STATE OF NEW YORK

2507--B

IN SENATE

January 20, 2021

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:

Section 1. This act enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2021-2022 state fiscal year. Each component is wholly contained within a Part identified as Parts A through SS. The effective date for each particular provision contained within such Part is set forth in the last section of such Part. Any provision in any section contained within a Part, including the effective date of the Part, which makes a reference to a section "of this act", when used in connection with that

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

PART A

Intentionally Omitted

PART B

Intentionally Omitted

PART C

Section 1. 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, are REPEALED.

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 Paragraph (e) of subdivision 2 of section 280 of the public health law is REPEALED.

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

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

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

§ 4. This act shall take effect immediately.

PART D

Intentionally Omitted

PART E

Intentionally Omitted

PART F

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

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

all patients including patients dually eligible for Medicaid and Medicare.

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

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

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

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

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

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

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

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

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

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

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

3. Notwithstanding any inconsistent provision of law, rule or regulation to the contrary, the commissioner shall, in consultation with the commissioners of the department of health, office of mental health, office of addiction services and supports, and office for people with developmental disabilities, issue regulations for the creation of an interstate licensure program which authorizes practitioners licensed by contiguous states or states in the Northeast region to provide telehealth services, as defined by article twenty-nine-g of the public health law and any implementing regulations promulgated by the commissioners of the department of health, office of mental health, office of addiction services and supports, and office for people with developmental disabilities, to patients located in New York state, taking into consideration the need for specialty practice areas with historical access issues, as determined by the commissioners of the department of health, office of mental health, office of addiction supports and services, or office for people with developmental disabilities. Such regulations may be promulgated on an emergency basis; provided, however, they shall be promulgated on a final basis no later than March thirty-first, two thousand twenty-two.

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

(b) For purposes of this section, "telehealth" means the use of electronic information and communication technologies by a health care provider to deliver health care services to an insured individual while such individual is located at a site that is different from the site where the health care provider is located. The definition of "telehealth" includes both audio-video and audio-only communication technologies.

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

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

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

(b) For purposes of this section, "telehealth" means the use of electronic information and communication technologies by a health care provider to deliver health care services to an insured individual while such individual is located at a site that is different from the site where the health care provider is located. **The definition of "telehealth" includes both audio-video and audio-only communication technologies.**

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

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

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

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

3. A health maintenance organization with a network of health care providers shall ensure that such network is adequate to meet the telehealth needs of insured individuals for services covered under the policy when medically appropriate.

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

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

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

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

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

6. A hospital shall post on the hospital's website: (a) the health care plans in which the hospital is a participating provider; (b) a statement that (i) physician services provided in the hospital are not included in the hospital's charges; (ii) physicians who provide services in the hospital may or may not participate with the same health care plans as the hospital, and; (iii) the prospective patient should check with the physician arranging for the hospital services to determine the health care plans in which the physician participates; (c) as applicable, the name, mailing address and telephone number of the physician groups that the hospital has contracted with to provide services including anesthesiology, pathology or radiology, and instructions how to contact these groups to determine the health care plan participation of the physicians in these groups; [~~and~~] (d) as applicable, the name, mailing address, and telephone number of physicians employed by the hospital and whose services may be provided at the hospital, and the health care plans in which they participate**; and (e) disclosure as to whether the hospital offers telehealth services**.

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

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

§ 9. This act shall take effect April 1, 2021; provided, however, if this act shall have become a law after such date it shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021; provided further, however, that the amendments to paragraph (d) of subdivision 18-a of section 206 of the public health law made by section two of this act shall not affect the repeal of such paragraph and shall be deemed repealed therewith; and provided further, that sections five and six of this act shall take effect October 1, 2021 and shall apply to policies and contracts issued, renewed, modified, altered, or amended on and after such date.

PART G

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

ARTICLE 29-J

MEDICAL RESPITE PROGRAM

Section 2999-hh. Medical respite program.

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

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

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

(i) Temporary room and board; and

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

(b) "Recipient" means an individual who:

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

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

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

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

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

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

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

(b) The commissioner may promulgate rules and regulations to establish procedures to review and approve applications for a license or certification pursuant to this article, which may be promulgated on an emergency basis and which shall, at a minimum, specify standards for: recipient eligibility; mandatory medical respite program services; physical environment; staffing; and policies and procedures governing health and safety, length of stay, referrals, discharge, and coordination of care.

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

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

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

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

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

6. Inspections and compliance. The commissioner shall have the power to inquire into the operation of any licensed or certified medical respite program and to conduct periodic inspections of facilities with respect to the fitness and adequacy of the premises, equipment, personnel, rules and by-laws, standards of medical care and services, system of accounts, records, and the adequacy of financial resources and sources of future revenues.

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

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

(c) Nothing in this section shall prevent the commissioner from imposing sanctions or penalties on a medical respite program that are authorized under any other law or regulation.

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

PART H

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

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

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

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

An applicant who fails to make an applicable premium payment**, if any,** shall lose eligibility to receive coverage for health care services in accordance with time frames and procedures determined by the commissioner.

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

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

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

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

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

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

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

PART I

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

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

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

(c) certify and/or make available to eligible individuals, health plans certified by the Marketplace pursuant to applicable law, and/or participating in an insurance affordability program pursuant to applicable law, provided that coverage under such plans shall not become effective prior to certification by the Marketplace, and/or approval by the commissioner[~~.~~]**; and**

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

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

PART J

Intentionally Omitted

PART K

Section 1. Intentionally omitted.

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

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

purchase a policy or policies for excess insurance coverage, as authorized by paragraph 1 of subsection (e) of section 5502 of the insurance law; or from an insurer, other than an insurer described in section 5502 of the insurance law, duly authorized to write such coverage and actually writing medical malpractice insurance in this state; or shall purchase equivalent excess coverage in a form previously approved by the superintendent of financial services for purposes of providing equivalent excess coverage in accordance with section 19 of chapter 294 of the laws of 1985, for medical or dental malpractice occurrences between July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020, [~~and~~] between July 1, 2020 and June 30, 2021**, and between July 1, 2021 and June 30, 2022** or reimburse the hospital where the hospital purchases equivalent excess coverage as defined in subparagraph (i) of paragraph (a) of subdivision 1-a of this section for medical or dental malpractice occurrences between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020, [~~and~~] between July 1, 2020 and June 30, 2021**, and between July 1, 2021 and June 30, 2022** for physicians or dentists certified as eligible for each such period or periods pursuant to subdivision 2 of this section by a general hospital licensed pursuant to article 28 of the public health law; provided that no single insurer

shall write more than fifty percent of the total excess premium for a given policy year; and provided, however, that such eligible physicians or dentists must have in force an individual policy, from an insurer licensed in this state of primary malpractice insurance coverage in amounts of no less than one million three hundred thousand dollars for each claimant and three million nine hundred thousand dollars for all claimants under that policy during the period of such excess coverage for such occurrences or be endorsed as additional insureds under a hospital professional liability policy which is offered through a voluntary attending physician ("channeling") program previously permitted by the superintendent of financial services during the period of such excess coverage for such occurrences. During such period, such policy for excess coverage or such equivalent excess coverage shall, when combined with the physician's or dentist's primary malpractice insurance coverage or coverage provided through a voluntary attending physician ("channeling") program, total an aggregate level of two million three hundred thousand dollars for each claimant and six million nine hundred thousand dollars for all claimants from all such policies with respect to occurrences in each of such years provided, however, if the cost of primary malpractice insurance coverage in excess of one million dollars, but below the excess medical malpractice insurance coverage provided pursuant to this act, exceeds the rate of nine percent per annum, then the required level of primary malpractice insurance coverage in excess of one million dollars for each claimant shall be in an amount of not less than the dollar amount of such coverage available at nine percent per annum; the required level of such coverage for all claimants under that policy shall be in an amount not less than three times the dollar amount of coverage for each claimant; and excess coverage, when combined with such primary malpractice insurance coverage, shall increase the aggregate level for each claimant by one million dollars and three million dollars for all claimants; and provided further, that, with respect to policies of primary medical malpractice coverage that include occurrences between April 1, 2002 and June 30, 2002, such requirement that coverage be in amounts no less than one million three hundred thousand dollars for each claimant and three million nine hundred thousand dollars for all claimants for such occurrences shall be effective April 1, 2002.

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

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

between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, [~~and~~] between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, [~~and~~] between July 1, 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020, [~~and~~] between July 1, 2020 and June 30, 2021**, and between July 1, 2021 and June 30, 2022** allocable to each general hospital for physicians or dentists certified as eligible for purchase of a policy for excess insurance coverage by such general hospital in accordance with subdivision 2 of this section, and may amend such determination and certification as necessary.

(b) The superintendent of financial services shall determine and certify to each general hospital and to the commissioner of health the cost of excess malpractice insurance or equivalent excess coverage for medical or dental malpractice occurrences between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020, [~~and~~] between July 1, 2020 and June 30, 2021**, and between July 1, 2021 and June 30, 2022** allocable to each general hospital for physicians or dentists certified as eligible for purchase of a policy for excess insurance coverage or equivalent excess coverage by such general hospital in accordance with subdivision 2 of this section, and may amend such determination and certification as necessary. The superintendent of financial services shall determine and certify to each general hospital and to the commissioner of health the ratable share of such cost allocable to the period July 1, 1987 to December 31, 1987, to the period January 1, 1988 to June 30, 1988, to the period July 1, 1988 to December 31, 1988, to the period January 1, 1989 to June 30, 1989, to the period July 1, 1989 to December 31, 1989, to the period January 1, 1990 to June 30, 1990, to the period July 1, 1990 to December 31, 1990, to the period January 1, 1991 to June 30, 1991, to the period July 1, 1991 to December 31, 1991, to the period January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December

31, 1995, to the period January 1, 1996 to June 30, 1996, to the period July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30, 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1, 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to the period July 1, 2005 and June 30, 2006, to the period July 1, 2006 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June 30, 2019, to the period July 1, 2019 to June 30, 2020, [**~~and~~**] to the period July 1, 2020 to June 30, 2021**, and to the period July 1, 2021 to June 30, 2022**.

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

(a) To the extent funds available to the hospital excess liability pool pursuant to subdivision 5 of this section as amended, and pursuant to section 6 of part J of chapter 63 of the laws of 2001, as may from time to time be amended, which amended this subdivision, are insufficient to meet the costs of excess insurance coverage or equivalent excess coverage for coverage periods during the period July 1, 1992 to June 30, 1993, during the period July 1, 1993 to June 30, 1994, during the period July 1, 1994 to June 30, 1995, during the period July 1, 1995 to June 30, 1996, during the period July 1, 1996 to June 30, 1997, during the period July 1, 1997 to June 30, 1998, during the period July 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30, 2000, during the period July 1, 2000 to June 30, 2001, during the period July 1, 2001 to October 29, 2001, during the period April 1, 2002 to June 30, 2002, during the period July 1, 2002 to June 30, 2003, during the period July 1, 2003 to June 30, 2004, during the period July 1, 2004 to June 30, 2005, during the period July 1, 2005 to June 30, 2006, during the period July 1, 2006 to June 30, 2007, during the period July 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30, 2009, during the period July 1, 2009 to June 30, 2010, during the period July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June 30, 2012, during the period July 1, 2012 to June 30, 2013, during the period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to June 30, 2015, during the period July 1, 2015 to June 30, 2016, during the period July 1, 2016 to June 30, 2017, during the period July 1, 2017 to June 30, 2018, during the period July 1, 2018 to June 30, 2019, during the period July 1, 2019 to June 30, 2020, [**~~and~~**] during the period July 1, 2020 to June 30, 2021**, and during the period July 1, 2021 to June 30, 2022** allocated or reallocated in accordance with paragraph (a) of subdivision 4-a of this section to rates of payment applicable to

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

(b) Each provider of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or covering the period July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or covering the period July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or covering the period July 1, 2020 to June 30, 2021**, or covering the period July 1, 2021 to June 30, 2022** shall notify a covered physician or dentist by mail, mailed to the address shown on the last application for excess insurance coverage or equivalent excess coverage, of the amount due to such provider from such physician or dentist for such coverage period determined in accordance with paragraph (a) of this subdivision. Such amount shall be due from such physician or dentist to such provider of excess insurance coverage or equivalent excess coverage in a time and manner determined by the superintendent of financial services.

(c) If a physician or dentist liable for payment of a portion of the costs of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,

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

(d) Each provider of excess insurance coverage or equivalent excess coverage shall notify the superintendent of financial services and the commissioner of health or their designee of each physician and dentist eligible for purchase of a policy for excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or covering the period July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or covering the period July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or covering the period July 1, 2020 to June 30, 2021**, or covering the period July 1, 2021 to June 30, 2022** that has made payment to such provider of excess insurance coverage or equivalent excess coverage in accordance with paragraph (b) of this subdivision and of each physician and dentist who has failed, refused or neglected to make such payment.

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

June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001, and to the period April 1, 2002 to June 30, 2002, and to the period July 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30, 2004, and to the period July 1, 2004 to June 30, 2005, and to the period July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and to the period July 1, 2014 to June 30, 2015, and to the period July 1, 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and to the period July 1, 2017 to June 30, 2018, and to the period July 1, 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020, and to the period July 1, 2020 to June 30, 2021**, and to the period July 1, 2021 to June 30, 2022** received from the hospital excess liability pool for purchase of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, and covering the period July 1, 1993 to June 30, 1994, and covering the period July 1, 1994 to June 30, 1995, and covering the period July 1, 1995 to June 30, 1996, and covering the period July 1, 1996 to June 30, 1997, and covering the period July 1, 1997 to June 30, 1998, and covering the period July 1, 1998 to June 30, 1999, and covering the period July 1, 1999 to June 30, 2000, and covering the period July 1, 2000 to June 30, 2001, and covering the period July 1, 2001 to October 29, 2001, and covering the period April 1, 2002 to June 30, 2002, and covering the period July 1, 2002 to June 30, 2003, and covering the period July 1, 2003 to June 30, 2004, and covering the period July 1, 2004 to June 30, 2005, and covering the period July 1, 2005 to June 30, 2006, and covering the period July 1, 2006 to June 30, 2007, and covering the period July 1, 2007 to June 30, 2008, and covering the period July 1, 2008 to June 30, 2009, and covering the period July 1, 2009 to June 30, 2010, and covering the period July 1, 2010 to June 30, 2011, and covering the period July 1, 2011 to June 30, 2012, and covering the period July 1, 2012 to June 30, 2013, and covering the period July 1, 2013 to June 30, 2014, and covering the period July 1, 2014 to June 30, 2015, and covering the period July 1, 2015 to June 30, 2016, and covering the period July 1, 2016 to June 30, 2017, and covering the period July 1, 2017 to June 30, 2018, and covering the period July 1, 2018 to June 30, 2019, and covering the period July 1, 2019 to June 30, 2020, and covering the period July 1, 2020 to June 30, 2021**, and covering the period July 1, 2021 to June 30, 2022** for a physician or dentist where such excess insurance coverage or equivalent excess coverage is cancelled in accordance with paragraph (c) of this subdivision.

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

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

2010. The superintendent shall direct insurers to establish segregated accounts for premiums, payments, reserves and investment income attributable to such premium periods and shall require periodic reports by the insurers regarding claims and expenses attributable to such periods to monitor whether such accounts will be sufficient to meet incurred claims and expenses. On or after July 1, 1989, the superintendent shall impose a surcharge on premiums to satisfy a projected deficiency that is attributable to the premium levels established pursuant to this section for such periods; provided, however, that such annual surcharge shall not exceed eight percent of the established rate until July 1, [~~2021~~] 2022, at which time and thereafter such surcharge shall not exceed twenty-five percent of the approved adequate rate, and that such annual surcharges shall continue for such period of time as shall be sufficient to satisfy such deficiency. The superintendent shall not impose such surcharge during the period commencing July 1, 2009 and ending June 30, 2010. On and after July 1, 1989, the surcharge prescribed by this section shall be retained by insurers to the extent that they insured physicians and surgeons during the July 1, 1985 through June 30, [~~2021~~] 2022 policy periods; in the event and to the extent physicians and surgeons were insured by another insurer during such periods, all or a pro rata share of the surcharge, as the case may be, shall be remitted to such other insurer in accordance with rules and regulations to be promulgated by the superintendent. Surcharges collected from physicians and surgeons who were not insured during such policy periods shall be apportioned among all insurers in proportion to the premium written by each insurer during such policy periods; if a physician or surgeon was insured by an insurer subject to rates established by the superintendent during such policy periods, and at any time thereafter a hospital, health maintenance organization, employer or institution is responsible for responding in damages for liability arising out of such physician's or surgeon's practice of medicine, such responsible entity shall also remit to such prior insurer the equivalent amount that would then be collected as a surcharge if the physician or surgeon had continued to remain insured by such prior insurer. In the event any insurer that provided coverage during such policy periods is in liquidation, the property/casualty insurance security fund shall receive the portion of surcharges to which the insurer in liquidation would have been entitled. The surcharges authorized herein shall be deemed to be income earned for the purposes of section 2303 of the insurance law. The superintendent, in establishing adequate rates and in determining any projected deficiency pursuant to the requirements of this section and the insurance law, shall give substantial weight, determined in his discretion and judgment, to the prospective anticipated effect of any regulations promulgated and laws enacted and the public benefit of stabilizing malpractice rates and minimizing rate level fluctuation during the period of time necessary for the development of more reliable statistical experience as to the efficacy of such laws and regulations affecting medical, dental or podiatric malpractice enacted or promulgated in 1985, 1986, by this act and at any other time. Notwithstanding any provision of the insurance law, rates already established and to be established by the superintendent pursuant to this section are deemed adequate if such rates would be adequate when taken together with the maximum authorized annual surcharges to be imposed for a reasonable period of time whether or not any such annual surcharge has been actually imposed as of the establishment of such rates.

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

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

(a) This section shall be effective only upon a determination, pursuant to section five of this act, by the superintendent of financial services and the commissioner of health, and a certification of such determination to the state director of the budget, the chair of the senate committee on finance and the chair of the assembly committee on ways and means, that the amount of funds in the hospital excess liability pool, created pursuant to section 18 of chapter 266 of the laws of 1986, is insufficient for purposes of purchasing excess insurance coverage for eligible participating physicians and dentists during the period July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30, 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30, 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30, 2020, or July 1, 2020 to June 30, 2021**, or July 1, 2021 to June 30, 2022** as applicable.

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

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

§ 7. Section 20 of 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 thereto, as amended by section 7 of part AAA of chapter 56 of the laws of 2020, is amended to read as follows:

§ 20. Notwithstanding any law, rule or regulation to the contrary, only physicians or dentists who were eligible, and for whom the superintendent of financial services and the commissioner of health, or their designee, purchased, with funds available in the hospital excess liability pool, a full or partial policy for excess coverage or equivalent excess coverage for the coverage period ending the thirtieth of June, two thousand [~~twenty~~] **twenty-one**, shall be eligible to apply for such coverage for the coverage period beginning the first of July, two thousand [~~twenty~~] **twenty-one**; provided, however, if the total number of physicians or dentists for whom such excess coverage or equivalent excess coverage was purchased for the policy year ending the thirtieth of June, two thousand [~~twenty~~] **twenty-one** exceeds the total number of physicians or dentists certified as eligible for the coverage period beginning the first of July, two thousand [~~twenty~~] **twenty-one**, then the general hospitals may certify additional eligible physicians or dentists in a number equal to such general hospital's proportional share of the total number of physicians or dentists for whom excess coverage or equivalent excess coverage was purchased with funds available in the hospital excess liability pool as of the thirtieth of June, two thousand [~~twenty~~] **twenty-one**, as applied to the difference between the number of eligible physicians or dentists for whom a policy for excess coverage or equivalent excess coverage was purchased for the coverage period ending the thirtieth of June, two thousand [~~twenty~~] **twenty-one** and the number of such eligible physicians or dentists who have applied for excess coverage or equivalent excess coverage for the coverage period beginning the first of July, two thousand [~~twenty~~] **twenty-one**.

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

PART L

Intentionally Omitted

PART M

Intentionally Omitted

PART N

Intentionally Omitted

PART O

Section 1. Intentionally Omitted.

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

§ 3. Intentionally Omitted.

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

PART P

Section 1. Intentionally omitted.

§ 2. Intentionally omitted.

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

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

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

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

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

a. the direct application of an immunizing agent to adults, whether by injection, ingestion, inhalation or any other means, pursuant to a patient specific order or non-patient specific regimen prescribed or ordered by a physician or certified nurse practitioner, who has a practice site in the county or adjoining county in which the immunization is administered, for immunizations to prevent influenza, pneumococcal, acute herpes zoster, meningococcal, tetanus, diphtheria, COVID-19, or pertussis disease, [~~and medications required for emergency treatment of anaphylaxis~~] **hepatitis A, hepatitis B, measles, mumps, rubella, varicella, polio, human papillomavirus, medication required for the emergency treatment of anaphylaxis and for patients eighteen years of age or older, if the commissioner of health in consultation with the commissioner of education determines that an immunization: (i) may be administered safely by pharmacists to adults; (ii) is needed to prevent the transmission of a reportable communicable disease that is prevalent in New York state; and (iii) the immunization is recommended by the advisory committee on immunization practices of the centers for disease control and prevention, the commissioner may approve pharmacists' authority to administer such immunizations on a case by case basis through regulation**. If the commissioner of health determines that there is an outbreak of disease, or that there is the imminent threat of an outbreak of disease, then the commissioner of health may issue a non-patient specific regimen applicable statewide.

§ 6. Intentionally omitted.

§ 7. Intentionally omitted.

§ 8. Intentionally omitted.

§ 9. Intentionally omitted.

§ 10. Intentionally omitted.

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

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

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

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

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

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

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

~~(d) the amendments to section 6801 of the education law made by section four of this act shall not affect the expiration of such section and shall be deemed to expire therewith~~].

§ 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;

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

(iii) the physician remains responsible for ensuring the accuracy of the information provided and for any failure to provide accurate information; and

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

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

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

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

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

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

§ 18. 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 fourteen, fifteen, sixteen and seventeen of this act shall take effect on the one hundred eightieth day after it shall have become a law.

PART R

Intentionally Omitted

PART S

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

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

§ 11. This act shall take effect immediately and:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 10. Intentionally omitted.

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

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

services; provided, however, that residential health care facilities' gross receipts attributable to payments received pursuant to title XVIII of the federal social security act (medicare) shall be excluded from the assessment; provided, however, that for all such gross receipts received on or after April first, two thousand three through March thirty-first, two thousand five, such assessment shall be five percent, and further provided that for all such gross receipts received on or after April first, two thousand five through March thirty-first, two thousand nine, and on or after April first, two thousand nine through March thirty-first, two thousand eleven such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand eleven through March thirty-first, two thousand thirteen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand thirteen through March thirty-first, two thousand fifteen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand fifteen through March thirty-first, two thousand seventeen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand seventeen through March thirty-first, two thousand nineteen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand nineteen through March thirty-first, two thousand twenty-one such assessment shall be six percent**, and further provided that for all such gross receipts received on or after April first, two thousand twenty-one through March thirty-first, two thousand twenty-three such assessment shall be six percent**.

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

PART T

Section 1. Section 3 of 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, as amended by section 1 of part X of chapter 57 of the laws of 2018, is amended to read as follows:

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

§ 2. This act shall take effect immediately.

PART U

Section 1. Section 4 of 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, is amended to read as follows:

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

§ 2. This act shall take effect immediately.

PART V

Section 1. Section 2 of 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, as amended by section 1 of part U of chapter 57 of the laws of 2018, is amended to read as follows:

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

§ 2. This act shall take effect immediately.

PART W

Section 1. Section 7 of part R2 of 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, as amended by section 1 of part V of chapter 57 of the laws of 2018, is amended to read as follows:

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

§ 2. This act shall take effect immediately.

PART X

Intentionally Omitted

PART Y

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

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

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

ation of the office, the other offices of the department where appropriate, local governments, consumers and community organizations and entities. The office shall provide appropriate facilities and shall encourage the provision of facilities by local government and community organizations and entities. [~~The office is also responsible for developing plans, programs and services related to compulsive gambling education, prevention and treatment consistent with section 41.57 of this chapter.~~]

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

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

(d) The office of [~~alcoholism and substance abuse services~~] **addiction services and supports** shall foster programs for the training and development of persons capable of providing the foregoing services, including but not limited to a process of issuing, either directly or through contract, **licenses,** credentials**, certificates or authorizations** for [~~alcoholism and substance abuse counselors or gambling~~] addiction [~~counselors~~] **professionals** in accordance with the following:

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

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

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

(iii) The commissioner shall establish fees for the education, training, licensing, credentialing, certification or authorization of addiction professionals.

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

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

(3) For the purpose of this title, the term "addiction professional", including "credentialed alcoholism and substance abuse counselor" or "C.A.S.A.C.", means an official designation identifying an individual as one who holds a currently registered and valid license, credential, certificate or authorization issued or approved by the office of [~~alcoholism and substance abuse services~~] addiction services and supports pursuant to this section which documents an individual's qualifications to provide [~~alcoholism and substance abuse counseling~~] addiction disorder services. The term "gambling addiction [~~counselor"~~] professional" means an official designation identifying an individual as one who holds a currently registered and valid license, credential, certificate or authorization issued by the office of [~~alcoholism and substance abuse services~~] addiction services and supports pursuant to this section which documents an individual's qualifications to provide [~~compulsive~~] gambling [~~counseling~~] disorder services.

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

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

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

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

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

(g) The office of [~~alcoholism and substance abuse services~~] addition services and supports shall develop and maintain a list of the names and locations of all licensed agencies and [~~alcohol and substance abuse~~] addiction professionals, as defined in paragraphs (a) and (b) of subdivision one of section eleven hundred ninety-eight-a of the vehicle and traffic law, throughout the state which are capable of and available to provide an assessment of, and treatment for, [~~alcohol and substance abuse and dependency~~] addiction disorders. Such list shall be provided to the chief administrator of the office of court administration and the commissioner of motor vehicles. Persons who may be aggrieved by an agency decision regarding inclusion on the list may request an administrative appeal in accordance with rules and regulations of the office. The commissioner may establish an annual fee for inclusion on such list.

(h) The office of [~~alcoholism and substance abuse services~~] addiction services and supports shall monitor programs providing care and treatment to inmates in correctional facilities operated by the department of corrections and community supervision who have a history of [~~alcohol or substance abuse or dependence~~] an addiction disorder. The office shall also develop guidelines for the operation of [~~alcohol and substance abuse treatment programs~~] addiction disorder services in such correctional facilities in order to ensure that such programs sufficiently meet the needs of inmates with a history of [~~alcohol or substance abuse or dependence~~] an addiction disorder and promote the successful transition to treatment in the community upon release. No later than the first day of December of each year, the office shall submit a report regarding the adequacy and effectiveness of alcohol and substance abuse treatment programs operated by the department of corrections and community supervision to the governor, the temporary president of the senate, the speaker of the assembly, the chairman of the senate committee on crime victims, crime and correction, and the chairman of the assembly committee on correction.

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

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

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

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

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

(m) (1) The office shall report on the status and outcomes of initiatives created in response to the heroin and opioid epidemic to the temporary president of the senate, the speaker of the assembly, the chairs of the assembly and senate committees on alcoholism and drug abuse, the chair of the assembly ways and means committee and the chair of the senate finance committee.

(2) Such reports shall include, to the extent practicable and applicable, information on:

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

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

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

(iv) The age and sex of the individuals served;
(v) Relevant regional data about the individuals;
(vi) The populations served; and
(vii) The outcomes and effectiveness of each initiative surveyed.
(3) Such initiatives shall include opioid treatment programs, crisis detoxification programs, 24/7 open access centers, adolescent club houses, family navigator programs, peer engagement specialists, recovery community and outreach centers, regional addiction resource centers and the state implementation of the federal opioid state targeted response initiatives.
(4) Such information shall be provided quarterly, beginning no later than July first, two thousand nineteen.
§ 2. This act shall take effect April 1, 2021.

PART Z

Section 1. Intentionally omitted.
§ 2. Subdivision (a) of section 31.04 of the mental hygiene law is amended by adding a new paragraph 8 to read as follows:
8. establishing a schedule of fees for the purpose of processing applications for the issuance of operating certificates. All fees pursuant to this section shall be payable to the office for deposit into the general fund.
§ 3. This act shall take effect on the one hundred eightieth day after it shall have become a law. Effective immediately, the commissioner of mental health is authorized to promulgate any and all rules and regulations and take any other measures necessary to implement this act on its effective date or before such date.

PART AA

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

SUBPART A

Section 1. The mental hygiene law is amended by adding a new section 31.36 to read as follows:
§ 31.36 Crisis stabilization services.
The commissioner shall have the power, in conjunction with the commissioner of the office of addiction services and supports, to create crisis stabilization centers within New York state in accordance with article thirty-six of this title, including the promulgation of joint regulations and implementation of a financing mechanism to allow for the sustainable operation of such programs.
§ 2. The mental hygiene law is amended by adding a new section 32.36 to read as follows:
§ 32.36 Crisis stabilization services.

The commissioner shall have the power, in conjunction with the commissioner of the office of mental health, to create crisis stabilization centers within New York state in accordance with article thirty-six of this title, including the promulgation of joint regulations and implementation of a financing mechanism to allow for the sustainable operation of such programs.

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

ARTICLE XXXVI

ADDICTION AND MENTAL HEALTH SERVICES AND SUPPORTS

Section 36.01 Crisis stabilization centers.

§ 36.01 Crisis stabilization centers.

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

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

(i) Engagement, triage and assessment;

(ii) Continuous observation;

(iii) Mild to moderate detoxification;

(iv) Sobering services;

(v) Therapeutic interventions;

(vi) Discharge and after care planning;

(vii) Telemedicine;

(viii) Peer support services; and

(ix) Medication assisted treatment.

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

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

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

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

(iv) agreements or affiliations with general hospitals or law enforcement to receive persons,

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

(vi) a description of the center's linkages with local police agencies, emergency medical services, ambulance services and other transportation agencies,

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

(viii) written criteria and guidelines for the development of appropriate planning for persons in need of post community treatment or services,

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

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

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

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

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

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

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

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

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

Any peace officer, when acting pursuant to his or her special duties, or police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department may take into custody any person who appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious harm to the person or others. Such officer may direct the removal of such person or remove him or her to: (a) any hospital specified in subdivision (a) of section 9.39 of this article, or (b) any comprehensive psychiatric emergency program specified in subdivision (a) of section 9.40 of this article, or[~~,~~] (c) to any crisis stabilization center specified in section 36.01 of this chapter, when the officer deems such center is appropriate and where such person agrees, or (d) pending his or her examination or admission to any such hospital [~~or~~], program, or center, temporarily detain any such person in another safe and comfortable place, in which event, such officer shall immediately notify the director of community services or, if there be none, the health officer of the city or county of such action.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBPART B

Intentionally Omitted.

SUBPART C

Intentionally Omitted.

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

PART BB

Intentionally Omitted

PART CC

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

2. "Commissioner" means the commissioner of mental health**, addiction, and wellness**, **and** the commissioner of developmental disabilities [~~**and the commissioner of addiction services and supports**~~] as used in this chapter. Any power or duty heretofore assigned to the commissioner of mental hygiene or to the department of mental hygiene pursuant to this chapter shall hereafter be assigned to the commissioner of mental health**, addiction, and wellness** in the case of facilities, programs, or services for individuals with mental illness, to the commissioner of developmental disabilities in the case of facilities, programs, or services for individuals with developmental disabilities, to the commissioner of [~~**addiction services and supports**~~] **mental health, addiction, and wellness** in the case of facilities, programs, or addiction disorder services in accordance with the provisions of titles D and E of this chapter.

2-a. Notwithstanding any other section of law or regulation, on and after the effective date of this subdivision, any and all references to the office of alcoholism and substance abuse services and the predecessor agencies to the office of alcoholism and substance abuse services including the division of alcoholism and alcohol abuse and the division of substance abuse services **and all references to the office of mental health,** shall be known as the "office of [~~**addiction services and supports**~~] **mental health, addiction, and wellness**." Nothing in this subdivision shall be construed as requiring or prohibiting the further amendment of statutes or regulations to conform to the provisions of this subdivision.

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

§ 5.01 Department of mental hygiene.

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

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

(2) office for people with developmental disabilities[~~**;**~~

~~**(3) office of addiction services and supports**~~].

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

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

state and carry out the intent of the legislature in establishing the offices pursuant to articles seven and nineteen of this chapter. The office of mental health, addiction, and wellness is charged with ensuring the development of comprehensive plans for programs and services in the area of research, prevention, and care and treatment, rehabilitation, education and training, and shall be staffed to perform the responsibilities attributed to the office pursuant to sections 7.07 and 19.07 of this chapter and provide services and programs to promote recovery for individuals with mental illness, substance use disorder, or mental illness and substance use disorder.

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

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

(d) The office of mental health, addiction, and wellness shall establish a task force on mental health, addiction, and wellness to ensure the intent of the legislature is fulfilled in establishing such office. Such task force shall consist of providers, peers, family members, individuals who have utilized addiction services and supports and/or mental health services, the local government unit as defined in article forty-one of this chapter, public and private sector unions and representatives of other agencies or offices as the commissioner may deem necessary. Such task force shall meet regularly in furtherance of its functions and at any other time at the request of the designated task force leader.

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

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

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

§ 5.03 Commissioners.

The head of the office of mental health, addiction, and wellness shall be the commissioner of mental health, addiction, and wellness; and the head of the office for people with developmental disabilities shall be the commissioner of developmental disabilities[~~; and the head of the office of addiction services and supports shall be the commissioner of addiction services and supports~~]. Each commissioner shall be appointed by the governor, by and with the advice and consent of the senate, to serve at the pleasure of the governor. Until the commissioner of mental health, addiction, and wellness is appointed by the governor and confirmed by the senate, the commissioner of mental health and the commissioner of addiction services and supports shall continue to oversee mental health and addiction services respectively, and work collaboratively to integrate care for individuals with both mental health and substance use disorders.

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

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

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

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

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

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

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

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

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

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

[~~4.~~] **(4)** The commissioner of mental health**, addiction, and wellness** shall submit an interim report to the governor and the legislature on the development of the staffing requirements on October first, [~~nineteen hundred eighty-eight~~] **two thousand twenty-one** and again on April first, [~~nineteen hundred eighty-nine~~] **two thousand twenty-two**. The commissioner shall submit a final report to the governor and the legislature no later than October first, [~~nineteen hundred eighty-nine~~] **two thousand twenty-two** and shall include in his report a plan to achieve the staffing requirements and the length of time necessary to meet these requirements.

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

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

§ 7.01 Declaration of policy.

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

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

To facilitate the implementation of these policies and to further advance the interests of the mentally ill and their families, a new autonomous agency to be known as the office of mental health**, addiction, and wellness** has been established by this article. The office and its commissioner shall plan and work with local governments, voluntary agencies and all providers and consumers of mental health services in order to develop an effective, integrated, comprehensive system for the delivery of all services to the mentally ill and to create financing procedures and mechanisms to support such a system of services to ensure that mentally ill persons in need of services receive appropriate care, treatment and rehabilitation close to their families and communities. In carrying out these responsibilities, the office and its commissioner shall make full use of existing services in the community including those provided by voluntary organizations.

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

§ 19.01 Declaration of policy.

The legislature declares the following:

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

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

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

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

Substantial benefits can be gained through alcoholism and substance abuse treatment for both addicted individuals and their families. Positive treatment outcomes that may be generated through a complete continuum of care offer a cost effective and comprehensive approach to rehabilitating such individuals. The primary goals of the rehabilitation and recovery process are to restore social, family, lifestyle, vocational and economic supports by stabilizing an individual's physical and psychological functioning. The legislature recognizes the importance of varying treatment approaches and levels of care designed to meet each client's needs. Relapse prevention and aftercare are two primary components of treatment that serve to promote and maintain recovery.

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

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

§ 7. Upon or prior to January 1, 2022, the governor may nominate an individual to serve as commissioner of the office of mental health, addiction, and wellness. If such individual is confirmed by the senate prior to January 1, 2022, they shall become the commissioner of the office of mental health, addiction, and wellness. The governor may designate a person to exercise the powers of the commissioner of the office of mental health, addiction, and wellness on an acting basis, until confirmation of a nominee by the senate, who is hereby authorized to take such actions as are necessary and proper to implement the orderly transition of the functions, powers as duties as herein provided, including the preparation for a budget request for the office as established by this act.

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

of mental health and the office of addiction services and supports as established pursuant to the mental hygiene law and other laws, to the office of mental health, addiction, and wellness as prescribed by this act, provision shall be made for the transfer of all employees from the office of mental health and the office of addiction services and supports into the office of mental health, addiction, and wellness. Employees so transferred shall be transferred without further examination or qualification to the same or similar titles and shall remain in the same collective bargaining units and shall retain their respective civil service classifications, status, and rights pursuant to their collective bargaining units and collective bargaining agreements.

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

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

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

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

PART DD

Section 1. This act shall be known and may be cited as the "comprehensive outpatient services act of 2021".

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

6. Comprehensive outpatient services centers. (a) Definitions. For the purpose of this article, unless the context clearly requires otherwise:

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

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

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

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

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

(v) "Medical director" is a physician who is responsible for the services delivered by the comprehensive outpatient services provider, for the overall direction of the services provided and the direct supervision of medical staff in the delivery of services.

(vi) "Physical health services" means services provided by a physician, physician's assistant, nurse practitioner, or midwife acting within his or her lawful scope of practice under title eight of the education law and who is practicing in a primary care specialty.

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

(i) scope of comprehensive outpatient services;

(ii) creation of an efficient application review process for comprehensive outpatient services centers;

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

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

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

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

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

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

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

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

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

sioners of the department of health, the office of mental health, and the office of addiction services and supports; and

(iii) compliance with standards established pursuant to this section for providing and receiving payment for comprehensive outpatient services.

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

(e) The commissioners of the department of health, the office of mental health, and the office of addiction services and supports are authorized to promulgate any regulatory requirements necessary to implement comprehensive outpatient services centers consistent with this section, including amending existing requirements.

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

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

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

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

defined in section three hundred sixty-four-m of the social services law; (b) limit the volume of mental health, substance use disorder services or developmental disability services that can be provided by a provider of primary care services licensed under this article and authorized to provide integrated services in accordance with regulations issued by the commissioner in consultation with the commissioner of the office of mental health, the commissioner of the office of [~~alcoholism and substance abuse services~~] addiction services and supports and the commissioner of the office for people with developmental disabilities, including regulations issued pursuant to subdivision seven of section three hundred sixty-five-l of the social services law or part L of chapter fifty-six of the laws of two thousand twelve; [~~(b)~~] (c) require a provider licensed pursuant to article thirty-one of the mental hygiene law or certified pursuant to article sixteen or article thirty-two of the mental hygiene law to obtain an operating certificate from the department if such provider has been authorized to provide integrated services in accordance with regulations issued by the commissioner in consultation with the commissioner of the office of mental health, the commissioner of the office of [~~alcoholism and substance abuse services~~] addiction services and supports and the commissioner of the office for people with developmental disabilities, including regulations issued pursuant to subdivision seven of section three hundred sixty-five-l of the social services law or part L of chapter fifty-six of the laws of two thousand twelve.

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

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

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

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

by the commissioner pursuant to subdivision (b) of section 32.09 of this article, provided, however, that such administration must be done in accordance with all applicable federal and state laws and regulations. Individual physicians or groups of physicians who have obtained authorization from the federal government to administer buprenorphine to addicts may do so without obtaining an operating certificate from the commissioner. (ii) No provision of this article or any other provision of law shall be construed to require a provider licensed pursuant to article twenty-eight of the public health law, article thirty-one of this chapter or a provider certified pursuant to article sixteen of this chapter to obtain an operating certificate from the office of [~~alcoholism and substance abuse services~~] addiction services and supports if such provider has been authorized to provide integrated services in accordance with regulations issued by the commissioner of [~~alcoholism and substance abuse services~~] addiction services and supports in consultation with the commissioner of the department of health, the commissioner of the office of mental health and the commissioner of the office for people with developmental disabilities, including regulations issued pursuant to subdivision seven of section three hundred sixty-five-l of the social services law or part L of chapter fifty-six of the laws of two thousand twelve. Furthermore, except as provided in paragraph (d) of subdivision six of section three hundred sixty-four-m of the social services law, no provision of this article or any other provision of law shall be construed to limit the volume of addiction services that can be provided by comprehensive outpatient services centers, as defined in section three hundred sixty-four-m of the social services law.

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

PART EE

Intentionally Omitted

PART FF

Intentionally Omitted

PART GG

Intentionally Omitted

PART HH

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

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

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

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

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

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

(b) The membership of the developmental disabilities planning council shall also include local agencies, and non-governmental agencies and groups concerned with services to persons with developmental disabilities in New York state[~~;~~].

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

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

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

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

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

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

~~(c) The membership may include some or all of the members of the advisory council on mental retardation and developmental disabilities~~].

§ 2. This act shall take effect immediately.

PART II

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

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

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

PART JJ

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

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

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

PART KK

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

§ 211. Independent consumer assistance program. The superintendent, in consultation with the commissioner of health, shall designate an independent consumer assistance program that will have the following duties:

(a) The independent consumer assistance program shall:

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

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

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

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

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

(6) assist consumers with disputes eligible for resolution under article six of the financial services law;

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

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

(b) All New York state regulated health plans shall be required to list the name, phone number, address and email of the state independent consumer assistance programs on notices to consumers of adverse determinations and explanation of benefits and in the subscriber agreement, member handbook and any additional consumer facing materials as determined by the superintendent and the commissioner of health.

§ 2. This act shall take effect immediately.

PART LL

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

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

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

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

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

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

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

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

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

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

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

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

PART MM

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

§ 19.18-a Addiction recovery supportive transportation services demonstration program.

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

2. Recovery supportive transportation services shall include assistance for individuals that support their continuation in treatment and their continuation in recovery.

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

assembly committees on alcoholism and drug abuse with a written evaluation of the demonstration program. Such evaluation shall, at a minimum, address the overall effectiveness of such demonstration program, identify best practices for recovery supportive transportation services provided under such demonstration program, and suggest any additional recovery supportive services that may be appropriate within each type of program operated, regulated, funded, or approved by the office and address whether continuation or expansion of such demonstration program is recommended. The written evaluation shall be made available on the office's website.

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

PART NN

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

(gg) all buprenorphine products, methadone or long acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder. Such medication assisted treatment shall not be subject to any prior authorization mandate.

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

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

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

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

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

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

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

(c) The commissioner, in consultation with the commissioner of health, and with the advice of the advisory board, shall have the ability to amend the list of approved uses to add additional approved uses at specified intervals in response to changing opioid and substance use disorder needs in the state. Categories and subcategories may be removed from the list of approved uses only with the approval of not less than three-fourths of the members of the advisory board.

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

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

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

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

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

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

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

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

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

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

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

fourteen days for the advisory board to respond to such public explanation.

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

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

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

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

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

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

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

4. On or before February first each year, the commissioner of the office of mental health services, addiction, and wellness shall provide a written report to the temporary president of the senate, speaker of the assembly, chair of the senate finance committee, chair of the assembly ways and means committee, chair of the senate committee on health, chair of the assembly health committee, chair of the senate committee on alcoholism and substance abuse, chair of the assembly committee on alcoholism and drug abuse, and the state comptroller. Such report shall be made publicly available on the office of mental health services, addiction, and wellness and the department of health's website. Such report shall include how the monies of the fund were utilized during the preceding calendar year, and shall include:

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

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

(iii) the amount awarded to each recipient;
(iv) the purposes for which such awards were granted; and
(v) a summary financial plan for such monies which shall include estimates of all receipts and all disbursements for the current and succeeding fiscal years, along with the actual results from the prior fiscal year.

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

(b) Paragraph (a) of this subdivision shall not apply to any provision in the resolution of a claim or cause of action providing (1) moneys to be distributed to the federal government, to a local government, or to any holder of a bond or other debt instrument issued by the state, any public authority, or any public benefit corporation; (2) moneys to be distributed solely or exclusively as a payment of damages or restitution to individuals or entities that were specifically injured or harmed by the defendant's or settling party's conduct and that are identified in, or can be identified by the terms of, the relevant judgment, stipulation, decree, agreement to settle, assurance of discontinuance, or relevant instrument resolving the claim or cause of action; (3) moneys recovered or obtained by the attorney general where application of paragraph (a) of this subdivision is prohibited by federal law, rule, or regulation, or would result in the reduction or loss of federal funds or eligibility for federal benefits pursuant to federal law, rule, or regulation; (4) moneys recovered or obtained by or on behalf of a public authority, a public benefit corporation, the department of taxation and finance, the workers' compensation board, the New York state higher education services corporation, the tobacco settlement financing corporation, a state or local retirement system, an employee health benefit program administered by the New York state department of civil service, the Title IV-D child support fund, the lottery prize fund, the abandoned property fund, or an endowment of the state university of New York or any unit thereof or any state agency, provided that all of the moneys received or recovered are immediately transferred to the relevant public authority, public benefit corporation, department, fund, program, or endowment; (5) moneys to be refunded to an individual or entity as (i) an overpayment of a tax, fine, penalty, fee, insurance premium, loan payment, charge or surcharge; (ii) a return of seized assets; or (iii) a payment made in error; [~~and~~] (6) moneys to be used to prevent, abate, restore, mitigate or control any identifiable instance of prior or ongoing water, land or air pollution; and (7) moneys obtained and distributed under the terms of any statewide opioid settlement agreement, as defined in article twenty-six of the mental hygiene law, that provides for all or a portion of the settlement moneys to be deposited into the opioid settlement fund established in section ninety-seven-bbbbb of the state finance law.

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

PART PP

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

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

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

PART QQ

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

§ 16.39 Residential facility internet service.

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

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

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

PART RR

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

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

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

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

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

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

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

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

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

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

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

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

§ 4. This act shall take effect immediately.

PART SS

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

§ 2808-e. Residential health care for children with medical fragility in transition to young adults and young adults with medical fragility. 1. For purposes of this section:

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

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

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

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

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

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

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

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

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

§ 2. This act shall take effect immediately.

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

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