, if determined necessary by the~~  
6 ~~commissioner~~] or utilize the previous offer, to ensure that all  
7 provisions of this section are met.

8 § 2. Subdivision 4-a of section 365-f of the social services law is  
9 amended by adding three new paragraphs (b-1), (b-2) and (b-3) to read as  
10 follows:

11 (b-1) Following the initial selection of contractors pursuant to this  
12 subdivision the commissioner is instructed to survey for information  
13 relating to the additional selection criteria under this paragraph and  
14 paragraph (b-2) of this subdivision, in writing in a manner determined  
15 by the commissioner, from all applicants that were qualified by the  
16 commissioner as meeting minimum requirements of the procurement process  
17 described in paragraph (b) of this subdivision including those that were  
18 not awarded contracts under that process:

19 (i) whether the applicant is formed as a charitable corporation under  
20 article two of the not-for-profit corporation law or authorized as a  
21 foreign corporation under article thirteen of the not-for-profit corpo-  
22 ration law;

23 (ii) was the applicant performing administrative services as a fiscal  
24 intermediary prior to January first, two thousand twelve and has it  
25 continuously provided such services for eligible individuals pursuant to  
26 this section since that date;

27 (iii) the address the applicant listed as its primary mailing address  
28 on its most recently filed state corporate tax return or its Federal  
29 Return of Organization Exempt From Income Tax form (form 990);

30 (iv) whether the applicant is currently authorized, funded, approved  
31 or certified to deliver state plan or home and community-based waiver  
32 supports and services to individuals with intellectual and developmental  
33 disabilities by the office for people with developmental disabilities;

34 (v) whether the applicant has historically provided fiscal interme-  
35 diary administrative services to racial and ethnic minority residents or  
36 new Americans, as defined in section ninety-four-b of the executive law,  
37 in such consumers' primary language, as evidenced by information and  
38 materials provided to consumers in the consumers' primary language or  
39 languages; and

40 (vi) whether the applicant is verified as a minority or woman-owned  
41 business enterprise pursuant to section three hundred fourteen of the  
42 executive law.

43 (b-2) The commissioner shall give applicants thirty days to respond to  
44 the survey. The failure of any applicants to respond to the survey and  
45 provide the information sought within such thirty-day period shall  
46 disqualify such applicants from consideration of any additional awards.  
47 Following receipt of the survey responses from applicants, the commis-  
48 sioner shall make awards to qualified applicants that previously submit-  
49 ted applications, in addition to any awards already announced, as may be  
50 necessary to ensure the commissioner has made awards as follows:

51 (i) the commissioner shall make awards to one or two additional appli-  
52 cants, to the extent that such applications were received, that are  
53 located in each county with a population of more than two hundred thou-  
54 sand but less than five hundred thousand as evidenced by the primary  
55 mailing address from the information surveyed under subparagraph (iii)  
56 of paragraph (b-1) of this subdivision.

1 (ii) the commissioner shall make awards to one or two additional  
2 applicants, to the extent that such applications were received, that are  
3 located in each county with a population of five hundred thousand or  
4 more as evidenced by the primary mailing address from the information  
5 surveyed under subparagraph (iii) of paragraph (b-1) of this subdivi-  
6 sion.

7 (iii) to provide geographic distribution that would ensure access in  
8 different regions of the state the commissioner shall make awards to at  
9 least two additional applicants, to the extent that such applications  
10 were received, that are currently authorized, funded, approved or certi-  
11 fied to deliver state plan or home and community-based waiver supports  
12 and services to individuals with intellectual and developmental disabil-  
13 ities by the office for people with developmental disabilities and meet  
14 the following criteria:

15 (A) are organized as a not-for-profit corporation pursuant to article  
16 two of the not-for-profit corporation law or authorized as a foreign  
17 corporation under article thirteen of the not-for-profit corporation  
18 law; or

19 (B) have been performing administrative services as fiscal interme-  
20 diaries prior to January first, two thousand twelve and have been  
21 continuously providing such services for eligible individuals pursuant  
22 to this section since that date.

23 (iv) to provide geographic distribution that would ensure access in  
24 different regions of the state the commissioner shall make awards to at  
25 least two additional applicants, to the extent that such applications  
26 were received, that serve racial and ethnic minority residents, reli-  
27 gious minority residents, or new Americans in those consumers' primary  
28 language, as evidenced by information and materials provided to consum-  
29 ers in the consumers' primary language or languages and meet the follow-  
30 ing criteria:

31 (A) are organized as a not-for-profit corporation pursuant to the  
32 not-for-profit corporation law or authorized as a foreign corporation  
33 under article thirteen of the not-for-profit corporation law; or

34 (B) have been performing administrative services as fiscal interme-  
35 diaries prior to January first, two thousand twelve and have been  
36 continuously providing such services for eligible individuals pursuant  
37 to this section since that date.

38 (v) to provide geographic distribution that would ensure access in  
39 different regions of the state the commissioner shall make awards to at  
40 least two additional applicants, to the extent that such applications  
41 were received, that have been verified as a minority or woman-owned  
42 business enterprise pursuant to section three hundred fourteen of the  
43 executive law.

44 (vi) Notwithstanding the requirements of this paragraph, the commis-  
45 sioner may only make awards to the extent that applicants that meet the  
46 prescribed criteria, as evidenced by the results of the survey required  
47 under paragraph (b-1) of this subdivision, submitted qualifying applica-  
48 tions and the commissioner shall not be required to make awards where no  
49 applicant meets the prescribed criteria.

50 (b-3) In awarding any new contracts pursuant to paragraph (b-2) of  
51 this subdivision, the commissioner shall not rescore the offers based on  
52 the results of the survey required under paragraph (b-1) of this subdivi-  
53 vision, but shall award such contracts to the next highest scoring  
54 applicant or applicants that meet the criteria under paragraph (b-2) of  
55 this subdivision.

1 § 3. Paragraphs (d) and (e) of subdivision 4-d of section 365-f of the  
2 social services law are relettered paragraphs (e) and (f) and a new  
3 paragraph (d) is added to read as follows:

4 (d) where a fiscal intermediary is acquired by, merges with, sells  
5 assets to, or engages in a transaction of a similar nature with a fiscal  
6 intermediary that was awarded a contract pursuant to subdivision four-a  
7 of this section, all the provisions of this subdivision shall apply. In  
8 providing notice under subparagraph (i) of paragraph (a) of this subdi-  
9 vision, the fiscal intermediary may inform the notice recipient of the  
10 applicable transaction and, if applicable, the ability of the consumer  
11 to remain with the awarded fiscal intermediary in accordance with any  
12 guidance issued by the commissioner.

13 § 4. This act shall take effect immediately.

14 PART MM

15 Section 1. The public health law is amended by adding a new section  
16 2808-e to read as follows:

17 § 2808-e. Residential health care for children with medical fragility  
18 in transition to young adults and young adults with medical fragility  
19 demonstration program. 1. Notwithstanding any law, rule, or regulation  
20 to the contrary, the commissioner shall, within amounts appropriated and  
21 subject to the availability of federal financial participation, estab-  
22 lish a demonstration program for two eligible pediatric residential  
23 health care facilities, as defined in paragraph (d) of subdivision two  
24 of this section, to construct a new facility or repurpose part of an  
25 existing facility to operate as a young adult residential health care  
26 facility for the purpose of improving the quality of care for young  
27 adults with medical fragility.

28 2. For purposes of this section:

29 (a) "children with medical fragility" shall mean children up to twenty-  
30 one years of age who have a chronic debilitating condition or condi-  
31 tions, are at risk of hospitalization, are technology-dependent for life  
32 or health sustaining functions, require complex medication regimens or  
33 medical interventions to maintain or to improve their health status,  
34 and/or are in need of ongoing assessment or intervention to prevent  
35 serious deterioration of their health status or medical complications  
36 that place their life, health or development at risk.

37 (b) "young adults with medical fragility" shall mean individuals who  
38 meet the definition of children with medical fragility, but for the fact  
39 such individuals are aged between eighteen and thirty-five years old.

40 (c) "pediatric residential health care facility" shall mean a residen-  
41 tial health care facility or discrete unit of a residential health care  
42 facility providing services to children under the age of twenty-one.

43 (d) "eligible pediatric residential health care facilities" shall mean  
44 pediatric health care facilities that meet the following eligibility  
45 criteria for the demonstration program set forth in subdivision one of  
46 this section: (i) has over one hundred and sixty licensed pediatric  
47 beds; or (ii) is currently licensed for pediatric beds pursuant to this  
48 article, is co-operated by a system of hospitals licensed pursuant to  
49 this article, and such hospitals qualify for funds pursuant to a vital  
50 access provider assurance program or a value based payment incentive  
51 program, as administered by the department in accordance with all  
52 requirements set forth in the state's federal 1115 Medicaid waiver stan-  
53 dard terms and conditions.

1 3. Notwithstanding any law, rule, or regulation to the contrary, any  
2 child with medical fragility who has resided for at least thirty consec-  
3 utive days in an eligible pediatric residential health care facility and  
4 who has reached the age of twenty-one while a resident, may continue  
5 residing at such eligible pediatric residential health care facility and  
6 receiving such services from the facility, provided that such young  
7 adult with medical fragility remains eligible for nursing home care, and  
8 provided further that the eligible pediatric residential health care  
9 facility has prepared, applied for, and submitted to the commissioner, a  
10 proposal for a new residential health care facility for the provision of  
11 extensive nursing, medical, psychological and counseling support  
12 services to young adults with medical fragility in accordance with  
13 subdivision four of this section. A young adult with medical fragility  
14 may remain in such eligible pediatric residential health care facility  
15 until such time that the young adult with medical fragility attains the  
16 age of thirty-five years or the young adult residential health care  
17 facility is constructed and becomes operational, whichever is sooner.

18 4. Upon receipt of a certificate of need application from an eligible  
19 pediatric residential health care facility selected by the commissioner  
20 for the demonstration program authorized under this section, the commis-  
21 sioner is authorized to approve, with the written approval of the public  
22 health and health planning council pursuant to section twenty-eight  
23 hundred two of this article, the construction of a new residential  
24 health care facility to be constructed and operated on a parcel of land  
25 within the same county as that of eligible pediatric residential health  
26 care facility that is proposing such new facility and over which it will  
27 have site control, or the repurposing of a portion of a residential  
28 health care facility that is currently serving geriatric residents or  
29 those with similar needs for the provision of nursing, medical, psycho-  
30 logical and counseling support services appropriate to the needs of  
31 nursing home-eligible young adults with medical fragility, referred to  
32 herein below as a young adult facility, provided that the established  
33 operator of such eligible pediatric residential health care facility  
34 proposing the young adult facility is in good standing and possesses at  
35 least thirty years' prior experience operating as a pediatric residen-  
36 tial health care facility in the state or more than thirty years' expe-  
37 rience serving medically fragile pediatric patients, and provided  
38 further that such facility qualifies for the demonstration program set  
39 forth in subdivision one of this section.

40 5. A young adult facility established pursuant to subdivision four of  
41 this section may admit, from the community-at-large or upon referral  
42 from an unrelated facility, young adults with medical fragility who  
43 prior to reaching age twenty-one were children with medical fragility,  
44 and who are eligible for nursing home care and in need of extensive  
45 nursing, medical, psychological and counseling support services,  
46 provided that the young adult facility, to promote continuity of care,  
47 undertakes to provide priority admission to young adults with medical  
48 fragility transitioning from the pediatric residential health care  
49 facility or unit operated by the entity that proposed the young adult  
50 facility and ensure sufficient capacity to admit such young adults as  
51 they approach or attain twenty-one years of age.

52 6. (a) For inpatient services provided to any young adults with  
53 medical fragility eligible for medical assistance pursuant to title  
54 eleven of article five of the social services law residing at any eligi-  
55 ble pediatric residential health care facility as authorized in subdivi-  
56 sion three of this section, the commissioner shall establish the operat-

1 ing component of rates of reimbursement appropriate for young adults  
2 with medical fragility residing at a pediatric residential health care  
3 facility, to apply to such young adults twenty-one years of age or  
4 older. Such methodology shall take into account the methodology used to  
5 establish the operating component of the rates pursuant to section twen-  
6 ty eight hundred eight of this article for pediatric residential health  
7 care facilities with an increase or decrease adjustment as appropriate  
8 to account for any discrete expenses associated with caring for young  
9 adults with medical fragility, including addressing their distinct needs  
10 as young adults for psychological and counseling support services.

11 (b) For inpatient services provided to any young adults with medical  
12 fragility eligible for medical assistance pursuant to title eleven of  
13 article five of the social services law at any young adult facility as  
14 authorized in subdivision four of this section, the commissioner shall  
15 establish the operating component of rates of reimbursement appropriate  
16 for young adults with medical fragility. Such methodology shall take  
17 into account the methodology used to establish the operating component  
18 of the rates pursuant to section twenty eight hundred eight of this  
19 article for pediatric residential health care facilities with an  
20 increase or decrease adjustment as appropriate to account for any  
21 discrete expenses associated with caring for young adults with medical  
22 fragility, including addressing their distinct needs as young adults for  
23 psychological and counseling support services.

24 7. The commissioner shall have authority to waive any rule or regu-  
25 lation to effectuate the demonstration program authorized pursuant to  
26 subdivision one of this section.

27 § 2. Within one year of the expiration of the demonstration program  
28 established pursuant to section twenty-eight hundred eight-e of the  
29 public health law, the department of health shall submit a report to the  
30 governor, the temporary president of the senate, and the speaker of the  
31 assembly regarding the results of the demonstration program. Such report  
32 shall include a recommendation regarding the expansion of the demon-  
33 stration program and other metrics to define the need for and cost of  
34 services for the population of young adults with medical fragility, as  
35 determined by the commissioner of health.

36 § 3. This act shall take effect on the one hundred twentieth day after  
37 it shall have become a law; provided however, that section one of this  
38 act shall expire and be deemed repealed two years after such effective  
39 date; and provided further, that section two of this act shall expire  
40 and be deemed repealed three years after such effective date.

41 PART NN

42 Section 1. Subdivision 14 of section 366 of the social services law,  
43 as amended by section 71 of part A of chapter 56 of the laws of 2013, is  
44 amended to read as follows:

45 14. The commissioner of health may make any available amendments to  
46 the state plan for medical assistance submitted pursuant to section  
47 three hundred sixty-three-a of this title, or, if an amendment is not  
48 possible, develop and submit an application for any waiver or approval  
49 under the federal social security act that may be necessary to disregard  
50 or exempt an amount of income, for the purpose of assisting with housing  
51 costs, for individuals receiving coverage of nursing facility services  
52 under this title, other than short-term rehabilitation services, and for  
53 individuals in receipt of medical assistance while in an adult home, as  
54 defined in subdivision twenty-five of section two of this chapter, who:

1 are (i) discharged to the community; and (ii) if eligible, enrolled or  
2 required to enroll and have initiated the process of enrolling in a plan  
3 certified pursuant to section forty-four hundred three-f of the public  
4 health law; and (iii) do not meet the criteria to be considered an  
5 "institutionalized spouse" for purposes of section three hundred sixty-  
6 six-c of this title.

7 § 2. This act shall take effect January 1, 2022.

8

## PART OO

9 Section 1. Section 10 of part KKK of chapter 56 of the laws of 2020  
10 amending the social services law and other laws relating to managed care  
11 encounter data, authorizing electronic notifications, and establishing  
12 regional demonstration projects, is amended to read as follows:

13 § 10. Contingent upon the availability of federal financial partic-  
14 ipation or other federal authorization from the centers of medicare and  
15 medicaid services, the commissioner of health, in consultation with the  
16 superintendent of the department of financial services, is authorized to  
17 implement one or more five-year regional demonstration programs that  
18 would be designed to improve health outcomes and reduce costs, using a  
19 value based model that pays providers an actuarially sound global, pre-  
20 paid and fully capitated amount for individuals in the designated region  
21 who are enrolled in the state's plan for medical assistance established  
22 pursuant to title XIX, or any successor title, of the federal social  
23 security act; the Medicare program established pursuant to title XVIII,  
24 or any successor title, of the federal social security act; and insur-  
25 ers, corporations, and health care plans authorized pursuant to the  
26 insurance law or public health law. The demonstration program may offer  
27 funding and incentives designed to improve health outcomes for attri-  
28 buted individual beneficiaries designed to improve health outcomes,  
29 develop necessary infrastructure and systems; and connect individuals to  
30 community based organizations that address the social determinants of  
31 health. At least one regional demonstration program shall be in the  
32 western, central, southern tier, or capital regions of the state.

33 Notwithstanding any provision of law to the contrary, the commissioner  
34 or the superintendent of the department of financial services may waive  
35 any regulatory requirements as are necessary to implement the demon-  
36 stration program; provided however, that regulations pertaining to  
37 patient safety, patient autonomy, patient privacy, patient rights, due  
38 process, scope of practice, professional licensure, environmental  
39 protections, provider reimbursement methodologies, or occupational stan-  
40 dards and employee rights may not be waived, nor shall any regulations  
41 be waived if such waiver would risk patient safety. Participation in  
42 such program shall be voluntary. One year after this section shall take  
43 effect and annually thereafter the commissioner of health shall provide  
44 a report detailing the activities and outcomes of such program, includ-  
45 ing any regulatory requirements that are waived, to the speaker of the  
46 assembly and the temporary president of the senate.

47 § 2. This act shall take effect immediately.

48

## PART PP

49 Section 1. Subdivision 8 of section 268-a of the public health law, as  
50 added by section 2 of part T of chapter 57 of the laws of 2019, is  
51 amended to read as follows:

1 8. "Insurance affordability program" means Medicaid, child health  
2 plus, the basic health program, post-partum extended coverage and any  
3 other health insurance subsidy program designated as such by the commis-  
4 sioner.

5 § 2. The social services law is amended by adding a new section 369-hh  
6 to read as follows:

7 § 369-hh. Extended post-partum insurance coverage. 1. Definitions.  
8 For purposes of this section:

9 (a) "Qualified individual" shall mean a person who is eligible to  
10 enroll in a qualified health plan according to the definition found in  
11 subdivision nine of section two hundred sixty-eight-a of the public  
12 health law.

13 (b) "Qualified health plan" shall mean a health plan as defined in  
14 subdivision seven of section two hundred sixty-eight-a of the public  
15 health law.

16 (c) "Silver level qualified health plan" means a qualified health plan  
17 that has an actuarial value in accordance with the levels established by  
18 the marketplace for qualified individuals with an income between two  
19 hundred and two hundred fifty percent of the federal poverty level.

20 (d) "Advanced premium tax credits" means payment of the tax credit  
21 authorized by 26 U.S.C. 36B and its implementing regulations, which are  
22 provided on an advance basis to qualified individuals enrolled in a  
23 qualified health plan through the New York state of health, the official  
24 health plan marketplace in accordance with section 1412(a) of the  
25 Affordable Care Act, 42 U.S.C. § 18082(c)(2).

26 (e) "Health care services" means the services and supplies as defined  
27 by the commissioner in consultation with the superintendent of financial  
28 services, and shall be consistent with and subject to the essential  
29 health benefits as defined by the commissioner in accordance with the  
30 provisions of the patient protection and affordable care act (P.L.  
31 111-148) and consistent with the benefits provided by the reference plan  
32 selected by the commissioner for purposes of defining such benefits.

33 2. Authorization. The commissioner of health is authorized, with the  
34 approval of the director of the budget, to establish a program for the  
35 subsidization of extended post-partum insurance coverage to the individ-  
36 uals eligible under this section.

37 3. Eligibility. (a) A person is eligible to receive coverage for  
38 health care services pursuant to this title if they:

39 (i) Are a qualified individual pursuant to subdivision ten of section  
40 two hundred sixty-eight-a of the public health law;

41 (ii) Were eligible for medical assistance following a pregnancy pursu-  
42 ant to subparagraph one of paragraph (b) of subdivision four of section  
43 three hundred sixty-six of this article; and

44 (iii) Have income which exceeds two hundred percent, but does not  
45 exceed two hundred and twenty-three percent, of the federal poverty line  
46 for the applicable family size, which shall be calculated in accordance  
47 with guidance issued by the secretary of the United States department of  
48 health and human services.

49 (b) A person eligible under this subdivision remains eligible until  
50 the end of the twelfth month following the end of a pregnancy.

51 4. Enrollment. (a) On the first day of the month following disenroll-  
52 ment from medical assistance, pursuant to subparagraph one of paragraph  
53 (b) of subdivision four of section three hundred sixty-six of this arti-  
54 cle, persons eligible under this section will be enrolled in a state-  
55 subsidized silver level qualified health plan.

1 (b) Enrollment shall be subject to eligible individuals under this  
2 section applying for and enrolling with the maximum advance premium tax  
3 credit amount available to them.

4 5. Premiums. The state shall pay an eligible individual's remaining  
5 premium obligation directly to their qualified health plan after apply-  
6 ing the individual's maximum premium assistance amount, under section  
7 1401(a) of the Patient Protection and Affordable Care Act, 26 U.S.C. §  
8 36B(b)(2) and (3).

9 § 3. This act shall take effect October 1, 2021. The commissioner of  
10 health shall immediately take all steps necessary and shall use best  
11 efforts to secure federal financial participation for eligible benefici-  
12 aries under title XIX of the social security act, for the purposes of  
13 this act, including the prompt submission of appropriate amendments to  
14 the title XIX state plan.

15 PART QQ

16 Section 1. The commissioner of health shall provide a report to the  
17 temporary president of the senate, the speaker of the assembly, and the  
18 chairs of the senate and assembly health committees by December 31, 2021  
19 detailing the statutes, rules, and regulations, as well as other limita-  
20 tions or processes, that apply to and govern the calculation and payment  
21 of prescription drug dispensing fees to retail pharmacies by the state's  
22 medical assistance program, both within the Medicaid managed care and  
23 fee-for-service programs for the legislature to review, study, and  
24 better understand the information provided in such report.

25 § 2. This act shall take effect immediately.

26 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-  
27 sion, section or part of this act shall be adjudged by any court of  
28 competent jurisdiction to be invalid, such judgment shall not affect,  
29 impair, or invalidate the remainder thereof, but shall be confined in  
30 its operation to the clause, sentence, paragraph, subdivision, section  
31 or part thereof directly involved in the controversy in which such judg-  
32 ment shall have been rendered. It is hereby declared to be the intent of  
33 the legislature that this act would have been enacted even if such  
34 invalid provisions had not been included herein.

35 § 3. This act shall take effect immediately provided, however, that  
36 the applicable effective date of Parts A through QQ of this act shall be  
37 as specifically set forth in the last section of such Parts.