

# STATE OF NEW YORK

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2507--B

## IN SENATE

January 20, 2021

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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

AN ACT intentionally omitted (Part A); intentionally omitted (Part B); to amend the public health law, in relation to the Medicaid drug expenditure growth target; to repeal sections 1 and 1-a of part FFF of chapter 56 of the laws of 2020, amending the public health law relating to extending and enhancing the Medicaid drug cap and to reduce unnecessary pharmacy benefit manager costs to the Medicaid program, relating to pharmacy benefits included in the managed care benefit package; and to repeal subdivision (d) of section 280 of the public health law, relating to the Medicaid drug expenditure growth target (Part C); intentionally omitted (Part D); intentionally omitted (Part E); to amend the public health law, the education law and the insurance law, in relation to comprehensive telehealth reforms (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); to amend the public health law, in relation to federal waiver authorization for the NY State of Health, the official Health Plan Marketplace (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 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

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

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omitted (Part L); intentionally omitted (Part M); intentionally omitted (Part N); to repeal certain provisions of the public health law relating to requiring that the department of health audit hospital working hours (Part O); to amend the public health law and the education law, in relation to expanding the role of pharmacists; to amend chapter 563 of the laws of 2008, amending the education law and the public health law relating to immunizing agents to be administered to adults by pharmacists, in relation to making such provisions permanent; to amend chapter 116 of the laws of 2012, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents, in relation to the effectiveness thereof; and to amend chapter 274 of the laws of 2013, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer meningococcal disease immunizing agents, in relation to the effectiveness thereof (Part P); to amend the education law and the public health law, in relation to the state's physician profiles and enhancing the ability of the department of education to investigate, discipline, and monitor licensed physicians, physician assistants, and specialist assistants (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; and to amend the public health law, in relation to improved integration of health care and financing (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 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); intentionally omitted (Part X); to amend the mental hygiene law, in relation to setting standards for addiction professionals (Part Y); to amend the mental hygiene law, in relation to charging an application processing fee for the issuance of provider operating certificates (Part Z); to amend the mental hygiene law and the social services law, in relation to crisis stabilization services (Subpart A); Intentionally Omitted (Subpart B); Intentionally Omitted (Subpart C) (Part AA); intentionally omitted (Part BB); to amend the mental hygiene law, in relation to creating the office of mental health, addiction, and wellness (Part CC); to amend the social services law, the public health law and the mental hygiene law, in relation to setting comprehensive outpatient services (Part DD); intentionally omitted (Part EE); intentionally omitted (Part FF); intentionally omitted (Part GG); to amend the executive law, in relation to the composition of the developmental disabilities planning council (Part HH); to amend the public health law, in relation to competency exams offered to qualified home care services workers residing outside this state (Part II); 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 JJ); to amend the insurance law, in relation to the designation of an independent consumer assistance program (Part KK); to amend the social services law, in relation to fiscal intermediary services (Part LL); to amend the mental hygiene law, in relation to establishing an addiction recovery supportive transportation services demonstration program (Part MM); to amend the social services law and the public health law, in relation to medication for the treatment of substance use disorders (Part NN); to amend the mental hygiene law, the state finance law and the executive law, in relation to implementing statewide opioid settlement agreements and creating an opioid settlement fund (Part OO); to amend the social services law, in relation to eligibility for the basic health program; and providing for the repeal of such provisions upon the expiration thereof (Part PP); to amend the mental hygiene law, in relation to internet service at residential facilities for the care and treatment of persons with developmental disabilities (Part QQ); to amend the public health law, in relation to fair pay for home care aides (Part RR); and 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 (Part SS)

**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 SS. The effective date for  
5 each particular provision contained within such Part is set forth in the  
6 last section of such Part. Any provision in any section contained within  
7 a Part, including the effective date of the Part, which makes a refer-  
8 ence to a section "of this act", when used in connection with that

1 particular component, shall be deemed to mean and refer to the corre-  
2 sponding section of the Part in which it is found. Section three of this  
3 act sets forth the general effective date of this act.

4 PART A

5 Intentionally Omitted

6 PART B

7 Intentionally Omitted

8 PART C

9 Section 1. Sections 1 and 1-a of part FFF of chapter 56 of the laws of  
10 2020, amending the public health law relating to extending and enhancing  
11 the Medicaid drug cap and to reduce unnecessary pharmacy benefit manager  
12 costs to the Medicaid program, are REPEALED.

13 § 2. Paragraph (e) of subdivision 2 of section 280 of the public  
14 health law is REPEALED.

15 § 3. Paragraphs (c) and (d) of subdivision 2 of section 280 of the  
16 public health law, as amended by section 2 of part FFF of chapter 56 of  
17 the laws of 2020, are amended to read as follows:

18 (c) for state fiscal year two thousand nineteen--two thousand twenty,  
19 be limited to the ten-year rolling average of the medical component of  
20 the consumer price index plus four percent and minus a pharmacy savings  
21 target of eighty-five million dollars; and

22 (d) for state fiscal year two thousand twenty--two thousand twenty-  
23 one, be limited to the ten-year rolling average of the medical component  
24 of the consumer price index plus [~~two percent, and~~] four percent and  
25 minus a pharmacy savings target of eighty-five million dollars.

26 § 4. This act shall take effect immediately.

27 PART D

28 Intentionally Omitted

29 PART E

30 Intentionally Omitted

31 PART F

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

35 1. "Distant site" means a site at which a telehealth provider is  
36 located while delivering health care services by means of telehealth.  
37 Any site within the fifty United States or United States' territories,  
38 is eligible to be a distant site for delivery and payment purposes,  
39 including federally qualified health centers and providers' homes, for

1 all patients including patients dually eligible for Medicaid and Medi-  
2 care.

3 § 1-a. Subdivision 3 of section 2999-cc of the public health law, as  
4 amended by section 2 of subpart C of part S of chapter 57 of the laws of  
5 2018, is amended to read as follows:

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

21 § 2. Paragraph (d) of subdivision 18-a of section 206 of the public  
22 health law, as amended by section 8 of part A of chapter 57 of the laws  
23 of 2015, is amended to read as follows:

24 (d) The commissioner may make such rules and regulations as may be  
25 necessary to implement federal policies and disburse funds as required  
26 by the American Recovery and Reinvestment Act of 2009 and to promote the  
27 development of a self-sufficient SHIN-NY to enable widespread, non-du-  
28 plicative interoperability among disparate health information systems,  
29 including electronic health records, personal health records, health  
30 care claims, payment and other administrative data, and public health  
31 information systems, while protecting privacy and security. Such rules  
32 and regulations shall include, but not be limited to, requirements for  
33 organizations covered by 42 U.S.C. 17938 or any other organizations that  
34 exchange health information through the SHIN-NY or any other statewide  
35 health information system recommended by the workgroup. Such rules and  
36 regulations shall require that qualified entities permit access to all  
37 of a patient's information by all SHIN-NY participants or any other  
38 general designation of who may access such information after consent is  
39 obtained using a single statewide SHIN-NY consent form approved by the  
40 department and published on the department's website. If the commis-  
41 sioner seeks to promulgate rules and regulations prior to issuance of the  
42 report identified in subparagraph (iv) of paragraph (b) of this subdivi-  
43 sion, the commissioner shall submit the proposed regulations to the  
44 workgroup for its input. If the commissioner seeks to promulgate rules  
45 and regulations after the issuance of the report identified in such  
46 subparagraph (iv) then the commissioner shall consider the report and  
47 recommendations of the workgroup. If the commissioner acts in a manner  
48 inconsistent with the input or recommendations of the workgroup, he or  
49 she shall provide the reasons therefor.

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

53 (w) a care manager employed by or under contract to a health home  
54 program, patient centered medical home, office for people with develop-  
55 mental disabilities Care Coordination Organization (CCO), hospice or a  
56 voluntary foster care agency certified by the office of children and

1 family services certified and licensed pursuant to article twenty-nine-i  
2 of this chapter; [~~and~~]

3 (x) certified peer recovery advocate services providers certified by  
4 the commissioner of addiction services and supports pursuant to section  
5 19.18-b of the mental hygiene law and peers certified by the office of  
6 mental health;

7 (y) practitioners authorized to provide services in New York pursuant  
8 to the interstate licensure program set forth in regulations promulgated  
9 by the commissioner of education in accordance with subdivision three of  
10 section sixty-five hundred one of the education law; and

11 (z) any other provider as determined by the commissioner pursuant to  
12 regulation or, in consultation with the commissioner, by the commission-  
13 er of the office of mental health, the commissioner of the office of  
14 addiction services and supports, or the commissioner of the office for  
15 people with developmental disabilities pursuant to regulation.

16 § 4. Section 6501 of the education law is amended by adding a new  
17 subdivision 3 to read as follows:

18 3. Notwithstanding any inconsistent provision of law, rule or regu-  
19 lation to the contrary, the commissioner shall, in consultation with the  
20 commissioners of the department of health, office of mental health,  
21 office of addiction services and supports, and office for people with  
22 developmental disabilities, issue regulations for the creation of an  
23 interstate licensure program which authorizes practitioners licensed by  
24 contiguous states or states in the Northeast region to provide tele-  
25 health services, as defined by article twenty-nine-g of the public  
26 health law and any implementing regulations promulgated by the commis-  
27 sioners of the department of health, office of mental health, office of  
28 addiction services and supports, and office for people with develop-  
29 mental disabilities, to patients located in New York state, taking into  
30 consideration the need for specialty practice areas with historical  
31 access issues, as determined by the commissioners of the department of  
32 health, office of mental health, office of addiction supports and  
33 services, or office for people with developmental disabilities. Such  
34 regulations may be promulgated on an emergency basis; provided, however,  
35 they shall be promulgated on a final basis no later than March thirty-  
36 first, two thousand twenty-two.

37 § 5. Subsection (b) of section 3217-h of the insurance law, as added  
38 by chapter 6 of the laws of 2015, is amended and two new subsections (c)  
39 and (d) are added to read as follows:

40 (b) For purposes of this section, "telehealth" means the use of elec-  
41 tronic information and communication technologies by a health care  
42 provider to deliver health care services to an insured individual while  
43 such individual is located at a site that is different from the site  
44 where the health care provider is located. The definition of "tele-  
45 health" includes both audio-video and audio-only communication technolo-  
46 gies.

47 (c) An insurer that provides comprehensive coverage for hospital,  
48 medical, or surgical care with a network of health care providers shall  
49 ensure that such network is adequate to meet the telehealth needs of  
50 insured individuals for services covered under the policy when medically  
51 appropriate.

52 (d) An insurer that provides comprehensive coverage for hospital,  
53 medical or surgical care shall reimburse a treating or consulting health  
54 care provider for a health care service delivered by telehealth on the  
55 same basis, at the same rate, and to the same extent that the insurer  
56 reimburses for that service when not delivered via telehealth.



1 § 6. Subsection (b) of section 4306-g of the insurance law, as added  
2 by chapter 6 of the laws of 2015, is amended and two new subsections (c)  
3 and (d) are added to read as follows:

4 (b) For purposes of this section, "telehealth" means the use of elec-  
5 tronic information and communication technologies by a health care  
6 provider to deliver health care services to an insured individual while  
7 such individual is located at a site that is different from the site  
8 where the health care provider is located. The definition of "tele-  
9 health" includes both audio-video and audio-only communication technolo-  
10 gies.

11 (c) A corporation that provides comprehensive coverage for hospital,  
12 medical, or surgical care with a network of health care providers shall  
13 ensure that such network is adequate to meet the telehealth needs of  
14 insured individuals for services covered under the policy when medically  
15 appropriate.

16 (d) A corporation that provides comprehensive coverage for hospital,  
17 medical or surgical care shall reimburse a treating or consulting health  
18 care provider for a health care service delivered by telehealth on the  
19 same basis, at the same rate, and to the same extent that the corpo-  
20 ration reimburses for that service when not delivered via telehealth.

21 § 6-a. Subdivision 2 of section 4406-g of the public health law, as  
22 added by chapter 6 of the laws of 2015, is amended and two new subdivi-  
23 sions 3 and 4 are added to read as follows:

24 2. For purposes of this section, "telehealth" means the use of elec-  
25 tronic information and communication technologies by a health care  
26 provider to deliver health care services to an enrollee while such  
27 enrollee is located at a site that is different from the site where the  
28 health care provider is located. The definition of "telehealth"  
29 includes both audio-video and audio-only communication technologies.

30 3. A health maintenance organization with a network of health care  
31 providers shall ensure that such network is adequate to meet the tele-  
32 health needs of insured individuals for services covered under the poli-  
33 cy when medically appropriate.

34 4. A health maintenance organization shall reimburse a treating or  
35 consulting health care provider for a health care service delivered by  
36 telehealth on the same basis, at the same rate, and to the same extent  
37 that the health maintenance organization reimburses for that service  
38 when not delivered via telehealth.

39 § 6-b. Subdivision 1 of section 2999-dd of the public health law, as  
40 amended by chapter 124 of the laws of 2020, is amended to read as  
41 follows:

42 1. Health care services delivered by means of telehealth shall be  
43 entitled to reimbursement under section three hundred sixty-seven-u of  
44 the social services law on the same basis, at the same rate, and to the  
45 same extent that those same services are reimbursed when not delivered  
46 via telehealth; provided however, reimbursement for additional modali-  
47 ties, provider categories and originating sites specified in accordance  
48 with section twenty-nine hundred ninety-nine-ee of this article, and  
49 audio-only telephone communication defined in regulations promulgated  
50 pursuant to subdivision four of section twenty-nine hundred ninety-nine-  
51 cc of this article, shall be contingent upon federal financial partic-  
52 ipation.

53 § 7. Subdivisions 1 and 6 of section 24 of the public health law, as  
54 added by section 17 of part H of chapter 60 of the laws of 2014, are  
55 amended to read as follows:

1 1. A health care professional, or a group practice of health care  
2 professionals, a diagnostic and treatment center or a health center  
3 defined under 42 U.S.C. § 254b on behalf of health care professionals  
4 rendering services at the group practice, diagnostic and treatment  
5 center or health center, shall disclose to patients or prospective  
6 patients in writing or through an internet website the health care plans  
7 in which the health care professional, group practice, diagnostic and  
8 treatment center or health center, is a participating provider and the  
9 hospitals with which the health care professional is affiliated prior to  
10 the provision of non-emergency services and verbally at the time an  
11 appointment is scheduled. Such disclosure shall indicate whether the  
12 health care professional, group practice, diagnostic and treatment  
13 center or health center offers telehealth services.

14 6. A hospital shall post on the hospital's website: (a) the health  
15 care plans in which the hospital is a participating provider; (b) a  
16 statement that (i) physician services provided in the hospital are not  
17 included in the hospital's charges; (ii) physicians who provide services  
18 in the hospital may or may not participate with the same health care  
19 plans as the hospital, and; (iii) the prospective patient should check  
20 with the physician arranging for the hospital services to determine the  
21 health care plans in which the physician participates; (c) as applica-  
22 ble, the name, mailing address and telephone number of the physician  
23 groups that the hospital has contracted with to provide services includ-  
24 ing anesthesiology, pathology or radiology, and instructions how to  
25 contact these groups to determine the health care plan participation of  
26 the physicians in these groups; [and] (d) as applicable, the name, mail-  
27 ing address, and telephone number of physicians employed by the hospital  
28 and whose services may be provided at the hospital, and the health care  
29 plans in which they participate; and (e) disclosure as to whether the  
30 hospital offers telehealth services.

31 § 8. Subdivision 8 of section 24 of the public health law is amended  
32 by adding a new paragraph (d) to read as follows:

33 (d) "Telehealth services" means those services provided in accordance  
34 with article twenty-nine-g of this chapter, subsection (b) of section  
35 thirty-two hundred seventeen-h of the insurance law, or subsection (b)  
36 of section forty-three hundred six-g of the insurance law, as applica-  
37 ble.

38 § 9. 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; provided further, however, that the amendments  
42 to paragraph (d) of subdivision 18-a of section 206 of the public health  
43 law made by section two of this act shall not affect the repeal of such  
44 paragraph and shall be deemed repealed therewith; and provided further,  
45 that sections five and six of this act shall take effect October 1, 2021  
46 and shall apply to policies and contracts issued, renewed, modified,  
47 altered, or amended on and after such date.

48

## PART G

49 Section 1. The public health law is amended by adding a new article  
50 29-J to read as follows:

51 ARTICLE 29-J  
52 MEDICAL RESPITE PROGRAM  
53 Section 2999-hh. Medical respite program.



1 § 2999-hh. Medical respite program. 1. Legislative findings and  
2 purpose. The legislature finds that an individual who lacks access to  
3 safe housing faces an increased risk of adverse health outcomes. By  
4 offering medical respite programs as a lower-intensity care setting for  
5 individuals who would otherwise require a hospital stay or lack a safe  
6 option for discharge and recovery, medical respite programs will reduce  
7 hospital inpatient admissions and lengths of stay, hospital readmis-  
8 sions, and emergency room use. The legislature finds that the estab-  
9 lishment of medical respite programs will protect the public interest  
10 and the interests of patients.

11 2. Definitions. As used in this article, the following terms shall  
12 have the following meanings, unless the context clearly otherwise  
13 requires:

14 (a) "Medical respite program" means a not-for-profit corporation  
15 licensed or certified pursuant to subdivision three of this section to  
16 serve recipients whose prognosis or diagnosis necessitates the receipt  
17 of:

18 (i) Temporary room and board; and

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

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

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

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

28 (iii) Is experiencing homelessness or at imminent risk of homeless-  
29 ness. (A) Subject to clause (B) of this subparagraph and any rules or  
30 regulations promulgated pursuant to subdivision four of this section, a  
31 person shall be deemed "homeless" if they are unable to secure or main-  
32 tain permanent or stable housing without assistance.

33 (B) An operator of a medical respite program may establish eligibility  
34 standards using a more limited definition of "homelessness" if such  
35 limitation is necessary to ensure the availability of a funding source  
36 that will support the medical respite program's provision of room and  
37 board, and such limitations are otherwise consistent with any rules or  
38 regulations promulgated pursuant to subdivision four of this section.  
39 This applies to conditions that may exist in connection with:

40 (1) Public funding provided by a federal, state, or local government  
41 entity; or

42 (2) Subject to the approval of the department, private funding from a  
43 charitable entity or other non-governmental source.

44 3. Licensure or certification. (a) Notwithstanding any inconsistent  
45 provision of law, the commissioner may license or certify a not-for-pro-  
46 fit corporation as an operator of a medical respite program.

47 (b) The commissioner may promulgate rules and regulations to establish  
48 procedures to review and approve applications for a license or certif-  
49 ication pursuant to this article, which may be promulgated on an emer-  
50 gency basis and which shall, at a minimum, specify standards for: recip-  
51 ient eligibility; mandatory medical respite program services; physical  
52 environment; staffing; and policies and procedures governing health and  
53 safety, length of stay, referrals, discharge, and coordination of care.

54 4. Operating standards; responsibility for standards. (a) Medical  
55 respite programs licensed or certified pursuant to this article shall:

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

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

3 (b) Nothing contained within this article shall affect the applica-  
 4 tion, qualification, or requirements that may apply to an operator with  
 5 respect to any other licenses or operating certificates that such opera-  
 6 tor may hold, including, without limitation, under article twenty-eight  
 7 of this chapter or article seven of the social services law.

8 5. Temporary accommodation. A medical respite program shall be consid-  
 9 ered a form of emergency shelter or temporary shelter for purposes of  
 10 determining a recipient's eligibility for housing programs or benefits  
 11 administered by the state or by a local social services district,  
 12 including programs or benefits that support access to accommodations of  
 13 a temporary, transitional, or permanent nature.

14 6. Inspections and compliance. The commissioner shall have the power  
 15 to inquire into the operation of any licensed or certified medical  
 16 respite program and to conduct periodic inspections of facilities with  
 17 respect to the fitness and adequacy of the premises, equipment, person-  
 18 nel, rules and by-laws, standards of medical care and services, system  
 19 of accounts, records, and the adequacy of financial resources and sourc-  
 20 es of future revenues.

21 7. Suspension or revocation of license or certification. (a) A license  
 22 or certification for a medical respite program under this article may be  
 23 revoked, suspended, limited, annulled or denied by the commissioner, in  
 24 consultation with either the commissioners of the office of mental  
 25 health, the office of temporary and disability assistance, or the office  
 26 of addiction services and supports, as appropriate based on a determi-  
 27 nation of the department depending on the diagnosis or stated needs of  
 28 the individuals being served or proposed to be served in the medical  
 29 respite program being considered for revocation, suspension, limitation,  
 30 annulment or denial of certification, if an operator is determined to  
 31 have failed to comply with the provisions of this article or the rules  
 32 and regulations promulgated thereunder. No action taken against an oper-  
 33 ator under this subdivision shall affect an operator's other licenses or  
 34 certifications; provided however, that the facts that gave rise to the  
 35 revocation, suspension, limitation, annulment or denial of certification  
 36 may also form the basis of a limitation, suspension or revocation of  
 37 such other licenses or certifications.

38 (b) No such medical respite program license or certification shall be  
 39 revoked, suspended, limited, annulled or denied without a hearing;  
 40 provided that a license or certification may be temporarily suspended or  
 41 limited without a hearing for a period not in excess of thirty days upon  
 42 written notice that the continuation of the medical respite program  
 43 places the public health or safety of the recipients in imminent danger.

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

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

49 PART H

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

53 [~~FAMILY~~] **BASIC** HEALTH [~~PLUS~~] PROGRAM

1 § 2. Paragraph (d) of subdivision 3, subdivision 5 and subdivision 7  
2 of section 369-gg of the social services law, as added by section 51 of  
3 part C of chapter 60 of the laws of 2014 and subdivision 7 as renumbered  
4 by section 28 of part B of chapter 57 of the laws of 2015, are amended  
5 to read as follows:

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

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

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

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

32 ~~(ii) no~~ No payment is required for individuals with a household  
33 income at or below [~~one hundred and fifty~~] two hundred percent of the  
34 federal poverty line defined and annually revised by the United States  
35 department of health and human services for a household of the same  
36 size, including any monthly premiums, deductibles, co-payments, or other  
37 out-of-pocket costs for dental benefits and vision benefits by approved  
38 organizations for coverage of health care services pursuant to this  
39 title.

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

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

54 § 3. This act shall take effect June 1, 2021 and shall expire and be  
55 deemed repealed should federal approval be withdrawn or 42 U.S.C. 18051  
56 be repealed; provided that the commissioner of health shall notify the

1 legislative bill drafting commission upon the withdrawal of federal  
2 approval or the repeal of 42 U.S.C. 18051 in order that the commission  
3 may maintain an accurate and timely effective data base of the official  
4 text of the laws of the state of New York in furtherance of effectuating  
5 the provisions of section 44 of the legislative law and section 70-b of  
6 the public officers law.

7 PART I

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

11 1. (a) Perform eligibility determinations for federal and state insur-  
12 ance affordability programs including medical assistance in accordance  
13 with section three hundred sixty-six of the social services law, child  
14 health plus in accordance with section twenty-five hundred eleven of  
15 this chapter, the basic health program in accordance with section three  
16 hundred sixty-nine-gg of the social services law, premium tax credits  
17 and cost-sharing reductions and qualified health plans in accordance  
18 with applicable law and other health insurance programs as determined by  
19 the commissioner;

20 (b) certify and make available to qualified individuals, qualified  
21 health plans, including dental plans, certified by the Marketplace  
22 pursuant to applicable law, provided that coverage under such plans  
23 shall not become effective prior to certification by the Marketplace;  
24 [~~and~~]

25 (c) certify and/or make available to eligible individuals, health  
26 plans certified by the Marketplace pursuant to applicable law, and/or  
27 participating in an insurance affordability program pursuant to applica-  
28 ble law, provided that coverage under such plans shall not become effec-  
29 tive prior to certification by the Marketplace, and/or approval by the  
30 commissioner[~~+~~]; and

31 (d) the commissioner, in cooperation with the superintendent, is  
32 authorized and directed, subject to the approval of the director of the  
33 division of the budget, to apply for federal waivers when such action  
34 would be necessary to assist in promoting the objectives of this  
35 section.

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

38 PART J

39 Intentionally Omitted

40 PART K

41 Section 1. Intentionally omitted.

42 § 2. Paragraph (a) of subdivision 1 of section 18 of chapter 266 of  
43 the laws of 1986, amending the civil practice law and rules and other  
44 laws relating to malpractice and professional medical conduct, as  
45 amended by section 1 of part AAA of chapter 56 of the laws of 2020, is  
46 amended to read as follows:

47 (a) The superintendent of financial services and the commissioner of  
48 health or their designee shall, from funds available in the hospital  
49 excess liability pool created pursuant to subdivision 5 of this section,

1 purchase a policy or policies for excess insurance coverage, as author-  
2 ized by paragraph 1 of subsection (e) of section 5502 of the insurance  
3 law; or from an insurer, other than an insurer described in section 5502  
4 of the insurance law, duly authorized to write such coverage and actual-  
5 ly writing medical malpractice insurance in this state; or shall  
6 purchase equivalent excess coverage in a form previously approved by the  
7 superintendent of financial services for purposes of providing equiv-  
8 alent excess coverage in accordance with section 19 of chapter 294 of  
9 the laws of 1985, for medical or dental malpractice occurrences between  
10 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,  
11 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June  
12 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991  
13 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July  
14 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,  
15 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June  
16 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998  
17 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July  
18 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,  
19 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June  
20 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005  
21 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July  
22 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,  
23 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June  
24 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012  
25 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July  
26 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,  
27 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June  
28 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019  
29 and June 30, 2020, [~~and~~] between July 1, 2020 and June 30, 2021, and  
30 between July 1, 2021 and June 30, 2022 or reimburse the hospital where  
31 the hospital purchases equivalent excess coverage as defined in subpara-  
32 graph (i) of paragraph (a) of subdivision 1-a of this section for  
33 medical or dental malpractice occurrences between July 1, 1987 and June  
34 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989  
35 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July  
36 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,  
37 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June  
38 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996  
39 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July  
40 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,  
41 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June  
42 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003  
43 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July  
44 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,  
45 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June  
46 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010  
47 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July  
48 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,  
49 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June  
50 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017  
51 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July  
52 1, 2019 and June 30, 2020, [~~and~~] between July 1, 2020 and June 30, 2021,  
53 and between July 1, 2021 and June 30, 2022 for physicians or dentists  
54 certified as eligible for each such period or periods pursuant to subdi-  
55 vision 2 of this section by a general hospital licensed pursuant to  
56 article 28 of the public health law; provided that no single insurer

1 shall write more than fifty percent of the total excess premium for a  
2 given policy year; and provided, however, that such eligible physicians  
3 or dentists must have in force an individual policy, from an insurer  
4 licensed in this state of primary malpractice insurance coverage in  
5 amounts of no less than one million three hundred thousand dollars for  
6 each claimant and three million nine hundred thousand dollars for all  
7 claimants under that policy during the period of such excess coverage  
8 for such occurrences or be endorsed as additional insureds under a  
9 hospital professional liability policy which is offered through a volun-  
10 tary attending physician ("channeling") program previously permitted by  
11 the superintendent of financial services during the period of such  
12 excess coverage for such occurrences. During such period, such policy  
13 for excess coverage or such equivalent excess coverage shall, when  
14 combined with the physician's or dentist's primary malpractice insurance  
15 coverage or coverage provided through a voluntary attending physician  
16 ("channeling") program, total an aggregate level of two million three  
17 hundred thousand dollars for each claimant and six million nine hundred  
18 thousand dollars for all claimants from all such policies with respect  
19 to occurrences in each of such years provided, however, if the cost of  
20 primary malpractice insurance coverage in excess of one million dollars,  
21 but below the excess medical malpractice insurance coverage provided  
22 pursuant to this act, exceeds the rate of nine percent per annum, then  
23 the required level of primary malpractice insurance coverage in excess  
24 of one million dollars for each claimant shall be in an amount of not  
25 less than the dollar amount of such coverage available at nine percent  
26 per annum; the required level of such coverage for all claimants under  
27 that policy shall be in an amount not less than three times the dollar  
28 amount of coverage for each claimant; and excess coverage, when combined  
29 with such primary malpractice insurance coverage, shall increase the  
30 aggregate level for each claimant by one million dollars and three  
31 million dollars for all claimants; and provided further, that, with  
32 respect to policies of primary medical malpractice coverage that include  
33 occurrences between April 1, 2002 and June 30, 2002, such requirement  
34 that coverage be in amounts no less than one million three hundred thou-  
35 sand dollars for each claimant and three million nine hundred thousand  
36 dollars for all claimants for such occurrences shall be effective April  
37 1, 2002.

38 § 3. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,  
39 amending the civil practice law and rules and other laws relating to  
40 malpractice and professional medical conduct, as amended by section 2 of  
41 part AAA of chapter 56 of the laws of 2020, is amended to read as  
42 follows:

43 (3)(a) The superintendent of financial services shall determine and  
44 certify to each general hospital and to the commissioner of health the  
45 cost of excess malpractice insurance for medical or dental malpractice  
46 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988  
47 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July  
48 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,  
49 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June  
50 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995  
51 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July  
52 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,  
53 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June  
54 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002  
55 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July  
56 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,



1 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June  
2 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009  
3 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July  
4 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, [~~and~~]  
5 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June  
6 30, 2015, between July 1, 2015 and June 30, 2016, [~~and~~] between July 1,  
7 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between  
8 July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,  
9 [~~and~~] between July 1, 2020 and June 30, 2021, and between July 1, 2021  
10 and June 30, 2022 allocable to each general hospital for physicians or  
11 dentists certified as eligible for purchase of a policy for excess  
12 insurance coverage by such general hospital in accordance with subdivi-  
13 sion 2 of this section, and may amend such determination and certifi-  
14 cation as necessary.

15 (b) The superintendent of financial services shall determine and  
16 certify to each general hospital and to the commissioner of health the  
17 cost of excess malpractice insurance or equivalent excess coverage for  
18 medical or dental malpractice occurrences between July 1, 1987 and June  
19 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989  
20 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July  
21 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,  
22 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June  
23 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996  
24 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July  
25 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,  
26 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June  
27 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003  
28 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July  
29 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,  
30 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June  
31 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010  
32 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July  
33 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,  
34 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June  
35 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017  
36 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July  
37 1, 2019 and June 30, 2020, [~~and~~] between July 1, 2020 and June 30, 2021,  
38 and between July 1, 2021 and June 30, 2022 allocable to each general  
39 hospital for physicians or dentists certified as eligible for purchase  
40 of a policy for excess insurance coverage or equivalent excess coverage  
41 by such general hospital in accordance with subdivision 2 of this  
42 section, and may amend such determination and certification as neces-  
43 sary. The superintendent of financial services shall determine and  
44 certify to each general hospital and to the commissioner of health the  
45 ratable share of such cost allocable to the period July 1, 1987 to  
46 December 31, 1987, to the period January 1, 1988 to June 30, 1988, to  
47 the period July 1, 1988 to December 31, 1988, to the period January 1,  
48 1989 to June 30, 1989, to the period July 1, 1989 to December 31, 1989,  
49 to the period January 1, 1990 to June 30, 1990, to the period July 1,  
50 1990 to December 31, 1990, to the period January 1, 1991 to June 30,  
51 1991, to the period July 1, 1991 to December 31, 1991, to the period  
52 January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December  
53 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period  
54 July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June  
55 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period  
56 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December

1 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period  
2 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June  
3 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period  
4 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December  
5 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period  
6 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June  
7 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period  
8 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,  
9 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,  
10 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to  
11 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006  
12 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the  
13 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and  
14 June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the  
15 period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and  
16 June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the  
17 period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and  
18 June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the  
19 period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June  
20 30, 2019, to the period July 1, 2019 to June 30, 2020, [~~and~~] to the  
21 period July 1, 2020 to June 30, 2021, and to the period July 1, 2021 to  
22 June 30, 2022.

23 § 4. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section  
24 18 of chapter 266 of the laws of 1986, amending the civil practice law  
25 and rules and other laws relating to malpractice and professional  
26 medical conduct, as amended by section 3 of part AAA of chapter 56 of  
27 the laws of 2020, are amended to read as follows:

28 (a) To the extent funds available to the hospital excess liability  
29 pool pursuant to subdivision 5 of this section as amended, and pursuant  
30 to section 6 of part J of chapter 63 of the laws of 2001, as may from  
31 time to time be amended, which amended this subdivision, are insuffi-  
32 cient to meet the costs of excess insurance coverage or equivalent  
33 excess coverage for coverage periods during the period July 1, 1992 to  
34 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during  
35 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995  
36 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,  
37 during the period July 1, 1997 to June 30, 1998, during the period July  
38 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,  
39 2000, during the period July 1, 2000 to June 30, 2001, during the period  
40 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to  
41 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during  
42 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004  
43 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,  
44 during the period July 1, 2006 to June 30, 2007, during the period July  
45 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,  
46 2009, during the period July 1, 2009 to June 30, 2010, during the period  
47 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June  
48 30, 2012, during the period July 1, 2012 to June 30, 2013, during the  
49 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to  
50 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during  
51 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017  
52 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,  
53 during the period July 1, 2019 to June 30, 2020, [~~and~~] during the period  
54 July 1, 2020 to June 30, 2021, and during the period July 1, 2021 to  
55 June 30, 2022 allocated or reallocated in accordance with paragraph (a)  
56 of subdivision 4-a of this section to rates of payment applicable to

1 state governmental agencies, each physician or dentist for whom a policy  
2 for excess insurance coverage or equivalent excess coverage is purchased  
3 for such period shall be responsible for payment to the provider of  
4 excess insurance coverage or equivalent excess coverage of an allocable  
5 share of such insufficiency, based on the ratio of the total cost of  
6 such coverage for such physician to the sum of the total cost of such  
7 coverage for all physicians applied to such insufficiency.

8 (b) Each provider of excess insurance coverage or equivalent excess  
9 coverage covering the period July 1, 1992 to June 30, 1993, or covering  
10 the period July 1, 1993 to June 30, 1994, or covering the period July 1,  
11 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,  
12 1996, or covering the period July 1, 1996 to June 30, 1997, or covering  
13 the period July 1, 1997 to June 30, 1998, or covering the period July 1,  
14 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,  
15 2000, or covering the period July 1, 2000 to June 30, 2001, or covering  
16 the period July 1, 2001 to October 29, 2001, or covering the period  
17 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to  
18 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or  
19 covering the period July 1, 2004 to June 30, 2005, or covering the peri-  
20 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to  
21 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or  
22 covering the period July 1, 2008 to June 30, 2009, or covering the peri-  
23 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to  
24 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or  
25 covering the period July 1, 2012 to June 30, 2013, or covering the peri-  
26 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to  
27 June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or  
28 covering the period July 1, 2016 to June 30, 2017, or covering the peri-  
29 od July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to  
30 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or  
31 covering the period July 1, 2020 to June 30, 2021, or covering the peri-  
32 od July 1, 2021 to June 30, 2022 shall notify a covered physician or  
33 dentist by mail, mailed to the address shown on the last application for  
34 excess insurance coverage or equivalent excess coverage, of the amount  
35 due to such provider from such physician or dentist for such coverage  
36 period determined in accordance with paragraph (a) of this subdivision.  
37 Such amount shall be due from such physician or dentist to such provider  
38 of excess insurance coverage or equivalent excess coverage in a time and  
39 manner determined by the superintendent of financial services.

40 (c) If a physician or dentist liable for payment of a portion of the  
41 costs of excess insurance coverage or equivalent excess coverage cover-  
42 ing the period July 1, 1992 to June 30, 1993, or covering the period  
43 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to  
44 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or  
45 covering the period July 1, 1996 to June 30, 1997, or covering the peri-  
46 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to  
47 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or  
48 covering the period July 1, 2000 to June 30, 2001, or covering the peri-  
49 od July 1, 2001 to October 29, 2001, or covering the period April 1,  
50 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,  
51 2003, or covering the period July 1, 2003 to June 30, 2004, or covering  
52 the period July 1, 2004 to June 30, 2005, or covering the period July 1,  
53 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,  
54 2007, or covering the period July 1, 2007 to June 30, 2008, or covering  
55 the period July 1, 2008 to June 30, 2009, or covering the period July 1,  
56 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,

1 2011, or covering the period July 1, 2011 to June 30, 2012, or covering  
2 the period July 1, 2012 to June 30, 2013, or covering the period July 1,  
3 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,  
4 2015, or covering the period July 1, 2015 to June 30, 2016, or covering  
5 the period July 1, 2016 to June 30, 2017, or covering the period July 1,  
6 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,  
7 2019, or covering the period July 1, 2019 to June 30, 2020, or covering  
8 the period July 1, 2020 to June 30, 2021, or covering the period July 1,  
9 2021 to June 30, 2022 determined in accordance with paragraph (a) of  
10 this subdivision fails, refuses or neglects to make payment to the  
11 provider of excess insurance coverage or equivalent excess coverage in  
12 such time and manner as determined by the superintendent of financial  
13 services pursuant to paragraph (b) of this subdivision, excess insurance  
14 coverage or equivalent excess coverage purchased for such physician or  
15 dentist in accordance with this section for such coverage period shall  
16 be cancelled and shall be null and void as of the first day on or after  
17 the commencement of a policy period where the liability for payment  
18 pursuant to this subdivision has not been met.

19 (d) Each provider of excess insurance coverage or equivalent excess  
20 coverage shall notify the superintendent of financial services and the  
21 commissioner of health or their designee of each physician and dentist  
22 eligible for purchase of a policy for excess insurance coverage or  
23 equivalent excess coverage covering the period July 1, 1992 to June 30,  
24 1993, or covering the period July 1, 1993 to June 30, 1994, or covering  
25 the period July 1, 1994 to June 30, 1995, or covering the period July 1,  
26 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,  
27 1997, or covering the period July 1, 1997 to June 30, 1998, or covering  
28 the period July 1, 1998 to June 30, 1999, or covering the period July 1,  
29 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,  
30 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-  
31 ing the period April 1, 2002 to June 30, 2002, or covering the period  
32 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to  
33 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or  
34 covering the period July 1, 2005 to June 30, 2006, or covering the peri-  
35 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to  
36 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or  
37 covering the period July 1, 2009 to June 30, 2010, or covering the peri-  
38 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to  
39 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or  
40 covering the period July 1, 2013 to June 30, 2014, or covering the peri-  
41 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to  
42 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or  
43 covering the period July 1, 2017 to June 30, 2018, or covering the peri-  
44 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to  
45 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or  
46 covering the period July 1, 2021 to June 30, 2022 that has made payment  
47 to such provider of excess insurance coverage or equivalent excess  
48 coverage in accordance with paragraph (b) of this subdivision and of  
49 each physician and dentist who has failed, refused or neglected to make  
50 such payment.

51 (e) A provider of excess insurance coverage or equivalent excess  
52 coverage shall refund to the hospital excess liability pool any amount  
53 allocable to the period July 1, 1992 to June 30, 1993, and to the period  
54 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June  
55 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the  
56 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to

1 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to  
2 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000  
3 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,  
4 and to the period April 1, 2002 to June 30, 2002, and to the period July  
5 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,  
6 2004, and to the period July 1, 2004 to June 30, 2005, and to the period  
7 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June  
8 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the  
9 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to  
10 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to  
11 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012  
12 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and  
13 to the period July 1, 2014 to June 30, 2015, and to the period July 1,  
14 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and  
15 to the period July 1, 2017 to June 30, 2018, and to the period July 1,  
16 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,  
17 and to the period July 1, 2020 to June 30, 2021, and to the period July  
18 1, 2021 to June 30, 2022 received from the hospital excess liability  
19 pool for purchase of excess insurance coverage or equivalent excess  
20 coverage covering the period July 1, 1992 to June 30, 1993, and covering  
21 the period July 1, 1993 to June 30, 1994, and covering the period July  
22 1, 1994 to June 30, 1995, and covering the period July 1, 1995 to June  
23 30, 1996, and covering the period July 1, 1996 to June 30, 1997, and  
24 covering the period July 1, 1997 to June 30, 1998, and covering the  
25 period July 1, 1998 to June 30, 1999, and covering the period July 1,  
26 1999 to June 30, 2000, and covering the period July 1, 2000 to June 30,  
27 2001, and covering the period July 1, 2001 to October 29, 2001, and  
28 covering the period April 1, 2002 to June 30, 2002, and covering the  
29 period July 1, 2002 to June 30, 2003, and covering the period July 1,  
30 2003 to June 30, 2004, and covering the period July 1, 2004 to June 30,  
31 2005, and covering the period July 1, 2005 to June 30, 2006, and cover-  
32 ing the period July 1, 2006 to June 30, 2007, and covering the period  
33 July 1, 2007 to June 30, 2008, and covering the period July 1, 2008 to  
34 June 30, 2009, and covering the period July 1, 2009 to June 30, 2010,  
35 and covering the period July 1, 2010 to June 30, 2011, and covering the  
36 period July 1, 2011 to June 30, 2012, and covering the period July 1,  
37 2012 to June 30, 2013, and covering the period July 1, 2013 to June 30,  
38 2014, and covering the period July 1, 2014 to June 30, 2015, and cover-  
39 ing the period July 1, 2015 to June 30, 2016, and covering the period  
40 July 1, 2016 to June 30, 2017, and covering the period July 1, 2017 to  
41 June 30, 2018, and covering the period July 1, 2018 to June 30, 2019,  
42 and covering the period July 1, 2019 to June 30, 2020, and covering the  
43 period July 1, 2020 to June 30, 2021, and covering the period July 1,  
44 2021 to June 30, 2022 for a physician or dentist where such excess  
45 insurance coverage or equivalent excess coverage is cancelled in accord-  
46 ance with paragraph (c) of this subdivision.

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

51 § 40. The superintendent of financial services shall establish rates  
52 for policies providing coverage for physicians and surgeons medical  
53 malpractice for the periods commencing July 1, 1985 and ending June 30,  
54 [~~2021~~ 2022]; provided, however, that notwithstanding any other provision  
55 of law, the superintendent shall not establish or approve any increase  
56 in rates for the period commencing July 1, 2009 and ending June 30,



1 2010. The superintendent shall direct insurers to establish segregated  
2 accounts for premiums, payments, reserves and investment income attrib-  
3 utable to such premium periods and shall require periodic reports by the  
4 insurers regarding claims and expenses attributable to such periods to  
5 monitor whether such accounts will be sufficient to meet incurred claims  
6 and expenses. On or after July 1, 1989, the superintendent shall impose  
7 a surcharge on premiums to satisfy a projected deficiency that is  
8 attributable to the premium levels established pursuant to this section  
9 for such periods; provided, however, that such annual surcharge shall  
10 not exceed eight percent of the established rate until July 1, [~~2021~~  
11 2022, at which time and thereafter such surcharge shall not exceed twen-  
12 ty-five percent of the approved adequate rate, and that such annual  
13 surcharges shall continue for such period of time as shall be sufficient  
14 to satisfy such deficiency. The superintendent shall not impose such  
15 surcharge during the period commencing July 1, 2009 and ending June 30,  
16 2010. On and after July 1, 1989, the surcharge prescribed by this  
17 section shall be retained by insurers to the extent that they insured  
18 physicians and surgeons during the July 1, 1985 through June 30, [~~2021~~  
19 2022 policy periods; in the event and to the extent physicians and  
20 surgeons were insured by another insurer during such periods, all or a  
21 pro rata share of the surcharge, as the case may be, shall be remitted  
22 to such other insurer in accordance with rules and regulations to be  
23 promulgated by the superintendent. Surcharges collected from physicians  
24 and surgeons who were not insured during such policy periods shall be  
25 apportioned among all insurers in proportion to the premium written by  
26 each insurer during such policy periods; if a physician or surgeon was  
27 insured by an insurer subject to rates established by the superintendent  
28 during such policy periods, and at any time thereafter a hospital,  
29 health maintenance organization, employer or institution is responsible  
30 for responding in damages for liability arising out of such physician's  
31 or surgeon's practice of medicine, such responsible entity shall also  
32 remit to such prior insurer the equivalent amount that would then be  
33 collected as a surcharge if the physician or surgeon had continued to  
34 remain insured by such prior insurer. In the event any insurer that  
35 provided coverage during such policy periods is in liquidation, the  
36 property/casualty insurance security fund shall receive the portion of  
37 surcharges to which the insurer in liquidation would have been entitled.  
38 The surcharges authorized herein shall be deemed to be income earned for  
39 the purposes of section 2303 of the insurance law. The superintendent,  
40 in establishing adequate rates and in determining any projected defi-  
41 ciency pursuant to the requirements of this section and the insurance  
42 law, shall give substantial weight, determined in his discretion and  
43 judgment, to the prospective anticipated effect of any regulations  
44 promulgated and laws enacted and the public benefit of stabilizing  
45 malpractice rates and minimizing rate level fluctuation during the peri-  
46 od of time necessary for the development of more reliable statistical  
47 experience as to the efficacy of such laws and regulations affecting  
48 medical, dental or podiatric malpractice enacted or promulgated in 1985,  
49 1986, by this act and at any other time. Notwithstanding any provision  
50 of the insurance law, rates already established and to be established by  
51 the superintendent pursuant to this section are deemed adequate if such  
52 rates would be adequate when taken together with the maximum authorized  
53 annual surcharges to be imposed for a reasonable period of time whether  
54 or not any such annual surcharge has been actually imposed as of the  
55 establishment of such rates.



1 § 6. Section 5 and subdivisions (a) and (e) of section 6 of part J of  
2 chapter 63 of the laws of 2001, amending chapter 266 of the laws of  
3 1986, amending the civil practice law and rules and other laws relating  
4 to malpractice and professional medical conduct, as amended by section 6  
5 of part AAA of chapter 56 of the laws of 2020, are amended to read as  
6 follows:

7 § 5. The superintendent of financial services and the commissioner of  
8 health shall determine, no later than June 15, 2002, June 15, 2003, June  
9 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,  
10 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,  
11 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June  
12 15, 2018, June 15, 2019, June 15, 2020, [~~and~~] June 15, 2021, and June  
13 15, 2022 the amount of funds available in the hospital excess liability  
14 pool, created pursuant to section 18 of chapter 266 of the laws of 1986,  
15 and whether such funds are sufficient for purposes of purchasing excess  
16 insurance coverage for eligible participating physicians and dentists  
17 during the period July 1, 2001 to June 30, 2002, or July 1, 2002 to June  
18 30, 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,  
19 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,  
20 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008 to June 30,  
21 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to June 30,  
22 2011, or July 1, 2011 to June 30, 2012, or July 1, 2012 to June 30,  
23 2013, or July 1, 2013 to June 30, 2014, or July 1, 2014 to June 30,  
24 2015, or July 1, 2015 to June 30, 2016, or July 1, 2016 to June 30,  
25 2017, or July 1, 2017 to June 30, 2018, or July 1, 2018 to June 30,  
26 2019, or July 1, 2019 to June 30, 2020, or July 1, 2020 to June 30,  
27 2021, or July 1, 2021 to June 30, 2022 as applicable.

28 (a) This section shall be effective only upon a determination, pursu-  
29 ant to section five of this act, by the superintendent of financial  
30 services and the commissioner of health, and a certification of such  
31 determination to the state director of the budget, the chair of the  
32 senate committee on finance and the chair of the assembly committee on  
33 ways and means, that the amount of funds in the hospital excess liabil-  
34 ity pool, created pursuant to section 18 of chapter 266 of the laws of  
35 1986, is insufficient for purposes of purchasing excess insurance cover-  
36 age for eligible participating physicians and dentists during the period  
37 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July  
38 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,  
39 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007  
40 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to  
41 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June  
42 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,  
43 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,  
44 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,  
45 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,  
46 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30, 2022  
47 as applicable.

48 (e) The commissioner of health shall transfer for deposit to the  
49 hospital excess liability pool created pursuant to section 18 of chapter  
50 266 of the laws of 1986 such amounts as directed by the superintendent  
51 of financial services for the purchase of excess liability insurance  
52 coverage for eligible participating physicians and dentists for the  
53 policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30,  
54 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,  
55 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,  
56 2007, as applicable, and the cost of administering the hospital excess

1 liability pool for such applicable policy year, pursuant to the program  
2 established in chapter 266 of the laws of 1986, as amended, no later  
3 than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June  
4 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010,  
5 June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15,  
6 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June  
7 15, 2020, ~~and~~ June 15, 2021, and June 15, 2022 as applicable.

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

12 § 20. Notwithstanding any law, rule or regulation to the contrary,  
13 only physicians or dentists who were eligible, and for whom the super-  
14 intendent of financial services and the commissioner of health, or their  
15 designee, purchased, with funds available in the hospital excess liabil-  
16 ity pool, a full or partial policy for excess coverage or equivalent  
17 excess coverage for the coverage period ending the thirtieth of June,  
18 two thousand ~~twenty~~ twenty-one, shall be eligible to apply for such  
19 coverage for the coverage period beginning the first of July, two thou-  
20 sand ~~twenty~~ twenty-one; provided, however, if the total number of  
21 physicians or dentists for whom such excess coverage or equivalent  
22 excess coverage was purchased for the policy year ending the thirtieth  
23 of June, two thousand ~~twenty~~ twenty-one exceeds the total number of  
24 physicians or dentists certified as eligible for the coverage period  
25 beginning the first of July, two thousand ~~twenty~~ twenty-one, then the  
26 general hospitals may certify additional eligible physicians or dentists  
27 in a number equal to such general hospital's proportional share of the  
28 total number of physicians or dentists for whom excess coverage or  
29 equivalent excess coverage was purchased with funds available in the  
30 hospital excess liability pool as of the thirtieth of June, two thousand  
31 ~~twenty~~ twenty-one, as applied to the difference between the number of  
32 eligible physicians or dentists for whom a policy for excess coverage or  
33 equivalent excess coverage was purchased for the coverage period ending  
34 the thirtieth of June, two thousand ~~twenty~~ twenty-one and the number  
35 of such eligible physicians or dentists who have applied for excess  
36 coverage or equivalent excess coverage for the coverage period beginning  
37 the first of July, two thousand ~~twenty~~ twenty-one.

38 § 8. This act shall take effect immediately and shall be deemed to  
39 have been in full force and effect on and after April 1, 2021.

40 PART L

41 Intentionally Omitted

42 PART M

43 Intentionally Omitted

44 PART N

45 Intentionally Omitted

46 PART O

1 Section 1. Intentionally Omitted.

2 § 2. Subdivision 9 of section 2803 of the public health law is  
3 REPEALED.

4 § 3. Intentionally Omitted.

5 § 4. This act shall take effect immediately and shall be deemed to  
6 have been in full force and effect on and after April 1, 2021.

7 PART P

8 Section 1. Intentionally omitted.

9 § 2. Intentionally omitted.

10 § 3. Subdivision 7 of section 6527 of the education law, as amended by  
11 chapter 110 of the laws of 2020, is amended to read as follows:

12 7. A licensed physician may prescribe and order a patient specific  
13 order or non-patient specific regimen to a licensed pharmacist, pursuant  
14 to regulations promulgated by the commissioner, and consistent with the  
15 public health law, for administering immunizations to prevent influenza,  
16 pneumococcal, acute herpes zoster, meningococcal, tetanus, diphtheria,  
17 COVID-19, or pertussis disease [~~and medications required for emergency~~  
18 ~~treatment of anaphylaxis~~], hepatitis A, hepatitis B, measles, mumps,  
19 rubella, varicella, polio, human papillomavirus, medication required for  
20 the emergency treatment of anaphylaxis and for patients eighteen years  
21 of age or older, if the commissioner of health in consultation with the  
22 commissioner of education determines that an immunization: (i) may be  
23 administered safely by pharmacists to adults; (ii) is needed to prevent  
24 the transmission of a reportable communicable disease that is prevalent  
25 in New York state; and (iii) the immunization is recommended by the  
26 advisory committee on immunization practices of the centers for disease  
27 control and prevention, the commissioner may approve pharmacists'  
28 authority to administer such immunizations on a case by case basis  
29 through regulation. Nothing in this subdivision shall authorize unli-

30 censed persons to administer immunizations, vaccines or other drugs.

31 § 4. Subdivision 7 of section 6909 of the education law, as amended by  
32 chapter 110 of the laws of 2020, is amended to read as follows:

33 7. A certified nurse practitioner may prescribe and order a patient  
34 specific order or non-patient specific regimen to a licensed pharmacist,  
35 pursuant to regulations promulgated by the commissioner, and consistent  
36 with the public health law, for administering immunizations to prevent  
37 influenza, pneumococcal, acute herpes zoster, meningococcal, tetanus,  
38 diphtheria, COVID-19, or pertussis disease [~~and medications required for~~  
39 ~~emergency treatment of anaphylaxis~~], hepatitis A, hepatitis B, measles,  
40 mumps, rubella, varicella, polio, human papillomavirus, medication  
41 required for the emergency treatment of anaphylaxis and for patients  
42 eighteen years of age or older, if the commissioner of health in consul-  
43 tation with the commissioner of education determines that an immuniza-  
44 tion: (i) may be administered safely by pharmacists to adults; (ii) is  
45 needed to prevent the transmission of a reportable communicable disease  
46 that is prevalent in New York state; and (iii) the immunization is  
47 recommended by the advisory committee on immunization practices of the  
48 centers for disease control and prevention, the commissioner may approve  
49 pharmacists' authority to administer such immunizations on a case by  
50 case basis through regulation. Nothing in this subdivision shall  
51 authorize unlicensed persons to administer immunizations, vaccines or  
52 other drugs.

1 § 5. Paragraph a of subdivision 22 of section 6802 of the education  
2 law, as amended by chapter 110 of the laws of 2020, is amended to read  
3 as follows:

4 a. the direct application of an immunizing agent to adults, whether by  
5 injection, ingestion, inhalation or any other means, pursuant to a  
6 patient specific order or non-patient specific regimen prescribed or  
7 ordered by a physician or certified nurse practitioner, who has a prac-  
8 tice site in the county or adjoining county in which the immunization is  
9 administered, for immunizations to prevent influenza, pneumococcal,  
10 acute herpes zoster, meningococcal, tetanus, diphtheria, COVID-19, or  
11 pertussis disease, [~~and medications required for emergency treatment of~~  
12 ~~anaphylaxis~~] hepatitis A, hepatitis B, measles, mumps, rubella, varicel-  
13 la, polio, human papillomavirus, medication required for the emergency  
14 treatment of anaphylaxis and for patients eighteen years of age or  
15 older, if the commissioner of health in consultation with the commis-  
16 sioner of education determines that an immunization: (i) may be adminis-  
17 tered safely by pharmacists to adults; (ii) is needed to prevent the  
18 transmission of a reportable communicable disease that is prevalent in  
19 New York state; and (iii) the immunization is recommended by the advi-  
20 sory committee on immunization practices of the centers for disease  
21 control and prevention, the commissioner may approve pharmacists'  
22 authority to administer such immunizations on a case by case basis  
23 through regulation. If the commissioner of health determines that there  
24 is an outbreak of disease, or that there is the imminent threat of an  
25 outbreak of disease, then the commissioner of health may issue a non-pa-  
26 tient specific regimen applicable statewide.

27 § 6. Intentionally omitted.

28 § 7. Intentionally omitted.

29 § 8. Intentionally omitted.

30 § 9. Intentionally omitted.

31 § 10. Intentionally omitted.

32 § 11. Section 8 of chapter 563 of the laws of 2008, amending the  
33 education law and the public health law relating to immunizing agents to  
34 be administered to adults by pharmacists, as amended by section 18 of  
35 part BB of chapter 56 of the laws of 2020, is amended to read as  
36 follows:

37 § 8. This act shall take effect on the ninetieth day after it shall  
38 have become a law [~~and shall expire and be deemed repealed July 1,~~  
39 ~~2022~~].

40 § 12. Section 5 of chapter 116 of the laws of 2012, amending the  
41 education law relating to authorizing a licensed pharmacist and certi-  
42 fied nurse practitioner to administer certain immunizing agents, as  
43 amended by section 19 of part BB of chapter 56 of the laws of 2020, is  
44 amended to read as follows:

45 § 5. This act shall take effect on the ninetieth day after it shall  
46 have become a law[~~, provided, however, that the provisions of sections~~  
47 ~~one, two and four of this act shall expire and be deemed repealed July~~  
48 ~~1, 2022 provided, that:~~

49 ~~(a) the amendments to subdivision 7 of section 6527 of the education~~  
50 ~~law made by section one of this act shall not affect the repeal of such~~  
51 ~~subdivision and shall be deemed to be repealed therewith;~~

52 ~~(b) the amendments to subdivision 7 of section 6909 of the education~~  
53 ~~law, made by section two of this act shall not affect the repeal of such~~  
54 ~~subdivision and shall be deemed to be repealed therewith;~~

~~(c) the amendments to subdivision 22 of section 6802 of the education law made by section three of this act shall not affect the repeal of such subdivision and shall be deemed to be repealed therewith; and (d) the amendments to section 6801 of the education law made by section four of this act shall not affect the expiration of such section and shall be deemed to expire therewith].~~

§ 13. Section 4 of chapter 274 of the laws of 2013, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer meningococcal disease immunizing agents, is amended to read as follows:

§ 4. This act shall take effect on the ninetieth day after it shall have become a law[~~, provided, that:~~

~~(a) the amendments to subdivision 7 of section 6527 of the education law, made by section one of this act shall not affect the expiration and reversion of such subdivision, as provided in section 6 of chapter 116 of the laws of 2012, and shall be deemed to expire therewith; and~~

~~(b) the amendments to subdivision 7 of section 6909 of the education law, made by section two of this act shall not affect the expiration and reversion of such subdivision, as provided in section 6 of chapter 116 of the laws of 2012, and shall be deemed to be expire therewith; and~~

~~(c) the amendments to subdivision 22 of section 6802 of the education law made by section three of this act shall not affect the expiration of such subdivision and shall be deemed to expire therewith].~~

§ 14. Intentionally omitted.

§ 15. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021; provided, however, that sections three, four and five of this act shall take effect on the same date and in the same manner as chapter 110 of the laws of 2020 takes effect; and provided further that the amendments to subdivision 7 of section 6527 of the education law made by section three of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 4 of chapter 110 of the laws of 2020 and shall expire and be deemed repealed therewith; provided further that the amendments to subdivision 7 of section 6909 of the education law made by section four of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 4 of chapter 110 of the laws of 2020 and shall expire and be deemed repealed therewith; and provided further that the amendments to subdivision 22 of section 6802 of the education law made by section five of this act shall not affect the expiration of such subdivision and should be deemed to expire therewith.

#### PART Q

Section 1. Intentionally Omitted.

§ 2. Section 6524 of the education law is amended by adding a new subdivision 6-a to read as follows:

(6-a) Fingerprints and criminal history record check: consent to submission of fingerprints for purposes of conducting a criminal history record check. The commissioner shall submit to the division of criminal justice services two sets of fingerprints of applicants for licensure pursuant to this article, and the division of criminal justice services processing fee imposed pursuant to subdivision eight-a of section eight hundred thirty-seven of the executive law and any fee imposed by the federal bureau of investigation. The division of criminal justice services and the federal bureau of investigation shall forward such

criminal history record to the commissioner in a timely manner. For the purposes of this section, the term "criminal history record" shall mean a record of all convictions of crimes and any pending criminal charges maintained on an individual by the division of criminal justice services and the federal bureau of investigation. All such criminal history records sent to the commissioner pursuant to this subdivision shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall not be published or in any way disclosed to persons other than the commissioner, unless otherwise authorized by law;

§ 3. Intentionally Omitted.

§ 4. Intentionally Omitted.

§ 5. Intentionally Omitted.

§ 6. Intentionally Omitted.

§ 7. Intentionally Omitted.

§ 8. Intentionally Omitted.

§ 9. Intentionally Omitted.

§ 10. Intentionally Omitted.

§ 11. Intentionally Omitted.

§ 12. Intentionally Omitted.

§ 13. Intentionally Omitted.

§ 14. Paragraphs (n), (p) and (q) of subdivision 1 of section 2995-a of the public health law, as added by chapter 542 of the laws of 2000, are amended and three new paragraphs (r), (s) and (t) are added to read as follows:

(n) (i) the location of the licensee's primary practice setting identified as such; ~~and~~

(ii) ~~[the names of any licensed physicians with whom the licensee shares a group practice, as defined in subdivision five of section two hundred thirty-eight of this chapter]~~ hours of operation of the licensee's primary practice setting;

(iii) availability of assistive technology at the licensee's primary practice setting; and

(iv) whether the licensee is accepting new patients;

(p) whether the licensee participates in the medicaid or medicare program or any other state or federally financed health insurance program; ~~and~~

(q) health care plans with which the licensee has contracts, employment, or other affiliation~~+~~ provided that the reporting and accuracy of such information shall not be the responsibility of the physician, but shall be included and updated by the department utilizing provider network participation information, or other reliable sources of information submitted by the health care plans;

(r) the physician's website and social media accounts;

(s) the names of any licensed physicians with whom the licensee shares a group practice, as defined in subdivision five of section two hundred thirty-eight of this chapter; and

(t) workforce research and planning information as determined by the commissioner.

§ 15. Section 2995-a of the public health law is amended by adding a new subdivision 1-b to read as follows:

1-b. (a) For the purposes of this section, a physician licensed and registered to practice in this state may authorize a designee to register, transmit, enter or update information on his or her behalf, provided that:

(i) the designee so authorized is employed by the physician or the same professional practice or is under contract with such practice;



1 (ii) the physician takes reasonable steps to ensure that such designee  
2 is sufficiently competent in the profile requirements;

3 (iii) the physician remains responsible for ensuring the accuracy of  
4 the information provided and for any failure to provide accurate infor-  
5 mation; and

6 (iv) the physician shall notify the department upon terminating the  
7 authorization of any designee, in a manner determined by the department.

8 (b) The commissioner shall grant access to the profile in a reasonably  
9 prompt manner to designees authorized by physicians and establish a  
10 mechanism to prevent designees terminated pursuant to subparagraph (iv)  
11 of paragraph (a) of this subdivision from accessing the profile in a  
12 reasonably prompt manner following notification of termination.

13 § 16. Subdivision 4 of section 2995-a of the public health law, as  
14 amended by section 3 of part A of chapter 57 of the laws of 2015, is  
15 amended to read as follows:

16 4. Each physician shall periodically report to the department on forms  
17 and in the time and manner required by the commissioner any other infor-  
18 mation as is required by the department for the development of profiles  
19 under this section which is not otherwise reasonably obtainable. In  
20 addition to such periodic reports and providing the same information,  
21 each physician shall update his or her profile information within the  
22 six months prior to [~~the expiration date of such physician's registra-~~  
23 ~~tion period~~] submission of the re-registration application, as a condi-  
24 tion of registration renewal [~~under article one hundred thirty-one~~  
25 pursuant to section sixty-five hundred twenty-four of the education law.  
26 Except for optional information provided and information required under  
27 subparagraph (iv) of paragraph (n) and paragraphs (q) and (t) of subdi-  
28 vision one of this section, physicians shall notify the department of  
29 any change in the profile information within thirty days of such change.

30 § 17. Subdivision 6 of section 2995-a of the public health law, as  
31 added by chapter 542 of the laws of 2000, is amended to read as follows:

32 6. A physician may elect to have his or her profile omit certain  
33 information provided pursuant to paragraphs (k), (l), (m), [~~(n) and (q)~~]  
34 (r) and (s) of subdivision one of this section. Information provided  
35 pursuant to paragraph (t) of subdivision one of this section shall be  
36 omitted from a physician's profile and shall be exempt from disclosure  
37 under article six of the public officers law. In collecting information  
38 for such profiles and disseminating the same, the department shall  
39 inform physicians that they may choose not to provide such information  
40 required pursuant to paragraphs (k), (l), (m), [~~(n) and (q)~~] (r) and (s)  
41 of subdivision one of this section.

42 § 18. This act shall take effect immediately and shall be deemed to  
43 have been in full force and effect on and after April 1, 2021; provided,  
44 however, that sections fourteen, fifteen, sixteen and seventeen of this  
45 act shall take effect on the one hundred eightieth day after it shall  
46 have become a law.

47 PART R

48 Intentionally Omitted

49 PART S

50 Section 1. Section 11 of chapter 884 of the laws of 1990, amending the  
51 public health law relating to authorizing bad debt and charity care

1 allowances for certified home health agencies, as amended by section 3  
2 of part E of chapter 57 of the laws of 2019, is amended to read as  
3 follows:

4 § 11. This act shall take effect immediately and:

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

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

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

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

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

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

34 5-a. Section sixty-four-a of this act shall be deemed to have been in  
35 full force and effect on and after April 1, 1995 through March 31, 1999  
36 and on and after July 1, 1999 through March 31, 2000 and on and after  
37 April 1, 2000 through March 31, 2003 and on and after April 1, 2003  
38 through March 31, 2007, and on and after April 1, 2007 through March 31,  
39 2009, and on and after April 1, 2009 through March 31, 2011, and on and  
40 after April 1, 2011 through March 31, 2013, and on and after April 1,  
41 2013 through March 31, 2015, and on and after April 1, 2015 through  
42 March 31, 2017 and on and after April 1, 2017 through March 31, 2019,  
43 and on and after April 1, 2019 through March 31, 2021, **and on and after**  
44 **April 1, 2021 through March 31, 2023**;

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

49 § 64-b. Notwithstanding any inconsistent provision of law, the  
50 provisions of subdivision 7 of section 3614 of the public health law, as  
51 amended, shall remain and be in full force and effect on April 1, 1995  
52 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on  
53 and after April 1, 2000 through March 31, 2003 and on and after April 1,  
54 2003 through March 31, 2007, and on and after April 1, 2007 through  
55 March 31, 2009, and on and after April 1, 2009 through March 31, 2011,  
56 and on and after April 1, 2011 through March 31, 2013, and on and after

1 April 1, 2013 through March 31, 2015, and on and after April 1, 2015  
2 through March 31, 2017 and on and after April 1, 2017 through March 31,  
3 2019, and on and after April 1, 2019 through March 31, 2021, and on and  
4 after April 1, 2021 through March 31, 2023.

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

10 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section  
11 2807-c of the public health law, section 21 of chapter 1 of the laws of  
12 1999, or any other contrary provision of law, in determining rates of  
13 payments by state governmental agencies effective for services provided  
14 on and after January 1, 2017 through March 31, [~~2021~~] 2023, for inpa-  
15 tient and outpatient services provided by general hospitals, for inpa-  
16 tient services and adult day health care outpatient services provided by  
17 residential health care facilities pursuant to article 28 of the public  
18 health law, except for residential health care facilities or units of  
19 such facilities providing services primarily to children under twenty-  
20 one years of age, for home health care services provided pursuant to  
21 article 36 of the public health law by certified home health agencies,  
22 long term home health care programs and AIDS home care programs, and for  
23 personal care services provided pursuant to section 365-a of the social  
24 services law, the commissioner of health shall apply no greater than  
25 zero trend factors attributable to the 2017, 2018, 2019, 2020, [~~and~~]  
26 2021, 2022 and 2023 calendar years in accordance with paragraph (c) of  
27 subdivision 10 of section 2807-c of the public health law, provided,  
28 however, that such no greater than zero trend factors attributable to  
29 such 2017, 2018, 2019, 2020, [~~and~~] 2021, 2022 and 2023 calendar years  
30 shall also be applied to rates of payment provided on and after January  
31 1, 2017 through March 31, [~~2021~~] 2023 for personal care services  
32 provided in those local social services districts, including New York  
33 city, whose rates of payment for such services are established by such  
34 local social services districts pursuant to a rate-setting exemption  
35 issued by the commissioner of health to such local social services  
36 districts in accordance with applicable regulations; and provided  
37 further, however, that for rates of payment for assisted living program  
38 services provided on and after January 1, 2017 through March 31, [~~2021~~]  
39 2023, such trend factors attributable to the 2017, 2018, 2019, 2020,  
40 [~~and~~] 2021, 2022 and 2023 calendar years shall be established at no  
41 greater than zero percent.

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

46 2. Sections five, seven through nine, twelve through fourteen, and  
47 eighteen of this act shall be deemed to have been in full force and  
48 effect on and after April 1, 1995 through March 31, 1999 and on and  
49 after July 1, 1999 through March 31, 2000 and on and after April 1, 2000  
50 through March 31, 2003 and on and after April 1, 2003 through March 31,  
51 2006 and on and after April 1, 2006 through March 31, 2007 and on and  
52 after April 1, 2007 through March 31, 2009 and on and after April 1,  
53 2009 through March 31, 2011 and sections twelve, thirteen and fourteen  
54 of this act shall be deemed to be in full force and effect on and after  
55 April 1, 2011 through March 31, 2015 and on and after April 1, 2015  
56 through March 31, 2017 and on and after April 1, 2017 through March 31,

1 2019, and on and after April 1, 2019 through March 31, 2021, and on and  
2 after April 1, 2021 through March 31, 2023;

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

7 § 7. This act shall take effect immediately and shall be deemed to  
8 have been in full force and effect on and after April 1, 2019, provided,  
9 however, that section two of this act shall expire on April 1, [~~2021~~]  
10 2024.

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

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

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

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

46 § 10. Intentionally omitted.

47 § 11. Subparagraph (vi) of paragraph (b) of subdivision 2 of section  
48 2807-d of the public health law, as amended by section 9 of part E of  
49 chapter 57 of the laws of 2019, is amended to read as follows:

50 (vi) Notwithstanding any contrary provision of this paragraph or any  
51 other provision of law or regulation to the contrary, for residential  
52 health care facilities the assessment shall be six percent of each resi-  
53 dential health care facility's gross receipts received from all patient  
54 care services and other operating income on a cash basis for the period  
55 April first, two thousand two through March thirty-first, two thousand  
56 three for hospital or health-related services, including adult day

1 services; provided, however, that residential health care facilities'  
2 gross receipts attributable to payments received pursuant to title XVIII  
3 of the federal social security act (medicare) shall be excluded from the  
4 assessment; provided, however, that for all such gross receipts received  
5 on or after April first, two thousand three through March thirty-first,  
6 two thousand five, such assessment shall be five percent, and further  
7 provided that for all such gross receipts received on or after April  
8 first, two thousand five through March thirty-first, two thousand nine,  
9 and on or after April first, two thousand nine through March thirty-  
10 first, two thousand eleven such assessment shall be six percent, and  
11 further provided that for all such gross receipts received on or after  
12 April first, two thousand eleven through March thirty-first, two thou-  
13 sand thirteen such assessment shall be six percent, and further provided  
14 that for all such gross receipts received on or after April first, two  
15 thousand thirteen through March thirty-first, two thousand fifteen such  
16 assessment shall be six percent, and further provided that for all such  
17 gross receipts received on or after April first, two thousand fifteen  
18 through March thirty-first, two thousand seventeen such assessment shall  
19 be six percent, and further provided that for all such gross receipts  
20 received on or after April first, two thousand seventeen through March  
21 thirty-first, two thousand nineteen such assessment shall be six  
22 percent, and further provided that for all such gross receipts received  
23 on or after April first, two thousand nineteen through March thirty-  
24 first, two thousand twenty-one such assessment shall be six percent, and  
25 further provided that for all such gross receipts received on or after  
26 April first, two thousand twenty-one through March thirty-first, two  
27 thousand twenty-three such assessment shall be six percent.

28 § 12. This act shall take effect immediately and shall be deemed to  
29 have been in full force and effect on and after April 1, 2021.

30 PART T

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

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

39 § 2. This act shall take effect immediately.

40 PART U

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

46 § 4. This act shall take effect immediately and shall be deemed to  
47 have been in full force and effect on and after April 1, 2016; provided,  
48 however, that sections one and two of this act shall expire and be  
49 deemed repealed on March 31, [~~2021~~] 2026.

50 § 2. This act shall take effect immediately.

51 PART V



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

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

9 § 2. This act shall take effect immediately.

10 PART W

11 Section 1. Section 7 of part R2 of chapter 62 of the laws of 2003,  
12 amending the mental hygiene law and the state finance law relating to  
13 the community mental health support and workforce reinvestment program,  
14 the membership of subcommittees for mental health of community services  
15 boards and the duties of such subcommittees and creating the community  
16 mental health and workforce reinvestment account, as amended by section  
17 1 of part V of chapter 57 of the laws of 2018, is amended to read as  
18 follows:

19 § 7. This act shall take effect immediately and shall expire March 31,  
20 [~~2021~~] 2024 when upon such date the provisions of this act shall be  
21 deemed repealed.

22 § 2. This act shall take effect immediately.

23 PART X

24 Intentionally Omitted

25 PART Y

26 Section 1. Section 19.07 of the mental hygiene law, as added by chap-  
27 ter 223 of the laws of 1992, subdivisions (a) and (g) as amended by  
28 chapter 271 of the laws of 2010, subdivisions (b) and (c) as amended by  
29 chapter 281 of the laws of 2019, subdivision (d) as amended by section 5  
30 of part I of chapter 58 of the laws of 2005, subdivision (e) as amended  
31 by chapter 558 of the laws of 1999, subdivision (f) as added by chapter  
32 383 of the laws of 1998, subdivision (h) as amended by section 118-f of  
33 subpart B of part C of chapter 62 of the laws of 2011, subdivision (i)  
34 as amended by section 31-a of part AA of chapter 56 of the laws of 2019,  
35 subdivision (j) as amended by chapter 146 of the laws of 2014, subdivi-  
36 sion (k) as added by chapter 40 of the laws of 2014, subdivision (l) as  
37 added by chapter 323 of the laws of 2018 and subdivision (m) as added by  
38 chapter 493 of the laws of 2019, is amended to read as follows:

39 § 19.07 Office of [~~alcoholism and substance abuse services~~] addiction  
40 services and supports; scope of responsibilities.

41 (a) The office of [~~alcoholism and substance abuse services~~] addiction  
42 services and supports is charged with the responsibility for assuring  
43 the development of comprehensive plans, programs, and services in the  
44 areas of research, prevention, care, treatment, rehabilitation, includ-  
45 ing relapse prevention and recovery maintenance, education, and training  
46 of persons who [~~abuse or are dependent on alcohol and/or substances~~]  
47 have or are at risk of an addictive disorder and their families. The  
48 term addictive disorder shall include gambling disorder education,  
49 prevention and treatment consistent with section 41.57 of this chapter.  
50 Such plans, programs, and services shall be developed with the cooper-



1 ation of the office, the other offices of the department where appropri-  
2 ate, local governments, consumers and community organizations and enti-  
3 ties. The office shall provide appropriate facilities and shall  
4 encourage the provision of facilities by local government and community  
5 organizations and entities. [~~The office is also responsible for develop-~~  
6 ~~ing plans, programs and services related to compulsive gambling educa-~~  
7 ~~tion, prevention and treatment consistent with section 41.57 of this~~  
8 ~~chapter.~~]

9 (b) The office of [~~alcoholism and substance abuse services~~] addiction  
10 services and supports shall advise and assist the governor in improving  
11 services and developing policies designed to meet the needs of persons  
12 who suffer from or are at risk of an addictive disorder and their fami-  
13 lies, and to encourage their rehabilitation, maintenance of recovery,  
14 and functioning in society.

15 (c) The office of [~~alcoholism and substance abuse services~~] addiction  
16 services and supports shall have the responsibility for seeing that  
17 persons who suffer from or are at risk of an addictive disorder and  
18 their families are provided with addiction services, care and treatment,  
19 and that such services, care, treatment and rehabilitation is of high  
20 quality and effectiveness, and that the personal and civil rights of  
21 persons seeking and receiving addiction services, care, treatment and  
22 rehabilitation are adequately protected.

23 (d) The office of [~~alcoholism and substance abuse services~~] addiction  
24 services and supports shall foster programs for the training and devel-  
25 opment of persons capable of providing the foregoing services, including  
26 but not limited to a process of issuing, either directly or through  
27 contract, licenses, credentials, certificates or authorizations for  
28 [~~alcoholism and substance abuse counselors or gambling~~] addiction [~~coun-~~  
29 ~~selaors~~] professionals in accordance with the following:

30 (1) The office shall establish minimum qualifications [~~for counselors~~]  
31 and a definition of the practice of the profession of an addiction  
32 professional in all phases of delivery of services to persons and their  
33 families who are suffering from [~~alcohol and/or substance abuse and/or~~  
34 ~~chemical dependence and/or compulsive gambling that shall include~~] or  
35 are at risk of an addictive disorder including, but not be limited to,  
36 completion of approved courses of study or equivalent on-the-job experi-  
37 ence in [~~alcoholism and substance abuse counseling and/or counseling of~~  
38 ~~compulsive gambling~~] addiction disorder services.

39 (i) The office shall establish procedures for issuing, directly or  
40 through contract, licenses, credentials, certificates or authorizations  
41 to [~~counselors~~] addiction professionals who meet minimum qualifications,  
42 including the establishment of appropriate fees, and shall further  
43 establish procedures to suspend, revoke, or annul such licenses, creden-  
44 tials, certificates or authorizations for good cause. Such procedures  
45 shall be promulgated by the commissioner by rule or regulation.

46 (ii) The commissioner shall establish [~~a credentialing~~] an addiction  
47 professionals board which shall provide advice concerning the licensing,  
48 credentialing, certification or authorization process.

49 (iii) The commissioner shall establish fees for the education, train-  
50 ing, licensing, credentialing, certification or authorization of  
51 addiction professionals.

52 (2) The establishment, with the advice of the advisory council on  
53 alcoholism and substance abuse services, of minimum qualifications for  
54 [~~counselors~~] addiction professionals in all phases of delivery of  
55 services to those suffering from [~~alcoholism, substance and/or chemical~~  
56 ~~abuse and/or dependence and/or compulsive gambling~~] or at risk of addic-

1 tive disorders and their families that shall include, but not be limited  
2 to, completion of approved courses of study or equivalent on-the-job  
3 experience in [~~counseling for alcoholism, substance and/or chemical~~  
4 ~~abuse and/or dependence~~] addiction disorder services and/or [~~compulsive~~  
5 gambling disorder services, and establish appropriate fees, issue  
6 licenses, credentials, certificates or authorizations to [~~counselors~~  
7 addiction professionals who meet minimum qualifications and suspend,  
8 revoke, or annul such licenses, credentials, certificates or authori-  
9 zations for good cause in accordance with procedures promulgated by the  
10 commissioner by rule or regulation.

11 (3) For the purpose of this title, the term "addiction professional",  
12 including "credentialed alcoholism and substance abuse counselor" or  
13 "C.A.S.A.C.", means an official designation identifying an individual as  
14 one who holds a currently registered and valid license, credential,  
15 certificate or authorization issued or approved by the office of [~~alco-~~  
16 ~~holism and substance abuse services~~] addiction services and supports  
17 pursuant to this section which documents an individual's qualifications  
18 to provide [~~alcoholism and substance abuse counseling~~] addiction disor-  
19 der services. The term "gambling addiction [~~counselor~~] professional"  
20 means an official designation identifying an individual as one who holds  
21 a currently registered and valid license, credential, certificate or  
22 authorization issued by the office of [~~alcoholism and substance abuse~~  
23 ~~services~~] addiction services and supports pursuant to this section which  
24 documents an individual's qualifications to provide [~~compulsive~~] gambl-  
25 ing [~~counseling~~] disorder services.

26 (i) No person shall use the title [~~credentialed alcoholism and~~  
27 ~~substance abuse counselor or "C.A.S.A.C." or gambling addiction counse-~~  
28 ~~lor~~] "addiction professional" or the title given to any licenses,  
29 credentials, certificates or authorizations issued by the office unless  
30 authorized [~~pursuant to~~] by the commissioner in accordance with this  
31 title.

32 (ii) Failure to comply with the requirements of this section shall  
33 constitute a violation as defined in the penal law.

34 (4) All persons holding previously issued and valid alcoholism or  
35 substance abuse counselor credentials issued by the office or an entity  
36 designated by the office, including a credentialed alcoholism and  
37 substance abuse counselor, certified prevention specialist, credentialed  
38 prevention professional, credentialed problem gambling counselor, gambl-  
39 ing specialty designation, certified recovery peer advocate, on the  
40 effective date of amendments to this section shall be deemed [~~C.A.S.A.C.~~  
41 ~~designated~~] an addiction professional consistent with their experience  
42 and education.

43 (e) Consistent with the requirements of subdivision (b) of section  
44 5.05 of this chapter, the office shall carry out the provisions of arti-  
45 cle thirty-two of this chapter as such article pertains to regulation  
46 and quality control of [~~chemical dependence~~] addiction disorder  
47 services, including but not limited to the establishment of standards  
48 for determining the necessity and appropriateness of care and services  
49 provided by [~~chemical dependence~~] addiction disorder providers of  
50 services. In implementing this subdivision, the commissioner, in consul-  
51 tation with the commissioner of health, shall adopt standards including  
52 necessary rules and regulations including but not limited to those for  
53 determining the necessity or appropriate level of admission, controlling  
54 the length of stay and the provision of services, and establishing the  
55 methods and procedures for making such determination.

1 (f) The office of [~~alcoholism and substance abuse services~~] addiction  
2 services and supports shall develop a list of all agencies throughout  
3 the state which are currently certified by the office and are capable of  
4 and available to provide evaluations in accordance with section sixty-  
5 five-b of the alcoholic beverage control law so as to determine need for  
6 treatment pursuant to such section and to assure the availability of  
7 such evaluation services by a certified agency within a reasonable  
8 distance of every court of a local jurisdiction in the state. Such list  
9 shall be updated on a regular basis and shall be made available to every  
10 supreme court law library in this state, or, if no supreme court law  
11 library is available in a certain county, to the county court library of  
12 such county. The commissioner may establish an annual fee for inclusion  
13 on such list.

14 (g) The office of [~~alcoholism and substance abuse services~~] addiction  
15 services and supports shall develop and maintain a list of the names and  
16 locations of all licensed agencies and [~~alcohol and substance abuse~~]  
17 addiction professionals, as defined in paragraphs (a) and (b) of subdi-  
18 vision one of section eleven hundred ninety-eight-a of the vehicle and  
19 traffic law, throughout the state which are capable of and available to  
20 provide an assessment of, and treatment for, [~~alcohol and substance~~  
21 ~~abuse and dependency~~] addiction disorders. Such list shall be provided  
22 to the chief administrator of the office of court administration and the  
23 commissioner of motor vehicles. Persons who may be aggrieved by an agen-  
24 cy decision regarding inclusion on the list may request an administra-  
25 tive appeal in accordance with rules and regulations of the office. The  
26 commissioner may establish an annual fee for inclusion on such list.

27 (h) The office of [~~alcoholism and substance abuse services~~] addiction  
28 services and supports shall monitor programs providing care and treat-  
29 ment to inmates in correctional facilities operated by the department of  
30 corrections and community supervision who have a history of [~~alcohol or~~  
31 ~~substance abuse or dependence~~] an addiction disorder. The office shall  
32 also develop guidelines for the operation of [~~alcohol and substance~~  
33 ~~abuse treatment programs~~] addiction disorder services in such correc-  
34 tional facilities in order to ensure that such programs sufficiently  
35 meet the needs of inmates with a history of [~~alcohol or substance abuse~~  
36 ~~or dependence~~] an addiction disorder and promote the successful transi-  
37 tion to treatment in the community upon release. No later than the first  
38 day of December of each year, the office shall submit a report regarding  
39 the adequacy and effectiveness of alcohol and substance abuse treatment  
40 programs operated by the department of corrections and community super-  
41 vision to the governor, the temporary president of the senate, the  
42 speaker of the assembly, the chairman of the senate committee on crime  
43 victims, crime and correction, and the chairman of the assembly commit-  
44 tee on correction.

45 (i) The office of [~~alcoholism and substance abuse services~~] addiction  
46 services and supports shall periodically, in consultation with the state  
47 director of veterans' services: (1) review the programs operated by the  
48 office to ensure that the needs of the state's veterans who served in  
49 the U.S. armed forces and who are recovering from [~~alcohol and/or~~  
50 ~~substance abuse~~] an addiction disorder are being met and to develop  
51 improvements to programs to meet such needs; and (2) in collaboration  
52 with the state director of veterans' services and the commissioner of  
53 the office of mental health, review and make recommendations to improve  
54 programs that provide treatment, rehabilitation, relapse prevention, and  
55 recovery services to veterans who have served in a combat theatre or

1 combat zone of operations and have a co-occurring mental health and  
2 [~~alcoholism or substance abuse~~] addiction disorder.

3 (j) The office, in consultation with the state education department,  
4 shall identify or develop materials on problem gambling among school-age  
5 youth which may be used by school districts and boards of cooperative  
6 educational services, at their option, to educate students on the  
7 dangers and consequences of problem gambling as they deem appropriate.  
8 Such materials shall be available on the internet website of the state  
9 education department. The internet website of the office shall provide a  
10 hyperlink to the internet page of the state education department that  
11 displays such materials.

12 (k) Heroin and opioid addiction awareness and education program. The  
13 commissioner, in cooperation with the commissioner of the department of  
14 health, shall develop and conduct a public awareness and educational  
15 campaign on heroin and opioid addiction. The campaign shall utilize  
16 public forums, social media and mass media, including, but not limited  
17 to, internet, radio, and print advertising such as billboards and post-  
18 ers and shall also include posting of materials and information on the  
19 office website. The campaign shall be tailored to educate youth,  
20 parents, healthcare professionals and the general public regarding: (1)  
21 the risks associated with the abuse and misuse of heroin and opioids;  
22 (2) how to recognize the signs of addiction; and (3) the resources  
23 available for those needing assistance with heroin or opioid addiction.  
24 The campaign shall further be designed to enhance awareness of the  
25 opioid overdose prevention program authorized pursuant to section thir-  
26 ty-three hundred nine of the public health law and the "Good Samaritan  
27 law" established pursuant to sections 220.03 and 220.78 of the penal law  
28 and section 390.40 of the criminal procedure law, and to reduce the  
29 stigma associated with addiction.

30 (l) The office of [~~alcoholism and substance abuse services~~] addiction  
31 services and supports, in consultation with the state education depart-  
32 ment, shall develop or utilize existing educational materials to be  
33 provided to school districts and boards of cooperative educational  
34 services for use in addition to or in conjunction with any drug and  
35 alcohol related curriculum regarding the misuse and abuse of alcohol,  
36 tobacco, prescription medication and other drugs with an increased focus  
37 on substances that are most prevalent among school aged youth as such  
38 term is defined in section eight hundred four of the education law. Such  
39 materials shall be age appropriate for school age children, and to the  
40 extent practicable, shall include information or resources for parents  
41 to identify the warning signs and address the risks of substance [~~abuse~~]  
42 misuse and addiction.

43 (m) (1) The office shall report on the status and outcomes of initi-  
44 atives created in response to the heroin and opioid epidemic to the  
45 temporary president of the senate, the speaker of the assembly, the  
46 chairs of the assembly and senate committees on alcoholism and drug  
47 abuse, the chair of the assembly ways and means committee and the chair  
48 of the senate finance committee.

49 (2) Such reports shall include, to the extent practicable and applica-  
50 ble, information on:

51 (i) The number of individuals enrolled in the initiative in the  
52 preceding quarter;

53 (ii) The number of individuals who completed the treatment program in  
54 the preceding quarter;

55 (iii) The number of individuals discharged from the treatment program  
56 in the preceding quarter;

- 1 (iv) The age and sex of the individuals served;  
2 (v) Relevant regional data about the individuals;  
3 (vi) The populations served; and  
4 (vii) The outcomes and effectiveness of each initiative surveyed.

5 (3) Such initiatives shall include opioid treatment programs, crisis  
6 detoxification programs, 24/7 open access centers, adolescent club hous-  
7 es, family navigator programs, peer engagement specialists, recovery  
8 community and outreach centers, regional addiction resource centers and  
9 the state implementation of the federal opioid state targeted response  
10 initiatives.

11 (4) Such information shall be provided quarterly, beginning no later  
12 than July first, two thousand nineteen.

13 § 2. This act shall take effect April 1, 2021.

14 PART Z

15 Section 1. Intentionally omitted.

16 § 2. Subdivision (a) of section 31.04 of the mental hygiene law is  
17 amended by adding a new paragraph 8 to read as follows:

18 8. establishing a schedule of fees for the purpose of processing  
19 applications for the issuance of operating certificates. All fees pursu-  
20 ant to this section shall be payable to the office for deposit into the  
21 general fund.

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

27 PART AA

28 Section 1. This Part enacts into law legislation relating to crisis  
29 stabilization services. Each component is wholly contained within a  
30 Subpart identified as Subparts A through C. The effective date for each  
31 particular provision contained within each Subpart is set forth in the  
32 last section of such Subpart. Any provision in any section contained  
33 within a Subpart, including the effective date of the Subpart, which  
34 makes a reference to a section "of this act", when used in connection  
35 with that particular component, shall be deemed to mean and refer to the  
36 corresponding section of the Subpart in which it is found. Section three  
37 of this Part sets forth the general effective date of this Part.

38 SUBPART A

39 Section 1. The mental hygiene law is amended by adding a new section  
40 31.36 to read as follows:

41 § 31.36 Crisis stabilization services.

42 The commissioner shall have the power, in conjunction with the commis-  
43 sioner of the office of addiction services and supports, to create  
44 crisis stabilization centers within New York state in accordance with  
45 article thirty-six of this title, including the promulgation of joint  
46 regulations and implementation of a financing mechanism to allow for the  
47 sustainable operation of such programs.

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

50 § 32.36 Crisis stabilization services.



1 The commissioner shall have the power, in conjunction with the commis-  
2 sioner of the office of mental health, to create crisis stabilization  
3 centers within New York state in accordance with article thirty-six of  
4 this title, including the promulgation of joint regulations and imple-  
5 mentation of a financing mechanism to allow for the sustainable opera-  
6 tion of such programs.

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

9 ARTICLE XXXVI

10 ADDICTION AND MENTAL HEALTH SERVICES AND SUPPORTS

11 Section 36.01 Crisis stabilization centers.

12 § 36.01 Crisis stabilization centers.

13 (a) (1) The commissioners are authorized to jointly license crisis  
14 stabilization centers subject to the availability of state and federal  
15 funding.

16 (2) A crisis stabilization center shall serve as an emergency service  
17 provider for persons with psychiatric and/or substance use disorder that  
18 are in need of crisis stabilization services. Each crisis stabilization  
19 center shall provide or contract to provide crisis stabilization  
20 services for mental health or substance use twenty-four hours per day,  
21 seven days per week, including but not limited to:

22 (i) Engagement, triage and assessment;

23 (ii) Continuous observation;

24 (iii) Mild to moderate detoxification;

25 (iv) Sobering services;

26 (v) Therapeutic interventions;

27 (vi) Discharge and after care planning;

28 (vii) Telemedicine;

29 (viii) Peer support services; and

30 (ix) Medication assisted treatment.

31 (3) The commissioners shall require each crisis stabilization center  
32 to submit a plan. The plan shall be approved by the commissioners prior  
33 to the issuance of an operating certificate pursuant to this article.  
34 Each plan shall include:

35 (i) a description of the center's catchment area,

36 (ii) a description of the center's crisis stabilization services,

37 (iii) agreements or affiliations with hospitals as defined in section  
38 1.03 of this chapter,

39 (iv) agreements or affiliations with general hospitals or law enforce-  
40 ment to receive persons,

41 (v) a description of local resources available to the center to  
42 prevent unnecessary hospitalizations of persons,

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

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

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

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

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



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

8 (b) Each crisis stabilization center shall be staffed with a multidis-  
 9 ciplinary team capable of meeting the needs of individuals experiencing  
 10 all levels of crisis in the community but shall have at least one  
 11 psychiatrist or psychiatric nurse practitioner, a credentialed alcohol-  
 12 ism and substance abuse counselor and one peer support specialist on  
 13 duty and available at all times, provided, however, the commissioners  
 14 may promulgate regulations to permit the issuance of a waiver of this  
 15 requirement when the volume of service of a center does not require such  
 16 level of staff coverage.

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

19 (d) For the purpose of addressing unique rural service delivery needs  
 20 and conditions, the commissioners shall provide technical assistance for  
 21 the establishment of crisis stabilization centers otherwise approved  
 22 under the provisions of this section, including technical assistance to  
 23 promote and facilitate the establishment of such centers in rural areas  
 24 in the state or combinations of rural counties.

25 (e) The commissioners shall develop guidelines for educational materi-  
 26 als to assist crisis stabilization centers in educating local practi-  
 27 tioners, hospitals, law enforcement and peers. Such materials shall  
 28 include appropriate education relating to de-escalation techniques,  
 29 cultural competency, the recovery process, mental health, substance use,  
 30 and avoidance of aggressive confrontation.

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

33 § 9.41 Emergency [~~admissions~~] assessment for immediate observation,  
 34 care, and treatment; powers of certain peace officers and  
 35 police officers.

36 Any peace officer, when acting pursuant to his or her special duties,  
 37 or police officer who is a member of the state police or of an author-  
 38 ized police department or force or of a sheriff's department may take  
 39 into custody any person who appears to be mentally ill and is conducting  
 40 himself or herself in a manner which is likely to result in serious harm  
 41 to the person or others. Such officer may direct the removal of such  
 42 person or remove him or her to: (a) any hospital specified in subdivi-  
 43 sion (a) of section 9.39 of this article, or (b) any comprehensive  
 44 psychiatric emergency program specified in subdivision (a) of section  
 45 9.40 of this article, or [7] (c) to any crisis stabilization center spec-  
 46 ified in section 36.01 of this chapter, when the officer deems such  
 47 center is appropriate and where such person agrees, or (d) pending his  
 48 or her examination or admission to any such hospital [~~or~~], program, or  
 49 center, temporarily detain any such person in another safe and comforta-  
 50 ble place, in which event, such officer shall immediately notify the  
 51 director of community services or, if there be none, the health officer  
 52 of the city or county of such action.

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

55 § 9.43 Emergency [~~admissions~~] assessment for immediate observation,  
 56 care, and treatment; powers of courts.

1 (a) Whenever any court of inferior or general jurisdiction is informed  
2 by verified statement that a person is apparently mentally ill and is  
3 conducting himself or herself in a manner which in a person who is not  
4 mentally ill would be deemed disorderly conduct or which is likely to  
5 result in serious harm to himself or herself, such court shall issue a  
6 warrant directing that such person be brought before it. If, when said  
7 person is brought before the court, it appears to the court, on the  
8 basis of evidence presented to it, that such person has or may have a  
9 mental illness which is likely to result in serious harm to himself or  
10 herself or others, the court shall issue a civil order directing his or  
11 her removal to any hospital specified in subdivision (a) of section 9.39  
12 of this article or any comprehensive psychiatric emergency program spec-  
13 ified in subdivision (a) of section 9.40 of this article, or to any  
14 crisis stabilization center specified in section 36.01 of this chapter  
15 when the court deems such center is appropriate and where such person  
16 agrees; that is willing to receive such person for a determination by  
17 the director of such hospital [~~or~~], program or center whether such  
18 person should be [~~retained~~] received therein pursuant to such section.

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

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

29 § 9.45 Emergency [~~admissions~~] assessment for immediate observation,  
30 care, and treatment; powers of directors of community  
31 services.

32 The director of community services or the director's designee shall  
33 have the power to direct the removal of any person, within his or her  
34 jurisdiction, to a hospital approved by the commissioner pursuant to  
35 subdivision (a) of section 9.39 of this article, or to a comprehensive  
36 psychiatric emergency program pursuant to subdivision (a) of section  
37 9.40 of this article, or to any crisis stabilization center specified in  
38 section 36.01 of this chapter when the director deems such center is  
39 appropriate and where such person agrees, if the parent, adult sibling,  
40 spouse or child of the person, the committee or legal guardian of the  
41 person, a licensed psychologist, registered professional nurse or certi-  
42 fied social worker currently responsible for providing treatment  
43 services to the person, a supportive or intensive case manager currently  
44 assigned to the person by a case management program which program is  
45 approved by the office of mental health for the purpose of reporting  
46 under this section, a licensed physician, health officer, peace officer  
47 or police officer reports to him or her that such person has a mental  
48 illness for which immediate care and treatment [~~in a hospital~~] is appro-  
49 priate and which is likely to result in serious harm to himself or  
50 herself or others. It shall be the duty of peace officers, when acting  
51 pursuant to their special duties, or police officers, who are members of  
52 an authorized police department or force or of a sheriff's department to  
53 assist representatives of such director to take into custody and trans-  
54 port any such person. Upon the request of a director of community  
55 services or the director's designee an ambulance service, as defined in  
56 subdivision two of section three thousand one of the public health law,

1 is authorized to transport any such person. Such person may then be  
 2 retained in a hospital pursuant to the provisions of section 9.39 of  
 3 this article or in a comprehensive psychiatric emergency program pursu-  
 4 ant to the provisions of section 9.40 of this article or to any crisis  
 5 stabilization center specified in section 36.01 of this chapter when the  
 6 director deems such center is appropriate and where such person agrees.

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

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

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

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

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

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

38 § 10. The commissioner of health, in consultation with the office of  
 39 mental health and the office of addiction services and supports, shall  
 40 seek Medicaid federal financial participation from the federal centers  
 41 for Medicare and Medicaid services for the federal share of payments for  
 42 the services authorized pursuant to this Subpart.

43 § 11. This act shall take effect October 1, 2021; provided, however,  
 44 that the amendments to sections 9.41, 9.43 and 9.45 of the mental  
 45 hygiene law made by sections four, five and six of this act shall not  
 46 affect the expiration of such sections and shall expire therewith.  
 47 Effective immediately, the addition, amendment and/or repeal of any rule  
 48 or regulation necessary for the implementation of this act on its effec-  
 49 tive date are authorized to be made and completed on or before such  
 50 effective date.

51 SUBPART B

52 Intentionally Omitted.

53 SUBPART C

1 Intentionally Omitted.

2 § 2. This act shall take effect immediately; provided, however, that  
3 the applicable effective date of Subpart A of this act shall be as  
4 specifically set forth in the last section of such Subpart.

5 PART BB

6 Intentionally Omitted

7 PART CC

8 Section 1. Subdivisions 2 and 2-a of section 1.03 of the mental  
9 hygiene law, subdivision 2 as amended and subdivision 2-a as added by  
10 chapter 281 of the laws of 2019, are amended to read as follows:

11 2. "Commissioner" means the commissioner of mental health, addiction,  
12 and wellness, and the commissioner of developmental disabilities [~~and~~  
13 ~~the commissioner of addiction services and supports~~] as used in this  
14 chapter. Any power or duty heretofore assigned to the commissioner of  
15 mental hygiene or to the department of mental hygiene pursuant to this  
16 chapter shall hereafter be assigned to the commissioner of mental  
17 health, addiction, and wellness in the case of facilities, programs, or  
18 services for individuals with mental illness, to the commissioner of  
19 developmental disabilities in the case of facilities, programs, or  
20 services for individuals with developmental disabilities, to the commis-  
21 sioner of [~~addiction services and supports~~] mental health, addiction,  
22 and wellness in the case of facilities, programs, or addiction disorder  
23 services in accordance with the provisions of titles D and E of this  
24 chapter.

25 2-a. Notwithstanding any other section of law or regulation, on and  
26 after the effective date of this subdivision, any and all references to  
27 the office of alcoholism and substance abuse services and the predeces-  
28 sor agencies to the office of alcoholism and substance abuse services  
29 including the division of alcoholism and alcohol abuse and the division  
30 of substance abuse services and all references to the office of mental  
31 health, shall be known as the "office of [~~addiction services and~~  
32 ~~supports~~] mental health, addiction, and wellness." Nothing in this  
33 subdivision shall be construed as requiring or prohibiting the further  
34 amendment of statutes or regulations to conform to the provisions of  
35 this subdivision.

36 § 2. Section 5.01 of the mental hygiene law, as amended by chapter 281  
37 of the laws of 2019, is amended and two new sections 5.01-a and 5.01-b  
38 are added to read as follows:

39 § 5.01 Department of mental hygiene.

40 There shall continue to be in the state government a department of  
41 mental hygiene. Within the department there shall be the following  
42 autonomous offices:

43 (1) office of mental health, addiction, and wellness; and

44 (2) office for people with developmental disabilities[~~+~~  
45 ~~(3) office of addiction services and supports~~].

46 § 5.01-a Office of mental health, addiction, and wellness.

47 (a) The office of mental health, addiction, and wellness shall be a  
48 new office within the department formed by the integration of the  
49 offices of mental health and addiction services and supports which shall  
50 focus on issues related to both mental illness and addiction in the

1 state and carry out the intent of the legislature in establishing the  
2 offices pursuant to articles seven and nineteen of this chapter. The  
3 office of mental health, addiction, and wellness is charged with ensur-  
4 ing the development of comprehensive plans for programs and services in  
5 the area of research, prevention, and care and treatment, rehabili-  
6 tation, education and training, and shall be staffed to perform the  
7 responsibilities attributed to the office pursuant to sections 7.07 and  
8 19.07 of this chapter and provide services and programs to promote  
9 recovery for individuals with mental illness, substance use disorder, or  
10 mental illness and substance use disorder.

11 (b) The commissioner of the office of mental health, addiction, and  
12 wellness shall be vested with the powers, duties, and obligations of the  
13 office of mental health and the office of addiction services and  
14 supports. Additionally, two executive deputy commissioners shall be  
15 appointed, one deputy commissioner to represent addiction services and  
16 supports, which shall be prominently represented to ensure the needs of  
17 substance use disorder communities are met, and one deputy commissioner  
18 to represent mental health services.

19 (c) The office of mental health, addiction, and wellness may license  
20 providers to provide integrated services for individuals with mental  
21 illness, substance use disorder, or mental illness and substance use  
22 disorder, in accordance with regulations issued by the commissioner.  
23 Such direct licensing mechanism allows for resources to get to communi-  
24 ty-based organizations in an expedited manner.

25 (d) The office of mental health, addiction, and wellness shall estab-  
26 lish a task force on mental health, addiction, and wellness to ensure  
27 the intent of the legislature is fulfilled in establishing such office.  
28 Such task force shall consist of providers, peers, family members, indi-  
29 viduals who have utilized addiction services and supports and/or mental  
30 health services, the local government unit as defined in article forty-  
31 one of this chapter, public and private sector unions and represen-  
32 tatives of other agencies or offices as the commissioner may deem neces-  
33 sary. Such task force shall meet regularly in furtherance of its  
34 functions and at any other time at the request of the designated task  
35 force leader.

36 § 5.01-b Office of mental health, addiction, and wellness.

37 Until January first, two thousand twenty-two, the office of mental  
38 health, addiction, and wellness shall consist of the office of mental  
39 health and the office of addiction services and supports.

40 § 3. Section 5.03 of the mental hygiene law, as amended by chapter 281  
41 of the laws of 2019, is amended to read as follows:

42 § 5.03 Commissioners.

43 The head of the office of mental health, addiction, and wellness shall  
44 be the commissioner of mental health, addiction, and wellness; and the  
45 head of the office for people with developmental disabilities shall be  
46 the commissioner of developmental disabilities [~~and the head of the~~  
47 ~~office of addiction services and supports shall be the commissioner of~~  
48 ~~addiction services and supports~~]. Each commissioner shall be appointed  
49 by the governor, by and with the advice and consent of the senate, to  
50 serve at the pleasure of the governor. Until the commissioner of mental  
51 health, addiction, and wellness is appointed by the governor and  
52 confirmed by the senate, the commissioner of mental health and the  
53 commissioner of addiction services and supports shall continue to over-  
54 see mental health and addiction services respectively, and work collabo-  
55 ratively to integrate care for individuals with both mental health and  
56 substance use disorders.



1 § 4. Section 5.05 of the mental hygiene law, as added by chapter 978  
2 of the laws of 1977, subdivision (a) as amended by chapter 168 of the  
3 laws of 2010, subdivision (b) as amended by chapter 294 of the laws of  
4 2007, paragraph 1 of subdivision (b) as amended by section 14 of part J  
5 of chapter 56 of the laws of 2012, subdivision (d) as added by chapter  
6 58 of the laws of 1988 and subdivision (e) as added by chapter 588 of  
7 the laws of 2011, is amended to read as follows:

8 § 5.05 Powers and duties of the head of the department.

9 (a) The commissioners of the office of mental health, addiction, and  
10 wellness and the office for people with developmental disabilities, as  
11 the heads of the department, shall jointly visit and inspect, or cause  
12 to be visited and inspected, all facilities either public or private  
13 used for the care, treatment and rehabilitation of individuals with  
14 mental illness, substance use disorder and developmental disabilities in  
15 accordance with the requirements of section four of article seventeen of  
16 the New York state constitution.

17 (b) (1) The commissioners of the office of mental health, addiction,  
18 and wellness and the office for people with developmental disabilities  
19 [~~and the office of alcoholism and substance abuse services~~] shall  
20 constitute an inter-office coordinating council which, consistent with  
21 the autonomy of each office for matters within its jurisdiction, shall  
22 ensure that the state policy for the prevention, care, treatment and  
23 rehabilitation of individuals with mental illness, substance use disor-  
24 ders and developmental disabilities [~~, alcoholism, alcohol abuse,~~  
25 ~~substance abuse, substance dependence, and chemical dependence~~] is  
26 planned, developed and implemented comprehensively; that gaps in  
27 services to individuals with multiple disabilities are eliminated and  
28 that no person is denied treatment and services because he or she has  
29 more than one disability; that procedures for the regulation of programs  
30 which offer care and treatment for more than one class of persons with  
31 mental disabilities be coordinated between the offices having jurisdic-  
32 tion over such programs; and that research projects of the institutes,  
33 as identified in section 7.17 [~~or~~], 13.17, or 19.17 of this chapter or  
34 as operated by the office for people with developmental disabilities,  
35 are coordinated to maximize the success and cost effectiveness of such  
36 projects and to eliminate wasteful duplication.

37 (2) The inter-office coordinating council shall annually issue a  
38 report on its activities to the legislature on or before December thir-  
39 ty-first. Such annual report shall include, but not be limited to, the  
40 following information: proper treatment models and programs for persons  
41 with multiple disabilities and suggested improvements to such models and  
42 programs; research projects of the institutes and their coordination  
43 with each other; collaborations and joint initiatives undertaken by the  
44 offices of the department; consolidation of regulations of each of the  
45 offices of the department to reduce regulatory inconsistencies between  
46 the offices; inter-office or office activities related to workforce  
47 training and development; data on the prevalence, availability of  
48 resources and service utilization by persons with multiple disabilities;  
49 eligibility standards of each office of the department affecting clients  
50 suffering from multiple disabilities, and eligibility standards under  
51 which a client is determined to be an office's primary responsibility;  
52 agreements or arrangements on statewide, regional and local government  
53 levels addressing how determinations over client responsibility are made  
54 and client responsibility disputes are resolved; information on any  
55 specific cohort of clients with multiple disabilities for which substan-  
56 tial barriers in accessing or receiving appropriate care has been



1 reported or is known to the inter-office coordinating council or the  
 2 offices of the department; and coordination of planning, standards or  
 3 services for persons with multiple disabilities between the inter-office  
 4 coordinating council, the offices of the department and local govern-  
 5 ments in accordance with the local planning requirements set forth in  
 6 article forty-one of this chapter.

7 (c) The commissioners shall meet from time to time with the New York  
 8 state conference of local mental hygiene directors to assure consistent  
 9 procedures in fulfilling the responsibilities required by this section  
 10 and by article forty-one of this chapter.

11 (d) ~~[1-]~~ (1) The commissioner of mental health, addiction, and well-  
 12 ness shall evaluate the type and level of care required by patients in  
 13 the adult psychiatric centers authorized by section 7.17 of this chapter  
 14 and develop appropriate comprehensive requirements for the staffing of  
 15 inpatient wards. These requirements should reflect measurable need for  
 16 administrative and direct care staff including physicians, nurses and  
 17 other clinical staff, direct and related support and other support  
 18 staff, established on the basis of sound clinical judgment. The staffing  
 19 requirements shall include but not be limited to the following: (i) the  
 20 level of care based on patient needs, including on ward activities, (ii)  
 21 the number of admissions, (iii) the geographic location of each facili-  
 22 ty, (iv) the physical layout of the campus, and (v) the physical design  
 23 of patient care wards.

24 ~~[2-]~~ (2) Such commissioner, in developing the requirements, shall  
 25 provide for adequate ward coverage on all shifts taking into account the  
 26 number of individuals expected to be off the ward due to sick leave,  
 27 workers' compensation, mandated training and all other off ward leaves.

28 ~~[3-]~~ (3) The staffing requirements shall be designed to reflect the  
 29 legitimate needs of facilities so as to ensure full accreditation and  
 30 certification by appropriate regulatory bodies. The requirements shall  
 31 reflect appropriate industry standards. The staffing requirements shall  
 32 be fully measurable.

33 ~~[4-]~~ (4) The commissioner of mental health, addiction, and wellness  
 34 shall submit an interim report to the governor and the legislature on  
 35 the development of the staffing requirements on October first, [~~nineteen~~  
 36 ~~hundred eighty-eight~~] two thousand twenty-one and again on April first,  
 37 [~~nineteen hundred eighty-nine~~] two thousand twenty-two. The commission-  
 38 er shall submit a final report to the governor and the legislature no  
 39 later than October first, [~~nineteen hundred eighty-nine~~] two thousand  
 40 twenty-two and shall include in his report a plan to achieve the staff-  
 41 ing requirements and the length of time necessary to meet these require-  
 42 ments.

43 (e) The commissioners of the office of mental health, addiction, and  
 44 wellness and the office for people with developmental disabilities [~~and~~  
 45 ~~the office of alcoholism and substance abuse services~~] shall cause to  
 46 have all new contracts with agencies and providers licensed by the  
 47 offices to have a clause requiring notice be provided to all current and  
 48 new employees of such agencies and providers stating that all instances  
 49 of abuse shall be investigated pursuant to this chapter, and, if an  
 50 employee leaves employment prior to the conclusion of a pending abuse  
 51 investigation, the investigation shall continue. Nothing in this section  
 52 shall be deemed to diminish the rights, privileges, or remedies of any  
 53 employee under any other law or regulation or under any collective  
 54 bargaining agreement or employment contract.

55 § 5. Section 7.01 of the mental hygiene law, as added by chapter 978  
 56 of the laws of 1977, is amended to read as follows:

1 § 7.01 Declaration of policy.

2 The state of New York and its local governments have a responsibility  
3 for the prevention and early detection of mental illness and for the  
4 comprehensively planned care, treatment and rehabilitation of their  
5 mentally ill citizens.

6 Therefore, it shall be the policy of the state to conduct research and  
7 to develop programs which further prevention and early detection of  
8 mental illness; to develop a comprehensive, integrated system of treat-  
9 ment and rehabilitative services for the mentally ill. Such a system  
10 should include, whenever possible, the provision of necessary treatment  
11 services to people in their home communities; it should assure the  
12 adequacy and appropriateness of residential arrangements for people in  
13 need of service; and it should rely upon improved programs of institu-  
14 tional care only when necessary and appropriate. Further, such a system  
15 should recognize the important therapeutic roles of all disciplines  
16 which may contribute to the care or treatment of the mentally ill, such  
17 as psychology, social work, psychiatric nursing, special education and  
18 other disciplines in the field of mental illness, as well as psychiatry  
19 and should establish accountability for implementation of the policies  
20 of the state with regard to the care and rehabilitation of the mentally  
21 ill.

22 To facilitate the implementation of these policies and to further  
23 advance the interests of the mentally ill and their families, a new  
24 autonomous agency to be known as the office of mental health, addiction,  
25 and wellness has been established by this article. The office and its  
26 commissioner shall plan and work with local governments, voluntary agen-  
27 cies and all providers and consumers of mental health services in order  
28 to develop an effective, integrated, comprehensive system for the deliv-  
29 ery of all services to the mentally ill and to create financing proce-  
30 dures and mechanisms to support such a system of services to ensure that  
31 mentally ill persons in need of services receive appropriate care,  
32 treatment and rehabilitation close to their families and communities. In  
33 carrying out these responsibilities, the office and its commissioner  
34 shall make full use of existing services in the community including  
35 those provided by voluntary organizations.

36 § 6. Section 19.01 of the mental hygiene law, as added by chapter 223  
37 of the laws of 1992, is amended to read as follows:

38 § 19.01 Declaration of policy.

39 The legislature declares the following:

40 Alcoholism, substance abuse and chemical dependence pose major health  
41 and social problems for individuals and their families when left  
42 untreated, including family devastation, homelessness, and unemployment.  
43 It has been proven that successful prevention and treatment can dramati-  
44 cally reduce costs to the health care, criminal justice and social  
45 welfare systems.

46 The tragic, cumulative and often fatal consequences of alcoholism and  
47 substance abuse are, however, preventable and treatable disabilities  
48 that require a coordinated and multi-faceted network of services.

49 The legislature recognizes locally planned and implemented prevention  
50 as a primary means to avert the onset of alcoholism and substance abuse.  
51 It is the policy of the state to promote comprehensive, age appropriate  
52 education for children and youth and stimulate public awareness of the  
53 risks associated with alcoholism and substance abuse. Further, the  
54 legislature acknowledges the need for a coordinated state policy for the  
55 establishment of prevention and treatment programs designed to address  
56 the problems of chemical dependency among youth, including prevention

1 and intervention efforts in school and community-based programs designed  
2 to identify and refer high risk youth in need of chemical dependency  
3 services.

4 Substantial benefits can be gained through alcoholism and substance  
5 abuse treatment for both addicted individuals and their families. Posi-  
6 tive treatment outcomes that may be generated through a complete contin-  
7 uum of care offer a cost effective and comprehensive approach to reha-  
8 bilitating such individuals. The primary goals of the rehabilitation and  
9 recovery process are to restore social, family, lifestyle, vocational  
10 and economic supports by stabilizing an individual's physical and  
11 psychological functioning. The legislature recognizes the importance of  
12 varying treatment approaches and levels of care designed to meet each  
13 client's needs. Relapse prevention and aftercare are two primary compo-  
14 nents of treatment that serve to promote and maintain recovery.

15 The legislature recognizes that the distinct treatment needs of  
16 special populations, including women and women with children, persons  
17 with HIV infection, persons diagnosed with mental illness, persons who  
18 abuse chemicals, the homeless and veterans with posttraumatic stress  
19 disorder, merit particular attention. It is the intent of the legisla-  
20 ture to promote effective interventions for such populations in need of  
21 particular attention. The legislature also recognizes the importance of  
22 family support for individuals in alcohol or substance abuse treatment  
23 and recovery. Such family participation can provide lasting support to  
24 the recovering individual to prevent relapse and maintain recovery. The  
25 intergenerational cycle of chemical dependency within families can be  
26 intercepted through appropriate interventions.

27 The state of New York and its local governments have a responsibility  
28 in coordinating the delivery of alcoholism and substance abuse services,  
29 through the entire network of service providers. To accomplish these  
30 objectives, the legislature declares that the establishment of a single,  
31 unified office of [~~alcoholism and substance abuse services~~] mental  
32 health, addiction, and wellness will provide an integrated framework to  
33 plan, oversee and regulate the state's prevention and treatment network.  
34 In recognition of the growing trends and incidence of chemical dependen-  
35 cy, this consolidation allows the state to respond to the changing  
36 profile of chemical dependency. The legislature recognizes that some  
37 distinctions exist between the alcoholism and substance abuse field and  
38 the mental health field and where appropriate, those distinctions may be  
39 preserved. Accordingly, it is the intent of the state to establish one  
40 office of [~~alcoholism and substance abuse services~~] mental health,  
41 addiction, and wellness in furtherance of a comprehensive service deliv-  
42 ery system.

43 § 7. Upon or prior to January 1, 2022, the governor may nominate an  
44 individual to serve as commissioner of the office of mental health,  
45 addiction, and wellness. If such individual is confirmed by the senate  
46 prior to January 1, 2022, they shall become the commissioner of the  
47 office of mental health, addiction, and wellness. The governor may  
48 designate a person to exercise the powers of the commissioner of the  
49 office of mental health, addiction, and wellness on an acting basis,  
50 until confirmation of a nominee by the senate, who is hereby authorized  
51 to take such actions as are necessary and proper to implement the order-  
52 ly transition of the functions, powers as duties as herein provided,  
53 including the preparation for a budget request for the office as estab-  
54 lished by this act.

55 § 8. Upon the transfer pursuant to this act of the functions and  
56 powers possessed by and all of the obligations and duties of the office

1 of mental health and the office of addiction services and supports as  
 2 established pursuant to the mental hygiene law and other laws, to the  
 3 office of mental health, addiction, and wellness as prescribed by this  
 4 act, provision shall be made for the transfer of all employees from the  
 5 office of mental health and the office of addiction services and  
 6 supports into the office of mental health, addiction, and wellness.  
 7 Employees so transferred shall be transferred without further examina-  
 8 tion or qualification to the same or similar titles and shall remain in  
 9 the same collective bargaining units and shall retain their respective  
 10 civil service classifications, status, and rights pursuant to their  
 11 collective bargaining units and collective bargaining agreements.

12 § 9. Notwithstanding any contrary provision of law, on or before Octo-  
 13 ber 1, 2021 and annually thereafter, the office of mental health,  
 14 addiction, and wellness, in consultation with the department of health,  
 15 shall issue a report, and post such report on their public website,  
 16 detailing the office's expenditures for mental health and addiction  
 17 services and supports, including total Medicaid spending directly by the  
 18 state to licensed or designated providers and payments to managed care  
 19 providers pursuant to section 364-j of the social services law. The  
 20 office of mental health, addiction, and wellness shall examine reports  
 21 produced pursuant to this section and may make recommendations to the  
 22 governor and the legislature regarding appropriations for mental health  
 23 and addiction services and supports or other provisions of law which may  
 24 be necessary to effectively implement the creation and continued opera-  
 25 tion of the office.

26 § 9-a. Any financial saving realized from the creation of the office  
 27 of mental health, addiction, and wellness shall be reinvested in the  
 28 services and supports funded by such office.

29 § 10. Severability. If any clause, sentence, paragraph, section or  
 30 part of this act shall be adjudged by any court of competent jurisdic-  
 31 tion to be invalid, such judgment shall not affect, impair or invalidate  
 32 the remainder thereof, but shall be confined in its operation to the  
 33 clause, sentence, paragraph, section or part thereof directly involved  
 34 in the controversy in which such judgment shall have been rendered.

35 § 11. This act shall take effect immediately. Effective immediately,  
 36 the office of mental health and the office of addiction services and  
 37 supports are authorized to promulgate the addition, amendment and/or  
 38 repeal of any rule or regulation or engage in any work necessary for the  
 39 implementation of this act on its effective date authorized to be made  
 40 and completed on or before such effective date.

41 PART DD

42 Section 1. This act shall be known and may be cited as the "comprehen-  
 43 sive outpatient services act of 2021".

44 § 2. Section 364-m of the social services law is amended by adding a  
 45 new subdivision 6 to read as follows:

46 6. Comprehensive outpatient services centers. (a) Definitions. For  
 47 the purpose of this article, unless the context clearly requires other-  
 48 wise:

49 (i) "Mental health services" means services for the treatment of  
 50 mental illness.

51 (ii) "Addiction services" means services for the treatment of  
 52 addiction disorders.

53 (iii) "Comprehensive outpatient services" means the systematic coordi-  
 54 nation of evidence-based health care services, to include the preventa-

1 tive, diagnostic, therapeutic and rehabilitative care and treatment of  
2 mental illness, addiction and the provision of physical health services,  
3 otherwise provided by a diagnostic and treatment center or general  
4 hospital outpatient program pursuant to article twenty-eight of the  
5 public health law, a mental health clinic licensed pursuant to article  
6 thirty-one of the mental hygiene law, or an addiction provider certified  
7 pursuant to article thirty-two of the mental hygiene law to an individ-  
8 ual seeking services regardless of their primary diagnosis or health  
9 complaint; provided, however, that the scope of such services may be  
10 restricted pursuant to regulation.

11 (iv) "Comprehensive outpatient services centers" means a facility  
12 approved in accordance with this section to provide comprehensive outpa-  
13 tient services in order to promote health and better outcomes for the  
14 recipient, particularly for populations at risk.

15 (v) "Medical director" is a physician who is responsible for the  
16 services delivered by the comprehensive outpatient services provider,  
17 for the overall direction of the services provided and the direct super-  
18 vision of medical staff in the delivery of services.

19 (vi) "Physical health services" means services provided by a physi-  
20 cian, physician's assistant, nurse practitioner, or midwife acting with-  
21 in his or her lawful scope of practice under title eight of the educa-  
22 tion law and who is practicing in a primary care specialty.

23 (b) Notwithstanding any law, rule, or regulation to the contrary, the  
24 commissioners of the department of health, the office of mental health,  
25 and the office of addiction services and supports are authorized to  
26 jointly establish a single set of licensing standards and requirements  
27 for the construction, operation, reporting and surveillance of compre-  
28 hensive outpatient services centers. Such standards and requirements  
29 shall include, but not be limited to:

30 (i) scope of comprehensive outpatient services;

31 (ii) creation of an efficient application review process for compre-  
32 hensive outpatient services centers;

33 (iii) facilitation of integrated treatment records that comply with  
34 applicable federal and state confidentiality requirements;

35 (iv) optimal use of clinical resources, including the development of a  
36 workforce capable of providing comprehensive care to an individual  
37 utilizing evidence-based approaches to integrated treatment;

38 (v) development of billing and reimbursement structures to enable the  
39 provision of comprehensive services to individuals regardless of their  
40 primary diagnosis or healthcare complaint;

41 (vi) reasonable physical plant standards to foster proper care and  
42 treatment;

43 (vii) standards for incident reporting and remediation pursuant to  
44 article eleven of the social services law; and

45 (viii) standards for adverse event reporting, provided however that  
46 any such adverse event reports shall be kept confidential and shall not  
47 be subject to disclosure under article six of the public officers law or  
48 article thirty-one of the civil practice law and rules.

49 (c) A provider shall not be authorized to provide comprehensive outpa-  
50 tient services unless they have sufficiently demonstrated, consistent  
51 with the standards and requirements set forth by the commissioners:

52 (i) experience in the delivery of physical, mental health, and  
53 addiction services;

54 (ii) capacity to offer comprehensive outpatient services in each  
55 comprehensive outpatient services center approved by each of the commis-



1 sioners of the department of health, the office of mental health, and  
2 the office of addiction services and supports; and  
3 (iii) compliance with standards established pursuant to this section  
4 for providing and receiving payment for comprehensive outpatient  
5 services.

6 (d) Notwithstanding any provision of law to the contrary, for the  
7 purposes of this subdivision, comprehensive outpatient service providers  
8 shall be considered contracted, approved or otherwise authorized by the  
9 office of addiction services and supports and the office of mental  
10 health for the purpose of sections 19.20, 19.20-a, and 31.35 of the  
11 mental hygiene law, as may be applicable. Providers shall be required to  
12 comply with the review of criminal history information, as required in  
13 such sections, for prospective employees or volunteers who will have  
14 regular and substantial unsupervised or unrestricted physical contact  
15 with the clients of such provider.

16 (e) The commissioners of the department of health, the office of  
17 mental health, and the office of addiction services and supports are  
18 authorized to promulgate any regulatory requirements necessary to imple-  
19 ment comprehensive outpatient services centers consistent with this  
20 section, including amending existing requirements.

21 § 3. Subdivision 4 of section 488 of the social services law is  
22 amended by adding a new paragraph (a-1) to read as follows:

23 (a-1) a comprehensive outpatient services center which is licensed, or  
24 certified by section three hundred sixty-four-m of this chapter,  
25 provided however that such term shall not include the provision of phys-  
26 ical health services rendered in such facility or program;

27 § 4. Subdivision 1 of section 2801 of the public health law, as  
28 amended by section 1 of part Z of chapter 57 of the laws of 2019, is  
29 amended to read as follows:

30 1. "Hospital" means a facility or institution engaged principally in  
31 providing services by or under the supervision of a physician or, in the  
32 case of a dental clinic or dental dispensary, of a dentist, or, in the  
33 case of a midwifery birth center, of a midwife, for the prevention,  
34 diagnosis or treatment of human disease, pain, injury, deformity or  
35 physical condition, including, but not limited to, a general hospital,  
36 public health center, diagnostic center, treatment center, dental clinic,  
37 dental dispensary, rehabilitation center other than a facility used  
38 solely for vocational rehabilitation, nursing home, tuberculosis hospital,  
39 chronic disease hospital, maternity hospital, midwifery birth  
40 center, lying-in-asylum, out-patient department, out-patient lodge,  
41 dispensary and a laboratory or central service facility serving one or  
42 more such institutions, but the term hospital shall not include an  
43 institution, sanitarium or other facility engaged principally in provid-  
44 ing services for the prevention, diagnosis or treatment of mental disa-  
45 bility and which is subject to the powers of visitation, examination,  
46 inspection and investigation of the department of mental hygiene except  
47 for those distinct parts of such a facility which provide hospital  
48 service. The provisions of this article shall not apply to a facility or  
49 institution engaged principally in providing services by or under the  
50 supervision of the bona fide members and adherents of a recognized reli-  
51 gious organization whose teachings include reliance on spiritual means  
52 through prayer alone for healing in the practice of the religion of such  
53 organization and where services are provided in accordance with those  
54 teachings. No provision of this article or any other provision of law  
55 shall be construed to: (a) limit the volume of primary care services  
56 that can be provided by comprehensive outpatient services centers, as



1 defined in section three hundred sixty-four-m of the social services  
2 law; (b) limit the volume of mental health, substance use disorder  
3 services or developmental disability services that can be provided by a  
4 provider of primary care services licensed under this article and  
5 authorized to provide integrated services in accordance with regulations  
6 issued by the commissioner in consultation with the commissioner of the  
7 office of mental health, the commissioner of the office of [~~alcoholism~~  
8 ~~and substance abuse services~~] addiction services and supports and the  
9 commissioner of the office for people with developmental disabilities,  
10 including regulations issued pursuant to subdivision seven of section  
11 three hundred sixty-five-1 of the social services law or part L of chap-  
12 ter fifty-six of the laws of two thousand twelve; [~~(b)~~] (c) require a  
13 provider licensed pursuant to article thirty-one of the mental hygiene  
14 law or certified pursuant to article sixteen or article thirty-two of  
15 the mental hygiene law to obtain an operating certificate from the  
16 department if such provider has been authorized to provide integrated  
17 services in accordance with regulations issued by the commissioner in  
18 consultation with the commissioner of the office of mental health, the  
19 commissioner of the office of [~~alcoholism and substance abuse services~~]  
20 addiction services and supports and the commissioner of the office for  
21 people with developmental disabilities, including regulations issued  
22 pursuant to subdivision seven of section three hundred sixty-five-1 of  
23 the social services law or part L of chapter fifty-six of the laws of  
24 two thousand twelve.

25 § 5. Subdivision (f) of section 31.02 of the mental hygiene law, as  
26 amended by section 2 of part Z of chapter 57 of the laws of 2019, is  
27 amended to read as follows:

28 (f) No provision of this article or any other provision of law shall  
29 be construed to require a provider licensed pursuant to article twenty-  
30 eight of the public health law or certified pursuant to article sixteen  
31 or article thirty-two of this chapter to obtain an operating certificate  
32 from the office of mental health if such provider has been authorized to  
33 provide integrated services in accordance with regulations issued by the  
34 commissioner of the office of mental health in consultation with the  
35 commissioner of the department of health, the commissioner of the office  
36 of [~~alcoholism and substance abuse services~~] addiction services and  
37 supports and the commissioner of the office for people with develop-  
38 mental disabilities, including regulations issued pursuant to subdivi-  
39 sion seven of section three hundred sixty-five-1 of the social services  
40 law or part L of chapter fifty-six of the laws of two thousand twelve.  
41 Furthermore, except as provided in paragraph (d) of subdivision six of  
42 section three hundred sixty-four-m of the social services law, no  
43 provision of this article or any other provision of law shall be  
44 construed to limit the volume of mental health services that can be  
45 provided by comprehensive outpatient services centers, as defined in  
46 section three hundred sixty-four-m of the social services law.

47 § 6. Subdivision (b) of section 32.05 of the mental hygiene law, as  
48 amended by section 3 of part Z of chapter 57 of the laws of 2019, is  
49 amended to read as follows:

50 (b) (i) Methadone, or such other controlled substance designated by  
51 the commissioner of health as appropriate for such use, may be adminis-  
52 tered to an addict, as defined in section thirty-three hundred two of  
53 the public health law, by individual physicians, groups of physicians  
54 and public or private medical facilities certified pursuant to article  
55 twenty-eight or thirty-three of the public health law as part of a chem-  
56 ical dependence program which has been issued an operating certificate

1 by the commissioner pursuant to subdivision (b) of section 32.09 of this  
 2 article, provided, however, that such administration must be done in  
 3 accordance with all applicable federal and state laws and regulations.  
 4 Individual physicians or groups of physicians who have obtained authori-  
 5 zation from the federal government to administer buprenorphine to  
 6 addicts may do so without obtaining an operating certificate from the  
 7 commissioner. (ii) No provision of this article or any other provision  
 8 of law shall be construed to require a provider licensed pursuant to  
 9 article twenty-eight of the public health law, article thirty-one of  
 10 this chapter or a provider certified pursuant to article sixteen of this  
 11 chapter to obtain an operating certificate from the office of [~~alcohol-~~  
 12 ~~ism and substance abuse services~~] addiction services and supports if  
 13 such provider has been authorized to provide integrated services in  
 14 accordance with regulations issued by the commissioner of [~~alcoholism~~  
 15 ~~and substance abuse services~~] addiction services and supports in consul-  
 16 tation with the commissioner of the department of health, the commis-  
 17 sioner of the office of mental health and the commissioner of the office  
 18 for people with developmental disabilities, including regulations issued  
 19 pursuant to subdivision seven of section three hundred sixty-five-1 of  
 20 the social services law or part L of chapter fifty-six of the laws of  
 21 two thousand twelve. Furthermore, except as provided in paragraph (d)  
 22 of subdivision six of section three hundred sixty-four-m of the social  
 23 services law, no provision of this article or any other provision of law  
 24 shall be construed to limit the volume of addiction services that can be  
 25 provided by comprehensive outpatient services centers, as defined in  
 26 section three hundred sixty-four-m of the social services law.

27 § 7. This act shall take effect January 1, 2022; provided, however,  
 28 that the amendments to section 364-m of the social services law made by  
 29 section two of this act shall not affect the repeal of such section and  
 30 shall be deemed to repeal therewith. Effective immediately, the commis-  
 31 sioner of the department of health, the commissioner of the office of  
 32 mental health and the commissioner of the office of addiction services  
 33 and supports are authorized to issue any rule or regulation necessary  
 34 for the implementation of this act on or before its effective date.

35 PART EE

36 Intentionally Omitted

37 PART FF

38 Intentionally Omitted

39 PART GG

40 Intentionally Omitted

41 PART HH

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

44 3. (a) The [~~membership of the developmental disabilities planning~~  
 45 ~~council shall at all times include representatives of the principal~~

1 ~~state agencies, higher education training facilities,~~ following people  
 2 shall serve as ex officio members of the council:

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

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

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

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

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

16 ~~(i)]~~ developmentally disabled persons or their parents or guardians or  
 17 of immediate relatives or guardians of persons with [mentally impairing]  
 18 developmental disabilities[+].

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

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

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

29 [~~(v) at~~] (iv) At least one member shall be an immediate relative or  
 30 guardian of an institutionalized developmentally disabled person[+]

31 ~~(e) The membership may include some or all of the members of the advi-~~  
 32 ~~sory council on mental retardation and developmental disabilities].~~

33 § 2. This act shall take effect immediately.

34 PART II

35 Section 1. Section 3613 of the public health law is amended by adding  
 36 a new subdivision 7-a to read as follows:

37 7-a. The department shall maintain a schedule setting forth when the  
 38 department shall offer competency exams to qualified home care services  
 39 workers residing outside this state in order to fill any shortage of  
 40 home care services workers working in this state. Such schedule shall be  
 41 made available on the department's website and readily accessible by the  
 42 public.

43 § 2. This act shall take effect on the sixtieth day after it shall  
 44 have become a law. Effective immediately, the addition, amendment and/or  
 45 repeal of any rule or regulation necessary for the implementation of  
 46 this act on its effective date are authorized to be made and completed  
 47 on or before such date.

48 PART JJ

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

1 (d-2) Services provided pursuant to waivers, granted pursuant to  
 2 subsection (c) of section 1915 of the federal social security act, to  
 3 persons suffering from traumatic brain injuries or qualifying for nurs-  
 4 ing home diversion and transition services, shall not be provided to  
 5 medical assistance recipients through managed care programs [~~until at~~  
 6 ~~least January first, two thousand twenty two~~] established pursuant to  
 7 this section; provided, further that the commissioner of health is here-  
 8 by directed to take any action required, including but not limited to  
 9 filing waivers and waiver extensions as necessary with the federal  
 10 government, to continue the provision of such services.

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

## PART KK

15  
 16 Section 1. The insurance law is amended by adding a new section 211 to  
 17 read as follows:

18 § 211. Independent consumer assistance program. The superintendent, in  
 19 consultation with the commissioner of health, shall designate an inde-  
 20 pendent consumer assistance program that will have the following duties:

21 (a) The independent consumer assistance program shall:

22 (1) assist consumers with the filing of complaints and appeals,  
 23 including filing appeals with the internal appeal or grievance process  
 24 of the group health plans or health insurance issuers involved and  
 25 providing information about and assisting consumers with the external  
 26 appeals and administrative hearing process;

27 (2) collect, track, and quantify problems and inquiries encountered by  
 28 consumers;

29 (3) educate consumers on their rights and responsibilities with  
 30 respect to group health plans and health insurance coverage;

31 (4) assist consumers with enrollment in a group health plan or health  
 32 insurance coverage by providing information, referral, and assistance;

33 (5) resolve problems with obtaining premium tax credits under section  
 34 36B of the Internal Revenue Code of 1986;

35 (6) assist consumers with disputes eligible for resolution under arti-  
 36 cle six of the financial services law;

37 (7) assist uninsured, insured, or underinsured consumers in accessing  
 38 appropriate health care services, hospital financial assistance or the  
 39 resolution of their health care bills; and

40 (8) provide assistance to health consumers on any additional matters  
 41 related to accessing health insurance coverage and health care services.

42 (b) All New York state regulated health plans shall be required to  
 43 list the name, phone number, address and email of the state independent  
 44 consumer assistance programs on notices to consumers of adverse determi-  
 45 nations and explanation of benefits and in the subscriber agreement,  
 46 member handbook and any additional consumer facing materials as deter-  
 47 mined by the superintendent and the commissioner of health.

48 § 2. This act shall take effect immediately.

## PART LL

49  
 50 Section 1. Subparagraph (vi) of paragraph (b) of subdivision 4-a of  
 51 section 365-f of the social services law, as amended by section 4 of  
 52 part G of chapter 57 of the laws of 2019, is amended to read as follows:

1 (vi) the commissioner is authorized to reoffer contracts [~~under the~~  
2 ~~same terms of this subdivision, if determined necessary by the~~], to  
3 ensure that all provisions in this section are met. The commissioner  
4 shall reoffer contracts to ensure that there are at least two fiscal  
5 intermediaries headquartered in each county with a population of two  
6 hundred thousand or more.

7 § 2. Section 365-f of the social services law is amended by adding two  
8 new subdivisions 4-e and 4-f to read as follows:

9 4-e. Following the selection of contractors pursuant to this section  
10 and in order to ensure regional choice and experience serving individ-  
11 uals with developmental disabilities, the commissioner shall provide no  
12 less than five additional awards to entities which meet the following  
13 criteria:

14 (a) are a not-for-profit entity;

15 (b) have been established as fiscal intermediaries prior to January  
16 first, two thousand twelve and have been continuously providing such  
17 services for eligible individuals pursuant to this section; and

18 (c) are currently authorized, funded, approved and certified to deliv-  
19 er state plan and homes and community-based waiver supports and services  
20 to individuals with developmental disabilities by the office for people  
21 with developmental disabilities.

22 4-f. Following the selection of contractors pursuant to this section  
23 and in order to ensure regional choice and experience serving racial and  
24 ethnic minorities, the commissioner shall provide no less than five  
25 additional awards to entities which meet the following criteria:

26 (a) are a not-for-profit entity;

27 (b) have been established as fiscal intermediaries prior to January  
28 first, two thousand twelve and have been continuously providing such  
29 services for eligible individuals pursuant to this section; and

30 (c) primarily provide services to racial and ethnic minority residents  
31 or persons who have recently become American citizens in such person's  
32 native language.

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

35 PART MM

36 Section 1. The mental hygiene law is amended by adding a new section  
37 19.18-a to read as follows:

38 § 19.18-a Addiction recovery supportive transportation services demon-  
39 stration program.

40 1. The commissioner shall develop an addiction recovery supportive  
41 transportation services demonstration program. Such program shall  
42 provide recovery supportive transportation services to individuals  
43 during treatment, including but not limited to, inpatient, residential  
44 and outpatient treatment, and after the completion of treatment. The  
45 commissioner shall identify and establish where the recovery supportive  
46 transportation services demonstration program shall be located, provided  
47 that there shall be at least one urban and one rural demonstration  
48 program.

49 2. Recovery supportive transportation services shall include assist-  
50 ance for individuals that support their continuation in treatment and  
51 their continuation in recovery.

52 3. No later than January first, two thousand twenty-two, the commis-  
53 sioner shall provide the governor, the temporary president of the  
54 senate, the speaker of the assembly, and the chairs of the senate and



1 assembly committees on alcoholism and drug abuse with a written evalu-  
 2 ation of the demonstration program. Such evaluation shall, at a minimum,  
 3 address the overall effectiveness of such demonstration program, identi-  
 4 fy best practices for recovery supportive transportation services  
 5 provided under such demonstration program, and suggest any additional  
 6 recovery supportive services that may be appropriate within each type of  
 7 program operated, regulated, funded, or approved by the office and  
 8 address whether continuation or expansion of such demonstration program  
 9 is recommended. The written evaluation shall be made available on the  
 10 office's website.

11 § 2. This act shall take effect April 1, 2021.

12 PART NN

13 Section 1. Subdivision 2 of section 365-a of the social services law  
 14 is amended by adding a new paragraph (gg) to read as follows:

15 (gg) all buprenorphine products, methadone or long acting injectable  
 16 naltrexone for detoxification or maintenance treatment of a substance  
 17 use disorder prescribed according to generally accepted national profes-  
 18 sional guidelines for the treatment of a substance use disorder. Such  
 19 medication assisted treatment shall not be subject to any prior authori-  
 20 zation mandate.

21 § 2. Subdivision 26-b of section 364-j of the social services law, as  
 22 added by section 4 of part B of chapter 69 of the laws of 2016, is  
 23 amended to read as follows:

24 26-b. Managed care providers shall not require prior authorization for  
 25 ~~[an initial or renewal prescription for buprenorphine or injectable~~  
 26 ~~naltrexone for detoxification or maintenance treatment of opioid~~  
 27 ~~addiction unless the prescription is for a non-preferred or non-formu-~~  
 28 ~~lary form of the drug or as otherwise required by section 1927(k)(6) of~~  
 29 ~~the Social Security Act]~~ any buprenorphine products, methadone or long  
 30 acting injectable naltrexone for detoxification or maintenance treatment  
 31 of a substance use disorder prescribed according to generally accepted  
 32 national professional guidelines for the treatment of a substance use  
 33 disorder.

34 § 3. Subdivision 10 of section 273 of the public health law, as  
 35 amended by section 7 of part GG of chapter 56 of the laws of 2020, is  
 36 amended to read as follows:

37 10. Prior authorization shall not be required for ~~[an initial or~~  
 38 ~~renewal prescription for buprenorphine or injectable naltrexone for~~  
 39 ~~detoxification or maintenance treatment of opioid addiction unless the~~  
 40 ~~prescription is for a non-preferred or non-formulary form of such drug~~  
 41 ~~as otherwise required by section 1927(k)(6) of the Social Security Act.~~  
 42 ~~Further, prior authorization shall not be required for]~~ any buprenor-  
 43 phine products, methadone, [when used for opioid use disorder and admin-  
 44 istered or dispensed in an opioid treatment program] or long acting  
 45 injectable naltrexone for detoxification or maintenance treatment of a  
 46 substance use disorder prescribed according to generally accepted  
 47 national professional guidelines for the treatment of a substance use  
 48 disorder.

49 § 4. This act shall take effect on the ninetieth day after it shall  
 50 have become a law; provided, however, that the amendments to subdivision  
 51 26-b of section 364-j of the social services law made by section two of  
 52 this act shall not affect the repeal of such section, and shall be  
 53 deemed repealed therewith.

PART OO

Section 1. The mental hygiene law is amended by adding a new article 26 to read as follows:

ARTICLE 26

STATEWIDE OPIOID SETTLEMENT AGREEMENTS

Section 26.01 Definitions.

26.02 Implementation.

26.03 Limitation on authority of government entities to bring lawsuits.

§ 26.01 Definitions.

As used in this article, the following terms shall have the following meanings:

- 1. "Advisory board" means an advisory board established within the office of mental health services, addiction, and wellness pursuant to section 26.02 of this article.
- 2. "Approved uses" means any opioid or substance use disorder related services, supports, or programs that fall within the list of uses defined in any statewide opioid settlement agreement.
- 3. "Commissioner" means the commissioner of the New York state office of mental health services, addiction, and wellness.
- 4. "Direct share subdivision" means every county of New York outside the city of New York and Nassau and Suffolk counties.
- 5. "Government entity" means (a) the state of New York and each of its departments, agencies, divisions, boards, commissions and/or instrumentalities, and (b) any governmental subdivision within the boundaries of the state of New York, including, but not limited to, counties, municipalities, districts, towns and/or villages, and any of their subdivisions, special districts and any department, agency, division, board, commission and/or instrumentality thereof.
- 6. "New York subdivisions" means each county, city, town, or village in the state of New York.
- 7. "Participating entities" means participating entities as such term is defined in any statewide opioid settlement agreement.
- 8. "Opioid settlement fund" means the fund created by the statewide opioid agreements and section ninety-seven-bbbbb of the state finance law, the funds of which shall be used or distributed by the commissioner for the purposes of opioid abatement.
- 9. "Released entities" means released entities as such term is defined in the statewide opioid settlement agreements.
- 10. "Statewide opioid settlement agreements" means settlement agreements, and related documents, entered into by the state and certain opioid manufacturers, distributors, and related entities. Copies of such agreements, including any amendments thereto, shall be kept on file by the attorney general, who shall make such available for inspection and copying pursuant to the provisions of article six of the public officers law.

§ 26.02 Implementation.

1. Powers and duties. (a) Each year the commissioner, in consultation with the commissioner of health, shall allocate funds contained within the opioid settlement fund, established pursuant to section ninety-seven-bbbbb of the state finance law, consistent with and subject to the terms of any statewide opioid settlement agreement. Each New York subdivision shall, as a condition of the receipt of such funds, certify at the end of each fiscal year for which it receives such funds that all funds provided to it under this provision of the agreements were spent

1 on projects and programs that constitute approved uses and provided that  
2 such New York subdivision complies with the reporting requirements set  
3 forth in this article.

4 (b) Each year the commissioner, in consultation with the commissioner  
5 of health, shall set aside funds, consistent with the terms of any  
6 statewide opioid settlement agreements, for spending to: (i) fund state  
7 projects that constitute approved uses, and (ii) carry out the duties of  
8 the office of mental health services, addiction, and wellness and advi-  
9 sory board under this article, including oversight and administration of  
10 the opioid settlement fund and the advisory board.

11 (c) The commissioner, in consultation with the commissioner of health,  
12 and with the advice of the advisory board, shall have the ability to  
13 amend the list of approved uses to add additional approved uses at spec-  
14 ified intervals in response to changing opioid and substance use disor-  
15 der needs in the state. Categories and subcategories may be removed from  
16 the list of approved uses only with the approval of not less than three-  
17 fourths of the members of the advisory board.

18 2. Rule promulgation. The commissioner, in consultation with the  
19 commissioner of health, may issue rules and regulations necessary to  
20 effectuate the requirements of this section.

21 3. Oversight and auditing. The commissioner, in consultation with the  
22 commissioner of health, shall engage in oversight and audits of  
23 services, supports, and programs funded through the opioid settlement  
24 fund.

25 4. Reporting requirements. (a) Consistent with and subject to any  
26 statewide opioid settlement agreement, each New York subdivision that  
27 receives funds from the opioid settlement fund under any statewide  
28 opioid settlement agreements shall annually provide to the office of  
29 mental health services, addiction, and wellness a detailed accounting of  
30 the spending of such funds as well as analysis and evaluation of the  
31 services, supports and programs it has funded. Such accounting shall be  
32 provided on or before November first each year. The office of mental  
33 health services, addiction, and wellness may withhold future funds from  
34 any New York subdivision that is delinquent in providing such reporting,  
35 until the required report is submitted.

36 (b) The commissioner shall annually provide the speaker of the assem-  
37 bly and the temporary president of the senate a detailed accounting of  
38 the spending of all monies in the opioid settlement fund, any spending  
39 by the direct share subdivisions, any spending by New York city and  
40 Nassau and Suffolk counties, as well as an analysis and evaluation of  
41 the services, supports and programs funded. This accounting shall be  
42 provided on or before February first each year. In consultation with the  
43 advisory board, the commissioner shall also report annually the results  
44 of research funded by funds from these agreements, the status of any  
45 outstanding audits, and the non-binding recommendations of the advisory  
46 board.

47 5. Advisory board. There is hereby established within the office of  
48 mental health services, addiction, and wellness an advisory board on  
49 addressing the opioid epidemic consisting of fifteen voting members, and  
50 a non-voting chairperson. Each member of the advisory board shall have  
51 one vote, with all actions being taken by an affirmative vote of the  
52 majority of present members.

53 (a) Appointments to the advisory board. The governor shall appoint  
54 four voting members, and the non-voting chairperson, to the advisory  
55 board. The speaker of the assembly and the temporary president of the  
56 senate shall each appoint two voting members, and the attorney general

1 and the mayor of the city of New York shall each appoint one voting  
2 member. The remaining five voting members shall be appointed by the  
3 governor upon recommendation of the following: one from the New York  
4 state association of counties, one from the conference of local mental  
5 hygiene directors, one from the alcoholism and substance abuse providers  
6 of New York state, one from friends of recovery - New York, and one from  
7 the coalition of medication assisted treatment providers and advocates.  
8 Such appointments shall be recommended no later than sixty days after  
9 the effective date of this article. Advisory board membership shall  
10 include persons, to the extent practicable, who have expertise, experi-  
11 ence, and education in public health policy and research, medicine,  
12 substance use disorder and addiction treatment, mental health services,  
13 harm reduction, public budgeting, and also include representatives of  
14 communities that have been disproportionately impacted by opioid  
15 addiction. Additionally, the membership of the board shall be represen-  
16 tative of the racial and ethnic demographics of the state and reflect  
17 the geographic regions of the state. Each member shall be appointed to  
18 serve three-year terms and in the event of a vacancy, the vacancy shall  
19 be filled in the manner of the original appointment for the remainder of  
20 the term.

21 (b) Meetings of the advisory board. The advisory board shall hold no  
22 fewer than six public meetings annually, to be publicized and located in  
23 a manner reasonably designed to facilitate attendance by residents  
24 throughout the state. The advisory board shall function in a manner  
25 consistent with New York's open meetings law, and with the Americans  
26 with disabilities act. A majority of the appointed voting membership of  
27 the advisory board shall constitute a quorum.

28 (c) Payment and ethics. Members of the advisory board shall receive no  
29 compensation but shall be reimbursed for reasonable expenses. The  
30 members of the advisory board and all staff shall be subject to the  
31 applicable provisions of the public officers law. Members of the board  
32 shall not take any action to direct funding from the opioid settlement  
33 fund to any entity in which they or their family members have any inter-  
34 est, direct or indirect, or receive any commission or profit whatsoever,  
35 direct or indirect. Members of the board shall recuse themselves from  
36 any discussion or vote relating to such interest.

37 (d) Staff and administration. The office of mental health services,  
38 addiction, and wellness shall provide staff to assist with the functions  
39 of the advisory board.

40 (e) Responsibilities. The advisory board shall make evidence-based  
41 recommendations regarding specific opioid settlement priorities and  
42 expenditures from the opioid settlement fund from which any approved  
43 expenditures shall be selected for approved uses. In carrying out its  
44 obligations to provide such recommendations, the advisory board may  
45 consider local, state and federal initiatives and activities related to  
46 education, prevention, treatment, services and programs for individuals  
47 and families experiencing and affected by opioid use disorder; recommend  
48 statewide or regional priorities to address the state's opioid epidemic;  
49 recommend statewide or regional funding with respect to specific  
50 programs or initiatives; recommend measurable outcomes to determine the  
51 effectiveness of funds expended for approved uses; and monitor the level  
52 of permitted administrative expenses. To the extent the commissioner  
53 chooses not to follow a recommendation of the advisory board, he or she  
54 shall make publicly available, within fourteen days after such decision  
55 is made, a written explanation of the reasons for the decision and allow

1 fourteen days for the advisory board to respond to such public explana-  
2 tion.

3 Additionally, the advisory board shall be responsible for overseeing  
4 and reporting on services, supports and programs related to addressing  
5 the opioid epidemic, developing priorities, goals and recommendations  
6 for spending on such projects and programs, working with the department  
7 of health to develop measurable outcomes for such projects and programs,  
8 and making recommendations for policy changes and research to fund and  
9 oversee other projects and programs related to addressing the opioid  
10 epidemic, including for outside grants.

11 § 26.03 Limitation on authority of government entities to bring  
12 lawsuits.

13 No government entity shall have the authority to bring released claims  
14 against the released entities. Any pending litigation filed after the  
15 effective date of this article asserting released claims brought by a  
16 government entity shall be dismissed with prejudice.

17 § 2. The state finance law is amended by adding a new section 97-bbbbbb  
18 to read as follows:

19 § 97-bbbbbb. Opioid settlement fund. 1. There is hereby established in  
20 the joint custody of the comptroller and the commissioner of taxation  
21 and finance a special fund to be known as the opioid settlement fund.  
22 Such fund shall consist of moneys received by the state, as a result of  
23 the settlement of litigation made in connection with claims arising from  
24 the manufacture, marketing, distribution or dispensing of opioids.

25 2. The moneys in such fund shall only be appropriated or transferred  
26 consistent with the terms of any statewide opioid settlement agreements.  
27 If consistent with the terms of any such settlement agreements, moneys  
28 shall be used for public health education and prevention campaigns,  
29 treatment programs, harm reduction counseling services, housing  
30 services, and to assist local governments with services and expenses of  
31 providing jail-based substance use disorder treatment and transition  
32 services program pursuant to section 19.18-c of the mental hygiene law.

33 3. The moneys when allocated, shall be paid out of the fund on the  
34 audit and warrant of the comptroller on vouchers certified or approved  
35 by the commissioner of the office of mental health services, addiction,  
36 and wellness, or by an officer or employee of the office of mental  
37 health services, addiction, and wellness designated by the commissioner,  
38 in consultation with the advisory board established by section 26.02 of  
39 the mental hygiene law and consistent with the terms of the statewide  
40 opioid settlement agreements.

41 4. On or before February first each year, the commissioner of the  
42 office of mental health services, addiction, and wellness shall provide  
43 a written report to the temporary president of the senate, speaker of  
44 the assembly, chair of the senate finance committee, chair of the assem-  
45 bly ways and means committee, chair of the senate committee on health,  
46 chair of the assembly health committee, chair of the senate committee on  
47 alcoholism and substance abuse, chair of the assembly committee on alco-  
48 holism and drug abuse, and the state comptroller. Such report shall be  
49 made publicly available on the office of mental health services,  
50 addiction, and wellness and the department of health's website. Such  
51 report shall include how the monies of the fund were utilized during the  
52 preceding calendar year, and shall include:

53 (i) the amount of money dispersed from the fund and the award process  
54 used for such disbursements;

55 (ii) names of recipients and the amount of awards awarded from the  
56 fund;



1 (iii) the amount awarded to each recipient;  
2 (iv) the purposes for which such awards were granted; and  
3 (v) a summary financial plan for such monies which shall include esti-  
4 mates of all receipts and all disbursements for the current and succeed-  
5 ing fiscal years, along with the actual results from the prior fiscal  
6 year.

7 § 3. Paragraph (b) of subdivision 16 of section 63 of the executive  
8 law, as added by section 4 of part HH of chapter 55 of the laws of 2014,  
9 is amended to read as follows:

10 (b) Paragraph (a) of this subdivision shall not apply to any provision  
11 in the resolution of a claim or cause of action providing (1) moneys to  
12 be distributed to the federal government, to a local government, or to  
13 any holder of a bond or other debt instrument issued by the state, any  
14 public authority, or any public benefit corporation; (2) moneys to be  
15 distributed solely or exclusively as a payment of damages or restitution  
16 to individuals or entities that were specifically injured or harmed by  
17 the defendant's or settling party's conduct and that are identified in,  
18 or can be identified by the terms of, the relevant judgment, stipu-  
19 lation, decree, agreement to settle, assurance of discontinuance, or  
20 relevant instrument resolving the claim or cause of action; (3) moneys  
21 recovered or obtained by the attorney general where application of para-  
22 graph (a) of this subdivision is prohibited by federal law, rule, or  
23 regulation, or would result in the reduction or loss of federal funds or  
24 eligibility for federal benefits pursuant to federal law, rule, or regu-  
25 lation; (4) moneys recovered or obtained by or on behalf of a public  
26 authority, a public benefit corporation, the department of taxation and  
27 finance, the workers' compensation board, the New York state higher  
28 education services corporation, the tobacco settlement financing corpo-  
29 ration, a state or local retirement system, an employee health benefit  
30 program administered by the New York state department of civil service,  
31 the Title IV-D child support fund, the lottery prize fund, the abandoned  
32 property fund, or an endowment of the state university of New York or  
33 any unit thereof or any state agency, provided that all of the moneys  
34 received or recovered are immediately transferred to the relevant public  
35 authority, public benefit corporation, department, fund, program, or  
36 endowment; (5) moneys to be refunded to an individual or entity as (i)  
37 an overpayment of a tax, fine, penalty, fee, insurance premium, loan  
38 payment, charge or surcharge; (ii) a return of seized assets; or (iii) a  
39 payment made in error; **[and]** (6) moneys to be used to prevent, abate,  
40 restore, mitigate or control any identifiable instance of prior or ongo-  
41 ing water, land or air pollution; and (7) moneys obtained and distrib-  
42 uted under the terms of any statewide opioid settlement agreement, as  
43 defined in article twenty-six of the mental hygiene law, that provides  
44 for all or a portion of the settlement moneys to be deposited into the  
45 opioid settlement fund established in section ninety-seven-bbbbb of the  
46 state finance law.

47 § 4. This act shall take effect immediately. Effective immediately,  
48 the addition, amendment and/or repeal of any rule or regulation neces-  
49 sary for the implementation of this act on its effective date are  
50 authorized to be made and completed on or before such effective date.

51 PART PP

52 Section 1. Section 369-gg of the social services law is amended by  
53 adding a new subdivision 3-a to read as follows:

1 3-a. Novel coronavirus, COVID-19 eligibility. A person shall also be  
 2 eligible to receive coverage for health care services under this title,  
 3 without regard to federal financial participation, if he or she is a  
 4 resident of the state, has or has had a confirmed case of novel corona-  
 5 virus, COVID-19, household income below two hundred percent of the  
 6 federal poverty line as defined and annually revised by the United  
 7 States department of health and human services for a household of the  
 8 same size, and is ineligible for federal financial participation in the  
 9 basic health program under 42 U.S.C. section 18051 on the basis of  
 10 immigration status, but otherwise meets the eligibility requirements in  
 11 paragraphs (b) and (c) of subdivision three of this section. An appli-  
 12 cant who fails to make an applicable premium payment shall lose eligi-  
 13 bility to receive coverage for health care services in accordance with  
 14 the time frames and procedures determined by the commissioner.

15 § 2. This act shall take effect immediately, and shall expire and be  
 16 deemed repealed 60 days following the conclusion of the state disaster  
 17 emergency declared pursuant to executive order 202, provided that the  
 18 commissioner of health shall notify the legislative bill drafting  
 19 commission upon the occurrence of the conclusion of such executive order  
 20 in order that the commission may maintain an accurate and timely effec-  
 21 tive data base of the official text of the laws of the state of New York  
 22 in furtherance of effectuating the provisions of section 44 of the  
 23 legislative law and section 70-b of the public officers law.

24 PART QQ

25 Section 1. The mental hygiene law is amended by adding a new section  
 26 16.39 to read as follows:

27 § 16.39 Residential facility internet service.

28 (a) Every provider of services holding an operating certificate of a  
 29 residential facility for the care and treatment of persons with develop-  
 30 mental disabilities, including a family care home, shall provide unin-  
 31 terrupted access to high speed internet service, including but not  
 32 limited to, through a wireless network for personal devices, to all  
 33 residents of the facility receiving services. The residential health  
 34 care facility shall not impose any fee related to such internet access,  
 35 the wireless connectivity, or the use of any device to receive or  
 36 provide internet access. For the purposes of this section, the term  
 37 "high-speed internet service" means an internet service of at least 100  
 38 mbps download speed and at least 10 mbps upload speed, or where such  
 39 speeds are not available, the commercially available internet service  
 40 plan with the maximum download and upload speeds.

41 (b) The operator of a residential facility for the care and treatment  
 42 of persons with developmental disabilities, including a family care  
 43 home, shall take all practicable and reasonable steps to protect the  
 44 privacy and safety of the residents without impeding or interrupting  
 45 their access to internet service provided pursuant to this section. Any  
 46 use of personal information shall be limited to use of only such  
 47 personally identifiable information as shall be necessary to satisfy the  
 48 requirements of this section.

49 § 2. This act shall take effect on the sixtieth day after it shall  
 50 become a law.

51 PART RR

1 Section 1. The public health law is amended by adding a new section  
2 3614-f to read as follows:

3 § 3614-f. Fair pay for home care. 1. For the purpose of this section,  
4 "home care aide" shall have the same meaning defined in section thirty-  
5 six hundred fourteen-c of this article.

6 2. Beginning April first, two thousand twenty-one, the minimum wage  
7 for a home care aide shall be no less than one hundred and six percent  
8 of the higher of: (a) the otherwise applicable minimum wage under  
9 section six hundred fifty-two of the labor law, or (b) any otherwise  
10 applicable wage rule or order under article nineteen of the labor law.

11 3. Beginning October first, two thousand twenty-one, the minimum wage  
12 for a home care aide shall be no less than one hundred and twelve  
13 percent of the higher of: (a) the otherwise applicable minimum wage  
14 under section six hundred fifty-two of the labor law, or (b) any  
15 otherwise applicable wage rule or order under article nineteen of the  
16 labor law.

17 4. Where any home care aide is paid less than required by this  
18 section, the home care aide, or the commissioner of labor acting on  
19 behalf of the home care aide, may bring an action under article six or  
20 nineteen of the labor law.

21 5. The funding made available pursuant to this section shall be used:  
22 (a) to help alleviate the recruitment and retention challenges of home  
23 care aides as defined in this section; and (b) to continue and to expand  
24 efforts to support the professionalism of the home care workforce. Each  
25 local government unit or direct contract provider receiving such funding  
26 shall have flexibility in allocating such funding to support salary  
27 increases to home care aides to best address the needs of its home care  
28 aide staff. Each local government unit or direct contract provider  
29 receiving such funding shall also submit a written certification, in  
30 such form and at such time as each commissioner shall prescribe, attest-  
31 ing to how such funding will be or was used for purposes eligible under  
32 this section. Further, providers shall submit a resolution from their  
33 governing body to the appropriate commissioner, attesting that the fund-  
34 ing received will be used solely to support salary and salary-related  
35 fringe benefit increases for home care aides, pursuant to this section.  
36 Salary increases that take effect on and after April first, two thousand  
37 twenty may be used to demonstrate compliance with the April first, two  
38 thousand twenty-one funding increase authorized by this section, except  
39 for salary increases necessary to comply with state minimum wage  
40 requirements. Such commissioners shall be authorized to recoup any funds  
41 as appropriated herein determined to have been used in a manner incon-  
42 sistent with such standards or inconsistent with the provisions of this  
43 subdivision, and such commissioners shall be authorized to employ any  
44 legal mechanism to recoup such funds, including an offset of other funds  
45 that are owed to such local governmental unit or provider.

46 § 2. Paragraph (a) of subdivision 3 of section 3614-c of the public  
47 health law is amended by adding a new subparagraph (v) to read as  
48 follows:

49 (v) for all periods on or after April first, two thousand twenty-one,  
50 the cash portion of the minimum rate of home care aide total compen-  
51 sation shall be the minimum wage for home care aides in the applicable  
52 region, as defined in section thirty-six hundred fourteen-f of this  
53 article. The benefit portion of the minimum rate of home care aide total  
54 compensation shall be four dollars and twenty-seven cents.

55 § 3. Subparagraph (iv) of paragraph (b) of subdivision 3 of section  
56 3614-c of the public health law, as amended by section 1 of part 00 of

1 chapter 56 of the laws of 2020, is amended and a new subparagraph (v) is  
2 added to read as follows:

3 (iv) for all periods on or after March first, two thousand sixteen,  
4 the cash portion of the minimum rate of home care aide total compen-  
5 sation shall be ten dollars or the minimum wage as laid out in paragraph  
6 (b) of subdivision one of section six hundred fifty-two of the labor  
7 law, whichever is higher. The benefit portion of the minimum rate of  
8 home care aide total compensation shall be three dollars and twenty-two  
9 cents[-];

10 (v) for all periods on or after April first, two thousand twenty-one,  
11 the cash portion of the minimum rate of home care aide total compen-  
12 sation shall be the minimum wage for the applicable region, as defined  
13 in section thirty-six hundred fourteen-f of this chapter. The benefit  
14 portion of the minimum rate of home care aide total compensation shall  
15 be three dollars and thirty-eight cents.

16 § 4. This act shall take effect immediately.

17 PART SS

18 Section 1. The public health law is amended by adding a new section  
19 2808-e to read as follows:

20 § 2808-e. Residential health care for children with medical fragility  
21 in transition to young adults and young adults with medical fragility.

22 1. For purposes of this section:

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

31 (b) "young adults with medical fragility" shall mean individuals who  
32 meet the definition of children with medical fragility, but for the fact  
33 such individuals are aged twenty-one years or older.

34 (c) "pediatric residential health care facility" shall mean a free-  
35 standing facility or discrete unit within a facility authorized by the  
36 commissioner to provide extensive nursing, medical, psychological and  
37 counseling support services solely to children.

38 2. Notwithstanding any law, rule or regulation to the contrary, any  
39 child with medical fragility who has resided for at least thirty consec-  
40 utive days in a pediatric residential health care facility and who has  
41 reached the age of twenty-one while a resident, may continue residing at  
42 such pediatric facility and receiving such services from the facility,  
43 provided that such young adult with medical fragility remains eligible  
44 for nursing home care.

45 3. The commissioner is authorized to establish, with the written  
46 approval of the public health and health planning council pursuant to  
47 section twenty-eight hundred one-a of this article, one or more new  
48 residential health care facilities for the provision of nursing,  
49 medical, psychological and counseling support services appropriate to  
50 the needs of nursing home-eligible young adults with medical fragility,  
51 referred to herein below as a young adult facility, which such young  
52 adult facility may be proposed by an established or proposed operator of  
53 a pediatric residential health care facility or a discrete unit within  
54 an established nursing home in good standing.

1 4. A young adult facility established pursuant to subdivision three of  
2 this section may admit, from the community-at-large or upon referral  
3 from an unrelated facility, young adults with medical fragility who  
4 prior to reaching age twenty-one were children with medical fragility,  
5 and who are eligible for nursing home care and in need of extensive  
6 nursing, medical, psychological and counseling support services,  
7 provided that the young adult facility, to promote continuity of care,  
8 undertakes to provide priority admission to young adults with medical  
9 fragility transitioning from the pediatric residential health care  
10 facility operated by the entity that proposed the young adult facility  
11 and ensure sufficient capacity to admit such young adults as they  
12 approach or attain twenty-one years of age.

13 5. (a) For inpatient services provided to any young adults with  
14 medical fragility eligible for medical assistance pursuant to title  
15 eleven of article five of the social services law residing at any pedia-  
16 tric residential health care facility as authorized in subdivision two  
17 of this section, the commissioner shall reimburse such pediatric facili-  
18 ty at the same rates of reimbursement approved by the commissioner for  
19 children with medical fragility residing at said pediatric residential  
20 health care facility pursuant to section twenty-eight hundred eight of  
21 this article.

22 (b) For inpatient services provided to any young adults with medical  
23 fragility eligible for medical assistance pursuant to title eleven of  
24 article five of the social services law at any young adult facility as  
25 authorized in subdivision three of this section, the commissioner shall  
26 establish the operating component of rates of reimbursement utilizing  
27 the same methodology used to establish the operating component of the  
28 rates pursuant to section twenty-eight hundred eight of this article for  
29 the free-standing pediatric residential health care facility described  
30 in subdivision three of this section, subject to adjustment as appropri-  
31 ate to account for any discrete expenses associated with caring for  
32 young adults with medical fragility, including addressing their distinct  
33 needs as young adults for psychological and counseling support services.

34 6. Subject to the foregoing, all other laws and regulations that apply  
35 to pediatric residential health care facilities, including exemptions  
36 from laws and regulations otherwise applicable to other residential  
37 health care facilities, shall also apply to any pediatric residential  
38 health care facility authorized in subdivision two of this section to  
39 provide inpatient services to young adults with medical fragility and to  
40 any young adult facility established pursuant to subdivision three of  
41 this section, and to any inpatient services provided by either such  
42 facility.

43 § 2. This act shall take effect immediately.

44 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-  
45 sion, section or part of this act shall be adjudged by any court of  
46 competent jurisdiction to be invalid, such judgment shall not affect,  
47 impair, or invalidate the remainder thereof, but shall be confined in  
48 its operation to the clause, sentence, paragraph, subdivision, section  
49 or part thereof directly involved in the controversy in which such judg-  
50 ment shall have been rendered. It is hereby declared to be the intent of  
51 the legislature that this act would have been enacted even if such  
52 invalid provisions had not been included herein.

53 § 3. This act shall take effect immediately provided, however, that  
54 the applicable effective date of Parts A through SS of this act shall be  
55 as specifically set forth in the last section of such Parts.