

STATE OF NEW YORK

3007--B

IN ASSEMBLY

February 1, 2023

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

AN ACT to amend part H of 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 known and projected department of health state fund medicaid expenditures (Part A); to amend chapter 451 of the laws of 2007, amending the public health law, the social services law and the insurance law relating to providing enhanced consumer and provider protections, in relation to the effectiveness of certain provisions relating to contracts between plans, insurers, or corporations and hospitals; to amend part C of chapter 58 of the laws of 2007, amending the social services law and other laws relating to adjustments of rates, in relation to the effectiveness of certain provisions relating to the amount of income to be applied toward the cost of medical care, services and supplies of institutionalized spouses; to amend chapter 906 of the laws of 1984, amending the social services law relating to expanding medical assistance eligibility and the scope of services available to certain persons with disabilities, in relation to the effectiveness thereof; to amend the social services law, in relation to the age of eligibility for home and community-based services waivers; to amend chapter 313 of the laws of 2018, amending the public health law relating to body imaging scanning equipment, in relation to the effectiveness thereof; to amend chapter 426 of the laws of 1983, amending the public health law relating to professional misconduct proceedings, in relation to the effectiveness of certain provisions thereof; to amend chapter 582 of the laws of 1984, amending the public health law relating to regulating activities of physicians, in relation to the effectiveness of certain provisions thereof; to amend the public health law, in relation to extending the demonstration period in certain physician committees; to amend chapter 505 of the laws of 1995, amending the public health law relating to the operation of department of health facilities, in relation to the effectiveness thereof; to amend the public health law,

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

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in relation to reimbursement rate promulgation for residential health care facilities; to amend the public health law, in relation to certified home health agency services payments; to amend chapter 19 of the laws of 1998, amending the social services law relating to limiting the method of payment for prescription drugs under the medical assistance program, in relation to the effectiveness thereof; to amend the public health law, in relation to continuing nursing home upper payment limit payments; to amend chapter 904 of the laws of 1984, amending the public health law and the social services law relating to encouraging comprehensive health services, in relation to the effectiveness thereof; to amend part X2 of chapter 62 of the laws of 2003, amending the public health law relating to allowing for the use of funds of the office of professional medical conduct for activities of the patient health information and quality improvement act of 2000, in relation to the effectiveness of certain provisions relating to increasing information available to patients; to amend part H of chapter 59 of the laws of 2011, amending the public health law relating to the statewide health information network of New York and the statewide planning and research cooperative system and general powers and duties, in relation to making certain provisions permanent; to amend part A of chapter 58 of the laws of 2008, amending the elder law and other laws relating to reimbursement to participating provider pharmacies and prescription drug coverage, in relation to extending the expiration of certain provisions thereof; to amend chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential health care facilities, in relation to extending the effectiveness of certain provisions thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of certain provisions thereof; to amend the social services law, in relation to the effectiveness of certain provisions relating to negotiation of supplemental rebates relating to medication assisted treatment; to amend part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates, in relation to the effectiveness thereof; to amend part KK of chapter 56 of the laws of 2020, amending the public health law relating to the designation of statewide general hospital quality and sole community pools and the reduction of capital related inpatient expenses, in relation to the effectiveness thereof; to amend chapter 779 of the laws of 1986, amending the social services law relating to authorizing services for non-residents in adult homes, residences for adults and enriched housing programs, in relation to extending the effectiveness of certain provisions thereof; 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 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 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, in relation to extending government rates for behavioral services and adding an alternative payment methodology requirement; to amend the public health law, in relation to residential health care facility assessments; to amend part MM of chapter 57 of the laws of 2021 amending the public health

law relating to aiding in the transition to adulthood for children with medical fragility living in pediatric nursing homes and other settings, in relation to the effectiveness thereof; to amend chapter 471 of the laws of 2016 amending the education law and the public health law relating to authorizing certain advanced home health aides to perform certain advanced tasks, in relation to providing for the repeal of certain provisions thereof; and to amend part R of chapter 59 of the laws of 2016, amending the public health law and the education law relating to electronic prescriptions, in relation to the effectiveness thereof (Part B); to amend part A3 of chapter 62 of the laws of 2003 amending the general business law and other laws relating to enacting major components necessary to implement the state fiscal plan for the 2003-04 state fiscal year, in relation to extending the effectiveness of provisions thereof; to amend the New York Health Care Reform Act of 1996, in relation to extending certain provisions relating thereto; to amend the New York Health Care Reform Act of 2000, in relation to extending the effectiveness of provisions thereof; to amend the public health law, in relation to extending certain provisions relating to the distribution of pool allocations and graduate medical education; to amend the public health law, in relation to extending certain provisions relating to health care initiative pool distributions; to amend the social services law, in relation to extending payment provisions for general hospitals; and to amend the public health law, in relation to extending certain provisions relating to the assessments on covered lives (Part C); intentionally omitted (Part D); to amend the public health law, in relation to amending and extending the voluntary indigent care pool; in relation to establishing the definition of rural emergency hospital; and in relation to expanding eligibility for vital access provider assurance program funding; and to amend Part I of chapter 57 of the laws of 2022 relating to providing a one percent across the board payment increase to all qualifying fee-for-service Medicaid rates, in relation to Medicaid payments made for the operating component of hospital inpatient services (Part E); to amend chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to extending the effectiveness of certain provisions thereof; to amend 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, 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 F); intentionally omitted (Part G); to amend the social services law, in relation to enacting the 1332 state innovation program; and to amend the state finance law, in relation to establishing the 1332 state innovation program fund (Part H); to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to known and projected department of health state fund medical expenditures, in relation to extending the provisions thereof; to amend the public health law, in relation to extending authority to enroll certain recipients in need of more than 120 days of community based-long term care in a managed long term care plan; to amend the public health law, in relation to extending the moratorium on the processing and approval

of applications seeking a certificate of authority as a managed long term care plan; and to amend part I of chapter 57 of the laws of 2022 providing a one percent across the board payment increase to all qualifying fee-for-service Medicaid rates, in relation to providing an additional increase to all qualifying fee-for-service Medicaid rates for the operating component of residential health care facilities services and an additional increase to all qualifying fee-for-service Medicaid rates for the operating component of assisted living programs (Part I); intentionally omitted (Part J); to amend the social services law, in relation to authorizing Medicaid eligibility for certain services provided to individuals who are in a correctional institution, and for certain services provided to individuals who are in an institution for mental disease (Part K); intentionally omitted (Part L); intentionally omitted (Part M); to amend the social services law, in relation to expanding the Medicaid Buy-In program for people with disabilities (Part N); intentionally omitted (Part O); to amend the public health law, in relation to establishing a new statewide health care transformative program (Part P); to amend the social services law, in relation to establishing Medicaid reimbursement for community health workers (CHWs) for high-risk populations; and to amend the public health law, in relation to permitting licensed mental health counselors, licensed creative arts therapists, and licensed marriage and family therapists in community health centers to be reimbursed (Part Q); to amend the social services law and the public health law, in relation to expanding Medicaid coverage of preventative health care services (Part R); to amend the public health law, in relation to functions of the state and regional emergency medical services councils (Part S); intentionally omitted (Part T); intentionally omitted (Part U); intentionally omitted (Part V); to amend chapter 471 of the laws of 2016 amending the education law and the public health law relating to authorizing certain advanced home health aides to perform certain advanced tasks, in relation to the effectiveness thereof (Part W); to amend the public health law, in relation to providing for the registration of temporary health care services agencies (Part X); to amend the civil practice law and rules and the judiciary law, in relation to affidavits for medical debt actions (Subpart A); Intentionally omitted (Subpart B); to amend the public health law, in relation to requiring hospitals participating in the general hospital indigent care pool to use certain forms for the collection of medical debt (Subpart C); and to amend the insurance law, in relation to guaranty fund coverage for insurers writing health insurance (Subpart D) (Part Y); intentionally omitted (Part Z); to amend the public health law, in relation to hepatitis C screening and requiring third trimester syphilis testing (Part AA); intentionally omitted (Part BB); intentionally omitted (Part CC); in relation to establishing a cost of living adjustment for designated human services programs (Part DD); to amend part A of chapter 56 of the laws of 2013, amending the social services law and other laws relating to enacting the major components of legislation necessary to implement the health and mental hygiene budget for the 2013-2014 state fiscal year, in relation to the effectiveness of certain provisions thereof (Part EE); intentionally omitted (Part FF); intentionally omitted (Part GG); to amend the mental hygiene law, in relation to certified community behavioral health clinics (Part HH); intentionally omitted (Part II); intentionally omitted (Part JJ); in relation to establishing a task force to study aging in place in mental health housing; and providing for the repeal

of such provisions upon expiration thereof (Part KK); to amend the social services law, in relation to coverage for services provided by school-based health centers for medical assistance recipients; and to amend part JJ of chapter 57 of the laws of 2021 amending the social services law relating to managed care programs, in relation to the effectiveness thereof (Part LL); to amend the social services law, in relation to eligibility criteria for health homes (Part MM); to repeal sections 1 and 1-a of part FFF of chapter 56 of the laws of 2020 directing the department of health to remove the pharmacy benefit from the managed care benefit package and to provide the pharmacy benefit under the fee for service program, relating to prescription drugs under the Medicaid program (Part NN); and to amend the public health law, in relation to expanding health care services provided by telehealth (Part OO)

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 2023-2024 state fiscal year. Each component is wholly contained within a Part identified as Parts A through OO. 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

Section 1. Paragraph (a) of subdivision 1 of section 92 of part H of 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 2 of part H of chapter 57 of the laws of 2022, is amended to read as follows:

(a) For state fiscal years 2011-12 through ~~2023-24~~ 2024-25, the director of the budget, in consultation with the commissioner of health referenced as "commissioner" for purposes of this section, shall assess on a quarterly basis, as reflected in quarterly reports pursuant to subdivision five of this section known and projected department of health state funds medicaid expenditures by category of service and by geographic regions, as defined by the commissioner.

§ 2. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2023.

PART B

Section 1. Subdivision 1 of section 20 of chapter 451 of the laws of 2007 amending the public health law, the social services law and the insurance law relating to providing enhanced consumer and provider protections, as amended by chapter 181 of the laws of 2021, is amended to read as follows:

1 1. sections four, eleven and thirteen of this act shall take effect
2 immediately and shall expire and be deemed repealed June 30, [~~2023~~]
3 2025;

4 § 2. Subdivision 6-a of section 93 of part C of chapter 58 of the laws
5 of 2007, amending the social services law and other laws relating to
6 adjustments of rates, as amended by section 2 of part T of chapter 57 of
7 the laws of 2018, is amended to read as follows:

8 6-a. section fifty-seven of this act shall expire and be deemed
9 repealed [~~on March 31, 2023~~] March 31, 2028; provided that the amend-
10 ments made by such section to subdivision 4 of section 366-c of the
11 social services law shall apply with respect to determining initial and
12 continuing eligibility for medical assistance, including the continued
13 eligibility of recipients originally determined eligible prior to the
14 effective date of this act, and provided further that such amendments
15 shall not apply to any person or group of persons if it is subsequently
16 determined by the Centers for Medicare and Medicaid services or by a
17 court of competent jurisdiction that medical assistance with federal
18 financial participation is available for the costs of services provided
19 to such person or persons under the provisions of subdivision 4 of
20 section 366-c of the social services law in effect immediately prior to
21 the effective date of this act.

22 § 3. Section 3 of chapter 906 of the laws of 1984, amending the social
23 services law relating to expanding medical assistance eligibility and
24 the scope of services available to certain persons with disabilities, as
25 amended by section 4 of part T of chapter 57 of the laws of 2018, is
26 amended to read as follows:

27 § 3. This act shall take effect on the thirtieth day after it shall
28 have become a law and shall be of no further force and effect after
29 [~~March 31, 2023~~] March 31, 2028, at which time the provisions of this
30 act shall be deemed to be repealed.

31 § 4. Subparagraph (i) of paragraph b of subdivision 6 of section 366
32 of the social services law, as amended by chapter 389 of the laws of
33 2008, is amended to read as follows:

34 (i) be [~~eighteen~~] twenty-one years of age or under;

35 § 5. Subparagraph (i) of paragraph b of subdivision 7 of section 366
36 of the social services law, as amended by chapter 324 of the laws of
37 2004, is amended to read as follows:

38 (i) be [~~eighteen~~] twenty-one years of age or under;

39 § 6. Subparagraph (i) of paragraph b of subdivision 9 of section 366
40 of the social services law, as added by chapter 170 of the laws of 1994,
41 is amended to read as follows:

42 (i) be under [~~eighteen~~] twenty-one years of age;

43 § 7. Section 2 of chapter 313 of the laws of 2018, amending the public
44 health law relating to body imaging scanning equipment, is amended to
45 read as follows:

46 § 2. This act shall take effect on the one hundred twentieth day after
47 it shall have become a law; provided, however, that, effective imme-
48 diately, the addition, amendment, and/or repeal of any rules and regu-
49 lations necessary to implement the provisions of this act on its effec-
50 tive date are directed to be completed on or before such effective date;
51 and provided further, that this act shall expire and be deemed repealed
52 [~~five years after such effective date~~] January 30, 2029.

53 § 8. Section 5 of chapter 426 of the laws of 1983, amending the public
54 health law relating to professional misconduct proceedings, as amended
55 by chapter 106 of the laws of 2018, is amended to read as follows:

§ 5. This act shall take effect June 1, 1983 and shall remain in full force and effect until July 1, ~~2023~~ 2028.

§ 9. Section 5 of chapter 582 of the laws of 1984, amending the public health law relating to regulating activities of physicians, as amended by chapter 106 of the laws of 2018, is amended to read as follows:

§ 5. This act shall take effect immediately, provided however that the provisions of this act shall remain in full force and effect until July 1, ~~2023~~ 2028 at which time the provisions of this act shall be deemed to be repealed.

§ 10. Subparagraph (ii) of paragraph (c) of subdivision 11 of section 230 of the public health law, as amended by chapter 106 of the laws of 2018, is amended to read as follows:

(ii) Participation and membership during a three year demonstration period in a physician committee of the Medical Society of the State of New York or the New York State Osteopathic Society whose purpose is to confront and refer to treatment physicians who are thought to be suffering from alcoholism, drug abuse, or mental illness. Such demonstration period shall commence on April first, nineteen hundred eighty and terminate on May thirty-first, nineteen hundred eighty-three. An additional demonstration period shall commence on June first, nineteen hundred eighty-three and terminate on March thirty-first, nineteen hundred eighty-six. An additional demonstration period shall commence on April first, nineteen hundred eighty-six and terminate on March thirty-first, nineteen hundred eighty-nine. An additional demonstration period shall commence April first, nineteen hundred eighty-nine and terminate March thirty-first, nineteen hundred ninety-two. An additional demonstration period shall commence April first, nineteen hundred ninety-two and terminate March thirty-first, nineteen hundred ninety-five. An additional demonstration period shall commence on April first, nineteen hundred ninety-five and terminate on March thirty-first, nineteen hundred ninety-eight. An additional demonstration period shall commence on April first, nineteen hundred ninety-eight and terminate on March thirty-first, two thousand three. An additional demonstration period shall commence on April first, two thousand three and terminate on March thirty-first, two thousand thirteen. An additional demonstration period shall commence April first, two thousand thirteen and terminate on March thirty-first, two thousand eighteen. An additional demonstration period shall commence April first, two thousand eighteen and terminate on July first, two thousand ~~twenty-three~~ twenty-eight provided, however, that the commissioner may prescribe requirements for the continuation of such demonstration program, including periodic reviews of such programs and submission of any reports and data necessary to permit such reviews. During these additional periods, the provisions of this subparagraph shall also apply to a physician committee of a county medical society.

§ 11. Section 4 of chapter 505 of the laws of 1995, amending the public health law relating to the operation of department of health facilities, as amended by section 1 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

§ 4. This act shall take effect immediately; provided, however, that the provisions of paragraph (b) of subdivision 4 of section 409-c of the public health law, as added by section three of this act, shall take effect January 1, 1996 and shall expire and be deemed repealed ~~twenty-eight years from the effective date thereof~~ March 31, 2027.

§ 12. Paragraph (b) of subdivision 17 of section 2808 of the public health law, as amended by section 15 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

(b) Notwithstanding any inconsistent provision of law or regulation to the contrary, for the state fiscal years beginning April first, two thousand ten and ending March thirty-first, two thousand ~~[twenty-three]~~ twenty-four, the commissioner shall not be required to revise certified rates of payment established pursuant to this article for rate periods prior to April first, two thousand ~~[twenty-three]~~ twenty-seven, based on consideration of rate appeals filed by residential health care facilities or based upon adjustments to capital cost reimbursement as a result of approval by the commissioner of an application for construction under section twenty-eight hundred two of this article, in excess of an aggregate annual amount of eighty million dollars for each such state fiscal year provided, however, that for the period April first, two thousand eleven through March thirty-first, two thousand twelve such aggregate annual amount shall be fifty million dollars. In revising such rates within such fiscal limit, the commissioner shall, in prioritizing such rate appeals, include consideration of which facilities the commissioner determines are facing significant financial hardship as well as such other considerations as the commissioner deems appropriate and, further, the commissioner is authorized to enter into agreements with such facilities or any other facility to resolve multiple pending rate appeals based upon a negotiated aggregate amount and may offset such negotiated aggregate amounts against any amounts owed by the facility to the department, including, but not limited to, amounts owed pursuant to section twenty-eight hundred seven-d of this article; provided, however, that the commissioner's authority to negotiate such agreements resolving multiple pending rate appeals as hereinbefore described shall continue on and after April first, two thousand ~~[twenty-three]~~ twenty-seven. Rate adjustments made pursuant to this paragraph remain fully subject to approval by the director of the budget in accordance with the provisions of subdivision two of section twenty-eight hundred seven of this article.

§ 13. Paragraph (a) of subdivision 13 of section 3614 of the public health law, as amended by section 16 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

(a) Notwithstanding any inconsistent provision of law or regulation and subject to the availability of federal financial participation, effective April first, two thousand twelve through March thirty-first, two thousand ~~[twenty-three]~~ twenty-four, payments by government agencies for services provided by certified home health agencies, except for such services provided to children under eighteen years of age and other discreet groups as may be determined by the commissioner pursuant to regulations, shall be based on episodic payments. In establishing such payments, a statewide base price shall be established for each sixty day episode of care and adjusted by a regional wage index factor and an individual patient case mix index. Such episodic payments may be further adjusted for low utilization cases and to reflect a percentage limitation of the cost for high-utilization cases that exceed outlier thresholds of such payments.

§ 14. Section 4 of chapter 19 of the laws of 1998, amending the social services law relating to limiting the method of payment for prescription drugs under the medical assistance program, as amended by section 2 of part BB of chapter 56 of the laws of 2020, is amended to read as follows:

§ 4. This act shall take effect 120 days after it shall have become a law and shall expire and be deemed repealed March 31, ~~[2023]~~ 2024.

§ 15. Paragraph (e-1) of subdivision 12 of section 2808 of the public health law, as amended by section 3 of part BB of chapter 56 of the laws of 2020, is amended to read as follows:

(e-1) Notwithstanding any inconsistent provision of law or regulation, the commissioner shall provide, in addition to payments established pursuant to this article prior to application of this section, additional payments under the medical assistance program pursuant to title eleven of article five of the social services law for non-state operated public residential health care facilities, including public residential health care facilities located in the county of Nassau, the county of Westchester and the county of Erie, but excluding public residential health care facilities operated by a town or city within a county, in aggregate annual amounts of up to one hundred fifty million dollars in additional payments for the state fiscal year beginning April first, two thousand six and for the state fiscal year beginning April first, two thousand seven and for the state fiscal year beginning April first, two thousand eight and of up to three hundred million dollars in such aggregate annual additional payments for the state fiscal year beginning April first, two thousand nine, and for the state fiscal year beginning April first, two thousand ten and for the state fiscal year beginning April first, two thousand eleven, and for the state fiscal years beginning April first, two thousand twelve and April first, two thousand thirteen, and of up to five hundred million dollars in such aggregate annual additional payments for the state fiscal years beginning April first, two thousand fourteen, April first, two thousand fifteen and April first, two thousand sixteen and of up to five hundred million dollars in such aggregate annual additional payments for the state fiscal years beginning April first, two thousand seventeen, April first, two thousand eighteen, and April first, two thousand nineteen, and of up to five hundred million dollars in such aggregate annual additional payments for the state fiscal years beginning April first, two thousand twenty, April first, two thousand twenty-one, and April first, two thousand twenty-two, and of up to five hundred million dollars in such aggregate annual additional payments for the state fiscal years beginning April first, two thousand twenty-three, April first, two thousand twenty-four, and April first, two thousand twenty-five. The amount allocated to each eligible public residential health care facility for this period shall be computed in accordance with the provisions of paragraph (f) of this subdivision, provided, however, that patient days shall be utilized for such computation reflecting actual reported data for two thousand three and each representative succeeding year as applicable, and provided further, however, that, in consultation with impacted providers, of the funds allocated for distribution in the state fiscal year beginning April first, two thousand thirteen, up to thirty-two million dollars may be allocated in accordance with paragraph (f-1) of this subdivision.

§ 16. Section 18 of chapter 904 of the laws of 1984, amending the public health law and the social services law relating to encouraging comprehensive health services, as amended by section 4 of part BB of chapter 56 of the laws of 2020, is amended to read as follows:

§ 18. This act shall take effect immediately, except that sections six, nine, ten and eleven of this act shall take effect on the sixtieth day after it shall have become a law, sections two, three, four and nine of this act shall expire and be of no further force or effect on or after March 31, ~~2023~~ 2026, section two of this act shall take effect on April 1, 1985 or seventy-five days following the submission of the

1 report required by section one of this act, whichever is later, and
2 sections eleven and thirteen of this act shall expire and be of no
3 further force or effect on or after March 31, 1988.

4 § 17. Section 4 of part X2 of chapter 62 of the laws of 2003, amending
5 the public health law relating to allowing for the use of funds of the
6 office of professional medical conduct for activities of the patient
7 health information and quality improvement act of 2000, as amended by
8 section 5 of part BB of chapter 56 of the laws of 2020, is amended to
9 read as follows:

10 § 4. This act shall take effect immediately provided that the
11 provisions of section one of this act shall be deemed to have been in
12 full force and effect on and after April 1, 2003, and shall expire March
13 31, ~~2023~~ 2026 when upon such date the provisions of such section shall
14 be deemed repealed.

15 § 18. Subdivision (o) of section 111 of part H of chapter 59 of the
16 laws of 2011, amending the public health law relating to the statewide
17 health information network of New York and the statewide planning and
18 research cooperative system and general powers and duties, as amended by
19 section 6 of part BB of chapter 56 of the laws of 2020, is amended to
20 read as follows:

21 (o) sections thirty-eight and thirty-eight-a of this act shall expire
22 and be deemed repealed March 31, ~~2023~~ 2026;

23 § 19. Section 32 of part A of chapter 58 of the laws of 2008, amending
24 the elder law and other laws relating to reimbursement to participating
25 provider pharmacies and prescription drug coverage, as amended by
26 section 7 of part BB of chapter 56 of the laws of 2020, is amended to
27 read as follows:

28 § 32. This act shall take effect immediately and shall be deemed to
29 have been in full force and effect on and after April 1, 2008; provided
30 however, that sections one, six-a, nineteen, twenty, twenty-four, and
31 twenty-five of this act shall take effect July 1, 2008; provided however
32 that sections sixteen, seventeen and eighteen of this act shall expire
33 April 1, ~~2023~~ 2026; provided, however, that the amendments made by
34 section twenty-eight of this act shall take effect on the same date as
35 section 1 of chapter 281 of the laws of 2007 takes effect; provided
36 further, that sections twenty-nine, thirty, and thirty-one of this act
37 shall take effect October 1, 2008; provided further, that section twen-
38 ty-seven of this act shall take effect January 1, 2009; and provided
39 further, that section twenty-seven of this act shall expire and be
40 deemed repealed March 31, ~~2023~~ 2026; and provided, further, however,
41 that the amendments to subdivision 1 of section 241 of the education law
42 made by section twenty-nine of this act shall not affect the expiration
43 of such subdivision and shall be deemed to expire therewith and provided
44 that the amendments to section 272 of the public health law made by
45 section thirty of this act shall not affect the repeal of such section
46 and shall be deemed repealed therewith.

47 § 20. Section 228 of chapter 474 of the laws of 1996, amending the
48 education law and other laws relating to rates for residential health
49 care facilities, as amended by section 12 of part BB of chapter 56 of
50 the laws of 2020, is amended to read as follows:

51 § 228. 1. Definitions. (a) Regions, for purposes of this section,
52 shall mean a downstate region to consist of Kings, New York, Richmond,
53 Queens, Bronx, Nassau and Suffolk counties and an upstate region to
54 consist of all other New York state counties. A certified home health
55 agency or long term home health care program shall be located in the

1 same county utilized by the commissioner of health for the establishment
2 of rates pursuant to article 36 of the public health law.

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

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

7 (d) Regional group shall mean all those CHHAs and LTHHCPs, respective-
8 ly, located within a region.

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

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

17 (g) Target period. For purposes of this section, the 1996 target peri-
18 od shall mean August 1, 1996 through March 31, 1997, the 1997 target
19 period shall mean January 1, 1997 through November 30, 1997, the 1998
20 target period shall mean January 1, 1998 through November 30, 1998, the
21 1999 target period shall mean January 1, 1999 through November 30, 1999,
22 the 2000 target period shall mean January 1, 2000 through November 30,
23 2000, the 2001 target period shall mean January 1, 2001 through November
24 30, 2001, the 2002 target period shall mean January 1, 2002 through
25 November 30, 2002, the 2003 target period shall mean January 1, 2003
26 through November 30, 2003, the 2004 target period shall mean January 1,
27 2004 through November 30, 2004, and the 2005 target period shall mean
28 January 1, 2005 through November 30, 2005, the 2006 target period shall
29 mean January 1, 2006 through November 30, 2006, and the 2007 target
30 period shall mean January 1, 2007 through November 30, 2007 and the 2008
31 target period shall mean January 1, 2008 through November 30, 2008, and
32 the 2009 target period shall mean January 1, 2009 through November 30,
33 2009 and the 2010 target period shall mean January 1, 2010 through
34 November 30, 2010 and the 2011 target period shall mean January 1, 2011
35 through November 30, 2011 and the 2012 target period shall mean January
36 1, 2012 through November 30, 2012 and the 2013 target period shall mean
37 January 1, 2013 through November 30, 2013, and the 2014 target period
38 shall mean January 1, 2014 through November 30, 2014 and the 2015 target
39 period shall mean January 1, 2015 through November 30, 2015 and the 2016
40 target period shall mean January 1, 2016 through November 30, 2016 and
41 the 2017 target period shall mean January 1, 2017 through November 30,
42 2017 and the 2018 target period shall mean January 1, 2018 through
43 November 30, 2018 and the 2019 target period shall mean January 1, 2019
44 through November 30, 2019 and the 2020 target period shall mean January
45 1, 2020 through November 30, 2020[7] and the 2021 target period shall
46 mean January 1, 2021 through November 30, 2021 and the 2022 target peri-
47 od shall mean January 1, 2022 through November 30, 2022 and the 2023
48 target period shall mean January 1, 2023 through November 30, 2023 and
49 the 2024 target period shall mean January 1, 2024 through November 30,
50 2024 and the 2025 target period shall mean January 1, 2025 through
51 November 30, 2025 and the 2026 target period shall mean January 1, 2026
52 through November 30, 2026 and the 2027 target period shall mean January
53 1, 2027 through November 30, 2027.

54 2. (a) Prior to February 1, 1997, for each regional group the commis-
55 sioner of health shall calculate the 1996 medicaid revenue percentages

1 for the period commencing August 1, 1996 to the last date for which such
2 data is available and reasonably accurate.

3 (b) Prior to February 1, 1998, prior to February 1, 1999, prior to
4 February 1, 2000, prior to February 1, 2001, prior to February 1, 2002,
5 prior to February 1, 2003, prior to February 1, 2004, prior to February
6 1, 2005, prior to February 1, 2006, prior to February 1, 2007, prior to
7 February 1, 2008, prior to February 1, 2009, prior to February 1, 2010,
8 prior to February 1, 2011, prior to February 1, 2012, prior to February
9 1, 2013, prior to February 1, 2014, prior to February 1, 2015, prior to
10 February 1, 2016, prior to February 1, 2017, prior to February 1, 2018,
11 prior to February 1, 2019, prior to February 1, 2020, prior to February
12 1, 2021, prior to February 1, 2022, [~~and~~] prior to February 1, 2023,
13 prior to February 1, 2024, prior to February 1, 2025, prior to February
14 1, 2026 and prior to February 1, 2027 for each regional group the
15 commissioner of health shall calculate the prior year's medicaid revenue
16 percentages for the period commencing January 1 through November 30 of
17 such prior year.

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

20 4. (a) For each regional group, the 1996 target medicaid revenue
21 percentage shall be calculated by subtracting the 1996 medicaid revenue
22 reduction percentages from the base period medicaid revenue percentages.
23 The 1996 medicaid revenue reduction percentage, taking into account
24 regional and program differences in utilization of medicaid and medicare
25 services, for the following regional groups shall be equal to:

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

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

30 (iii) one and eight-tenths percentage points for LTHHCPs located with-
31 in the downstate region; and

32 (iv) one and seven-tenths percentage points for LTHHCPs located within
33 the upstate region.

34 (b) For 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,
35 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019,
36 2020, 2021, 2022 [~~and~~], 2023, 2024, 2025, 2026 and 2027 for each
37 regional group, the target medicaid revenue percentage for the respec-
38 tive year shall be calculated by subtracting the respective year's medi-
39 caid revenue reduction percentage from the base period medicaid revenue
40 percentage. The medicaid revenue reduction percentages for 1997, 1998,
41 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011,
42 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 [~~and~~],
43 2023, 2024, 2025, 2026 and 2027, taking into account regional and
44 program differences in utilization of medicaid and medicare services,
45 for the following regional groups shall be equal to for each such year:

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

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

50 (iii) one and eight-tenths percentage points for LTHHCPs located with-
51 in the downstate region; and

52 (iv) one and seven-tenths percentage points for LTHHCPs located within
53 the upstate region.

54 (c) For each regional group, the 1999 target medicaid revenue percent-
55 age shall be calculated by subtracting the 1999 medicaid revenue
56 reduction percentage from the base period medicaid revenue percentage.

1 The 1999 medicaid revenue reduction percentages, taking into account
2 regional and program differences in utilization of medicaid and medicare
3 services, for the following regional groups shall be equal to:

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

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

8 (iii) one and thirty-five hundredths percentage points (1.35) for
9 LTHHCPs located within the downstate region; and

10 (iv) one and two hundred seventy-five thousandths percentage points
11 (1.275) for LTHHCPs located within the upstate region.

12 5. (a) For each regional group, if the 1996 medicaid revenue percent-
13 age is not equal to or less than the 1996 target medicaid revenue
14 percentage, the commissioner of health shall compare the 1996 medicaid
15 revenue percentage to the 1996 target medicaid revenue percentage to
16 determine the amount of the shortfall which, when divided by the 1996
17 medicaid revenue reduction percentage, shall be called the 1996
18 reduction factor. These amounts, expressed as a percentage, shall not
19 exceed one hundred percent. If the 1996 medicaid revenue percentage is
20 equal to or less than the 1996 target medicaid revenue percentage, the
21 1996 reduction factor shall be zero.

22 (b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
23 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018,
24 2019, 2020, 2021, 2022 [and], 2023, 2024, 2025, 2026 and 2027, for each
25 regional group, if the medicaid revenue percentage for the respective
26 year is not equal to or less than the target medicaid revenue percentage
27 for such respective year, the commissioner of health shall compare such
28 respective year's medicaid revenue percentage to such respective year's
29 target medicaid revenue percentage to determine the amount of the short-
30 fall which, when divided by the respective year's medicaid revenue
31 reduction percentage, shall be called the reduction factor for such
32 respective year. These amounts, expressed as a percentage, shall not
33 exceed one hundred percent. If the medicaid revenue percentage for a
34 particular year is equal to or less than the target medicaid revenue
35 percentage for that year, the reduction factor for that year shall be
36 zero.

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

40 (i) two million three hundred ninety thousand dollars (\$2,390,000) for
41 CHHAs located within the downstate region;

42 (ii) seven hundred fifty thousand dollars (\$750,000) for CHHAs located
43 within the upstate region;

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

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

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

50 (b) For 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,
51 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019,
52 2020, 2021, 2022 [and], 2023, 2024, 2025, 2026 and 2027, for each
53 regional group, the reduction factor for the respective year shall be
54 multiplied by the following amounts to determine each regional group's
55 applicable state share reduction amount for such respective year:

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

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

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

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

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

(c) For each regional group, the 1999 reduction factor shall be multiplied by the following amounts to determine each regional group's applicable 1999 state share reduction amount:

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

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

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

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

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

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

(b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 ~~[and]~~, 2023, 2024, 2025, 2026 and 2027 for each regional group, the state share reduction amount for the respective year shall be allocated by the commissioner of health among CHHAs and LTHHCPS on the basis of the extent of each CHHA's and LTHHCP's failure to achieve the target medicaid revenue percentage for the applicable year, calculated on a provider specific basis utilizing revenues for this purpose, expressed as a proportion of the total of each CHHA's and LTHHCP's failure to achieve the target medicaid revenue percentage for the applicable year within the applicable regional group. This proportion shall be multiplied by the applicable year's state share reduction amount calculation pursuant to paragraph (b) or (c) of subdivision 6 of this section. This amount shall be called the provider specific state share reduction amount for the applicable year.

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

(b) The provider specific state share reduction amount for 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 [and], 2023, 2024, 2025, 2026 and 2027 respectively, shall be due to the state from each CHHA and LTHHCP and each year the amount due for such year may be recouped by the state by March 31 of the following year in a lump sum amount or amounts from payments due to the CHHA and LTHHCP pursuant to title 11 of article 5 of the social services law.

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

10. On or about June 1, 1997, for each regional group the commissioner of health shall calculate for the period August 1, 1996 through March 31, 1997 a medicaid revenue percentage, a reduction factor, a state share reduction amount, and a provider specific state share reduction amount in accordance with the methodology provided in paragraph (a) of subdivision 2, paragraph (a) of subdivision 5, paragraph (a) of subdivision 6 and paragraph (a) of subdivision 7 of this section. The provider specific state share reduction amount calculated in accordance with this subdivision shall be compared to the 1996 provider specific state share reduction amount calculated in accordance with paragraph (a) of subdivision 7 of this section. Any amount in excess of the amount determined in accordance with paragraph (a) of subdivision 7 of this section shall be due to the state from each CHHA and LTHHCP and may be recouped in accordance with paragraph (a) of subdivision 8 of this section. If the amount is less than the amount determined in accordance with paragraph (a) of subdivision 7 of this section, the difference shall be refunded to the CHHA and LTHHCP by the state no later than July 15, 1997. CHHAs and LTHHCPS shall submit data for the period August 1, 1996 through March 31, 1997 to the commissioner of health by April 15, 1997.

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

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

(b) the commissioner of health shall reduce the current rate paid to such CHHA and such LTHHCP by state governmental agencies pursuant to article 36 of the public health law by one percent for a period beginning on the first day of the calendar month following the applicable due date as established by the commissioner of health and continuing until the last day of the calendar month in which the required data and information are submitted.

12. The commissioner of health shall inform in writing the director of the budget and the chair of the senate finance committee and the chair of the assembly ways and means committee of the results of the calculations pursuant to this section.

§ 21. Paragraph (f) of subdivision 1 of section 64 of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by section 13 of part BB of chapter 56 of the laws of 2020, is amended to read as follows:

(f) Prior to February 1, 2001, February 1, 2002, February 1, 2003, February 1, 2004, February 1, 2005, February 1, 2006, February 1, 2007, February 1, 2008, February 1, 2009, February 1, 2010, February 1, 2011,

February 1, 2012, February 1, 2013, February 1, 2014, February 1, 2015, February 1, 2016, February 1, 2017, February 1, 2018, February 1, 2019, February 1, 2020, February 1, 2021, February 1, 2022 ~~[and]~~, February 1, 2023, February 1, 2024, February 1, 2025 and February 1, 2026, the commissioner of health shall calculate the result of the statewide total of residential health care facility days of care provided to beneficiaries of title XVIII of the federal social security act (medicare), divided by the sum of such days of care plus days of care provided to residents eligible for payments pursuant to title 11 of article 5 of the social services law minus the number of days provided to residents receiving hospice care, expressed as a percentage, for the period commencing January 1, through November 30, of the prior year respectively, based on such data for such period. This value shall be called the 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 ~~[and]~~, 2023, 2024, 2025 and 2026 statewide target percentage respectively.

§ 22. Subparagraph (ii) of paragraph (b) of subdivision 3 of section 64 of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by section 14 of part BB of chapter 56 of the laws of 2020, is amended to read as follows:

(ii) If the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 ~~[and]~~, 2023, 2024, 2025 and 2026 statewide target percentages are not for each year at least three percentage points higher than the statewide base percentage, the commissioner of health shall determine the percentage by which the statewide target percentage for each year is not at least three percentage points higher than the statewide base percentage. The percentage calculated pursuant to this paragraph shall be called the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 ~~[and]~~, 2023, 2024, 2025 and 2026 statewide reduction percentage respectively. If the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 ~~[and]~~, 2023, 2024, 2025 and 2026 statewide target percentage for the respective year is at least three percentage points higher than the statewide base percentage, the statewide reduction percentage for the respective year shall be zero.

§ 23. Subparagraph (iii) of paragraph (b) of subdivision 4 of section 64 of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by section 15 of part BB of chapter 56 of the laws of 2020, is amended to read as follows:

(iii) The 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 ~~[and]~~, 2023, 2024, 2025 and 2026 statewide reduction percentage shall be multiplied by one hundred two million dollars respectively to determine the 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 ~~[and]~~, 2023, 2024, 2025 and 2026 statewide aggregate reduction amount. If the 1998 and the 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 ~~[and]~~, 2023, 2024, 2025 and 2026 statewide reduction percentage shall be zero respectively, there shall be no 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009,

2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 2020, 2021, 2022 [~~and~~], 2023, 2024, 2025 and 2026 reduction amount.

§ 24. The opening paragraph of paragraph (e) of subdivision 7 of section 367-a of the social services law, as amended by section 1 of part GG of chapter 56 of the laws of 2020, is amended to read as follows:

During the period from April first, two thousand fifteen through March thirty-first, two thousand [~~twenty-three~~] twenty-six, the commissioner may, in lieu of a managed care provider or pharmacy benefit manager, negotiate directly and enter into an arrangement with a pharmaceutical manufacturer for the provision of supplemental rebates relating to pharmaceutical utilization by enrollees of managed care providers pursuant to section three hundred sixty-four-j of this title and may also negotiate directly and enter into such an agreement relating to pharmaceutical utilization by medical assistance recipients not so enrolled. Such rebate arrangements shall be limited to the following: antiretrovirals approved by the FDA for the treatment of HIV/AIDS, opioid dependence agents and opioid antagonists listed in a statewide formulary established pursuant to subparagraph (vii) of this paragraph, hepatitis C agents, high cost drugs as provided for in subparagraph (viii) of this paragraph, gene therapies as provided for in subparagraph (ix) of this paragraph, and any other class or drug designated by the commissioner for which the pharmaceutical manufacturer has in effect a rebate arrangement with the federal secretary of health and human services pursuant to 42 U.S.C. § 1396r-8, and for which the state has established standard clinical criteria. No agreement entered into pursuant to this paragraph shall have an initial term or be extended beyond the expiration or repeal of this paragraph.

§ 25. Subdivision 1 of section 60 of part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates, as amended by section 8 of part GG of chapter 56 of the laws of 2020, is amended to read as follows:

1. section one of this act shall expire and be deemed repealed March 31, [~~2026~~] 2029;

§ 26. Section 8 of part KK of chapter 56 of the laws of 2020, amending the public health law relating to the designation of statewide general hospital quality and sole community pools and the reduction of capital related inpatient expenses, is amended to read as follows:

§ 8. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2020, provided, further that sections [~~three~~] four through [~~nine~~] seven of this act shall expire and be deemed repealed March 31, [~~2023~~] 2026; provided further, however, that the director of the budget may, in consultation with the commissioner of health, delay the effective dates prescribed herein for a period of time which shall not exceed ninety days following the conclusion or termination of an executive order issued pursuant to section 28 of the executive law declaring a state disaster emergency for the entire state of New York, upon such delay the director of budget shall notify the chairs of the assembly ways and means committee and senate finance committee and the chairs of the assembly and senate health committee; provided further, however, that the director of the budget shall notify the legislative bill drafting commission upon the occurrence of a delay in the effective date of this act 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

1 of effectuating the provisions of section 44 of the legislative law and
2 section 70-b of the public officers law.

3 § 27. Intentionally omitted.

4 § 28. Section 4 of chapter 779 of the laws of 1986, amending the
5 social services law relating to authorizing services for non-residents
6 in adult homes, residences for adults and enriched housing programs, as
7 amended by section 1 of item PP of subpart B of part XXX of chapter 58
8 of the laws of 2020, is amended to read as follows:

9 § 4. This act shall take effect on the one hundred twentieth day after
10 it shall have become a law and shall remain in full force and effect
11 until July 1, ~~2023~~ 2026, provided however, that effective immediately,
12 the addition, amendment and/or repeal of any rules or regulations neces-
13 sary for the implementation of the foregoing sections of this act on its
14 effective date are authorized and directed to be made and completed on
15 or before such effective date.

16 § 29. Section 11 of chapter 884 of the laws of 1990, amending the
17 public health law relating to authorizing bad debt and charity care
18 allowances for certified home health agencies, as amended by section 1
19 of part S of chapter 57 of the laws of 2021, is amended to read as
20 follows:

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

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

23 (b) sections four through ten shall expire on June 30, ~~2023~~ 2025,
24 and

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

29 § 30. Subdivision 5-a of section 246 of chapter 81 of the laws of
30 1995, amending the public health law and other laws relating to medical
31 reimbursement and welfare reform, as amended by section 3 of part S of
32 chapter 57 of the laws of 2021, is amended to read as follows:

33 5-a. Section sixty-four-a of this act shall be deemed to have been in
34 full force and effect on and after April 1, 1995 through March 31, 1999
35 and on and after July 1, 1999 through March 31, 2000 and on and after
36 April 1, 2000 through March 31, 2003 and on and after April 1, 2003
37 through March 31, 2007, and on and after April 1, 2007 through March 31,
38 2009, and on and after April 1, 2009 through March 31, 2011, and on and
39 after April 1, 2011 through March 31, 2013, and on and after April 1,
40 2013 through March 31, 2015, and on and after April 1, 2015 through
41 March 31, 2017 and on and after April 1, 2017 through March 31, 2019,
42 and on and after April 1, 2019 through March 31, 2021, and on and after
43 April 1, 2021 through March 31, 2023, and on and after April 1, 2023
44 through March 31, 2025;

45 § 31. Section 64-b of chapter 81 of the laws of 1995, amending the
46 public health law and other laws relating to medical reimbursement and
47 welfare reform, as amended by section 4 of part S of chapter 57 of the
48 laws of 2021, is amended to read as follows:

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

1 April 1, 2013 through March 31, 2015, and on and after April 1, 2015
2 through March 31, 2017 and on and after April 1, 2017 through March 31,
3 2019, and on and after April 1, 2019 through March 31, 2021, and on and
4 after April 1, 2021 through March 31, 2023, and on and after April 1,
5 2023 through March 31, 2025.

6 § 32. Section 4-a of part A of chapter 56 of the laws of 2013, amend-
7 ing chapter 59 of the laws of 2011 amending the public health law and
8 other laws relating to general hospital reimbursement for annual rates,
9 as amended by section 5 of part S of chapter 57 of the laws of 2021, is
10 amended to read as follows:

11 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section
12 2807-c of the public health law, section 21 of chapter 1 of the laws of
13 1999, or any other contrary provision of law, in determining rates of
14 payments by state governmental agencies effective for services provided
15 on and after January 1, 2017 through March 31, ~~2023~~ 2025, for inpa-
16 tient and outpatient services provided by general hospitals, for inpa-
17 tient services and adult day health care outpatient services provided by
18 residential health care facilities pursuant to article 28 of the public
19 health law, except for residential health care facilities or units of
20 such facilities providing services primarily to children under twenty-
21 one years of age, for home health care services provided pursuant to
22 article 36 of the public health law by certified home health agencies,
23 long term home health care programs and AIDS home care programs, and for
24 personal care services provided pursuant to section 365-a of the social
25 services law, the commissioner of health shall apply no greater than
26 zero trend factors attributable to the 2017, 2018, 2019, 2020, 2021,
27 2022 ~~and~~, 2023, 2024 and 2025 calendar years in accordance with para-
28 graph (c) of subdivision 10 of section 2807-c of the public health law,
29 provided, however, that such no greater than zero trend factors attrib-
30 utable to such 2017, 2018, 2019, 2020, 2021, 2022 ~~and~~, 2023, 2024 and
31 2025 calendar years shall also be applied to rates of payment provided
32 on and after January 1, 2017 through March 31, ~~2023~~ 2025 for personal
33 care services provided in those local social services districts, includ-
34 ing New York city, whose rates of payment for such services are estab-
35 lished by such local social services districts pursuant to a rate-set-
36 ting exemption issued by the commissioner of health to such local social
37 services districts in accordance with applicable regulations; and
38 provided further, however, that for rates of payment for assisted living
39 program services provided on and after January 1, 2017 through March 31,
40 ~~2023~~ 2025, such trend factors attributable to the 2017, 2018, 2019,
41 2020, 2021, 2022 ~~and~~, 2023, 2024 and 2025 calendar years shall be
42 established at no greater than zero percent.

43 § 33. Subdivision 2 of section 246 of chapter 81 of the laws of 1995,
44 amending the public health law and other laws relating to medical
45 reimbursement and welfare reform, as amended by section 6 of part S of
46 chapter 57 of the laws of 2021, is amended to read as follows:

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

1 through March 31, 2017 and on and after April 1, 2017 through March 31,
2 2019, and on and after April 1, 2019 through March 31, 2021, and on and
3 after April 1, 2021 through March 31, 2023, and on and after April 1,
4 2023 through March 31, 2025;

5 § 34. Subparagraph (vi) of paragraph (b) of subdivision 2 of section
6 2807-d of the public health law, as amended by section 11 of part S of
7 chapter 57 of the laws of 2021, is amended to read as follows:

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

45 § 35. Section 3 of part MM of chapter 57 of the laws of 2021 amending
46 the public health law relating to aiding in the transition to adulthood
47 for children with medical fragility living in pediatric nursing homes
48 and other settings is amended to read as follows:

49 § 3. This act shall take effect on the one hundred twentieth day after
50 it shall have become a law; provided however, that section one of this
51 act shall expire and be deemed repealed [~~two~~] four years after such
52 effective date; and provided further, that section two of this act shall
53 expire and be deemed repealed [~~three~~] five years after such effective
54 date.

55 § 35-a. Subdivision b of section 12 of chapter 471 of the laws of 2016
56 amending the education law and the public health law relating to author-

1 izing certain advanced home health aides to perform certain advanced
2 tasks, is amended to read as follows:

3 b. this act shall expire and be deemed repealed March 31, 2023;
4 provided, however, that section eight of this act shall expire and be
5 deemed repealed March 31, 2032.

6 § 35-b. Section 9 of part R of chapter 59 of the laws of 2016, amend-
7 ing the public health law and the education law relating to electronic
8 prescriptions, as amended by section 1 of part BB of chapter 56 of the
9 laws of 2020, is amended to read as follows:

10 § 9. This act shall take effect immediately; provided however, that
11 sections one and two of this act shall take effect on the first of June
12 next succeeding the date on which it shall have become a law and shall
13 expire and be deemed repealed June 1, [~~2023~~] 2027.

14 § 36. This act shall take effect immediately and shall be deemed to
15 have been in full force and effect on and after April 1, 2023; provided,
16 however, that the amendments to subdivision 6 of section 366 of the
17 social services law made by section four of this act shall not affect
18 the repeal of such subdivision and shall be deemed repealed therewith;
19 provided further, however, that the amendments to subparagraph (ii) of
20 paragraph (c) of subdivision 11 of section 230 of the public health law
21 made by section ten of this act shall not affect the expiration of such
22 subparagraph and shall be deemed to expire therewith; and provided
23 further, however, that the amendments to the opening paragraph of para-
24 graph (e) of subdivision 7 of section 367-a of the social services law
25 made by section twenty-four of this act shall not affect the repeal of
26 such paragraph and shall be deemed repealed therewith.

27 PART C

28 Section 1. Section 34 of part A3 of chapter 62 of the laws of 2003
29 amending the general business law and other laws relating to enacting
30 major components necessary to implement the state fiscal plan for the
31 2003-04 state fiscal year, as amended by section 1 of part Y of chapter
32 56 of the laws of 2020, is amended to read as follows:

33 § 34. (1) Notwithstanding any inconsistent provision of law, rule or
34 regulation and effective April 1, 2008 through March 31, [~~2023~~] 2026,
35 the commissioner of health is authorized to transfer and the state comp-
36 troller is authorized and directed to receive for deposit to the credit
37 of the department of health's special revenue fund - other, health care
38 reform act (HCRA) resources fund - 061, provider collection monitoring
39 account, within amounts appropriated each year, those funds collected
40 and accumulated pursuant to section 2807-v of the public health law,
41 including income from invested funds, for the purpose of payment for
42 administrative costs of the department of health related to adminis-
43 tration of statutory duties for the collections and distributions
44 authorized by section 2807-v of the public health law.

45 (2) Notwithstanding any inconsistent provision of law, rule or regu-
46 lation and effective April 1, 2008 through March 31, [~~2023~~] 2026, the
47 commissioner of health is authorized to transfer and the state comp-
48 troller is authorized and directed to receive for deposit to the credit
49 of the department of health's special revenue fund - other, health care
50 reform act (HCRA) resources fund - 061, provider collection monitoring
51 account, within amounts appropriated each year, those funds collected
52 and accumulated and interest earned through surcharges on payments for
53 health care services pursuant to section 2807-s of the public health law
54 and from assessments pursuant to section 2807-t of the public health law

1 for the purpose of payment for administrative costs of the department of
2 health related to administration of statutory duties for the collections
3 and distributions authorized by sections 2807-s, 2807-t, and 2807-m of
4 the public health law.

5 (3) Notwithstanding any inconsistent provision of law, rule or regu-
6 lation and effective April 1, 2008 through March 31, [~~2023~~] 2026, the
7 commissioner of health is authorized to transfer and the comptroller is
8 authorized to deposit, within amounts appropriated each year, those
9 funds authorized for distribution in accordance with the provisions of
10 paragraph (a) of subdivision 1 of section 2807-l of the public health
11 law for the purposes of payment for administrative costs of the depart-
12 ment of health related to the child health insurance plan program
13 authorized pursuant to title 1-A of article 25 of the public health law
14 into the special revenue funds - other, health care reform act (HCRA)
15 resources fund - 061, child health insurance account, established within
16 the department of health.

17 (5) Notwithstanding any inconsistent provision of law, rule or regu-
18 lation and effective April 1, 2008 through March 31, [~~2023~~] 2026, the
19 commissioner of health is authorized to transfer and the comptroller is
20 authorized to deposit, within amounts appropriated each year, those
21 funds allocated pursuant to paragraph (j) of subdivision 1 of section
22 2807-v of the public health law for the purpose of payment for adminis-
23 trative costs of the department of health related to administration of
24 the state's tobacco control programs and cancer services provided pursu-
25 ant to sections 2807-r and 1399-ii of the public health law into such
26 accounts established within the department of health for such purposes.

27 (6) Notwithstanding any inconsistent provision of law, rule or regu-
28 lation and effective April 1, 2008 through March 31, [~~2023~~] 2026, the
29 commissioner of health is authorized to transfer and the comptroller is
30 authorized to deposit, within amounts appropriated each year, the funds
31 authorized for distribution in accordance with the provisions of section
32 2807-l of the public health law for the purposes of payment for adminis-
33 trative costs of the department of health related to the programs funded
34 pursuant to section 2807-l of the public health law into the special
35 revenue funds - other, health care reform act (HCRA) resources fund -
36 061, pilot health insurance account, established within the department
37 of health.

38 (7) Notwithstanding any inconsistent provision of law, rule or regu-
39 lation and effective April 1, 2008 through March 31, [~~2023~~] 2026, the
40 commissioner of health is authorized to transfer and the comptroller is
41 authorized to deposit, within amounts appropriated each year, those
42 funds authorized for distribution in accordance with the provisions of
43 subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c
44 of the public health law from monies accumulated and interest earned in
45 the bad debt and charity care and capital statewide pools through an
46 assessment charged to general hospitals pursuant to the provisions of
47 subdivision 18 of section 2807-c of the public health law and those
48 funds authorized for distribution in accordance with the provisions of
49 section 2807-l of the public health law for the purposes of payment for
50 administrative costs of the department of health related to programs
51 funded under section 2807-l of the public health law into the special
52 revenue funds - other, health care reform act (HCRA) resources fund -
53 061, primary care initiatives account, established within the department
54 of health.

55 (8) Notwithstanding any inconsistent provision of law, rule or regu-
56 lation and effective April 1, 2008 through March 31, [~~2023~~] 2026, the

1 commissioner of health is authorized to transfer and the comptroller is
2 authorized to deposit, within amounts appropriated each year, those
3 funds authorized for distribution in accordance with section 2807-l of
4 the public health law for the purposes of payment for administrative
5 costs of the department of health related to programs funded under
6 section 2807-l of the public health law into the special revenue funds -
7 other, health care reform act (HCRA) resources fund - 061, health care
8 delivery administration account, established within the department of
9 health.

10 (9) Notwithstanding any inconsistent provision of law, rule or regu-
11 lation and effective April 1, 2008 through March 31, ~~[2023]~~ 2026, the
12 commissioner of health is authorized to transfer and the comptroller is
13 authorized to deposit, within amounts appropriated each year, those
14 funds authorized pursuant to sections 2807-d, 3614-a and 3614-b of the
15 public health law and section 367-i of the social services law and for
16 distribution in accordance with the provisions of subdivision 9 of
17 section 2807-j of the public health law for the purpose of payment for
18 administration of statutory duties for the collections and distributions
19 authorized by sections 2807-c, 2807-d, 2807-j, 2807-k, 2807-l, 3614-a
20 and 3614-b of the public health law and section 367-i of the social
21 services law into the special revenue funds - other, health care reform
22 act (HCRA) resources fund - 061, provider collection monitoring account,
23 established within the department of health.

24 § 2. Subparagraphs (iv) and (v) of paragraph (a) of subdivision 9 of
25 section 2807-j of the public health law, as amended by section 2 of part
26 Y of chapter 56 of the laws of 2020, are amended to read as follows:

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

30 (v) one hundred ninety-one million two hundred fifty thousand dollars
31 of the funds accumulated for the period January first, two thousand
32 ~~[twenty-three]~~ twenty-six through March thirty-first, two thousand
33 ~~[twenty-three]~~ twenty-six.

34 § 3. Subdivision 5 of section 168 of chapter 639 of the laws of 1996,
35 constituting the New York Health Care Reform Act of 1996, as amended by
36 section 3 of part Y of chapter 56 of the laws of 2020, is amended to
37 read as follows:

38 5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health
39 law, as amended or as added by this act, shall expire on December 31,
40 ~~[2023]~~ 2026, and shall be thereafter effective only in respect to any
41 act done on or before such date or action or proceeding arising out of
42 such act including continued collections of funds from assessments and
43 allowances and surcharges established pursuant to sections 2807-c,
44 2807-j, 2807-s and 2807-t of the public health law, and administration
45 and distributions of funds from pools established pursuant to sections
46 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s and 2807-t of the public
47 health law related to patient services provided before December 31,
48 ~~[2023]~~ 2026, and continued expenditure of funds authorized for programs
49 and grants until the exhaustion of funds therefor;

50 § 4. Subdivision 1 of section 138 of chapter 1 of the laws of 1999,
51 constituting the New York Health Care Reform Act of 2000, as amended by
52 section 4 of part Y of chapter 56 of the laws of 2020, is amended to
53 read as follows:

54 1. sections 2807-c, 2807-j, 2807-s, and 2807-t of the public health
55 law, as amended by this act, shall expire on December 31, ~~[2023]~~ 2026,
56 and shall be thereafter effective only in respect to any act done before

1 such date or action or proceeding arising out of such act including
2 continued collections of funds from assessments and allowances and
3 surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and
4 2807-t of the public health law, and administration and distributions of
5 funds from pools established pursuant to sections 2807-c, 2807-j,
6 2807-k, 2807-l, 2807-m, 2807-s, 2807-t, 2807-v and 2807-w of the public
7 health law, as amended or added by this act, related to patient services
8 provided before December 31, ~~2023~~ 2026, and continued expenditure of
9 funds authorized for programs and grants until the exhaustion of funds
10 therefor;

11 § 5. Section 2807-l of the public health law, as amended by section 5
12 of part Y of chapter 56 of the laws of 2020, is amended to read as
13 follows:

14 § 2807-l. Health care initiatives pool distributions. 1. Funds accumu-
15 lated in the health care initiatives pools pursuant to paragraph (b) of
16 subdivision nine of section twenty-eight hundred seven-j of this arti-
17 cle, or the health care reform act (HCRA) resources fund established
18 pursuant to section ninety-two-dd of the state finance law, whichever is
19 applicable, including income from invested funds, shall be distributed
20 or retained by the commissioner or by the state comptroller, as applica-
21 ble, in accordance with the following.

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

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

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

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

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

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

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

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

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

53 (ix) from the pool or the health care reform act (HCRA) resources
54 fund, whichever is applicable, for the period January first, two thou-
55 sand five through December thirty-first, two thousand five, up to one
56 hundred fifty-three million eight hundred thousand dollars;

(x) from the health care reform act (HCRA) resources fund for the period January first, two thousand six through December thirty-first, two thousand six, up to three hundred twenty-five million four hundred thousand dollars;

(xi) from the health care reform act (HCRA) resources fund for the period January first, two thousand seven through December thirty-first, two thousand seven, up to four hundred twenty-eight million fifty-nine thousand dollars;

(xii) from the health care reform act (HCRA) resources fund for the period January first, two thousand eight through December thirty-first, two thousand ten, up to four hundred fifty-three million six hundred seventy-four thousand dollars annually;

(xiii) from the health care reform act (HCRA) resources fund for the period January first, two thousand eleven, through March thirty-first, two thousand eleven, up to one hundred thirteen million four hundred eighteen thousand dollars;

(xiv) from the health care reform act (HCRA) resources fund for the period April first, two thousand eleven, through March thirty-first, two thousand twelve, up to three hundred twenty-four million seven hundred forty-four thousand dollars;

(xv) from the health care reform act (HCRA) resources fund for the period April first, two thousand twelve, through March thirty-first, two thousand thirteen, up to three hundred forty-six million four hundred forty-four thousand dollars;

(xvi) from the health care reform act (HCRA) resources fund for the period April first, two thousand thirteen, through March thirty-first, two thousand fourteen, up to three hundred seventy million six hundred ninety-five thousand dollars; and

(xvii) from the health care reform act (HCRA) resources fund for each state fiscal year for periods on and after April first, two thousand fourteen, within amounts appropriated.

(b) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of distributions for health insurance programs under the individual subsidy programs established pursuant to the expanded health care coverage act of nineteen hundred eighty-eight as amended, and for evaluation of such programs from the respective health care initiatives pools or the health care reform act (HCRA) resources fund, whichever is applicable, established for the following periods in the following amounts:

(i) (A) an amount not to exceed six million dollars on an annualized basis for the periods January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-nine; up to six million dollars for the period January first, two thousand through December thirty-first, two thousand; up to five million dollars for the period January first, two thousand one through December thirty-first, two thousand one; up to four million dollars for the period January first, two thousand two through December thirty-first, two thousand two; up to two million six hundred thousand dollars for the period January first, two thousand three through December thirty-first, two thousand three; up to one million three hundred thousand dollars for the period January first, two thousand four through December thirty-first, two thousand four; up to six hundred seventy thousand dollars for the period January first, two thousand five through June thirtieth, two thousand five; up to one million three hundred thousand dollars for the period April first, two thousand six through March thirty-first, two thousand seven; and up to one million three hundred thousand dollars annually for

1 the period April first, two thousand seven through March thirty-first,
2 two thousand nine, shall be allocated to individual subsidy programs;
3 and

4 (B) an amount not to exceed seven million dollars on an annualized
5 basis for the periods during the period January first, nineteen hundred
6 ninety-seven through December thirty-first, nineteen hundred ninety-nine
7 and four million dollars annually for the periods January first, two
8 thousand through December thirty-first, two thousand two, and three
9 million dollars for the period January first, two thousand three through
10 December thirty-first, two thousand three, and two million dollars for
11 the period January first, two thousand four through December thirty-
12 first, two thousand four, and two million dollars for the period January
13 first, two thousand five through June thirtieth, two thousand five shall
14 be allocated to the catastrophic health care expense program.

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

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

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

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

47 (ii) deposit by the commissioner, within amounts appropriated, and the
48 state comptroller is hereby authorized and directed to receive for
49 deposit to, to the credit of the emergency medical services training
50 account established in section ninety-seven-q of the state finance law
51 or the health care reform act (HCRA) resources fund, whichever is appli-
52 cable, up to sixteen million dollars on an annualized basis for the
53 periods January first, nineteen hundred ninety-seven through December
54 thirty-first, nineteen hundred ninety-nine, up to twenty million dollars
55 for the period January first, two thousand through December thirty-
56 first, two thousand, up to twenty-one million dollars for the period

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

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

55 (B) pursuant to a memorandum of understanding entered into by the
56 commissioner, the majority leader of the senate and the speaker of the

1 assembly, for the purposes outlined in such memorandum upon the recom-
2 mendation of the majority leader of the senate, up to eight million
3 five hundred thousand dollars annually for the period January first, two
4 thousand through December thirty-first, two thousand six, and up to four
5 million two hundred fifty thousand dollars for the period January first,
6 two thousand seven through June thirtieth, two thousand seven, and for
7 the purposes outlined in such memorandum upon the recommendation of the
8 speaker of the assembly, up to eight million five hundred thousand
9 dollars annually for the periods January first, two thousand through
10 December thirty-first, two thousand six, and up to four million two
11 hundred fifty thousand dollars for the period January first, two thou-
12 sand seven through June thirtieth, two thousand seven; and

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

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

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

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

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

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

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

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

14 (i) from the pool for the period January first, nineteen hundred nine-
15 ty-seven through December thirty-first, nineteen hundred ninety-seven,
16 (A) thirty-four million six hundred thousand dollars shall be trans-
17 ferred to funds reserved and accumulated pursuant to paragraph (b) of
18 subdivision nineteen of section twenty-eight hundred seven-c of this
19 article, and (B) eighty-two million dollars shall be transferred and
20 deposited and credited to the credit of the state general fund medical
21 assistance local assistance account;

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

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

32 (iv) from the pool or the health care reform act (HCRA) resources
33 fund, whichever is applicable, for the period January first, two thou-
34 sand through December thirty-first, two thousand four, eighty-two
35 million dollars annually, and for the period January first, two thousand
36 five through December thirty-first, two thousand five, eighty-two
37 million dollars, and for the period January first, two thousand six
38 through December thirty-first, two thousand six, eighty-two million
39 dollars, and for the period January first, two thousand seven through
40 December thirty-first, two thousand seven, eighty-two million dollars,
41 and for the period January first, two thousand eight through December
42 thirty-first, two thousand eight, ninety million seven hundred thousand
43 dollars shall be deposited by the commissioner, and the state comp-
44 troller is hereby authorized and directed to receive for deposit to the
45 credit of the state special revenue fund - other, HCRA transfer fund,
46 medical assistance account;

47 (v) from the health care reform act (HCRA) resources fund for the
48 period January first, two thousand nine through December thirty-first,
49 two thousand nine, one hundred eight million nine hundred seventy-five
50 thousand dollars, and for the period January first, two thousand ten
51 through December thirty-first, two thousand ten, one hundred twenty-six
52 million one hundred thousand dollars, for the period January first, two
53 thousand eleven through March thirty-first, two thousand eleven, twenty
54 million five hundred thousand dollars, and for each state fiscal year
55 for the period April first, two thousand eleven through March thirty-
56 first, two thousand fourteen, one hundred forty-six million four hundred

1 thousand dollars, shall be deposited by the commissioner, and the state
2 comptroller is hereby authorized and directed to receive for deposit, to
3 the credit of the state special revenue fund - other, HCRA transfer
4 fund, medical assistance account.

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

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

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

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

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

29 (i) funds shall be reserved and accumulated:

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

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

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

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

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

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

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

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

54 (i) Funds shall be reserved and accumulated from year to year and
55 shall be available, including income from invested funds, for distrib-
56 utions in accordance with section twenty-nine hundred fifty-two and

1 section twenty-nine hundred fifty-eight of this chapter for rural health
2 care delivery development and rural health care access development,
3 respectively, from the respective health care initiatives pools or the
4 health care reform act (HCRA) resources fund, whichever is applicable,
5 for the following periods in the following percentage amounts of funds
6 remaining after allocations in accordance with paragraphs (a) through
7 (f) of this subdivision, and for periods on and after January first, two
8 thousand, in the following amounts:

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

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

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

18 (iv) from the pool for the periods January first, two thousand through
19 December thirty-first, two thousand two, seventeen million dollars annu-
20 ally, and for the period January first, two thousand three through
21 December thirty-first, two thousand three, up to fifteen million eight
22 hundred fifty thousand dollars;

23 (v) from the pool or the health care reform act (HCRA) resources fund,
24 whichever is applicable, for the period January first, two thousand four
25 through December thirty-first, two thousand four, up to fifteen million
26 eight hundred fifty thousand dollars, for the period January first, two
27 thousand five through December thirty-first, two thousand five, up to
28 nineteen million two hundred thousand dollars, for the period January
29 first, two thousand six through December thirty-first, two thousand six,
30 up to nineteen million two hundred thousand dollars, for the period
31 January first, two thousand seven through December thirty-first, two
32 thousand ten, up to eighteen million one hundred fifty thousand dollars
33 annually, for the period January first, two thousand eleven through
34 March thirty-first, two thousand eleven, up to four million five hundred
35 thirty-eight thousand dollars, for each state fiscal year for the period
36 April first, two thousand eleven through March thirty-first, two thou-
37 sand fourteen, up to sixteen million two hundred thousand dollars, up to
38 sixteen million two hundred thousand dollars each state fiscal year for
39 the period April first, two thousand fourteen through March thirty-
40 first, two thousand seventeen, up to sixteen million two hundred thou-
41 sand dollars each state fiscal year for the period April first, two
42 thousand seventeen through March thirty-first, two thousand twenty,
43 ~~and~~ up to sixteen million two hundred thousand dollars each state
44 fiscal year for the period April first, two thousand twenty through
45 March thirty-first, two thousand twenty-three, and up to sixteen million
46 two hundred thousand dollars each state fiscal year for the period April
47 first, two thousand twenty-three through March thirty-first, two thou-
48 sand twenty-six.

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

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

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

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

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

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

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

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

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

(v) (A) from the pool or the health care reform act (HCRA) resources fund, whichever is applicable, for the period July first, two thousand three through December thirty-first, two thousand three, up to six million dollars, for the period January first, two thousand four through December thirty-first, two thousand six, up to twelve million dollars annually, for the period January first, two thousand seven through December thirty-first, two thousand thirteen, up to forty-eight million dollars annually, for the period January first, two thousand fourteen through March thirty-first, two thousand fourteen, up to twelve million dollars for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to forty-eight million dollars annually, for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, up to forty-eight million dollars annually, ~~and~~ for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, up to forty-eight million dollars annually, and for the period April first, two thousand twenty-three through March thirty-first, two thousand twenty-six, up to forty-eight million dollars annually;

(B) from the health care reform act (HCRA) resources fund for the period January first, two thousand six through December thirty-first, two thousand six, an additional seven million five hundred thousand dollars, for the period January first, two thousand seven through December thirty-first, two thousand thirteen, an additional seven million five hundred thousand dollars annually, for the period January first,

1 two thousand fourteen through March thirty-first, two thousand fourteen,
2 an additional one million eight hundred seventy-five thousand dollars,
3 for the period April first, two thousand fourteen through March thirty-
4 first, two thousand seventeen, an additional seven million five hundred
5 thousand dollars annually, for the period April first, two thousand
6 seventeen through March thirty-first, two thousand twenty, an additional
7 seven million five hundred thousand dollars annually, [~~and~~] for the
8 period April first, two thousand twenty through March thirty-first, two
9 thousand twenty-three, an additional seven million five hundred thousand
10 dollars annually, and for the period April first, two thousand twenty-
11 three through March thirty-first, two thousand twenty-six, an additional
12 seven million five hundred thousand dollars annually for voluntary non-
13 profit diagnostic and treatment center uncompensated care in accordance
14 with subdivision four-c of section twenty-eight hundred seven-p of this
15 article; and

16 (vi) funds reserved and accumulated pursuant to this paragraph for
17 periods on and after July first, two thousand three, shall be deposited
18 by the commissioner, within amounts appropriated, and the state comp-
19 troller is hereby authorized and directed to receive for deposit to the
20 credit of the state special revenue funds - other, HCRA transfer fund,
21 medical assistance account, for purposes of funding the state share of
22 rate adjustments made pursuant to section twenty-eight hundred seven-p
23 of this article, provided, however, that in the event federal financial
24 participation is not available for rate adjustments made pursuant to
25 paragraph (b) of subdivision one of section twenty-eight hundred seven-p
26 of this article, funds shall be distributed pursuant to paragraph (a) of
27 subdivision one of section twenty-eight hundred seven-p of this article
28 from the respective health care initiatives pools or the health care
29 reform act (HCRA) resources fund, whichever is applicable.

30 (1) Funds shall be reserved and accumulated from year to year by the
31 commissioner and shall be available, including income from invested
32 funds, for transfer to and allocation for services and expenses for the
33 payment of benefits to recipients of drugs under the AIDS drug assist-
34 ance program (ADAP) - HIV uninsured care program as administered by
35 Health Research Incorporated from the respective health care initi-
36 atives pools or the health care reform act (HCRA) resources fund, which-
37 ever is applicable, established for the following periods in the follow-
38 ing percentage amounts of funds remaining after allocations in
39 accordance with paragraphs (a) through (f) of this subdivision, and for
40 periods on and after January first, two thousand, in the following
41 amounts:

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

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

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

51 (iv) from the pool for the periods January first, two thousand through
52 December thirty-first, two thousand two, up to twelve million dollars
53 annually, and for the period January first, two thousand three through
54 December thirty-first, two thousand three, up to forty million dollars;
55 and

(v) from the pool or the health care reform act (HCRA) resources fund, whichever is applicable, for the periods January first, two thousand four through December thirty-first, two thousand four, up to fifty-six million dollars, for the period January first, two thousand five through December thirty-first, two thousand six, up to sixty million dollars annually, for the period January first, two thousand seven through December thirty-first, two thousand ten, up to sixty million dollars annually, for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to fifteen million dollars, each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to forty-two million three hundred thousand dollars and up to forty-one million fifty thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand ~~twenty-three~~ **twenty-six**.

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

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

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

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

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

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

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

(n) Funds shall be accumulated and transferred from the health care reform act (HCRA) resources fund as follows: for the period April first, two thousand seven through March thirty-first, two thousand eight, and on an annual basis for the periods April first, two thousand eight through November thirtieth, two thousand nine, funds within amounts appropriated shall be transferred and deposited and credited to the credit of the state special revenue funds - other, HCRA transfer fund, medical assistance account, for purposes of funding the state share of

1 rate adjustments made to public and voluntary hospitals in accordance
2 with paragraphs (i) and (j) of subdivision one of section twenty-eight
3 hundred seven-c of this article.

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

26 3. Revenue from distributions pursuant to this section shall not be
27 included in gross revenue received for purposes of the assessments
28 pursuant to subdivision eighteen of section twenty-eight hundred seven-c
29 of this article, subject to the provisions of paragraph (e) of subdivi-
30 sion eighteen of section twenty-eight hundred seven-c of this article,
31 and shall not be included in gross revenue received for purposes of the
32 assessments pursuant to section twenty-eight hundred seven-d of this
33 article, subject to the provisions of subdivision twelve of section
34 twenty-eight hundred seven-d of this article.

35 § 6. Subdivision 5-a of section 2807-m of the public health law, as
36 amended by section 6 of part Y of chapter 56 of the laws of 2020, is
37 amended to read as follows:

38 5-a. Graduate medical education innovations pool. (a) Supplemental
39 distributions. (i) Thirty-one million dollars for the period January
40 first, two thousand eight through December thirty-first, two thousand
41 eight, shall be set aside and reserved by the commissioner from the
42 regional pools established pursuant to subdivision two of this section
43 and shall be available for distributions pursuant to subdivision five of
44 this section and in accordance with section 86-1.89 of title 10 of the
45 codes, rules and regulations of the state of New York as in effect on
46 January first, two thousand eight; provided, however, for purposes of
47 funding the empire clinical research investigation program (ECRIP) in
48 accordance with paragraph eight of subdivision (e) and paragraph two of
49 subdivision (f) of section 86-1.89 of title 10 of the codes, rules and
50 regulations of the state of New York, distributions shall be made using
51 two regions defined as New York city and the rest of the state and the
52 dollar amount set forth in subparagraph (i) of paragraph two of subdivi-
53 sion (f) of section 86-1.89 of title 10 of the codes, rules and regu-
54 lations of the state of New York shall be increased from sixty thousand
55 dollars to seventy-five thousand dollars.

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

(b) Empire clinical research investigator program (ECRIP). Nine million one hundred twenty thousand dollars annually for the period January first, two thousand nine through December thirty-first, two thousand ten, and two million two hundred eighty thousand dollars for the period January first, two thousand eleven, through March thirty-first, two thousand eleven, nine million one hundred twenty thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, ~~and~~ up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, and up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand twenty-three through March thirty-first, two thousand twenty-six, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section to be allocated regionally with two-thirds of the available funding going to New York city and one-third of the available funding going to the rest of the state and shall be available for distribution as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

52 (c) Physician loan repayment program. One million nine hundred sixty
53 thousand dollars for the period January first, two thousand eight
54 through December thirty-first, two thousand eight, one million nine
55 hundred sixty thousand dollars for the period January first, two thou-
56 sand nine through December thirty-first, two thousand nine, one million

1 nine hundred sixty thousand dollars for the period January first, two
2 thousand ten through December thirty-first, two thousand ten, four
3 hundred ninety thousand dollars for the period January first, two thou-
4 sand eleven through March thirty-first, two thousand eleven, one million
5 seven hundred thousand dollars each state fiscal year for the period
6 April first, two thousand eleven through March thirty-first, two thou-
7 sand fourteen, up to one million seven hundred five thousand dollars
8 each state fiscal year for the period April first, two thousand fourteen
9 through March thirty-first, two thousand seventeen, up to one million
10 seven hundred five thousand dollars each state fiscal year for the peri-
11 od April first, two thousand seventeen through March thirty-first, two
12 thousand twenty, [~~and~~] up to one million seven hundred five thousand
13 dollars each state fiscal year for the period April first, two thousand
14 twenty through March thirty-first, two thousand twenty-three, and up to
15 one million seven hundred five thousand dollars each state fiscal year
16 for the period April first, two thousand twenty-three through March
17 thirty-first, two thousand twenty-six, shall be set aside and reserved
18 by the commissioner from the regional pools established pursuant to
19 subdivision two of this section and shall be available for purposes of
20 physician loan repayment in accordance with subdivision ten of this
21 section. Notwithstanding any contrary provision of this section,
22 sections one hundred twelve and one hundred sixty-three of the state
23 finance law, or any other contrary provision of law, such funding shall
24 be allocated regionally with one-third of available funds going to New
25 York city and two-thirds of available funds going to the rest of the
26 state and shall be distributed in a manner to be determined by the
27 commissioner without a competitive bid or request for proposal process
28 as follows:

29 (i) Funding shall first be awarded to repay loans of up to twenty-five
30 physicians who train in primary care or specialty tracks in teaching
31 general hospitals, and who enter and remain in primary care or specialty
32 practices in underserved communities, as determined by the commissioner.

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

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

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

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

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

(d) Physician practice support. Four million nine hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, four million nine hundred thousand dollars annually for the period January first, two thousand nine through December thirty-first, two thousand ten, one million two hundred twenty-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, four million three hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to four million three hundred sixty thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to four million three hundred sixty thousand dollars for each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, ~~and~~ up to four million three hundred sixty thousand dollars for each fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, and up to four million three hundred sixty thousand dollars for each fiscal year for the period April first, two thousand twenty-three through March thirty-first, two thousand twenty-six, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section and shall be available for purposes of physician practice support. Notwithstanding any contrary provision of this section, sections one hundred twelve and one hundred sixty-three of the state finance law, or any other contrary provision of law, such funding shall be allocated regionally with one-third of available funds going to New York city and two-thirds of available funds going to the rest of the state and shall be distributed in a manner to be determined by the commissioner without a competitive bid or request for proposal process as follows:

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

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

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

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

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

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

1 department shall act on an application within thirty days of receipt of
2 a complete application.

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

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

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

§ 7. Subdivision 4-c of section 2807-p of the public health law, as amended by section 10 of part Y of chapter 56 of the laws of 2020, is amended to read as follows:

4-c. Notwithstanding any provision of law to the contrary, the commissioner shall make additional payments for uncompensated care to voluntary non-profit diagnostic and treatment centers that are eligible for distributions under subdivision four of this section in the following amounts: for the period June first, two thousand six through December thirty-first, two thousand six, in the amount of seven million five hundred thousand dollars, for the period January first, two thousand seven through December thirty-first, two thousand seven, seven million five hundred thousand dollars, for the period January first, two thousand eight through December thirty-first, two thousand eight, seven million five hundred thousand dollars, for the period January first, two thousand nine through December thirty-first, two thousand nine, fifteen million five hundred thousand dollars, for the period January first, two thousand ten through December thirty-first, two thousand ten, seven million five hundred thousand dollars, for the period January first, two thousand eleven through December thirty-first, two thousand eleven, seven million five hundred thousand dollars, for the period January first, two thousand twelve through December thirty-first, two thousand twelve, seven million five hundred thousand dollars, for the period January first, two thousand thirteen through December thirty-first, two thousand thirteen, seven million five hundred thousand dollars, for the period January first, two thousand fourteen through December thirty-first, two thousand fourteen, seven million five hundred thousand dollars, for the period January first, two thousand fifteen through December thirty-first, two thousand fifteen, seven million five hundred thousand dollars, for the period January first, two thousand sixteen through December thirty-first, two thousand sixteen, seven million five hundred thousand dollars, for the period January first, two thousand seventeen through December thirty-first, two thousand seventeen, seven million five hundred thousand dollars, for the period January first, two thousand eighteen through December thirty-first, two thousand eighteen, seven million five hundred thousand dollars, for the period January first, two thousand nineteen through December thirty-first, two thousand nineteen, seven million five hundred thousand dollars, for the period January first, two thousand twenty through December thirty-first, two thousand twenty, seven million five hundred thousand dollars, for the period January first, two thousand twenty-one through December thirty-first, two thousand twenty-one, seven million five hundred thousand dollars, for the period January first, two thousand twenty-two through December thirty-first, two thousand twenty-two, seven million five hundred thousand dollars, for the period January first, two thousand twenty-three through December thirty-first, two thousand twenty-three, seven million five hundred thousand dollars, for the period January first, two thousand twenty-four through December thirty-first, two thousand twenty-four, seven million five hundred thousand dollars, for the period January first, two thousand twenty-five through December thirty-first, two thousand twenty-five, seven million five hundred thousand dollars, and for the period January first, two thousand [~~twenty-three~~]

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

26 § 8. Subparagraph (xv) of paragraph (a) of subdivision 6 of section
27 2807-s of the public health law, as amended by section 11 of part Y of
28 chapter 56 of the laws of 2020, is amended and a new subparagraph (xvi)
29 is added to read as follows:

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

33 (xvi) A gross annual statewide amount for the period January first,
34 two thousand twenty-three to December thirty-first, two thousand twen-
35 ty-six shall be one billion eighty-five million dollars, forty million
36 dollars annually of which shall be allocated under section twenty-eight
37 hundred seven-o of this article among the municipalities of and the
38 state of New York based on each municipality's share and the state's
39 share of early intervention program expenditures not reimbursable by the
40 medical assistance program for the latest twelve month period for which
41 such data is available.

42 § 9. Paragraph (g) of subdivision 6 of section 2807-s of the public
43 health law, as added by chapter 820 of the laws of 2021, is amended to
44 read as follows:

45 (g) A further gross statewide amount for the state fiscal year two
46 thousand twenty-two [~~and each state fiscal year thereafter~~] shall be
47 forty million dollars.

48 § 10. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section
49 2807-s of the public health law, as amended by section 12 of part Y of
50 chapter 56 of the laws of 2020, is amended to read as follows:

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

54 § 11. Subdivision 6 of section 2807-t of the public health law, as
55 amended by section 13 of part Y of chapter 56 of the laws of 2020, is
56 amended to read as follows:

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

(b) Notwithstanding the provisions of paragraph (a) of this subdivision, for covered lives assessment rate periods on and after January first, two thousand fifteen through December thirty-first, two thousand ~~twenty-three~~ twenty-one, for amounts collected in the aggregate in excess of one billion forty-five million dollars on an annual basis, and for the period January first, two thousand twenty-two to December thirty-first, two thousand twenty-six for amounts collected in the aggregate in excess of one billion eighty-five million dollars on an annual basis, prospective adjustments shall be suspended if the annual reconciliation calculation from the prior year would otherwise result in a decrease to the regional allocation of the specified gross annual payment amount for that region, provided, however, that such suspension shall be lifted upon a determination by the commissioner, in consultation with the director of the budget, that sixty-five million dollars in aggregate collections on an annual basis over and above one billion forty-five million dollars on an annual basis for the period on and after January first, two thousand fifteen through December thirty-first, two thousand twenty-one and for the period January first, two thousand twenty-two to December thirty-first, two thousand twenty-six for amounts collected in the aggregate in excess of one billion eighty-five million dollars on an annual basis have been reserved and set aside for deposit in the HCRA resources fund. Any amounts collected in the aggregate at or below one billion forty-five million dollars on an annual basis for the period on and after January first, two thousand fifteen through December thirty-first, two thousand twenty-two, and for the period January first, two thousand twenty-three to December thirty-first, two thousand twenty-six for amounts collected in the aggregate in excess of one billion eighty-five million dollars on an annual basis, shall be subject to regional adjustments reconciling any decreases or increases to the regional allocation in accordance with paragraph (a) of this subdivision.

§ 12. Section 2807-v of the public health law, as amended by section 14 of part Y of chapter 56 of the laws of 2020, is amended to read as follows:

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

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

1 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and
2 medicaid administration account, or any successor fund or account, for
3 purposes of services and expenses related to the toll-free medicaid
4 fraud hotline established pursuant to section one hundred eight of chap-
5 ter one of the laws of nineteen hundred ninety-nine from the tobacco
6 control and insurance initiatives pool established for the following
7 periods in the following amounts: four hundred thousand dollars annually
8 for the periods January first, two thousand through December thirty-
9 first, two thousand two, up to four hundred thousand dollars for the
10 period January first, two thousand three through December thirty-first,
11 two thousand three, up to four hundred thousand dollars for the period
12 January first, two thousand four through December thirty-first, two
13 thousand four, up to four hundred thousand dollars for the period Janu-
14 ary first, two thousand five through December thirty-first, two thousand
15 five, up to four hundred thousand dollars for the period January first,
16 two thousand six through December thirty-first, two thousand six, up to
17 four hundred thousand dollars for the period January first, two thousand
18 seven through December thirty-first, two thousand seven, up to four
19 hundred thousand dollars for the period January first, two thousand
20 eight through December thirty-first, two thousand eight, up to four
21 hundred thousand dollars for the period January first, two thousand nine
22 through December thirty-first, two thousand nine, up to four hundred
23 thousand dollars for the period January first, two thousand ten through
24 December thirty-first, two thousand ten, up to one hundred thousand
25 dollars for the period January first, two thousand eleven through March
26 thirty-first, two thousand eleven and within amounts appropriated on and
27 after April first, two thousand eleven.

28 (b) Funds shall be reserved and accumulated from year to year and
29 shall be available, including income from invested funds, for purposes
30 of payment of audits or audit contracts necessary to determine payor and
31 provider compliance with requirements set forth in sections twenty-eight
32 hundred seven-j, twenty-eight hundred seven-s and twenty-eight hundred
33 seven-t of this article from the tobacco control and insurance initi-
34 atives pool established for the following periods in the following
35 amounts: five million six hundred thousand dollars annually for the
36 periods January first, two thousand through December thirty-first, two
37 thousand two, up to five million dollars for the period January first,
38 two thousand three through December thirty-first, two thousand three, up
39 to five million dollars for the period January first, two thousand four
40 through December thirty-first, two thousand four, up to five million
41 dollars for the period January first, two thousand five through December
42 thirty-first, two thousand five, up to five million dollars for the
43 period January first, two thousand six through December thirty-first,
44 two thousand six, up to seven million eight hundred thousand dollars for
45 the period January first, two thousand seven through December thirty-
46 first, two thousand seven, and up to eight million three hundred twen-
47 ty-five thousand dollars for the period January first, two thousand
48 eight through December thirty-first, two thousand eight, up to eight
49 million five hundred thousand dollars for the period January first, two
50 thousand nine through December thirty-first, two thousand nine, up to
51 eight million five hundred thousand dollars for the period January
52 first, two thousand ten through December thirty-first, two thousand ten,
53 up to two million one hundred twenty-five thousand dollars for the peri-
54 od January first, two thousand eleven through March thirty-first, two
55 thousand eleven, up to fourteen million seven hundred thousand dollars
56 each state fiscal year for the period April first, two thousand eleven

1 through March thirty-first, two thousand fourteen, up to eleven million
2 one hundred thousand dollars each state fiscal year for the period April
3 first, two thousand fourteen through March thirty-first, two thousand
4 seventeen, up to eleven million one hundred thousand dollars each state
5 fiscal year for the period April first, two thousand seventeen through
6 March thirty-first, two thousand twenty, [~~and~~] up to eleven million one
7 hundred thousand dollars each state fiscal year for the period April
8 first, two thousand twenty through March thirty-first, two thousand
9 twenty-three, and up to eleven million one hundred thousand dollars each
10 state fiscal year for the period April first, two thousand twenty-three
11 through March thirty-first, two thousand twenty-six.

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

31 (i) forty-eight million dollars to be reserved, to be retained or for
32 distribution pursuant to a chapter of the laws of two thousand, for the
33 period January first, two thousand through December thirty-first, two
34 thousand;

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

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

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

47 (v) eighty-eight million dollars, plus five hundred thousand dollars,
48 to be reserved, to be retained or for distribution pursuant to a chapter
49 of the laws of two thousand four, and pursuant to the former section
50 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
51 ary first, two thousand four through December thirty-first, two thousand
52 four;

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

ary first, two thousand five through December thirty-first, two thousand five;

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

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

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

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

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

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

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

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

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

1 (ii) thirty million five hundred thousand dollars for the period Janu-
2 ary first, two thousand one through December thirty-first, two thousand
3 one; and

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

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

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

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

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

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

54 (iv) up to forty million dollars for the period January first, two
55 thousand three through December thirty-first, two thousand three of
56 which fifty percentum shall be allocated to the program pursuant to

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 in subsection (c) of section one thousand one hundred twenty-two of the
2 insurance law.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

54 (xv) up to six million dollars each state fiscal year for the period
55 April first, two thousand seventeen through March thirty-first, two
56 thousand twenty; [~~and~~]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(l) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for purposes of funding the state share of the personal care and certified home health agency rate or fee increases established pursuant to subdivision three of section three hundred sixty-seven-o of the social services law from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

31 (xix) one hundred twenty-seven million four hundred sixteen thousand
32 dollars each state fiscal year for the period April first, two thousand
33 twenty-three through March thirty-first, two thousand twenty-six.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

54 (t) Funds shall be reserved and accumulated from year to year by the
55 commissioner and shall be made available, including income from invested
56 funds:

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

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

13 (iii) The funds disbursed pursuant to subparagraphs (i) and (ii) of
14 this paragraph from the tobacco control and insurance initiatives pool
15 are contingent upon meeting all funding amounts established pursuant to
16 paragraphs (a), (b), (c), (d), (e), (f), (l), (m), (n), (p), (q), (r)
17 and (s) of this subdivision, paragraph (a) of subdivision nine of
18 section twenty-eight hundred seven-j of this article, and paragraphs
19 (a), (i) and (k) of subdivision one of section twenty-eight hundred
20 seven-l of this article.

21 (u) Funds shall be deposited by the commissioner, within amounts
22 appropriated, and the state comptroller is hereby authorized and
23 directed to receive for deposit to the credit of the state special
24 revenue funds - other, HCRA transfer fund, medical assistance account,
25 or any successor fund or account, for purposes of funding the state
26 share of services and expenses related to the nursing home quality
27 improvement demonstration program established pursuant to section twen-
28 ty-eight hundred eight-d of this article from the tobacco control and
29 insurance initiatives pool established for the following periods in the
30 following amounts:

31 (i) up to twenty-five million dollars for the period beginning April
32 first, two thousand two and ending December thirty-first, two thousand
33 two, and on an annualized basis, for each annual period thereafter
34 beginning January first, two thousand three and ending December thirty-
35 first, two thousand four;

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

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

42 (v) Funds shall be transferred by the commissioner and shall be depos-
43 ited to the credit of the hospital excess liability pool created pursu-
44 ant to section eighteen of chapter two hundred sixty-six of the laws of
45 nineteen hundred eighty-six, or any successor fund or account, for
46 purposes of expenses related to the purchase of excess medical malprac-
47 tice insurance and the cost of administrating the pool, including costs
48 associated with the risk management program established pursuant to
49 section forty-two of part A of chapter one of the laws of two thousand
50 two required by paragraph (a) of subdivision one of section eighteen of
51 chapter two hundred sixty-six of the laws of nineteen hundred eighty-six
52 as may be amended from time to time, from the tobacco control and insur-
53 ance initiatives pool established for the following periods in the
54 following amounts:

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

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

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

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

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

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

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

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

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

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

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

31 (xii) up to one hundred twenty-seven million four hundred thousand
32 dollars each state fiscal year for the period April first, two thousand
33 fourteen through March thirty-first, two thousand seventeen;

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

37 (xiv) up to one hundred twenty-seven million four hundred thousand
38 dollars each state fiscal year for the period April first, two thousand
39 twenty through March thirty-first, two thousand twenty-three; and

40 (xv) up to one hundred twenty-seven million four hundred thousand
41 dollars each state fiscal year for the period April first, two thousand
42 twenty-three through March thirty-first, two thousand twenty-six.

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

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

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

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

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

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

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

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

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

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

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

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

28 (xii) up to two million one hundred thousand dollars each state fiscal
29 year for the period April first, two thousand fourteen through March
30 thirty-first, two thousand seventeen;

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

34 (xiv) up to two million one hundred thousand dollars each state fiscal
35 year for the period April first, two thousand twenty through March thir-
36 ty-first, two thousand twenty-three; and

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

40 (x) Funds shall be deposited by the commissioner, within amounts
41 appropriated, and the state comptroller is hereby authorized and
42 directed to receive for deposit to the credit of the state special
43 revenue funds - other, HCRA transfer fund, medical assistance account,
44 or any successor fund or account, for purposes of funding the state
45 share of the non-public general hospital rates increases for recruitment
46 and retention of health care workers from the tobacco control and insur-
47 ance initiatives pool established for the following periods in the
48 following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(viii) twelve million two hundred fifty thousand dollars for the period January first, two thousand nine through March thirty-first, two thousand nine.

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

(z) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, HCRA transfer fund, medical assistance account,

1 or any successor fund or account, for purposes of funding the state
2 share of the non-public residential health care facility rate increases
3 for recruitment and retention of health care workers pursuant to para-
4 graph (a) of subdivision eighteen of section twenty-eight hundred eight
5 of this article from the tobacco control and insurance initiatives pool
6 established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

37 (aa) Funds shall be reserved and accumulated from year to year and
38 shall be available, including income from invested funds, for purposes
39 of grants to public residential health care facilities for recruitment
40 and retention of health care workers pursuant to paragraph (b) of subdi-
41 vision eighteen of section twenty-eight hundred eight of this article
42 from the tobacco control and insurance initiatives pool established for
43 the following periods in the following amounts:

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

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

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

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

1 (v) sixteen million two hundred thousand dollars for the period Janu-
2 ary first, two thousand six through December thirty-first, two thousand
3 six;

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

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

10 (viii) one million three hundred fifty thousand dollars for the period
11 January first, two thousand nine through December thirty-first, two
12 thousand nine.

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

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

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

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

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

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

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

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

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

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

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

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

6 (L) up to one hundred thirty-six million dollars each state fiscal
7 year for the period March thirty-first, two thousand fourteen through
8 April first, two thousand seventeen;

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

12 (N) up to one hundred thirty-six million dollars each state fiscal
13 year for the period April first, two thousand twenty through March thir-
14 ty-first, two thousand twenty-three; and

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

18 (ii) Adjustments to Medicaid rates made pursuant to this paragraph
19 shall not, in aggregate, exceed the following amounts for the following
20 periods:

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

23 (B) for the period January first, two thousand three through December
24 thirty-first, two thousand three, one hundred eighty-five million
25 dollars;

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

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

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

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

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

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

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

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

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

45 (L) for each state fiscal year within the period April first, two
46 thousand fourteen through March thirty-first, two thousand seventeen,
47 three hundred forty million dollars;

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

51 (N) for each state fiscal year within the period April first, two
52 thousand twenty through March thirty-first, two thousand twenty-three,
53 three hundred forty million dollars; and

54 (O) for each state fiscal year within the period April first, two
55 thousand twenty-three through March thirty-first, two thousand twenty-
56 six, three hundred forty million dollars.

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

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

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

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

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

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

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

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

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

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

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

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

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

7 (xii) up to eleven million two hundred thousand dollars each state
8 fiscal year for the period April first, two thousand fourteen through
9 March thirty-first, two thousand seventeen;

10 (xiii) up to eleven million two hundred thousand dollars each state
11 fiscal year for the period April first, two thousand seventeen through
12 March thirty-first, two thousand twenty; ~~[and]~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(xii) fifteen million dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 (i) thirty-eight million eight hundred thousand dollars for the period
22 January first, two thousand two through December thirty-first, two thou-
23 sand two;

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

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

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

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

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

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

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

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

51 (i) eighty-two million seven hundred thousand dollars for the period
52 January first, two thousand two through December thirty-first, two thou-
53 sand two;

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

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

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

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

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

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

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

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

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

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

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

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

38 (B) for the period January first, two thousand five through December
39 thirty-first, two thousand five, seventy-five percent of the state
40 share; and

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

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

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

12 (A) one hundred ninety million six hundred thousand dollars for the
13 period January first, two thousand three through December thirty-first,
14 two thousand three;

15 (B) three hundred seventy-four million dollars for the period January
16 first, two thousand four through December thirty-first, two thousand
17 four;

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

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

24 (E) four hundred eighty-two million eight hundred thousand dollars for
25 the period January first, two thousand seven through December thirty-
26 first, two thousand seven;

27 (F) five hundred seventy million twenty-five thousand dollars for the
28 period January first, two thousand eight through December thirty-first,
29 two thousand eight;

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

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

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

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

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

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

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

51 (nn) Funds shall be deposited by the commissioner, within amounts
52 appropriated, and the state comptroller is hereby authorized and
53 directed to receive for deposit to the credit of the state special
54 revenue fund - other, HCRA transfer fund, health care services account,
55 or any successor fund or account, for purposes related to adult home
56 initiatives for medicaid eligible residents of residential facilities

1 licensed pursuant to section four hundred sixty-b of the social services
2 law from the tobacco control and insurance initiatives pool established
3 for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 (pp) Funds shall be reserved and accumulated from year to year and
13 shall be available, including income from invested funds, for the
14 purpose of supporting the provision of tax credits for long term care
15 insurance pursuant to subdivision one of section one hundred ninety of
16 the tax law, paragraph (a) of subdivision fourteen of section two
17 hundred ten-B of such law, subsection (aa) of section six hundred six of
18 such law and paragraph one of subdivision (m) of section fifteen hundred
19 eleven of such law, in the following amounts:

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

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

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

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

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

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

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

1 any future account designated for the purpose of implementing the long
2 term care insurance education and outreach program and providing the
3 long term care insurance resource centers with the necessary resources
4 to carry out their operations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(vi) seven million eight hundred thirty-three thousand three hundred thirty-three dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, of which seven million five hundred thousand dollars shall be available for disease management demonstration programs and three hundred thirty-three thousand three hundred thirty-three dollars shall be available for telemedicine demonstration programs for the period January first, two thousand nine through March first, two thousand nine;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16 (vii) thirty-four million two hundred fifty thousand dollars for the
17 period January first, two thousand eleven through March thirty-first,
18 two thousand eleven;

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

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

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

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

1 the total enrollment of all providers. This formula shall be applied to
2 the total amount provided herein.

3 (bbb) Funds shall be reserved and accumulated from year to year and
4 shall be available, including income from invested funds, for purposes
5 of awarding grants to operators of adult homes, enriched housing
6 programs and residences through the enhancing abilities and life exper-
7 ence (EnAbLe) program to provide for the installation, operation and
8 maintenance of air conditioning in resident rooms, consistent with this
9 paragraph, in an amount up to two million dollars for the period April
10 first, two thousand six through March thirty-first, two thousand seven,
11 up to three million eight hundred thousand dollars for the period April
12 first, two thousand seven through March thirty-first, two thousand
13 eight, up to three million eight hundred thousand dollars for the period
14 April first, two thousand eight through March thirty-first, two thousand
15 nine, up to three million eight hundred thousand dollars for the period
16 April first, two thousand nine through March thirty-first, two thousand
17 ten, and up to three million eight hundred thousand dollars for the
18 period April first, two thousand ten through March thirty-first, two
19 thousand eleven. Residents shall not be charged utility cost for the use
20 of air conditioners supplied under the EnAbLe program. All such air
21 conditioners must be operated in occupied resident rooms consistent with
22 requirements applicable to common areas.

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

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

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

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

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

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

47 (vi) twelve million five hundred thousand dollars for the period Janu-
48 ary first, two thousand eleven through March thirty-first, two thousand
49 eleven;

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

53 (viii) up to fifty million dollars each state fiscal year for the
54 period April first, two thousand fourteen through March thirty-first,
55 two thousand seventeen;

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

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

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

(ddd) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for the deposit to the credit of the state special revenue funds - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for purposes of funding the state share of increases in the medical assistance rates for providers for purposes of enhancing the provision, quality and/or efficiency of home care services pursuant to subdivision eleven of section thirty-six hundred fourteen of this chapter from the tobacco control and insurance initiatives pool established for the following period in the amount of eight million dollars for the period April first, two thousand six through December thirty-first, two thousand six.

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

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

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

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

(ii) fourteen million seven hundred thousand dollars for the period January first, two thousand nine through November thirtieth, two thousand nine.

(hhh) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue fund - other, HCRA transfer fund, medical assistance account, or any successor fund or account, for the purpose of supporting the state share of Medicaid expenditures for adjustments to inpatient rates of payment for general hospitals located in the counties of Nassau and

1 Suffolk as authorized pursuant to paragraph (1) of subdivision one of
2 section twenty-eight hundred seven-c of this article from the tobacco
3 control and initiatives pool established for the following periods in
4 the following amounts:

5 (i) two million five hundred thousand dollars for the period April
6 first, two thousand eight through December thirty-first, two thousand
7 eight; and

8 (ii) two million two hundred ninety-two thousand dollars for the peri-
9 od January first, two thousand nine through November thirtieth, two
10 thousand nine.

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

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

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

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

45 § 13. Paragraph (a) of subdivision 12 of section 367-b of the social
46 services law, as amended by section 15 of part Y of chapter 56 of the
47 laws of 2020, is amended to read as follows:

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

55 § 14. Paragraph (r) of subdivision 9 of section 3614 of the public
56 health law, as added by section 16 of part Y of chapter 56 of the laws

of 2020, is amended and three new paragraphs (s), (t) and (u) are added to read as follows:

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

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

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

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

§ 15. Paragraph (v) of subdivision 1 of section 367-q of the social services law, as added by section 17 of part Y of chapter 56 of the laws of 2020, is amended and three new paragraphs (w), (x) and (y) are added to read as follows:

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

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

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

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

§ 16. This act shall take effect April 1, 2023; provided, however, if this act shall become a law after such date it shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2023; and further provided, that:

(a) the amendments to sections 2807-j and 2807-s of the public health law made by sections two, eight, nine, and ten of this act shall not affect the expiration of such sections and shall expire therewith;

(b) the amendments to subdivision 6 of section 2807-t of the public health law made by section eleven of this act shall not affect the expiration of such section and shall be deemed to expire therewith; and

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

PART D

Intentionally Omitted

PART E

Section 1. Subdivision 5-d of section 2807-k of the public health law, as amended by section 3 of part KK of chapter 56 of the laws of 2020, is amended to read as follows:

5-d. (a) Notwithstanding any inconsistent provision of this section, section twenty-eight hundred seven-w of this article or any other contrary provision of law, and subject to the availability of federal financial participation, for periods on and after January first, two thousand twenty, through March thirty-first, two thousand ~~[twenty-three]~~ twenty-six, all funds available for distribution pursuant to this section, except for funds distributed pursuant to ~~[subparagraph (v) of]~~ paragraph (b) of subdivision five-b of this section, and all funds available for distribution pursuant to section twenty-eight hundred seven-w of this article, shall be reserved and set aside and distributed in accordance with the provisions of this subdivision.

(b) The commissioner shall promulgate regulations, and may promulgate emergency regulations, establishing methodologies for the distribution of funds as described in paragraph (a) of this subdivision and such regulations shall include, but not be limited to, the following:

(i) Such regulations shall establish methodologies for determining each facility's relative uncompensated care need amount based on uninsured inpatient and outpatient units of service from the cost reporting year two years prior to the distribution year, multiplied by the applicable medicaid rates in effect January first of the distribution year, as summed and adjusted by a statewide cost adjustment factor and reduced by the sum of all payment amounts collected from such uninsured patients, and as further adjusted by application of a nominal need computation that shall take into account each facility's medicaid inpatient share.

(ii) Annual distributions pursuant to such regulations for the two thousand twenty through two thousand ~~[twenty-two]~~ twenty-five calendar years shall be in accord with the following:

(A) one hundred thirty-nine million four hundred thousand dollars shall be distributed as Medicaid Disproportionate Share Hospital ("DSH") payments to major public general hospitals; and

(B) nine hundred sixty-nine million nine hundred thousand dollars as Medicaid DSH payments to eligible general hospitals, other than major public general hospitals.

For the calendar years two thousand twenty through two thousand twenty-two, the total distributions to eligible general hospitals, other than major public general hospitals, shall be subject to an aggregate reduction of one hundred fifty million dollars annually, provided that eligible general hospitals, other than major public general hospitals, that qualify as enhanced safety net hospitals under section two thousand eight hundred seven-c of this article shall not be subject to such reduction.

For the calendar years two thousand twenty-three through two thousand twenty-five, the total distributions to eligible general hospitals, other than major public general hospitals, shall be subject to an aggregate reduction of one hundred fifty million dollars annually, provided that eligible general hospitals, other than major public general hospitals that qualify as enhanced safety net hospitals under section two thousand eight hundred seven-c of this article as of April first, two thousand twenty, shall not be subject to such reduction.

Such reduction shall be determined by a methodology to be established by the commissioner. Such methodology may take into account the payor mix of each non-public general hospital, including the percentage of inpatient days paid by Medicaid.

(iii) For calendar years two thousand twenty through two thousand ~~[twenty-two]~~ twenty-five, sixty-four million six hundred thousand

1 dollars shall be distributed to eligible general hospitals, other than
2 major public general hospitals, that experience a reduction in indigent
3 care pool payments pursuant to this subdivision, and that qualify as
4 enhanced safety net hospitals under section two thousand eight hundred
5 seven-c of this article as of April first, two thousand twenty. Such
6 distribution shall be established pursuant to regulations promulgated by
7 the commissioner and shall be proportional to the reduction experienced
8 by the facility.

9 (iv) Such regulations shall reserve one percent of the funds available
10 for distribution in the two thousand fourteen and two thousand fifteen
11 calendar years, and for calendar years thereafter, pursuant to this
12 subdivision, subdivision fourteen-f of section twenty-eight hundred
13 seven-c of this article, and sections two hundred eleven and two hundred
14 twelve of chapter four hundred seventy-four of the laws of nineteen
15 hundred ninety-six, in a "financial assistance compliance pool" and
16 shall establish methodologies for the distribution of such pool funds to
17 facilities based on their level of compliance, as determined by the
18 commissioner, with the provisions of subdivision nine-a of this section.

19 (c) The commissioner shall annually report to the governor and the
20 legislature on the distribution of funds under this subdivision includ-
21 ing, but not limited to:

22 (i) the impact on safety net providers, including community providers,
23 rural general hospitals and major public general hospitals;

24 (ii) the provision of indigent care by units of services and funds
25 distributed by general hospitals; and

26 (iii) the extent to which access to care has been enhanced.

27 § 2. Intentionally omitted.

28 § 3. Intentionally omitted.

29 § 4. The opening paragraph of subdivision (g) of section 2826 of the
30 public health law, as amended by section 3 of part M of chapter 57 of
31 the laws of 2022, is amended to read as follows:

32 Notwithstanding subdivision (a) of this section, and within amounts
33 appropriated for such purposes as described herein, [~~for the period of~~
34 ~~April first, two thousand twenty-two through March thirty-first, two~~
35 ~~thousand twenty-three,~~] the commissioner may award a temporary adjust-
36 ment to the non-capital components of rates, or make temporary lump-sum
37 Medicaid payments to eligible facilities in severe financial distress to
38 enable such facilities to maintain operations and vital services while
39 such facilities establish long term solutions to achieve sustainable
40 health services. Provided, however, the commissioner is authorized to
41 make such a temporary adjustment or make such temporary lump sum payment
42 only pursuant to criteria, an application, and an evaluation process[~~r~~
43 ~~and transformation plan~~] acceptable to the commissioner in consultation
44 with the director of the division of the budget. The department shall
45 publish on its website the criteria, application, and evaluation process
46 [~~and guidance for transformation plans~~] and notification of any award
47 recipients.

48 § 5. Subparagraph (F) of paragraph (i) of subdivision (g) of section
49 2826 of the public health law, as amended by section 3 of part M of
50 chapter 57 of the laws of 2022, is amended to read as follows:

51 (F) an independent practice association or accountable care organiza-
52 tion authorized under applicable regulations that participate in managed
53 care provider network arrangements with any of the provider types in
54 subparagraphs (A) through (F) of this paragraph; or an entity that was
55 formed as a preferred provider system pursuant to the delivery system
56 reform incentive payment (DSRIP) program and collaborated with an inde-

pendent practice association that received VBP innovator status from the department for purposes of meeting DSRIP goals, and which preferred provider system remains operational as an integrated care system.

§ 6. The opening paragraph of paragraph (ii) of subdivision (g) of section 2826 of the public health law, as added by section 6 of part J of chapter 60 of the laws of 2015, is amended to read as follows:

Eligible applicants must demonstrate that without such award, they will be in severe financial distress [~~through March thirty-first, two thousand sixteen~~], as evidenced by:

§ 7. Subparagraph (A), the opening paragraph of subparagraph (E) and subparagraph (F) of paragraph (iii) of subdivision (g) of section 2826 of the public health law, as added by section 6 of part J of chapter 60 of the laws of 2015, are amended to read as follows:

(A) [~~Applications under this subdivision~~] Eligible applicants shall [~~include a multi-year transformation plan that is aligned with the delivery system reform incentive payment ("DSRIP") program goals and objectives. Such plan shall be approved by~~] submit a completed application to the department [~~and shall demonstrate a path towards long-term sustainability and improved patient care~~].

The department shall review all applications under this subdivision, and [a] determine:

(F) After review of all applications under this subdivision, and a determination of the aggregate amount of requested funds, the department [~~shall~~] may make awards to eligible applicants; provided, however, that such awards may be in an amount lower than such requested funding, on a per applicant or aggregate basis.

§ 8. Paragraph (v) of subdivision (g) of section 2826 of the public health law, as added by section 6 of part J of chapter 60 of the laws of 2015, is amended to read as follows:

(v) Payments made to awardees pursuant to this subdivision [~~shall be~~] that are made on a monthly basis[~~. Such payments~~] will be based on the applicant's actual monthly financial performance during such period and the reasonable cash amount necessary to sustain operations for the following month. The applicant's monthly financial performance shall be measured by such applicant's monthly financial and activity reports, which shall include, but not be limited to, actual revenue and expenses for the prior month, projected cash need for the current month, and projected cash need for the following month.

§ 9. Part I of chapter 57 of the laws of 2022 relating to providing a one percent across the board payment increase to all qualifying fee-for-service Medicaid rates, is amended by adding a new section 1-a to read as follows:

§ 1-a. Notwithstanding any provision of law to the contrary, for the state fiscal years beginning April 1, 2023, and thereafter, Medicaid payments made for the operating component of hospital inpatient services shall be subject to a uniform rate increase of ten percent in addition to the increase contained in section one of this act, subject to the approval of the commissioner of health and the director of the budget. Such rate increase shall be subject to federal financial participation.

§ 10. This act shall take effect immediately; provided, however, that sections four, five, six, seven, eight, and nine of this act shall be deemed to have been in full force and effect on and after April 1, 2023; and provided, further, that the amendments to subdivision 5-d of section 2807-k of the public health law made by section one of this act shall not affect the expiration and reversion of such subdivision and shall be deemed repealed therewith.

1

PART F

2 Section 1. Paragraph (a) of subdivision 1 of section 18 of chapter 266
3 of the laws of 1986, amending the civil practice law and rules and other
4 laws relating to malpractice and professional medical conduct, as
5 amended by section 1 of part Z of chapter 57 of the laws of 2022, is
6 amended to read as follows:

7 (a) The superintendent of financial services and the commissioner of
8 health or their designee shall, from funds available in the hospital
9 excess liability pool created pursuant to subdivision 5 of this section,
10 purchase a policy or policies for excess insurance coverage, as author-
11 ized by paragraph 1 of subsection (e) of section 5502 of the insurance
12 law; or from an insurer, other than an insurer described in section 5502
13 of the insurance law, duly authorized to write such coverage and actual-
14 ly writing medical malpractice insurance in this state; or shall
15 purchase equivalent excess coverage in a form previously approved by the
16 superintendent of financial services for purposes of providing equiv-
17 alent excess coverage in accordance with section 19 of chapter 294 of
18 the laws of 1985, for medical or dental malpractice occurrences between
19 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,
20 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June
21 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991
22 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July
23 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
24 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
25 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
26 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
27 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
28 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
29 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
30 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
31 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
32 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June
33 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
34 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July
35 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,
36 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June
37 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019
38 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July
39 1, 2021 and June 30, 2022, ~~and~~ between July 1, 2022 and June 30, 2023,
40 and between July 1, 2023 and June 30, 2024 or reimburse the hospital
41 where the hospital purchases equivalent excess coverage as defined in
42 subparagraph (i) of paragraph (a) of subdivision 1-a of this section for
43 medical or dental malpractice occurrences between July 1, 1987 and June
44 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989
45 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July
46 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,
47 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June
48 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996
49 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July
50 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,
51 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June
52 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003
53 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July
54 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,
55 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, between July 1, 2020 and June 30, 2021, between July 1, 2021 and June 30, 2022, ~~and~~ and between July 1, 2023 and June 30, 2024 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.

§ 2. 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 Z of chapter 57 of the laws of 2022, 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

1 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988
2 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July
3 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,
4 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June
5 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995
6 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July
7 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,
8 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June
9 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002
10 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July
11 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,
12 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June
13 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009
14 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July
15 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,
16 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June
17 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016
18 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July
19 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,
20 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June
21 30, 2022, [and] between July 1, 2022 and June 30, 2023, and between July
22 1, 2023 and June 30, 2024 allocable to each general hospital for physi-
23 cians or dentists certified as eligible for purchase of a policy for
24 excess insurance coverage by such general hospital in accordance with
25 subdivision 2 of this section, and may amend such determination and
26 certification as necessary.

27 (b) The superintendent of financial services shall determine and
28 certify to each general hospital and to the commissioner of health the
29 cost of excess malpractice insurance or equivalent excess coverage for
30 medical or dental malpractice occurrences between July 1, 1987 and June
31 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989
32 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July
33 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,
34 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June
35 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996
36 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July
37 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,
38 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June
39 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003
40 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July
41 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,
42 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June
43 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010
44 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July
45 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,
46 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June
47 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017
48 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July
49 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021,
50 between July 1, 2021 and June 30, 2022, [and] between July 1, 2022 and
51 June 30, 2023, and between July 1, 2023 and June 30, 2024 allocable to
52 each general hospital for physicians or dentists certified as eligible
53 for purchase of a policy for excess insurance coverage or equivalent
54 excess coverage by such general hospital in accordance with subdivision
55 2 of this section, and may amend such determination and certification as
56 necessary. The superintendent of financial services shall determine and

1 certify to each general hospital and to the commissioner of health the
2 ratable share of such cost allocable to the period July 1, 1987 to
3 December 31, 1987, to the period January 1, 1988 to June 30, 1988, to
4 the period July 1, 1988 to December 31, 1988, to the period January 1,
5 1989 to June 30, 1989, to the period July 1, 1989 to December 31, 1989,
6 to the period January 1, 1990 to June 30, 1990, to the period July 1,
7 1990 to December 31, 1990, to the period January 1, 1991 to June 30,
8 1991, to the period July 1, 1991 to December 31, 1991, to the period
9 January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December
10 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period
11 July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June
12 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period
13 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December
14 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period
15 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June
16 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period
17 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December
18 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period
19 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June
20 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period
21 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,
22 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,
23 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to
24 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006
25 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the
26 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and
27 June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the
28 period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and
29 June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the
30 period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and
31 June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the
32 period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June
33 30, 2019, to the period July 1, 2019 to June 30, 2020, to the period
34 July 1, 2020 to June 30, 2021, to the period July 1, 2021 to June 30,
35 2022, ~~[and]~~ to the period July 1, 2022 to June 30, 2023, and to the
36 period July 1, 2023 to June 30, 2024.

37 § 3. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section
38 18 of chapter 266 of the laws of 1986, amending the civil practice law
39 and rules and other laws relating to malpractice and professional
40 medical conduct, as amended by section 3 of part Z of chapter 57 of the
41 laws of 2022, are amended to read as follows:

42 (a) To the extent funds available to the hospital excess liability
43 pool pursuant to subdivision 5 of this section as amended, and pursuant
44 to section 6 of part J of chapter 63 of the laws of 2001, as may from
45 time to time be amended, which amended this subdivision, are insuffi-
46 cient to meet the costs of excess insurance coverage or equivalent
47 excess coverage for coverage periods during the period July 1, 1992 to
48 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during
49 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995
50 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,
51 during the period July 1, 1997 to June 30, 1998, during the period July
52 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,
53 2000, during the period July 1, 2000 to June 30, 2001, during the period
54 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to
55 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during
56 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004

1 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,
2 during the period July 1, 2006 to June 30, 2007, during the period July
3 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,
4 2009, during the period July 1, 2009 to June 30, 2010, during the period
5 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June
6 30, 2012, during the period July 1, 2012 to June 30, 2013, during the
7 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to
8 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during
9 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017
10 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,
11 during the period July 1, 2019 to June 30, 2020, during the period July
12 1, 2020 to June 30, 2021, during the period July 1, 2021 to June 30,
13 2022, ~~[and]~~ during the period July 1, 2022 to June 30, 2023, and during
14 the period July 1, 2023 to June 30, 2024 allocated or reallocated in
15 accordance with paragraph (a) of subdivision 4-a of this section to
16 rates of payment applicable to state governmental agencies, each physi-
17 cian or dentist for whom a policy for excess insurance coverage or
18 equivalent excess coverage is purchased for such period shall be respon-
19 sible for payment to the provider of excess insurance coverage or equiv-
20 alent excess coverage of an allocable share of such insufficiency, based
21 on the ratio of the total cost of such coverage for such physician to
22 the sum of the total cost of such coverage for all physicians applied to
23 such insufficiency.

24 (b) Each provider of excess insurance coverage or equivalent excess
25 coverage covering the period July 1, 1992 to June 30, 1993, or covering
26 the period July 1, 1993 to June 30, 1994, or covering the period July 1,
27 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,
28 1996, or covering the period July 1, 1996 to June 30, 1997, or covering
29 the period July 1, 1997 to June 30, 1998, or covering the period July 1,
30 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,
31 2000, or covering the period July 1, 2000 to June 30, 2001, or covering
32 the period July 1, 2001 to October 29, 2001, or covering the period
33 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to
34 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or
35 covering the period July 1, 2004 to June 30, 2005, or covering the peri-
36 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to
37 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or
38 covering the period July 1, 2008 to June 30, 2009, or covering the peri-
39 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to
40 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or
41 covering the period July 1, 2012 to June 30, 2013, or covering the peri-
42 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to
43 June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or
44 covering the period July 1, 2016 to June 30, 2017, or covering the peri-
45 od July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to
46 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or
47 covering the period July 1, 2020 to June 30, 2021, or covering the peri-
48 od July 1, 2021 to June 30, 2022, or covering the period July 1, 2022 to
49 June 30, 2023, or covering the period July 1, 2023 to June 30, 2024
50 shall notify a covered physician or dentist by mail, mailed to the
51 address shown on the last application for excess insurance coverage or
52 equivalent excess coverage, of the amount due to such provider from such
53 physician or dentist for such coverage period determined in accordance
54 with paragraph (a) of this subdivision. Such amount shall be due from
55 such physician or dentist to such provider of excess insurance coverage

1 or equivalent excess coverage in a time and manner determined by the
2 superintendent of financial services.

3 (c) If a physician or dentist liable for payment of a portion of the
4 costs of excess insurance coverage or equivalent excess coverage cover-
5 ing the period July 1, 1992 to June 30, 1993, or covering the period
6 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to
7 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or
8 covering the period July 1, 1996 to June 30, 1997, or covering the peri-
9 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to
10 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or
11 covering the period July 1, 2000 to June 30, 2001, or covering the peri-
12 od July 1, 2001 to October 29, 2001, or covering the period April 1,
13 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,
14 2003, or covering the period July 1, 2003 to June 30, 2004, or covering
15 the period July 1, 2004 to June 30, 2005, or covering the period July 1,
16 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,
17 2007, or covering the period July 1, 2007 to June 30, 2008, or covering
18 the period July 1, 2008 to June 30, 2009, or covering the period July 1,
19 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,
20 2011, or covering the period July 1, 2011 to June 30, 2012, or covering
21 the period July 1, 2012 to June 30, 2013, or covering the period July 1,
22 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,
23 2015, or covering the period July 1, 2015 to June 30, 2016, or covering
24 the period July 1, 2016 to June 30, 2017, or covering the period July 1,
25 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,
26 2019, or covering the period July 1, 2019 to June 30, 2020, or covering
27 the period July 1, 2020 to June 30, 2021, or covering the period July 1,
28 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30,
29 2023, or covering the period July 1, 2023 to June 30, 2024 determined in
30 accordance with paragraph (a) of this subdivision fails, refuses or
31 neglects to make payment to the provider of excess insurance coverage or
32 equivalent excess coverage in such time and manner as determined by the
33 superintendent of financial services pursuant to paragraph (b) of this
34 subdivision, excess insurance coverage or equivalent excess coverage
35 purchased for such physician or dentist in accordance with this section
36 for such coverage period shall be cancelled and shall be null and void
37 as of the first day on or after the commencement of a policy period
38 where the liability for payment pursuant to this subdivision has not
39 been met.

40 (d) Each provider of excess insurance coverage or equivalent excess
41 coverage shall notify the superintendent of financial services and the
42 commissioner of health or their designee of each physician and dentist
43 eligible for purchase of a policy for excess insurance coverage or
44 equivalent excess coverage covering the period July 1, 1992 to June 30,
45 1993, or covering the period July 1, 1993 to June 30, 1994, or covering
46 the period July 1, 1994 to June 30, 1995, or covering the period July 1,
47 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,
48 1997, or covering the period July 1, 1997 to June 30, 1998, or covering
49 the period July 1, 1998 to June 30, 1999, or covering the period July 1,
50 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,
51 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-
52 ing the period April 1, 2002 to June 30, 2002, or covering the period
53 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to
54 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or
55 covering the period July 1, 2005 to June 30, 2006, or covering the peri-
56 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to

1 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or
2 covering the period July 1, 2009 to June 30, 2010, or covering the peri-
3 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to
4 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or
5 covering the period July 1, 2013 to June 30, 2014, or covering the peri-
6 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to
7 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or
8 covering the period July 1, 2017 to June 30, 2018, or covering the peri-
9 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to
10 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or
11 covering the period July 1, 2021 to June 30, 2022, or covering the peri-
12 od July 1, 2022 to June 30, 2023, or covering the period July 1,
13 2023 to June 30, 2024 that has made payment to such provider of excess
14 insurance coverage or equivalent excess coverage in accordance with
15 paragraph (b) of this subdivision and of each physician and dentist who
16 has failed, refused or neglected to make such payment.

17 (e) A provider of excess insurance coverage or equivalent excess
18 coverage shall refund to the hospital excess liability pool any amount
19 allocable to the period July 1, 1992 to June 30, 1993, and to the period
20 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June
21 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the
22 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to
23 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to
24 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000
25 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,
26 and to the period April 1, 2002 to June 30, 2002, and to the period July
27 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,
28 2004, and to the period July 1, 2004 to June 30, 2005, and to the period
29 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June
30 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the
31 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to
32 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to
33 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012
34 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and
35 to the period July 1, 2014 to June 30, 2015, and to the period July 1,
36 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and
37 to the period July 1, 2017 to June 30, 2018, and to the period July 1,
38 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,
39 and to the period July 1, 2020 to June 30, 2021, and to the period July
40 1, 2021 to June 30, 2022, and to the period July 1, 2022 to June 30,
41 2023, and to the period July 1, 2023 to June 30, 2024 received from the
42 hospital excess liability pool for purchase of excess insurance coverage
43 or equivalent excess coverage covering the period July 1, 1992 to June
44 30, 1993, and covering the period July 1, 1993 to June 30, 1994, and
45 covering the period July 1, 1994 to June 30, 1995, and covering the
46 period July 1, 1995 to June 30, 1996, and covering the period July 1,
47 1996 to June 30, 1997, and covering the period July 1, 1997 to June 30,
48 1998, and covering the period July 1, 1998 to June 30, 1999, and cover-
49 ing the period July 1, 1999 to June 30, 2000, and covering the period
50 July 1, 2000 to June 30, 2001, and covering the period July 1, 2001 to
51 October 29, 2001, and covering the period April 1, 2002 to June 30,
52 2002, and covering the period July 1, 2002 to June 30, 2003, and cover-
53 ing the period July 1, 2003 to June 30, 2004, and covering the period
54 July 1, 2004 to June 30, 2005, and covering the period July 1, 2005 to
55 June 30, 2006, and covering the period July 1, 2006 to June 30, 2007,
56 and covering the period July 1, 2007 to June 30, 2008, and covering the

1 period July 1, 2008 to June 30, 2009, and covering the period July 1,
2 2009 to June 30, 2010, and covering the period July 1, 2010 to June 30,
3 2011, and covering the period July 1, 2011 to June 30, 2012, and cover-
4 ing the period July 1, 2012 to June 30, 2013, and covering the period
5 July 1, 2013 to June 30, 2014, and covering the period July 1, 2014 to
6 June 30, 2015, and covering the period July 1, 2015 to June 30, 2016,
7 and covering the period July 1, 2016 to June 30, 2017, and covering the
8 period July 1, 2017 to June 30, 2018, and covering the period July 1,
9 2018 to June 30, 2019, and covering the period July 1, 2019 to June 30,
10 2020, and covering the period July 1, 2020 to June 30, 2021, and cover-
11 ing the period July 1, 2021 to June 30, 2022, and covering the period
12 July 1, 2022 to June 30, 2023 for, and covering the period July 1, 2023
13 to June 30, 2024 a physician or dentist where such excess insurance
14 coverage or equivalent excess coverage is cancelled in accordance with
15 paragraph (c) of this subdivision.

16 § 4. Section 40 of chapter 266 of the laws of 1986, amending the civil
17 practice law and rules and other laws relating to malpractice and
18 professional medical conduct, as amended by section 4 of part Z of chap-
19 ter 57 of the laws of 2022, is amended to read as follows:

20 § 40. The superintendent of financial services shall establish rates
21 for policies providing coverage for physicians and surgeons medical
22 malpractice for the periods commencing July 1, 1985 and ending June 30,
23 [~~2023~~] 2024; provided, however, that notwithstanding any other provision
24 of law, the superintendent shall not establish or approve any increase
25 in rates for the period commencing July 1, 2009 and ending June 30,
26 2010. The superintendent shall direct insurers to establish segregated
27 accounts for premiums, payments, reserves and investment income attrib-
28 utable to such premium periods and shall require periodic reports by the
29 insurers regarding claims and expenses attributable to such periods to
30 monitor whether such accounts will be sufficient to meet incurred claims
31 and expenses. On or after July 1, 1989, the superintendent shall impose
32 a surcharge on premiums to satisfy a projected deficiency that is
33 attributable to the premium levels established pursuant to this section
34 for such periods; provided, however, that such annual surcharge shall
35 not exceed eight percent of the established rate until July 1, [~~2023~~]
36 2024, at which time and thereafter such surcharge shall not exceed twen-
37 ty-five percent of the approved adequate rate, and that such annual
38 surcharges shall continue for such period of time as shall be sufficient
39 to satisfy such deficiency. The superintendent shall not impose such
40 surcharge during the period commencing July 1, 2009 and ending June 30,
41 2010. On and after July 1, 1989, the surcharge prescribed by this
42 section shall be retained by insurers to the extent that they insured
43 physicians and surgeons during the July 1, 1985 through June 30, [~~2023~~]
44 2024 policy periods; in the event and to the extent physicians and
45 surgeons were insured by another insurer during such periods, all or a
46 pro rata share of the surcharge, as the case may be, shall be remitted
47 to such other insurer in accordance with rules and regulations to be
48 promulgated by the superintendent. Surcharges collected from physicians
49 and surgeons who were not insured during such policy periods shall be
50 apportioned among all insurers in proportion to the premium written by
51 each insurer during such policy periods; if a physician or surgeon was
52 insured by an insurer subject to rates established by the superintendent
53 during such policy periods, and at any time thereafter a hospital,
54 health maintenance organization, employer or institution is responsible
55 for responding in damages for liability arising out of such physician's
56 or surgeon's practice of medicine, such responsible entity shall also

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

25 § 5. Section 5 and subdivisions (a) and (e) of section 6 of part J of
26 chapter 63 of the laws of 2001, amending chapter 266 of the laws of
27 1986, amending the civil practice law and rules and other laws relating
28 to malpractice and professional medical conduct, as amended by section 5
29 of part Z of chapter 57 of the laws of 2022, are amended to read as
30 follows:

31 § 5. The superintendent of financial services and the commissioner of
32 health shall determine, no later than June 15, 2002, June 15, 2003, June
33 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,
34 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,
35 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June
36 15, 2018, June 15, 2019, June 15, 2020, June 15, 2021, June 15, 2022,
37 ~~and~~ June 15, 2023, and June 15, 2024 the amount of funds available in
38 the hospital excess liability pool, created pursuant to section 18 of
39 chapter 266 of the laws of 1986, and whether such funds are sufficient
40 for purposes of purchasing excess insurance coverage for eligible
41 participating physicians and dentists during the period July 1, 2001 to
42 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June
43 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,
44 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,
45 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,
46 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,
47 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
48 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,
49 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,
50 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,
51 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,
52 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30, 2024
53 as applicable.

54 (a) This section shall be effective only upon a determination, pursu-
55 ant to section five of this act, by the superintendent of financial
56 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, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30, 2024 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, June 15, 2021, June 15, 2022, [~~and~~] June 15, 2023, and June 15, 2024 as applicable.

§ 6. 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 6 of part Z of chapter 57 of the laws of 2022, 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-two~~] twenty-three, shall be eligible to apply for such coverage for the coverage period beginning the first of July, two thousand [~~twenty-two~~] twenty-three; 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-two~~] twenty-three exceeds the total number of physicians or dentists certified as eligible for the coverage period beginning the first of July, two thousand [~~twenty-two~~] twenty-three, 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

1 excess coverage or equivalent excess coverage was purchased with funds
2 available in the hospital excess liability pool as of the thirtieth of
3 June, two thousand [~~twenty-two~~] twenty-three, as applied to the differ-
4 ence between the number of eligible physicians or dentists for whom a
5 policy for excess coverage or equivalent excess coverage was purchased
6 for the coverage period ending the thirtieth of June, two thousand
7 [~~twenty-two~~] twenty-three and the number of such eligible physicians or
8 dentists who have applied for excess coverage or equivalent excess
9 coverage for the coverage period beginning the first of July, two thou-
10 sand [~~twenty-two~~] twenty-three.

11 § 7. This act shall take effect immediately and shall be deemed to
12 have been in full force and effect on and after April 1, 2023.

13 PART G

14 Intentionally Omitted

15 PART H

16 Section 1. Intentionally omitted.

17 § 2. Short title. This act shall be known and may be cited as the
18 "1332 state innovation program".

19 § 3. The social services law is amended by adding a new section 369-ii
20 to read as follows:

21 § 369-ii. 1332 state innovation program. 1. Authorization. Notwith-
22 standing section three hundred sixty-nine-gg of this title, subject to
23 federal approval, if it is in the financial interest of the state to do
24 so, the commissioner of health is authorized, with the approval of the
25 director of the budget, to establish a 1332 state innovation program
26 under section 1332 of the patient protection and affordable care act, as
27 amended, or successor provisions, as provided under federal law, and
28 subdivision twenty-five of section two hundred sixty-eight-c of the
29 public health law. The commissioner of health's authority under this
30 section is contingent upon obtaining and maintaining all necessary
31 approvals from the secretary of health and human services and the secre-
32 tary of the treasury based on an application for a waiver for state
33 innovation. The commissioner of health shall take all actions necessary
34 to obtain such approvals in a timely manner, prior to the next fiscal
35 year. Copies of the original waiver applications and amendments shall
36 be provided to the chair of the assembly ways and means committee, the
37 chair of the senate finance committee, and the chairs of the assembly
38 and senate health committees simultaneously with their submission to the
39 federal government.

40 2. Definitions. For the purposes of this section:

41 (a) "Eligible organization" means an insurer licensed pursuant to
42 article thirty-two or forty-two of the insurance law, a corporation or
43 an organization under article forty-three of the insurance law, or an
44 organization certified under article forty-four of the public health
45 law, including providers certified under section forty-four hundred
46 three-e of the public health law.

47 (b) "Approved organization" means an eligible organization approved by
48 the commissioner of health to underwrite a 1332 state innovation health
49 insurance plan pursuant to this section.

50 (c) "Health care services" means:

(i) the services and supplies as defined by the commissioner of health in consultation with the superintendent of financial services, and shall be consistent with and subject to the essential health benefits as defined by the commissioner in accordance with the provisions of the patient protection and affordable care act (P.L. 111-148) and consistent with the benefits provided by the reference plan selected by the commissioner of health for the purposes of defining such benefits, and shall include coverage of and access to the services of any national cancer institute-designated cancer center licensed by the department of health within the service area of the approved organization that is willing to agree to provide cancer-related inpatient, outpatient and medical services to all enrollees in approved organizations' plans in such cancer center's service area under the prevailing terms and conditions that the approved organization requires of other similar providers to be included in the approved organization's network, provided that such terms shall include reimbursement of such center at no less than the fee-for-service medicaid payment rate and methodology applicable to the center's inpatient and outpatient services;

(ii) dental and vision services as defined by the commissioner of health, and

(iii) as defined by the commissioner of health and subject to federal approval, certain services and supports provided to enrollees who have functional limitations and/or chronic illnesses that have the primary purpose of supporting the ability of the enrollee to live or work in the setting of their choice, which may include the individual's home, a worksite, or a provider-owned or controlled residential setting.

(d) "Qualified health plan" means a health plan that meets the criteria for certification described in § 1311(c) of the patient protection and affordable care act (P.L. 111-148), and is offered to individuals through the NY State of Health, the official health Marketplace, or Marketplace, as defined in subdivision two of section two hundred sixty-eight-a of the public health law.

(e) "Basic health insurance plan" means a health plan providing health care services, separate and apart from qualified health plans, that is issued by an approved organization and certified in accordance with section three hundred sixty-nine-gg of this title.

(f) "1332 state innovation plan" means a standard health plan providing health care services, separate and apart from a qualified health plan and a basic health insurance plan, that is issued by an approved organization and certified in accordance with this section.

3. State innovation plan eligible individual. (a) A person is eligible to receive coverage for health care under this section if they:

(i) reside in New York state and are under sixty-five years of age;

(ii) are not eligible for medical assistance under title eleven of this article or for the child health insurance plan described in title one-A of article twenty-five of the public health law;

(iii) are not eligible for minimum essential coverage, as defined in section 5000A(f) of the Internal Revenue Service Code of 1986, or is eligible for an employer-sponsored plan that is not affordable, in accordance with section 5000A(f) of such code; and

(iv) have household income at or below two hundred fifty 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 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

1 household of the same size; however, MAGI eligible noncitizens lawfully
2 present in the United States with household incomes at or below one
3 hundred thirty-three percent of the federal poverty line shall be eligi-
4 ble to receive coverage for health care services pursuant to the
5 provisions of this section if such noncitizen would be ineligible for
6 medical assistance under title eleven of this article due to their immi-
7 gration status.

8 (b) Subject to federal approval, a child born to an individual eligi-
9 ble for and receiving coverage for health care services pursuant to this
10 section who but for their eligibility under this section would be eligi-
11 ble for coverage pursuant to subparagraphs two or four of paragraph (b)
12 of subdivision one of section three hundred sixty-six of this article,
13 shall be administratively enrolled, as defined by the commissioner of
14 health, in medical assistance and to have been found eligible for such
15 assistance on the date of such birth and to remain eligible for such
16 assistance for a period of one year.

17 (c) Subject to federal approval, an individual who is eligible for and
18 receiving coverage for health care services pursuant to this section is
19 eligible to continue to receive health care services pursuant to this
20 section during the individual's pregnancy and for a period of one year
21 following the end of the pregnancy without regard to any change in the
22 income of the household that includes the pregnant individual, even if
23 such change would render the pregnant individual ineligible to receive
24 health care services pursuant to this section.

25 (d) For the purposes of this section, 1332 state innovation program
26 eligible individuals are prohibited from being treated as qualified
27 individuals under section 1312 of the Affordable Care Act and as eligi-
28 ble individuals under section 1331 of the ACA and enrolling in qualified
29 health plan through the Marketplace or standard health plan through the
30 Basic Health Program.

31 4. Enrollment. (a) Subject to federal approval, the commissioner of
32 health is authorized to establish an application and enrollment proce-
33 dure for prospective enrollees. Such procedure will include a verifica-
34 tion system for applicants, which must be consistent with 42 USC §
35 1320b-7.

36 (b) Such procedure shall allow for continuous enrollment for enrollees
37 to the 1332 state innovation program where an individual may apply and
38 enroll for coverage at any point.

39 (c) Upon an applicant's enrollment in a 1332 state innovation plan,
40 coverage for health care services pursuant to the provisions of this
41 section shall be retroactive to the first day of the month in which the
42 individual was determined eligible, except in the case of program tran-
43 sitions within the Marketplace.

44 (d) A person who has enrolled for coverage pursuant to this section,
45 and who loses eligibility to enroll in the 1332 state innovation program
46 for a reason other than citizenship status, lack of state residence,
47 failure to provide a valid social security number, providing inaccurate
48 information that would affect eligibility when requesting or renewing
49 health coverage pursuant to this section, or failure to make an applica-
50 ble premium payment, before the end of a twelve month period beginning
51 on the effective date of the person's initial eligibility for coverage,
52 or before the end of a twelve month period beginning on the date of any
53 subsequent determination of eligibility, shall have their eligibility
54 for coverage continued until the end of such twelve month period,
55 provided that the state receives federal approval for using funds under
56 an approved 1332 waiver.

1 5. Premiums. Subject to federal approval, the commissioner of health
2 shall establish premium payments enrollees in a 1332 state innovation
3 plan shall pay to approved organizations for coverage of health care
4 services pursuant to this section. Such premium payments shall be estab-
5 lished in the following manner:

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

11 (b) no payment is required for individuals with a household income at
12 or below two hundred percent of the federal poverty line defined and
13 annually revised by the United States department of health and human
14 services for a household of the same size.

15 6. Cost-sharing. The commissioner of health shall establish cost-shar-
16 ing obligations for enrollees, subject to federal approval, including
17 childbirth and newborn care consistent with the medical assistance
18 program under title eleven of this article. There shall be no cost-shar-
19 ing obligations for enrollees for:

20 (a) dental and vision services as defined in subparagraph (ii) of
21 paragraph (c) of subdivision two of this section; and

22 (b) services and supports as defined in subparagraph (iii) of para-
23 graph (c) of subdivision two of this section.

24 7. Rates of payment. (a) The commissioner of health shall select the
25 contract with an independent actuary to study and recommend appropriate
26 reimbursement methodologies for the cost of health care service coverage
27 pursuant to this section. Such independent actuary shall review and make
28 recommendations concerning appropriate actuarial assumptions relevant to
29 the establishment of reimbursement methodologies, including but not
30 limited to; the adequacy of rates of payment in relation to the popu-
31 lation to be served adjusted for case mix, the scope of health care
32 services approved organizations must provide, the utilization of such
33 services and the network of providers required to meet state standards.

34 (b) Upon consultation with the independent actuary and entities
35 representing approved organizations, the commissioner of health shall
36 develop reimbursement methodologies and fee schedules for determining
37 rates of payment, which rates shall be approved by the director of the
38 division of the budget, to be made by the department to approved organ-
39 izations for the cost of health care services coverage pursuant to this
40 section. Such reimbursement methodologies and fee schedules may include
41 provisions for capitation arrangements.

42 (c) The commissioner of health shall have the authority to promulgate
43 regulations, including emergency regulations, necessary to effectuate
44 the provisions of this subdivision.

45 (d) The department of health shall require the independent actuary
46 selected pursuant to paragraph (a) of this subdivision to provide a
47 complete actuarial report, along with all actuarial assumptions made and
48 all other data, materials and methodologies used in the development of
49 rates for the 1332 state innovation plan authorized under this section.
50 Such report shall be provided annually to the temporary president of the
51 senate and the speaker of the assembly.

52 8. Ineligibility. An individual who is lawfully admitted for perma-
53 nent residence, permanently residing in the United States under color of
54 law, or who is a non-citizen in a valid nonimmigrant status, as defined
55 in 8 U.S.C. 1101(a)(15), and who would be ineligible for medical
56 assistance under title eleven of this article due to their immigration

1 status if the provisions of section one hundred twenty-two of this chap-
2 ter were applied, shall be considered to be ineligible for medical
3 assistance for purposes of paragraphs (b) and (c) of subdivision three
4 of this section.

5 9. Reporting. The commissioner of health shall submit a report to the
6 temporary president of the senate and the speaker of the assembly annu-
7 ally by December thirty-first. The report shall include, at a minimum,
8 an analysis of the 1332 state innovation program and its impact on the
9 financial interest of the state; its impact on the Marketplace including
10 enrollment and premiums; its impact on the number of uninsured individ-
11 uals in the state; its impact on the Medicaid global cap; and the demo-
12 graphics of the 1332 state innovation program enrollees including age
13 and immigration status.

14 10. Severability. If the secretary of health and human services or the
15 secretary of the treasury do not approve any provision of the applica-
16 tion for a state innovation waiver, such decision shall in no way affect
17 or impair any other provisions that the secretaries may approve under
18 this section.

19 § 4. The state finance law is amended by adding a new section 98-d to
20 read as follows:

21 § 98-d. 1332 state innovation program fund. 1. There is hereby estab-
22 lished in the joint custody of the state comptroller and the commission-
23 er of taxation and finance a special fund to be known as the "1332 state
24 innovation program fund".

25 2. Such fund shall be kept separate and shall not be commingled with
26 any other funds in the custody of the state comptroller and the commis-
27 sioner of taxation and finance.

28 3. Such fund shall consist of moneys transferred from the federal
29 government pursuant to 42 U.S.C. 18052 and an approved 1332 state inno-
30 vation program waiver application for the purpose implementing the state
31 plan under the 1332 state innovation program, established pursuant to
32 section three hundred sixty-nine-ii of the social services law.

33 4. Upon federal approval, all moneys in such fund shall be used to
34 implement and operate the 1332 state innovation program, pursuant to
35 section three hundred sixty-nine-ii of the social services law, except
36 to the extent that the provisions of such section conflict or are incon-
37 sistent with federal law, in which case the provisions of such federal
38 law shall supersede such state law provisions.

39 § 5. Subparagraph 1 of paragraph (g) of subdivision 1 of section 366
40 of the social services law, as amended by section 45 of part B of chap-
41 ter 57 of the laws of 2015, is amended to read as follows:

42 (1) Applicants and recipients who are lawfully admitted for permanent
43 residence, or who are permanently residing in the United States under
44 color of law, or who are non-citizens in a valid nonimmigrant status, as
45 defined in 8 U.S.C. 1101(a)(15); who are MAGI eligible pursuant to
46 paragraph (b) of this subdivision; and who would be ineligible for
47 medical assistance coverage under subdivisions one and two of section
48 three hundred sixty-five-a of this title solely due to their immigration
49 status if the provisions of section one hundred twenty-two of this chap-
50 ter were applied, shall only be eligible for assistance under this title
51 if enrolled in a standard health plan offered by a basic health program
52 established pursuant to section three hundred sixty-nine-gg of this
53 article or a standard health plan offered by a 1332 state innovation
54 program established pursuant to section three hundred sixty-nine-ii of
55 this article if such program is established and operating.

§ 6. 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.

§ 7. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after January 1, 2023; provided that section three of this act shall be contingent upon the commissioner of health obtaining and maintaining all necessary approvals from the secretary of health and human services and the secretary of the treasury based on an application for a waiver for state innovation pursuant to section 1332 of the patient protection and affordable care act (P.L. 111-148) and subdivision 25 of section 268-c of the public health law. The department of health shall notify the legislative bill drafting commission upon the occurrence of approval of the waiver program in order that the commission may maintain an accurate and timely 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 (i) of section 111 of part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to known and projected department of health state fund medical expenditures, as amended by section 8 of part E of chapter 57 of the laws of 2019, is amended to read as follows:

(i) the amendments to paragraph (b) and subparagraph (i) of paragraph (g) of subdivision 7 of section 4403-f of the public health law made by section forty-one-b of this act shall expire and be repealed April 1, ~~2023~~ 2027;

§ 2. Intentionally omitted.

§ 3. Intentionally omitted.

§ 4. The opening paragraph of subparagraph (i) of paragraph (d) of subdivision 6 of section 4403-f of the public health law, as added by section 5 of part MM of chapter 56 of the laws of 2020, is amended to read as follows:

Effective April first, two thousand twenty, and expiring March thirty-first, two thousand ~~twenty-two~~ twenty-seven, the commissioner shall place a moratorium on the processing and approval of applications seeking a certificate of authority as a managed long term care plan pursuant to this section, including applications seeking authorization to expand an existing managed long term care plan's approved service area or scope of eligible enrollee populations. Such moratorium shall not apply to:

§ 5. Intentionally omitted.

§ 6. Subparagraph (i) of paragraph (g) of subdivision 7 of section 4403-f of the public health law, as amended by section 1 of part GGG of chapter 59 of the laws of 2017, is amended to read as follows:

(i) Managed long term care plans and demonstrations may enroll eligible persons in the plan or demonstration upon the completion of a comprehensive assessment that shall include, but not be limited to, an evaluation of the medical, social, cognitive, and environmental needs of

1 each prospective enrollee in such program. This assessment shall also
2 serve as the basis for the development and provision of an appropriate
3 plan of care for the enrollee, including appropriate community-based
4 referrals. Upon approval of federal waivers pursuant to paragraph (b) of
5 this subdivision which require medical assistance recipients who require
6 community-based long term care services to enroll in a plan, and upon
7 approval of the commissioner, a plan may enroll an applicant who is
8 currently receiving home and community-based services and complete the
9 comprehensive assessment within thirty days of enrollment provided that
10 the plan continues to cover transitional care until such time as the
11 assessment is completed.

12 § 6-a. Subparagraph (i) of paragraph (g) of subdivision 7 of section
13 4403-f of the public health law, as added by section 65-c of part A of
14 chapter 57 of the laws of 2006 and as relettered by section 20 of part C
15 of chapter 58 of the laws of 2007, is amended to read as follows:

16 (i) Managed long term care plans and demonstrations may enroll eligi-
17 ble persons in the plan or demonstration upon the completion of a
18 comprehensive assessment that shall include, but not be limited to, an
19 evaluation of the medical, social and environmental needs of each
20 prospective enrollee in such program. This assessment shall also serve
21 as the basis for the development and provision of an appropriate plan of
22 care for the prospective enrollee, including appropriate community-based
23 referrals.

24 § 7. Intentionally omitted.

25 § 8. Intentionally omitted.

26 § 9. Intentionally omitted.

27 § 10. Intentionally omitted.

28 § 11. Intentionally omitted.

29 § 12. Intentionally omitted.

30 § 13. Part I of chapter 57 of the laws of 2022, providing a one
31 percent across the board payment increase to all qualifying fee-for-ser-
32 vice Medicaid rates, is amended by adding two new sections 1-a and 1-b
33 to read as follows:

34 § 1-a. Notwithstanding any provision of law to the contrary, for the
35 state fiscal years beginning April 1, 2023, and thereafter, Medicaid
36 payments made for the operating component of residential health care
37 facilities services shall be subject to a uniform rate increase of ten
38 percent in addition to the increase contained in subdivision 1 of
39 section 1 of this part, subject to the approval of the commissioner of
40 the department of health and the director of the budget. Such rate
41 increase shall be subject to federal financial participation.

42 § 1-b. Notwithstanding any provision of law to the contrary, for the
43 state fiscal years beginning April 1, 2023, and thereafter, Medicaid
44 payments made for the operating component of assisted living programs as
45 defined by paragraph (a) of subdivision one of section 461-1 of the
46 social services law shall be subject to a uniform rate increase of ten
47 percent in addition to the increase contained in section one of this
48 part, subject to the approval of the commissioner of the department of
49 health and the director of the budget. Such rate increase shall be
50 subject to federal financial participation.

51 § 14. Intentionally omitted.

52 § 15. Intentionally omitted.

53 § 16. Intentionally omitted.

54 § 17. Intentionally omitted.

§ 18. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2023; provided, however, that:

(a) the amendments to section 4403-f of the public health law made by sections four, six and six-a of this act shall not affect the repeal of such section and shall be deemed repealed therewith;

(b) the amendments to subparagraph (i) of paragraph (g) of subdivision 7 of section 4403-f of the public health law made by section six of this act shall be subject to the expiration and reversion of such subparagraph pursuant to subdivision (i) of section 111 of part H of chapter 59 of the laws of 2011, as amended, when upon such date the provisions of section six-a of this act shall take effect; and

(c) effective immediately, the commissioner of health shall promulgate any rules and regulations and take such steps, including requiring the submission of reports or surveys by fiscal intermediaries under the consumer directed personal assistance program, as may be necessary for the timely implementation of this act on or before such effective date.

PART J

Intentionally Omitted

PART K

Section 1. Subparagraph 1 of paragraph (e) of subdivision 1 of section 366 of the social services law, as added by section 1 of part D of chapter 56 of the laws of 2013, is amended to read as follows:

(1) is an ~~inmate~~ incarcerated individual or patient in an institution or facility wherein medical assistance may not be provided in accordance with applicable federal or state requirements, except for persons described in subparagraph ten of paragraph (c) of this subdivision or subdivision one-a or subdivision one-b of this section; or except for certain services provided to persons in a correctional institution or facility permitted by a waiver authorized under section eleven hundred fifteen of the federal social security act, which shall be subject to federal financial participation for the expenditures provided under the waiver.

§ 2. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2023.

PART L

Intentionally Omitted

PART M

Intentionally Omitted

PART N

Section 1. Section 366 of the social services law is amended by adding a new subdivision 16 to read as follows:

16. (a) The commissioner of health is authorized to submit the appropriate waivers and/or any other required requests for federal approval, including but not limited to, those authorized in section eleven hundred fifteen of the federal social security act, in order to establish expanded medical assistance eligibility for working disabled individuals. Such waiver applications shall be executed consistent with paragraphs (b), (c), (d) and (e) of this subdivision, to the extent those sections comply with the requirements of section eleven hundred fifteen of the federal social security act. Notwithstanding subparagraphs five and six of paragraph (c) of subdivision one of this section and subdivision twelve of section three hundred sixty-seven-a of this title, or any other provision of law to the contrary, if granted such waiver, the commissioner of health may authorize eligible persons to receive medical assistance pursuant to the waiver if, for so long as, and to the extent that, financial participation is available therefor. The waiver application shall provide for thirty thousand persons to be eligible to participate in such waiver.

(b) Individuals eligible for participation in such waiver shall:

(i) be a disabled individual, defined as having a medically determinable impairment of sufficient severity and duration to qualify for benefits under Titles II or XVI of the social security act;

(ii) be at least sixteen years of age;

(iii) be otherwise eligible for medical assistance benefits, but for earnings and/or resources in excess of the allowable limit;

(iv) have net available income, determined in accordance with subdivision two of this section, that does not exceed two thousand two hundred fifty percent of the applicable federal poverty line, as defined and updated by the United States department of health and human services;

(v) have resources, as defined in paragraph (e) of subdivision two of section three hundred sixty-six-c of this title, other than retirement accounts, that do not exceed three hundred thousand dollars;

(vi) contribute to the cost of medical assistance provided pursuant to this paragraph in accordance with paragraph (d) of this subdivision; and

(vii) meet such other criteria as may be established by the commissioner as may be necessary to administer the provisions of this subdivision in an equitable manner.

(c) An individual at least sixteen years of age who: is employed; ceases to be eligible for participation in such waiver pursuant to paragraph (b) of this subdivision because the person, by reason of medical improvement, is determined at the time of a regularly scheduled continuing disability review to no longer be certified as disabled under the social security act; continues to have a severe medically determinable impairment, to be determined in accordance with applicable federal regulations; and contributes to the cost of medical assistance provided pursuant to this paragraph in accordance with paragraph (d) of this subdivision, shall be eligible for participation in such waiver. For purposes of this paragraph, a person is considered to be employed if the person is earning at least the applicable minimum wage under section six of the federal fair labor standards act and working at least forty hours per month.

(d) Prior to receiving medical assistance pursuant to such waiver, a person whose net available income is greater than or equal to two hundred fifty percent of the applicable federal poverty line shall pay a monthly premium, in accordance with a procedure to be established by the commissioner, provided that no enrollee shall pay a monthly premium that exceeds exceed eight and one-half percent of the enrollee's monthly

1 income. The amount of such premium for a person whose net available
2 income is greater than or equal to two hundred fifty percent of the
3 applicable federal poverty line, but less than three hundred percent of
4 the applicable federal poverty line shall be three hundred and forty-
5 seven dollars but shall not exceed four percent of the enrollee's month-
6 ly income. The amount of such premium for a person whose net available
7 income is greater than or equal to three hundred percent of the applica-
8 ble federal poverty line, but less than four hundred percent of the
9 applicable federal poverty line shall be five hundred eighteen dollars
10 but shall not exceed six percent of the enrollee's monthly income. The
11 amount of such premium for a person whose net available income is great-
12 er than or equal to four hundred percent of the applicable federal
13 poverty line, but less than five hundred percent of the applicable
14 federal poverty line shall be seven hundred and seventy-nine dollars but
15 shall not exceed eight and one-half percent of the enrollee's monthly
16 income. The amount of such premium for a person whose net available
17 income is equal to or greater than five hundred percent of the applica-
18 ble federal poverty line shall be one thousand four hundred and forty-
19 eight dollars but shall not exceed eight and one-half percent of the
20 enrollee's monthly income. No premium shall be required from a person
21 whose net available income is less than two hundred fifty percent of the
22 applicable federal poverty line.

23 (e) Notwithstanding any other provision of this section or any other
24 law to the contrary, for purposes of determining medical assistance
25 eligibility for persons specified in paragraph (b) or (c) of this subdi-
26 vision, the income and resources of responsible relatives shall not be
27 deemed available for as long as the person meets the criteria specified
28 in this subdivision.

29 § 2. This act shall take effect on January 1, 2025.

30 PART O

31 Intentionally Omitted

32 PART P

33 Section 1. The public health law is amended by adding a new section
34 2825-h to read as follows:

35 § 2825-h. Health care facility transformation program: statewide V.
36 1. A statewide health care facility transformation program is hereby
37 established within the department for the purpose of transforming, rede-
38 signing, and strengthening quality health care services in alignment
39 with statewide and regional health care needs, and in the ongoing
40 pandemic response. The program shall also provide funding, subject to
41 lawful appropriation, in support of capital projects that facilitate
42 furthering such transformational goals.

43 2. The commissioner shall enter into an agreement with the president
44 of the dormitory authority of the state of New York pursuant to section
45 sixteen hundred eighty-r of the public authorities law, which shall
46 apply to this agreement, subject to the approval of the director of the
47 division of the budget, for the purposes of the distribution and admin-
48 istration of available funds pursuant to such agreement, and made avail-
49 able pursuant to this section and appropriation. Such funds may be
50 awarded and distributed by the department for grants to health care
51 providers including but not limited to, hospitals, residential health

1 care facilities, adult care facilities licensed under title two of arti-
2 cle seven of the social services law, diagnostic and treatment centers
3 licensed or granted an operating certificate under this chapter, clin-
4 ics, including but not limited to those licensed or granted an operating
5 certificate under this chapter or the mental hygiene law, children's
6 residential treatment facilities licensed under article thirty-one of
7 the mental hygiene law, assisted living programs approved by the depart-
8 ment pursuant to section four hundred sixty-one-1 of the social services
9 law, behavioral health facilities licensed or granted an operating
10 certificate pursuant to articles thirty-one and thirty-two of the mental
11 hygiene law, home care providers certified or licensed under article
12 thirty-six of this chapter, primary care providers, hospices licensed or
13 granted an operating certificate pursuant to article forty of this chap-
14 ter, community-based programs funded under the office of mental health,
15 the office of addiction services and supports, the office for people
16 with developmental disabilities, or through local governmental units as
17 defined under article forty-one of the mental hygiene law, independent
18 practice associations or organizations, and residential facilities or
19 day program facilities licensed or granted an operating certificate
20 under article sixteen of the mental hygiene law. A copy of such agree-
21 ment, and any amendments thereto, shall be provided by the department to
22 the chair of the senate finance committee, the chair of the assembly
23 ways and means committee, and the director of the division of the budget
24 no later than thirty days after such agreement is finalized. Projects
25 awarded, in whole or part, under sections twenty-eight hundred twenty-
26 five-a and twenty-eight hundred twenty-five-b of this article shall not
27 be eligible for grants or awards made available under this section.

28 3. At least fifty million dollars of total awarded funds shall be made
29 to community-based health care providers, which for purposes of this
30 section shall be defined as: a diagnostic and treatment center licensed
31 or granted an operating certificate under this article; a mental health
32 clinic licensed or granted an operating certificate under article thir-
33 ty-one of the mental hygiene law; a substance use disorder treatment
34 clinic licensed or granted an operating certificate under article thir-
35 ty-two of the mental hygiene law; independent practice associations or
36 organizations; a clinic licensed or granted an operating certificate
37 under article sixteen of the mental hygiene law; a home care provider
38 certified or licensed under article thirty-six of this chapter; or
39 hospices licensed or granted an operating certificate under article
40 forty of this chapter; a mental health outpatient provider licensed or
41 granted an operating certificate under article thirty-one of the mental
42 hygiene law; a substance use disorder treatment provider licensed or
43 granted an operating certificate under article thirty-two of the mental
44 hygiene law; a community-based program funded under the office of mental
45 health, the office for people with developmental disabilities, the
46 office of addiction services and supports or through a local govern-
47 mental unit as defined under article forty-one of the mental hygiene
48 law.

49 4. Up to five hundred million dollars of the funds appropriated for
50 this program shall be awarded for grants to health care providers, as
51 defined in subdivision two of this section. Awards made pursuant to this
52 subdivision shall provide funding only for capital projects, to the
53 extent lawful appropriation and funding is available, to build innova-
54 tive, patient-centered models of care, increase access to care, to
55 improve the quality of care and to ensure financial sustainability of
56 health care providers.

1 5. Up to five hundred million dollars of the funds appropriated for
2 this program shall be awarded for technological and telehealth transfor-
3 mation projects.

4 6. Disbursement of awards may be contingent on the health care provid-
5 er as defined in subdivision two of this section achieving certain proc-
6 ess and performance metrics and milestones that are structured to ensure
7 that the goals of the project are achieved.

8 7. The department shall provide a report on a quarterly basis to the
9 chairs of the senate finance, assembly ways and means, and senate and
10 assembly health committees, until such time as the department determines
11 that the projects that receive funding pursuant to this section are
12 substantially complete. Such reports shall be submitted no later than
13 sixty days after the close of the quarter, and shall include, for each
14 award, the name of the health care provider as defined in subdivision
15 two of this section, a description of the project or purpose, the amount
16 of the award, disbursement date, and status of achievement of process
17 and performance metrics and milestones pursuant to subdivision six of
18 this section.

19 § 2. This act shall take effect immediately and shall be deemed to
20 have been in full force and effect on and after April 1, 2023.

21 PART Q

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

24 (kk) community health worker services which shall include, but not be
25 limited to, culturally appropriate patient education, health care navi-
26 gation, care coordination including the development of a care plan,
27 patient advocacy, and support services for the management of chronic
28 conditions for children under age twenty-one, and for adults with
29 health-related social needs, when such services are recommended by a
30 physician or other health care practitioner authorized under title eight
31 of the education law, and provided by qualified community health work-
32 ers, as determined by the commissioner of health; provided, however,
33 that the provisions of this paragraph shall not take effect unless all
34 necessary approvals under federal law and regulation have been obtained
35 to receive federal financial participation in the costs of health care
36 services provided pursuant to this paragraph. Nothing in this paragraph
37 shall be construed to modify any licensure, certification or scope of
38 practice provision under title eight of the education law.

39 § 2. Clause (C) of subparagraph (ii) of paragraph (f) of subdivision
40 2-a of section 2807 of the public health law, as amended by section 43
41 of part B of chapter 58 of the laws of 2010, is amended to read as
42 follows:

43 (C) [~~individual psychotherapy~~] services provided by licensed social
44 workers, licensed mental health counselors, licensed creative arts ther-
45 apists, and licensed marriage and family therapists, in accordance with
46 licensing criteria set forth in applicable regulations[~~, to persons~~
47 ~~under the age of twenty-one and to persons requiring such services as a~~
48 ~~result of or related to pregnancy or giving birth~~]; and

49 § 3. This act shall take effect January 1, 2024.

50 PART R

1 Section 1. Subdivision 2 of section 365-a of the social services law
2 is amended by adding two new paragraphs (kk) and (ll) to read as
3 follows:

4 (kk) care and services of nutritionists and dietitians certified under
5 article one hundred fifty-seven of the education law acting within their
6 scope of practice.

7 (ll) Chronic Disease Self-Management Program for persons diagnosed
8 with arthritis when such services are ordered by a physician, registered
9 physician's assistant, registered nurse practitioner, or licensed
10 midwife and provided by qualified educators, as determined by the
11 commissioner of health, subject to federal financial participation.
12 Nothing in this paragraph shall be construed to modify any licensure,
13 certification or scope of practice provision under title eight of the
14 education law.

15 § 2. Clause (A) of subparagraph (ii) of paragraph (f) of subdivision
16 2-a of section 2807 of the public health law, as amended by section 43
17 of part B of chapter 58 of the laws of 2010, is amended to read as
18 follows:

19 (A) services provided in accordance with the provisions of paragraphs
20 (q) ~~[and]~~, (r), and (ll) of subdivision two of section three hundred
21 sixty-five-a of the social services law; and

22 § 3. This act shall take effect July 1, 2023; provided, however, that
23 paragraph (ll) of subdivision 2 of section 365-a of the social services
24 law added by section one of this act and section two of this act, shall
25 take effect October 1, 2023.

26 PART S

27 Section 1. Intentionally omitted.

28 § 2. Section 3002 of the public health law is amended by adding a new
29 subdivision 1-a to read as follows:

30 1-a. The state emergency medical services council shall advise and
31 assist the commissioner on such issues as the commissioner may require
32 related to the provision of emergency medical service, specialty care,
33 designated facility care, and disaster medical care. This shall
34 include, but shall not be limited to, the recommendation, periodic
35 revision, and application of rules and regulations, appropriateness
36 review standards, treatment protocols, workforce development, and quali-
37 ty improvement standards. The state emergency medical services council
38 shall meet at least three times per year or more frequently at the
39 request of the chairperson or department and approved by the commission-
40 er.

41 § 2-a. Intentionally omitted.

42 § 3. Section 3003 of the public health law is amended by adding a new
43 subdivision 1-a to read as follows:

44 1-a. Each regional emergency medical services council shall advise the
45 state emergency medical services council and department on such issues
46 as the state emergency medical services council or department may
47 require, related to the provision of emergency medical service, special-
48 ty care, designated facility care, and disaster medical care, and shall
49 carry out duties to assist in the regional coordination of such, as
50 outlined by the state emergency medical services council with approval
51 of the department.

52 § 4. Intentionally omitted.

53 § 5. Intentionally omitted.

54 § 6. Intentionally omitted.

1 § 7. Intentionally omitted.

2 § 8. The public health law is amended by adding a new section 3020 to
3 read as follows:

4 § 3020. Recruitment and retention. 1. The commissioner shall estab-
5 lish and fund within amounts appropriated, a public service campaign to
6 recruit additional personnel into the emergency medical system fields.

7 2. The commissioner shall establish and fund within amounts appropri-
8 ated an emergency medical system mental health and wellness program that
9 provides resources to emergency medical service practitioners to retain
10 personnel in the emergency medical system fields.

11 § 9. Intentionally omitted.

12 § 10. Intentionally omitted.

13 § 11. Intentionally omitted.

14 § 12. Intentionally omitted.

15 § 13. Intentionally omitted.

16 § 14. This act shall take effect immediately.

17 PART T

18 Intentionally Omitted

19 PART U

20 Intentionally Omitted

21 PART V

22 Intentionally Omitted

23 PART W

24 Section 1. Intentionally omitted.

25 § 2. Intentionally omitted.

26 § 3. Intentionally omitted.

27 § 4. Intentionally omitted.

28 § 5. Intentionally omitted.

29 § 6. Intentionally omitted.

30 § 7. Intentionally omitted.

31 § 8. Intentionally omitted.

32 § 9. Intentionally omitted.

33 § 10. Intentionally omitted.

34 § 11. Intentionally omitted.

35 § 12. Intentionally omitted.

36 § 13. Intentionally omitted.

37 § 14. Intentionally omitted.

38 § 15. Intentionally omitted.

39 § 16. Intentionally omitted.

40 § 17. Intentionally omitted.

41 § 18. Intentionally omitted.

42 § 19. Intentionally omitted.

43 § 20. Intentionally omitted.

44 § 21. Intentionally omitted.

45 § 22. Intentionally omitted.

1 § 23. Intentionally omitted.
2 § 24. Intentionally omitted.
3 § 25. Intentionally omitted.
4 § 26. Subdivision (b) of section 12 of chapter 471 of the laws of 2016
5 amending the education law and the public health law relating to author-
6 izing certain advanced home health aides to perform certain advanced
7 tasks, is amended to read as follows:
8 b. this act shall expire and be deemed repealed March 31, [~~2023~~] 2029.
9 § 27. Intentionally omitted.
10 § 28. Intentionally omitted.
11 § 29. Intentionally omitted.
12 § 30. Intentionally omitted.
13 § 31. Intentionally omitted.
14 § 32. Intentionally omitted.
15 § 33. This act shall take effect immediately.

PART X

17 Section 1. The public health law is amended by adding a new article
18 29-K to read as follows:

ARTICLE 29-KREGISTRATION OF TEMPORARY HEALTH CARE SERVICES AGENCIESSection 2999-ii. Definitions.

2999-jj. Registration of temporary health care services agen-
cies; requirements.

2999-kk. Temporary health care services agencies; minimum stand-
ards.

2999-ll. Violations; penalties.

2999-mm. Rates for temporary health care services.

§ 2999-ii. Definitions. For the purposes of this article:

1. "Certified nurse aide" means a person included in the nursing home
nurse aide registry pursuant to section twenty-eight hundred three-j of
this chapter as added by chapter seven hundred seventeen of the laws of
nineteen hundred eighty-nine.

2. "Controlling person" means a person, officer, program administra-
tor, or director whose responsibilities include the direction of the
management or policies of a temporary health care services agency.
"Controlling person" also means an individual who, directly owns at
least ten percent voting interest in a corporation, partnership, or
other business entity that is a controlling person.

3. "Health care entity" means an agency, corporation, facility, or
individual providing medical or health care services.

4. "Health care personnel" means nurses, certified nurse aides and
licensed or unlicensed direct care workers employed by the temporary
health care services agency to provide temporary services in a health
care entity.

5. "Nurse" means a registered professional nurse, or a licensed prac-
tical nurse as defined by article one hundred thirty-nine of the educa-
tion law.

6. "Direct care worker" means an employee who is responsible for
patient/resident handling or patient/resident assessment as a regular or
incidental part of their employment, including any licensed or unli-
censed health care worker.

7. "Person" means an individual, firm, corporation, partnership, or
association.

1 8. "Temporary health care services agency" or "agency" means a person,
2 firm, corporation, partnership, association or other entity in the busi-
3 ness of providing or procuring temporary employment of health care
4 personnel for health care entities. Temporary health care services agen-
5 cy shall include a nurses' registry licensed under article eleven of the
6 general business law and entities that utilize apps or other technolo-
7 gy-based solutions to provide or procure temporary employment of health
8 care personnel in health care entities. Temporary health care services
9 agency shall not include: (a) an individual who only engages in provid-
10 ing the individual's own services on a temporary basis to health care
11 entities; or (b) a home care agency licensed under article thirty-six of
12 this chapter.

13 § 2999-jj. Registration of temporary health care services agencies;
14 requirements. 1. Any person who operates a temporary health care
15 services agency shall register the agency with the department.

16 2. The commissioner shall publish guidelines establishing the forms
17 and procedures for applications for registration. Forms shall include,
18 at a minimum all of the following:

19 (a) The names and addresses of the temporary health care services
20 agency controlling person or persons.

21 (b) The names and addresses of health care entities where the control-
22 ling person or persons or their family members:

23 (i) have an ownership relationship; or

24 (ii) direct the management or policies of such health care entities.

25 (c) A demonstration that the applicant is of good moral character and
26 able to comply with all applicable state laws and regulations relating
27 to the activities in which it intends to engage under the registration.

28 (d) Registration and registration annual renewal fees of one thousand
29 dollars which shall only be used for the purpose of operating this
30 registry.

31 (e) The state of incorporation of the agency.

32 (f) Any additional information that the commissioner determines is
33 necessary to properly evaluate an application for registration.

34 3. As a condition of registration, a temporary health care services
35 agency:

36 (a) Shall document that each temporary employee provided to health
37 care entities currently meets the minimum licensing, training, and
38 continuing education standards for the position in which the employee
39 will be working.

40 (b) Shall comply with all pertinent requirements and qualifications
41 for personnel employed in health care entities.

42 (c) Shall not restrict in any manner the employment opportunities of
43 its employees.

44 (d) Shall maintain insurance coverage for workers' compensation and
45 disability coverage for all health care personnel provided or procured
46 by the agency.

47 (e) Shall not require the payment of liquidated damages, employment
48 fees, or other compensation should the employee be hired as a permanent
49 employee of a health care entity in any contract with any employee or
50 health care entity or otherwise.

51 (f) Shall document that each temporary employee provided to health
52 care entities is jointly employed by the agency and the entity and is
53 not an independent contractor.

54 (g) Shall retain all records of employment for six calendar years and
55 make them available to the department upon request.

1 (h) Shall comply with any requests made by the department to examine
2 the books and records of the agency, subpoena witnesses and documents
3 and make such other investigation as is necessary in the event that the
4 department has reason to believe that the books or records do not accu-
5 rately reflect the financial condition or financial transactions of the
6 agency.

7 (i) Shall comply with any additional requirements the department may
8 deem necessary.

9 4. A registration issued by the commissioner according to this section
10 shall be effective for a period of one year, unless the registration is
11 revoked or suspended, or unless ownership interest of ten percent or
12 more, or management of the temporary health care services agency, is
13 sold or transferred. When ownership interest of ten percent or more, or
14 management of a temporary health care services agency is sold or trans-
15 ferred, the registration of the agency may be transferred to the new
16 owner or operator for thirty days, or until the new owner or operator
17 applies and is granted or denied a new registration, whichever is soon-
18 er.

19 5. The commissioner may, after appropriate notice and hearing,
20 suspend, revoke, or refuse to issue or renew any registration or issue
21 any fines established pursuant to section twenty-nine hundred ninety-
22 nine-11 of this article if the applicant fails to comply with this arti-
23 cle or any guidelines, rules and regulations promulgated thereunder.

24 6. The commissioner shall publish a list of temporary health care
25 services agencies registered with the department on the department's
26 public website.

27 7. The department shall publish a quarterly report containing aggre-
28 gated and de-identified data collected under this article on the depart-
29 ment's website.

30 8. The department, in consultation with the department of labor, shall
31 provide a report to the governor and legislature on October first, two
32 thousand twenty-three, summarizing the key findings of the data
33 collected pursuant to this article.

34 9. The commissioner shall establish a system for the reporting of
35 complaints against a temporary health care staffing agency or its
36 employees. Reports may be made by any individual. The commissioner shall
37 investigate all complaints made against a temporary health care staffing
38 agency.

39 § 2999-kk. Temporary health care services agencies; minimum standards.

40 1. A temporary health care services agency shall appoint an administra-
41 tor qualified by training, experience or education to operate the agen-
42 cy. Each separate agency location shall have its own administrator.

43 2. A temporary health care services agency shall develop and maintain
44 written employment policies and procedures. The agency shall inform its
45 employees of the terms and conditions of employment by that agency at
46 the time of hire, as well as no less than annually thereafter.

47 3. A temporary health care services agency shall maintain hours of
48 operation at each of its locations sufficient to meet the obligations
49 under its written agreements with health care entities.

50 4. A temporary health care services agency shall maintain a written
51 agreement or contract with each health care entity, which shall include,
52 at a minimum:

53 (a) The required minimum licensing, training, and continuing education
54 requirements for each assigned health care personnel.

55 (b) Any requirement for minimum advance notice in order to ensure
56 prompt arrival of assigned health care personnel.

1 (c) The maximum rates that can be billed or charged by the temporary
2 health care services agency pursuant to section twenty-nine hundred
3 ninety-nine-mm of this article and any applicable regulations.

4 (d) The rates to be charged by the temporary health care services
5 agency.

6 (e) Procedures for the investigation and resolution of complaints
7 about the performance of temporary health care services agency person-
8 nel.

9 (f) Procedures for notice from health care entities of failure of
10 medical personnel to report to assignments and for back-up staff in such
11 instances.

12 (g) Procedures for notice of actual or suspected abuse, theft, tamper-
13 ing or other diversion of controlled substances by medical personnel.

14 (h) The types and qualifications of health care personnel available
15 for assignment through the temporary health care services agency.

16 5. A temporary health care services agency shall submit to the depart-
17 ment copies of all contracts between the agency and a health care entity
18 to which it assigns or refers health care personnel, and copies of all
19 invoices to health care entities personnel. Executed contracts must be
20 sent to the department within five business days of their effective date
21 and are not subject to disclosure under article six of the public offi-
22 cers law.

23 6. The commissioner may make regulations to implement the requirements
24 of this section.

25 7. The commissioner may waive the requirements of this article during
26 a declared state or federal public health emergency.

27 § 2999-ll. Violations; penalties. In addition to other remedies avail-
28 able by law, violations of the provisions of this article and any regu-
29 lations promulgated thereunder shall be subject to penalties and fines
30 pursuant to section twelve of this chapter; provided, however, that each
31 violation committed by each individual employee of a temporary health
32 care services agency shall be considered a separate violation.

33 § 2999-mm. Rates for temporary health care services. 1. The total
34 amount a temporary health care services agency may charge a health care
35 facility for any employee, including for all wages and any other fees or
36 charges associated with that employee, when converted to an hourly rate
37 of the employee based on the total hours worked for a given period,
38 shall not be more than fifteen percent above the hourly rate the agency
39 pays to a health care professional for that same period. The hourly
40 rate paid by a temporary health care staffing agency to a health care
41 professional shall be calculated based on the gross amount paid to a
42 health care professional by the temporary health care staffing agency
43 for services provided in the given period divided by the total hours
44 worked for that period.

45 2. A temporary health care services agency shall report quarterly to
46 the department a full disclosure of charges and compensation, including
47 a schedule of all hourly bill rates per category of employee, a full
48 description of administrative charges, and a schedule of rates of all
49 compensation per category of employee, including, but not limited to:

50 (a) hourly regular pay rate, shift differential, weekend differential,
51 hazard pay, charge nurse add-on, overtime, holiday pay, travel or mile-
52 age pay, and any health or other fringe benefits provided;

53 (b) the percentage of health care entity dollars that the agency
54 expended on temporary personnel wages and benefits compared to the
55 temporary health care services agency's profits and other administrative
56 costs;

1 (c) a list of the states and zip codes of their employees' primary
2 residences;
3 (d) the names of all health care entities they have contracted within
4 New York state;
5 (e) the number of employees of the temporary health care services
6 agency working at each entity; and
7 (f) any other information prescribed by the commissioner.

8 § 2. This act shall take effect immediately and shall be deemed to
9 have been in full force and effect on and after April 1, 2023.

10 PART Y

11 Section 1. This Part enacts into law major components of legislation
12 relating to medical debt and drug prices. Each component is wholly
13 contained within a Subpart identified as Subparts A through D. The
14 effective date for each particular provision contained within such
15 Subpart is set forth in the last section of such Subpart. Any provision
16 in any section contained within a Subpart, including the effective date
17 of the Subpart, which makes reference to a section "of this act", when
18 used in connection with that particular component, shall be deemed to
19 mean and refer to the corresponding section of the Subpart in which it
20 is found. Section three of this Part sets forth the general effective
21 date of this Part.

22 SUBPART A

23 Section 1. Subdivisions (f) and (j) of section 3215 of the civil prac-
24 tice law and rules, subdivision (f) as amended and subdivision (j) as
25 added by chapter 593 of the laws of 2021, subdivision (f) as separately
26 amended by chapter 831 of the laws of 2021, are amended to read as
27 follows:

28 (f) Proof. On any application for judgment by default, the applicant
29 shall file proof of service of the summons and the complaint, or a
30 summons and notice served pursuant to subdivision (b) of rule 305 or
31 subdivision (a) of rule 316 of this chapter, and proof of the facts
32 constituting the claim, the default and the amount due, including, if
33 applicable, a statement that the interest rate for consumer debt pursu-
34 ant to section five thousand four of this chapter applies, by affidavit
35 made by the party, or where the state of New York is the plaintiff, by
36 affidavit made by an attorney from the office of the attorney general
37 who has or obtains knowledge of such facts through review of state
38 records or otherwise. Where a verified complaint has been served, it may
39 be used as the affidavit of the facts constituting the claim and the
40 amount due; in such case, an affidavit as to the default shall be made
41 by the party or the party's attorney. In an action arising out of a
42 consumer credit transaction, if the plaintiff is not the original credi-
43 tor, the applicant shall include: (1) an affidavit by the original credi-
44 tor of the facts constituting the debt, the default in payment, the
45 sale or assignment of the debt, and the amount due at the time of sale
46 or assignment; (2) for each subsequent assignment or sale of the debt to
47 another entity, an affidavit of sale of the debt by the debt seller,
48 completed by the seller or assignor; and (3) an affidavit of a witness
49 of the plaintiff, which includes a chain of title of the debt, completed
50 by the plaintiff or plaintiff's witness. In an action arising from
51 medical debt, if the plaintiff is not a hospital licensed under article
52 twenty-eight of the public health law or a health care professional

authorized under title eight of the education law, the applicant shall include: (1) an affidavit by the hospital or health care professional of the facts constituting the medical debt, the default in payment, the sale or assignment of the medical debt, and the amount due at the time of sale or assignment; (2) for each subsequent assignment or sale of the medical debt to another entity, an affidavit of sale of the medical debt by the debt seller, completed by the seller or assignor; and (3) an affidavit of a witness of the plaintiff, which includes a chain of title of the medical debt, completed by the plaintiff or plaintiff's witness.

The chief administrative judge shall issue form affidavits to satisfy the requirements of this subdivision for consumer credit transactions and actions arising from medical debt. When jurisdiction is based on an attachment of property, the affidavit must state that an order of attachment granted in the action has been levied on the property of the defendant, describe the property and state its value. Proof of mailing the notice required by subdivision (g) of this section, where applicable, shall also be filed.

(j) Affidavit. A request for a default judgment entered by the clerk, must be accompanied by an affidavit by the plaintiff or plaintiff's attorney stating that after reasonable inquiry, he or she has reason to believe that the statute of limitations has not expired. The chief administrative judge shall issue form affidavits to satisfy the requirements of this subdivision for consumer credit transactions and actions arising from medical debt.

§ 2. Subdivision 2 of section 212 of the judiciary law is amended by adding a new paragraph (cc) to read as follows:

(cc) Make available form affidavits required for a motion for default judgment in an action arising from medical debt as required by subdivision (f) of section thirty-two hundred fifteen of the civil practice law and rules.

§ 3. This act shall take effect on the one hundred eightieth day after it shall have become a law.

SUBPART B

Intentionally Omitted

SUBPART C

Section 1. Subdivision 9 of section 2807-k of the public health law, as amended by section 17 of part B of chapter 60 of the laws of 2014, is amended to read as follows:

9. In order for a general hospital to participate in the distribution of funds from the pool, the general hospital must implement minimum collection policies and procedures approved by the commissioner, utilizing only a uniform financial assistance form developed and provided by the department.

§ 2. This act shall take effect April 1, 2024.

SUBPART D

Section 1. Legislative findings. The legislature finds that it is in the best interest of the people of this state to expand article 77 of the insurance law to protect insureds and health care providers against the failure or inability of a health or property/casualty insurer writing health insurance to perform its contractual obligations due to

1 financial impairment or insolvency. The superintendent of financial
2 services has the right and responsibility to enforce the insurance law
3 and the authority to seek redress against any person responsible for the
4 impairment or insolvency of the insurer, and nothing in this act is
5 intended to restrict or limit such right, responsibility, or authority.

6 § 2. The article heading of article 77 of the insurance law, as added
7 by chapter 802 of the laws of 1985, is amended to read as follows:

8 THE LIFE AND HEALTH INSURANCE COMPANY
9 GUARANTY CORPORATION
10 OF NEW YORK ACT

11 § 3. Section 7701 of the insurance law, as added by chapter 802 of the
12 laws of 1985, is amended to read as follows:

13 § 7701. Short title. This article shall be known and may be cited as
14 "The Life and Health Insurance Company Guaranty Corporation of New York
15 Act".

16 § 4. Section 7702 of the insurance law, as amended by chapter 454 of
17 the laws of 2014, is amended to read as follows:

18 § 7702. Purpose. The purpose of this article is to provide funds to
19 protect policy owners, insureds, health care providers, beneficiaries,
20 annuitants, payees and assignees of life insurance policies, health
21 insurance policies, annuity contracts, funding agreements and supple-
22 mental contracts issued by life insurance companies, health insurance
23 companies, and property/casualty insurance companies, subject to certain
24 limitations, against failure in the performance of contractual obli-
25 gations due to the impairment or insolvency of the insurer issuing such
26 policies, contracts, or funding agreements. In the judgment of the
27 legislature, the foregoing objects and purposes not being capable of
28 accomplishment by a corporation created under general laws, the creation
29 of a not-for-profit corporation of insurers is provided for by this
30 article to enable the guarantee of payment of benefits and of continua-
31 tion of coverages, and members of the corporation are subject to assess-
32 ment to carry out the purposes of this article.

33 § 5. Paragraphs 1 and 2 of subsection (a) of section 7703 of the
34 insurance law, as added by chapter 454 of the laws of 2014, are amended
35 to read as follows:

36 (1) This article shall apply to direct life insurance policies, health
37 insurance policies, annuity contracts, funding agreements, and supple-
38 mental contracts issued by a life insurance company, health insurance
39 company, or property/casualty insurance company licensed to transact
40 life or health insurance or annuities in this state at the time the
41 policy, contract, or funding agreement was issued or on the date of
42 entry of a court order of liquidation or rehabilitation with respect to
43 such a company that is an impaired or insolvent insurer, as the case may
44 be.

45 (2) Except as otherwise provided in this section, this article shall
46 apply to the policies, contracts, and funding agreements specified in
47 paragraph one of this subsection with regard to a person who is:

48 (A) an owner or certificate holder under a policy, contract, or fund-
49 ing agreement and in each case who:

50 (i) is a resident of this state; or

51 (ii) is not a resident of this state, but only under all of the
52 following conditions:

53 (I) the insurer that issued the policy, contract, or agreement is
54 domiciled in this state;

55 (II) the state or states in which the person resides has or have a
56 guaranty entity similar to the corporation created by this article; and

1 (III) the person is not eligible for coverage by a guaranty entity in
2 any other state because the insurer was not licensed or authorized in
3 that state at the time specified in that state's guaranty entity law;
4 ~~[or]~~

5 (B) the beneficiary, assignee, or payee of the person specified in
6 subparagraph (A) of this paragraph, regardless of where the person
7 resides; or

8 (C) a health care provider that has rendered services to a person
9 specified in subparagraph (A) of this paragraph.

10 § 6. Subsections (c), (d), (e), (h) and (i) of section 7705 of the
11 insurance law, subsections (c), (e) and (i) as added by chapter 802 of
12 the laws of 1985 and subsections (d) and (h) as amended by chapter 454
13 of the laws of 2014, are amended and a new subsection (m) is added to
14 read as follows:

15 (c) "Corporation" means The Life and Health Insurance Company Guaranty
16 Corporation of New York created under section seven thousand seven
17 hundred six of this article unless the context otherwise requires.

18 (d) "Covered policy" means any of the kinds of insurance specified in
19 paragraph one, two or three of subsection (a) of section one thousand
20 one hundred thirteen of this chapter, any supplemental contract, or any
21 funding agreement referred to in section three thousand two hundred
22 twenty-two of this chapter, or any portion or part thereof, within the
23 scope of this article under section seven thousand seven hundred three
24 of this article, except that any certificate issued to an individual
25 under any group or blanket policy or contract shall be considered to be
26 a separate covered policy for purposes of section seven thousand seven
27 hundred eight of this article.

28 (e) "Health insurance" means the kinds of insurance specified under
29 items (i) and (ii) of paragraph three and paragraph thirty-one of
30 subsection (a) of section one thousand one hundred thirteen of this
31 chapter, and section one thousand one hundred seventeen of this chapter;
32 medical expense indemnity, dental expense indemnity, hospital service,
33 or health service under article forty-three of this chapter; and compre-
34 hensive health services under article forty-four of the public health
35 law. "Health insurance" shall not include hospital, medical, surgical,
36 prescription drug, or other health care benefits pursuant to: (1) part
37 C of title XVIII of the social security act (42 U.S.C. § 1395w-21 et
38 seq.) or part D of title XVIII of the social security act (42 U.S.C. §
39 1395w-101 et seq.), commonly known as Medicare parts C and D, or any
40 regulations promulgated thereunder; (2) titles XIX and XXI of the social
41 security act (42 U.S.C. § 1396 et seq.), commonly known as the Medicaid
42 and child health insurance programs, or any regulations promulgated
43 thereunder; or (3) the basic health program under section three hundred
44 sixty-nine-gg of the social services law.

45 (h) (1) "Member insurer" means:

46 (A) any life insurance company licensed to transact in this state any
47 kind of insurance to which this article applies under section seven
48 thousand seven hundred three of this article; provided, however, that
49 the term "member insurer" also means any life insurance company formerly
50 licensed to transact in this state any kind of insurance to which this
51 article applies under section seven thousand seven hundred three of this
52 article; and

53 (B) an insurer licensed or formerly licensed to write accident and
54 health insurance or salary protection insurance in this state, corpo-
55 ration organized pursuant to article forty-three of this chapter, recip-
56 rocal insurer organized pursuant to article sixty-one of this chapter,

cooperative property/casualty insurance company operating under or subject to article sixty-six of this chapter, nonprofit property/casualty insurance company organized pursuant to article sixty-seven of this chapter, and health maintenance organization certified pursuant to article forty-four of the public health law.

(2) "Member insurer" shall not include a municipal cooperative health benefit plan established pursuant to article forty-seven of this chapter, an employee welfare fund registered under article forty-four of this chapter, a fraternal benefit society organized under article forty-five of this chapter, an institution of higher education with a certificate of authority under section one thousand one hundred twenty-four of this chapter, or a continuing care retirement community with a certificate of authority under article forty-six or forty-six-A of the public health law.

(i) "Premiums" means direct gross insurance premiums and annuity and funding agreement considerations received on covered policies, less return premiums and considerations thereon and dividends paid or credited to policyholders or contract holders on such direct business, subject to such modifications as the superintendent may establish by regulation or order as necessary to facilitate the equitable administration of this article. Premiums do not include premiums and considerations on contracts between insurers and reinsurers. For the purposes of determining the assessment for an insurer under this article, the term "premiums", with respect to a group annuity contract (or portion of any such contract) that does not guarantee annuity benefits to any specific individual identified in the contract and with respect to any funding agreement issued to fund benefits under any employee benefit plan, means the lesser of one million dollars or the premium attributable to that portion of such group contract that does not guarantee benefits to any specific individuals or such agreements that fund benefits under any employee benefit plan.

(m) "Long-term care insurance" means an insurance policy, rider, or certificate advertised, marketed, offered, or designed to provide coverage, subject to eligibility requirements, for not less than twenty-four consecutive months for each covered person on an expense incurred, indemnity, prepaid or other basis and provides at least the benefits set forth in part fifty-two of title eleven of the official compilation of codes, rules and regulations of this state.

§ 7. Subsection (a) of section 7706 of the insurance law, as added by chapter 802 of the laws of 1985, is amended to read as follows:

(a) There is created a not-for-profit corporation to be known as "The Life and Health Insurance Company Guaranty Corporation of New York". To the extent that the provisions of the not-for-profit corporation law do not conflict with the provisions of this article or the plan of operation of the corporation hereunder the not-for-profit corporation law shall apply to the corporation and the corporation shall be a type C corporation pursuant to the not-for-profit corporation law. If an applicable provision of this article or the plan of operation of the corporation hereunder relates to a matter embraced in a provision of the not-for-profit corporation law but is not in conflict therewith, both provisions shall apply. All member insurers shall be and remain members of the corporation as a condition of their authority to transact insurance in this state. The corporation shall perform its functions under the plan of operation established and approved under section seven thousand seven hundred ten of this article and shall exercise its powers through a board of directors established under section seven thousand

1 seven hundred seven of this article. For purposes of administration and
2 assessment the corporation shall maintain two accounts:

3 (1) the health insurance account; and

4 (2) the life insurance, annuity and funding agreement account.

5 § 8. Subsection (d) of section 7707 of the insurance law, as added by
6 chapter 802 of the laws of 1985, is amended to read as follows:

7 (d) The superintendent shall be ex-officio [~~chairman~~] chair of the
8 board of directors but shall not be entitled to vote.

9 § 9. Paragraph 7 of subsection (h) of section 7708 of the insurance
10 law, as amended by chapter 454 of the laws of 2014, is amended to read
11 as follows:

12 (7) exercise, for the purposes of this article and to the extent
13 approved by the superintendent, the powers of a domestic life, health,
14 or property/casualty insurance company, but in no case may the corpo-
15 ration issue insurance policies or contracts or annuity contracts other
16 than those issued to perform the contractual obligations of the impaired
17 or insolvent insurer;

18 § 10. Paragraph 2 of subsection (c) and subsection (g) of section 7709
19 of the insurance law, as added by chapter 802 of the laws of 1985, are
20 amended to read as follows:

21 (2) The amount of any class B or class C assessment, except for
22 assessments related to long-term care insurance, shall be allocated for
23 assessment purposes among the accounts in the proportion that the premi-
24 ums received by the impaired or insolvent insurer on the policies or
25 contracts covered by each account for the last calendar year preceding
26 the assessment in which the impaired or insolvent insurer received
27 premiums bears to the premiums received by such insurer for such calen-
28 dar year on all covered policies. The amount of any class B or class C
29 assessment for long-term care insurance written by the impaired or
30 insolvent insurer shall be allocated according to a methodology included
31 in the plan of operation and approved by the superintendent. The method-
32 ology shall provide for fifty percent of the assessment to be allocated
33 to health insurance company member insurers and fifty percent to be
34 allocated to life insurance company member insurers; provided, however,
35 that a property/casualty insurer that writes health insurance shall be
36 considered a health insurance company member for this purpose. Class B
37 and class C assessments against member insurers for each account shall
38 be in the proportion that the premiums received on business in this
39 state by each assessed member insurer on policies covered by each
40 account for the three calendar years preceding the assessment bears to
41 such premiums received on business in this state for such calendar years
42 by all assessed member insurers.

43 (g) [~~It shall be proper for any member insurer, in determining its~~] A
44 member insurer shall not recoup assessments paid to the corporation
45 under this article by passing on costs to its policyholders. This shall
46 include, but is not limited to, increasing premium rates [and], increas-
47 ing cost-sharing requirements of policyholders, imposing surcharges on
48 premiums, reducing coverage, or decreasing the policy owner dividends
49 [as to any kind of insurance within the scope of this article, to
50 consider the amount reasonably necessary to meet its assessment obli-
51 gations under this article with respect to insurers which have become
52 impaired or insolvent] of any covered policy. A member insurer may alter
53 the premium rates, cost-sharing requirements, or policy owner dividend
54 or change the terms or benefits of any covered policy due to other
55 factors that are not prohibited by this subsection.

§ 11. Subsection (a) of section 7712 of the insurance law, as added by chapter 802 of the laws of 1985, is amended to read as follows:

(a) The superintendent shall annually, within six months following the close of each calendar year, furnish to the commissioner of taxation and finance and the director of the division of the budget a statement of operations for the life insurance guaranty corporation and the life and health insurance company guaranty corporation of New York. Such statement shall show the assessments, less any refunds or reimbursements thereof, paid by each insurance company pursuant to the provisions of article seventy-five or section seven thousand seven hundred nine of this article, for the purposes of meeting the requirements of this chapter. Each statement, starting with the statement furnished in the year nineteen hundred eighty-six and ending with the statement furnished in the year two thousand, shall show the annual activity for every year commencing from nineteen hundred eighty-five through the most recently completed year. Each statement furnished in each year after the year two thousand shall reflect such assessments paid during the preceding fifteen calendar years. The superintendent shall also furnish a copy of such statement to each such insurance company.

§ 12. Subsections (a), (d) and (g) of section 7719 of the insurance law, as added by chapter 454 of the laws of 2014, are amended to read as follows:

(a) The corporation may incorporate one or more not-for-profit corporations, known as a resolution facility, in connection with the liquidation of an insolvent domestic life insurance company, health insurance company, or property/casualty insurance company under article seventy-four of this chapter for the purpose of administering and disposing of the business of the insolvent [~~domestic life~~] insurance company.

(d) A resolution facility may:

(1) guarantee, assume, or reinsure, or cause to be guaranteed, assumed, or reinsured, the covered policies, or arrange for replacement by policies found by the superintendent to be substantially similar to the covered policies;

(2) exercise, for the purposes of this article and to the extent approved by the superintendent, the powers of a domestic life insurance company, health insurance company, or property/casualty insurance company but in no case may the resolution facility issue insurance policies, annuity contracts, funding agreements, or supplemental contracts other than those issued to perform the contractual obligations of the impaired or insolvent insurer;

(3) assure payment of the contractual obligations of the insolvent insurer; and

(4) provide such moneys, pledges, notes, guarantees, or other means as are reasonably necessary to discharge its duties.

(g) (1) If the superintendent determines that the resolution facility is not administering and disposing of the business of an insolvent domestic life insurance company, health insurance company, or property/casualty insurance company consistent with the resolution facility's certificate of incorporation, plan of operation, or this section, then the superintendent shall provide notice to the resolution facility and the resolution facility shall have thirty days to respond to the superintendent and cure the defect.

(2) If, after thirty days, the superintendent continues to believe that the resolution facility is not administering and disposing of the business of an insolvent domestic life insurance company, health insurance company, or property/casualty insurance company consistent with the

1 resolution facility's certificate of incorporation, plan of operation,
2 or this section, then the superintendent may apply to the court for an
3 order directing the resolution facility to correct the defect or take
4 other appropriate actions.

5 § 13. The insurance law is amended by adding a new section 7720 to
6 read as follows:

7 § 7720. Penalties. (a) If any member insurer fails to make any payment
8 required by this article, or if the superintendent has cause to believe
9 that any other statement filed is false or inaccurate in any particular,
10 or that any payment made is incorrect, the superintendent may examine
11 all the books and records of the member insurer to ascertain the facts
12 and determine the correct amount to be paid. Based on such finding, the
13 corporation may proceed in any court of competent jurisdiction to
14 recover for the benefit of the fund any sums shown to be due upon such
15 examination and determination.

16 (b) Any member insurer that fails to make any such required statement,
17 or to make any payment to the fund when due, shall forfeit to the corpo-
18 ration for deposit in the fund a penalty of five percent of the amount
19 determined to be due plus one percent of such amount for each month of
20 delay, or fraction thereof, after the expiration of the first month of
21 such delay. If satisfied that the delay was excusable, the corporation
22 may remit all or any part of the penalty.

23 (c) The superintendent, in the superintendent's discretion, may revoke
24 the certificate of authority to do business in this state of any foreign
25 member insurer that fails to comply with this article or to pay any
26 penalty imposed hereunder.

27 § 14. The insurance law is amended by adding a new section 3245 to
28 read as follows:

29 § 3245. Liability to providers in the event of an insolvency. In the
30 event an insurance company authorized to do an accident and health
31 insurance business in this state is deemed insolvent, as provided in
32 section one thousand three hundred nine of this chapter, no insured
33 covered under a policy delivered or issued for delivery in this state by
34 the insurance company shall be liable to any provider of health care
35 services for any covered services of the insolvent insurance company. No
36 provider of health care services or any representative of such provider
37 shall collect or attempt to collect from the insured sums owed by such
38 insurance company, and no provider or representative of such provider
39 may maintain any action at law against an insured to collect sums owed
40 to such provider by such insurance company.

41 § 14-a. Subparagraph (A) of paragraph 1 of subsection (e) of section
42 3231 of the insurance law, as amended by chapter 107 of the laws of 2010
43 and as further amended by section 104 of part A of chapter 62 of the
44 laws of 2011, is amended to read as follows:

45 (A) An insurer desiring to increase or decrease premiums for any poli-
46 cy form subject to this section shall submit a rate filing or applica-
47 tion to the superintendent.

48 An insurer shall send written notice of the proposed rate adjustment,
49 including the specific change requested, to each policy holder and
50 certificate holder affected by the adjustment on or before the date the
51 rate filing or application is submitted to the superintendent. The
52 notice shall prominently include mailing and website addresses for both
53 the department of financial services and the insurer through which a
54 person may, within thirty days from the date the rate filing or applica-
55 tion is submitted to the superintendent, contact the department of
56 financial services or insurer to receive additional information or to

1 submit written comments to the department of financial services on the
2 rate filing or application. The superintendent shall establish a process
3 to post on the department's website, in a timely manner, all relevant
4 written comments received pertaining to rate filings or applications.
5 The insurer shall provide a copy of the notice to the superintendent
6 with the rate filing or application. The superintendent shall immediate-
7 ly cause the notice to be posted on the department of financial
8 services' website. The superintendent shall determine whether the filing
9 or application shall become effective as filed, shall become effective
10 as modified, or shall be disapproved. The superintendent may modify or
11 disapprove the rate filing or application if the superintendent finds
12 that the premiums are unreasonable, excessive, inadequate, [~~or~~] unfairly
13 discriminatory, [~~and~~] or violates the provisions of subsection (g) of
14 section seven thousand seven hundred nine of this chapter. The super-
15 intendent may consider the financial condition of the insurer when
16 approving, modifying or disapproving any premium adjustment. The deter-
17 mination of the superintendent shall be supported by sound actuarial
18 assumptions and methods, and shall be rendered in writing between thirty
19 and sixty days from the date the rate filing or application is submitted
20 to the superintendent. Should the superintendent require additional
21 information from the insurer in order to make a determination, the
22 superintendent shall require the insurer to furnish such information,
23 and in such event, the sixty days shall be tolled and shall resume as of
24 the date the insurer furnishes the information to the superintendent. If
25 the superintendent requests additional information less than ten days
26 from the expiration of the sixty days (exclusive of tolling), the super-
27 intendent may extend the sixty day period an additional twenty days to
28 make a determination. The application or rate filing will be deemed
29 approved if a determination is not rendered within the time allotted
30 under this section. An insurer shall not implement a rate adjustment
31 unless the insurer provides at least sixty days advance written notice
32 of the premium rate adjustment approved by the superintendent to each
33 policy holder and certificate holder affected by the rate adjustment.

34 § 14-b. Paragraph 2 of subsection (c) of section 4308 of the insurance
35 law, as amended by chapter 107 of the laws of 2010 and as further
36 amended by section 104 of part A of chapter 62 of the laws of 2011, is
37 amended to read as follows:

38 (2) A corporation desiring to increase or decrease premiums for any
39 contract subject to this subsection shall submit a rate filing or appli-
40 cation to the superintendent. A corporation shall send written notice of
41 the proposed rate adjustment, including the specific change requested,
42 to each contract holder and subscriber affected by the adjustment on or
43 before the date the rate filing or application is submitted to the
44 superintendent. The notice shall prominently include mailing and website
45 addresses for both the department of financial services and the corpo-
46 ration through which a person may, within thirty days from the date the
47 rate filing or application is submitted to the superintendent, contact
48 the department of financial services or corporation to receive addi-
49 tional information or to submit written comments to the department of
50 financial services on the rate filing or application. The superintendent
51 shall establish a process to post on the department's website, in a
52 timely manner, all relevant written comments received pertaining to rate
53 filings or applications. The corporation shall provide a copy of the
54 notice to the superintendent with the rate filing or application. The
55 superintendent shall immediately cause the notice to be posted on the
56 department of financial services' website. The superintendent shall

1 determine whether the filing or application shall become effective as
2 filed, shall become effective as modified, or shall be disapproved. The
3 superintendent may modify or disapprove the rate filing or application
4 if the superintendent finds that the premiums are unreasonable, exces-
5 sive, inadequate, [~~or~~] unfairly discriminatory, [~~and~~] or violates the
6 provisions of subsection (g) of section seven thousand seven hundred
7 nine of this chapter. The superintendent may consider the financial
8 condition of the corporation in approving, modifying or disapproving any
9 premium adjustment. The determination of the superintendent shall be
10 supported by sound actuarial assumptions and methods, and shall be
11 rendered in writing between thirty and sixty days from the date the rate
12 filing or application is submitted to the superintendent. Should the
13 superintendent require additional information from the corporation in
14 order to make a determination, the superintendent shall require the
15 corporation to furnish such information, and in such event, the sixty
16 days shall be tolled and shall resume as of the date the corporation
17 furnishes the information to the superintendent. If the superintendent
18 requests additional information less than ten days from the expiration
19 of the sixty days (exclusive of tolling), the superintendent may extend
20 the sixty day period an additional twenty days, to make a determination.
21 The application or rate filing will be deemed approved if a determi-
22 nation is not rendered within the time allotted under this section. A
23 corporation shall not implement a rate adjustment unless the corporation
24 provides at least sixty days advance written notice of the premium rate
25 adjustment approved by the superintendent to each contract holder and
26 subscriber affected by the rate adjustment.

27 § 15. This act shall take effect immediately, provided, however, that
28 the amendments made by this act shall not apply to the estate of an
29 insurer for which a court entered a final order of liquidation prior to
30 the effective date of this act.

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

40 § 3. This act shall take effect immediately; provided, however, that
41 the applicable effective date of Subparts A through D of this act shall
42 be as specifically set forth in the last section of such Subparts.

43 PART Z

44 Intentionally Omitted

45 PART AA

46 Section 1. Intentionally omitted.

47 § 2. Subdivisions 1 and 2 of section 2171 of the public health law, as
48 added by chapter 425 of the laws of 2013, are amended to read as
49 follows:

50 1. Every individual [~~born between the years of nineteen hundred~~
51 ~~forty-five and nineteen hundred sixty-five~~] age eighteen and older (or

1 younger than eighteen if there is evidence or indication of risk activ-
2 ity) who receives health services as an inpatient or in the emergency
3 department of a general hospital defined in subdivision ten of section
4 twenty-eight hundred one of this chapter or who receives primary care
5 services in an outpatient department of such hospital or in a diagnostic
6 and treatment center licensed under article twenty-eight of this chapter
7 or from a physician, physician assistant [~~or~~], nurse practitioner or
8 midwife providing primary care shall be offered a hepatitis C screening
9 test [~~or hepatitis C diagnostic test~~] unless the health care practition-
10 er providing such services reasonably believes that:

11 (a) the individual is being treated for a life threatening emergency;
12 or

13 (b) the individual has previously been offered or has been the subject
14 of a hepatitis C screening test (except that a test shall be offered if
15 otherwise indicated); or

16 (c) the individual lacks capacity to consent to a hepatitis C screen-
17 ing test.

18 2. If an individual accepts the offer of a hepatitis C screening test
19 and the screening test is reactive, [~~the~~] an HCV RNA test must be
20 performed, on the same specimen or a second specimen collected at the
21 same time as the initial HCV screening test specimen, to confirm diagno-
22 sis of current infection. The health care provider shall either offer
23 [~~the individual~~] all persons with a detectable HCV RNA test follow-up
24 HCV health care and treatment or refer the individual to a health care
25 provider who can provide follow-up HCV health care and treatment. [~~The~~
26 ~~follow-up health care shall include a hepatitis C diagnostic test.~~]

27 § 3. The public health law is amended by adding a new section 2500-1
28 to read as follows:

29 § 2500-1. Pregnant people, blood test for hepatitis C virus (HCV);
30 follow-up care. 1. Every physician or other authorized practitioner
31 attending a pregnant person in the state shall order a hepatitis C virus
32 (HCV) screening test and if the test is reactive, an HCV RNA test must
33 be performed on the same specimen, or a second specimen collected at the
34 same time as the initial HCV screening test specimen, to confirm diagno-
35 sis of current infection. The health care provider shall either offer
36 all persons with a detectable HCV RNA test follow-up HCV health care and
37 treatment or refer the individual to a health care provider who can
38 provide follow-up HCV health care and treatment.

39 2. The physician or other authorized practitioner attending a pregnant
40 person shall record the HCV test results prominently in the pregnant
41 person's medical record at or before the time of hospital admission for
42 delivery.

43 3. The commissioner may promulgate such rules and regulations as are
44 necessary to carry out the requirements of this section.

45 § 4. The section heading of section 2308 of the public health law, as
46 amended by section 37 of part E of chapter 56 of the laws of 2013, is
47 amended to read as follows:

48 Sexually transmitted disease; pregnant [~~women~~] persons; blood test for
49 syphilis.

50 § 5. Subdivision 1 of section 2308 of the public health law is amended
51 to read as follows:

52 1. Every physician or other authorized practitioner attending pregnant
53 [~~women~~] persons in the state shall in the case of every [~~woman~~] person
54 so attended take or cause to be taken a sample of blood of such [~~woman~~]
55 person at the time of first examination, and submit such sample to an
56 approved laboratory for a standard serological test for syphilis. In

addition to testing at the time of first examination, every such physician or other authorized practitioner shall order a syphilis test during the third trimester of pregnancy consistent with any guidance and regulations issued by the commissioner.

§ 6. This act shall take effect immediately; provided, however that sections two, three, four and five shall take effect one year after it shall have become a law; provided further the amendments to subdivisions 1 and 2 of section 2171 of the public health law made by section two of this act shall not affect the repeal of such section and shall be deemed repealed 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.

PART BB

Intentionally Omitted

PART CC

Intentionally Omitted

PART DD

Section 1. 1. Subject to available appropriations and approval of the director of the budget, the commissioners of the office of mental health, office for people with developmental disabilities, office of addiction services and supports, office of temporary and disability assistance, office of children and family services, and the state office for the aging shall establish a state fiscal year 2023-24 cost of living adjustment (COLA), effective April 1, 2023, for projecting for the effects of inflation upon rates of payments, contracts, or any other form of reimbursement for the programs and services listed in paragraphs (i), (ii), (iii), (iv), (v), and (vi) of subdivision four of this section. The COLA established herein shall be applied to the appropriate portion of reimbursable costs or contract amounts. Where appropriate, transfers to the department of health (DOH) shall be made as reimbursement for the state share of medical assistance.

2. Notwithstanding any inconsistent provision of law, subject to the approval of the director of the budget and available appropriations therefore, for the period of April 1, 2023 through March 31, 2024, the commissioners shall provide funding to support a eight and five-tenths percent (8.5%) cost of living adjustment under this section for all eligible programs and services as determined pursuant to subdivision four of this section.

3. Notwithstanding any inconsistent provision of law, and as approved by the director of the budget, the 8.5 percent cost of living adjustment (COLA) established herein shall be inclusive of all other cost of living type increases, inflation factors, or trend factors that are newly applied effective April 1, 2023. Except for the 8.5 percent cost of living adjustment (COLA) established herein, for the period commencing on April 1, 2023 and ending March 31, 2024 the commissioners shall not apply any other new cost of living adjustments for the purpose of establishing rates of payments, contracts or any other form of reimbursement.

1 The phrase "all other cost of living type increases, inflation factors,
2 or trend factors" as defined in this subdivision shall not include
3 payments made pursuant to the American Rescue Plan Act or other federal
4 relief programs related to the Coronavirus Disease 2019 (COVID-19)
5 pandemic Public Health Emergency. This subdivision shall not prevent
6 the office of children and family services from applying additional
7 trend factors or staff retention factors to eligible programs and
8 services under paragraph (v) of subdivision four of this section.

9 4. Eligible programs and services. (i) Programs and services funded,
10 licensed, or certified by the office of mental health (OMH) eligible for
11 the cost of living adjustment established herein, pending federal
12 approval where applicable, include: office of mental health licensed
13 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of
14 the office of mental health regulations including clinic, continuing day
15 treatment, day treatment, intensive outpatient programs and partial
16 hospitalization; outreach; crisis residence; crisis stabilization,
17 crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric
18 emergency program services; crisis intervention; home based crisis
19 intervention; family care; supported single room occupancy; supported
20 housing; supported housing community services; treatment congregate;
21 supported congregate; community residence - children and youth;
22 treatment/apartment; supported apartment; community residence single
23 room occupancy; on-site rehabilitation; employment programs; recreation;
24 respite care; transportation; psychosocial club; assertive community
25 treatment; case management; care coordination, including health home
26 plus services; local government unit administration; monitoring and
27 evaluation; children and youth vocational services; single point of
28 access; school-based mental health program; family support children and
29 youth; advocacy/support services; drop in centers; recovery centers;
30 transition management services; bridger; home and community based waiver
31 services; behavioral health waiver services authorized pursuant to the
32 section 1115 MRT waiver; self-help programs; consumer service dollars;
33 conference of local mental hygiene directors; multicultural initiative;
34 ongoing integrated supported employment services; supported education;
35 mentally ill/chemical abuse (MICA) network; personalized recovery
36 oriented services; children and family treatment and support services;
37 residential treatment facilities operating pursuant to part 584 of title
38 14-NYCRR; geriatric demonstration programs; community-based mental
39 health family treatment and support; coordinated children's service
40 initiative; homeless services; and promises zone.

41 (ii) Programs and services funded, licensed, or certified by the
42 office for people with developmental disabilities (OPWDD) eligible for
43 the cost of living adjustment established herein, pending federal
44 approval where applicable, include: local/unified services; chapter 620
45 services; voluntary operated community residential services; article 16
46 clinics; day treatment services; family support services; 100% day
47 training; epilepsy services; traumatic brain injury services; hepatitis
48 B services; independent practitioner services for individuals with
49 intellectual and/or developmental disabilities; crisis services for
50 individuals with intellectual and/or developmental disabilities; family
51 care residential habilitation; supervised residential habilitation;
52 supportive residential habilitation; respite; day habilitation; prevoca-
53 tional services; supported employment; community habilitation; interme-
54 diate care facility day and residential services; specialty hospital;
55 pathways to employment; intensive behavioral services; basic home and
56 community based services (HCBS) plan support; health home services

1 provided by care coordination organizations; community transition
2 services; family education and training; fiscal intermediary; support
3 broker; and personal resource accounts.

4 (iii) Programs and services funded, licensed, or certified by the
5 office of addiction services and supports (OASAS) eligible for the cost
6 of living adjustment established herein, pending federal approval where
7 applicable, include: medically supervised withdrawal services - residen-
8 tial; medically supervised withdrawal services - outpatient; medically
9 managed detoxification; medically monitored withdrawal; inpatient reha-
10 bilitation services; outpatient opioid treatment; residential opioid
11 treatment; KEEP units outpatient; residential opioid treatment to absti-
12 nence; problem gambling treatment; medically supervised outpatient;
13 outpatient rehabilitation; specialized services substance abuse
14 programs; home and community based waiver services pursuant to subdivi-
15 sion 9 of section 366 of the social services law; children and family
16 treatment and support services; continuum of care rental assistance case
17 management; NY/NY III post-treatment housing; NY/NY III housing for
18 persons at risk for homelessness; permanent supported housing; youth
19 clubhouse; recovery community centers; recovery community organizing
20 initiative; residential rehabilitation services for youth (RRSY); inten-
21 sive residential; community residential; supportive living; residential
22 services; job placement initiative; case management; family support
23 navigator; local government unit administration; peer engagement; voca-
24 tional rehabilitation; support services; HIV early intervention
25 services; dual diagnosis coordinator; problem gambling resource centers;
26 problem gambling prevention; prevention resource centers; primary
27 prevention services; other prevention services; and community services.

28 (iv) Programs and services funded, licensed, or certified by the
29 office of temporary and disability assistance (OTDA) eligible for the
30 cost of living adjustment established herein, pending federal approval
31 where applicable, include: nutrition outreach and education program
32 (NOEP).

33 (v) Programs and services funded, licensed, or certified by the office
34 of children and family services (OCFS) eligible for the cost of living
35 adjustment established herein, pending federal approval where applica-
36 ble, include: programs for which the office of children and family
37 services establishes maximum state aid rates pursuant to section 398-a
38 of the social services law and section 4003 of the education law; emer-
39 gency foster homes; foster family boarding homes and therapeutic foster
40 homes; supervised settings as defined by subdivision twenty-two of
41 section 371 of the social services law; adoptive parents receiving
42 adoption subsidy pursuant to section 453 of the social services law; and
43 congregate and scattered supportive housing programs and supportive
44 services provided under the NY/NY III supportive housing agreement to
45 young adults leaving or having recently left foster care.

46 (vi) Programs and services funded, licensed, or certified by the state
47 office for the aging (SOFA) eligible for the cost of living adjustment
48 established herein, pending federal approval where applicable, include:
49 community services for the elderly; expanded in-home services for the
50 elderly; and supplemental nutrition assistance program.

51 5. Each local government unit or direct contract provider receiving
52 funding for the cost of living adjustment established herein shall
53 submit a written certification, in such form and at such time as each
54 commissioner shall prescribe, attesting how such funding will be or was
55 used to first promote the recruitment and retention of non-executive
56 direct care staff, non-executive direct support professionals, non-exe-

1 cutive clinical staff, or respond to other critical non-personal service
2 costs prior to supporting any salary increases or other compensation for
3 executive level job titles.

4 6. Notwithstanding any inconsistent provision of law to the contrary,
5 agency commissioners shall be authorized to recoup funding from a local
6 governmental unit or direct contract provider for the cost of living
7 adjustment established herein determined to have been used in a manner
8 inconsistent with the appropriation, or any other provision of this
9 section. Such agency commissioners shall be authorized to employ any
10 legal mechanism to recoup such funds, including an offset of other funds
11 that are owed to such local governmental unit or direct contract provid-
12 er.

13 § 2. This act shall take effect immediately and shall be deemed to
14 have been in full force and effect on and after April 1, 2023.

15 PART EE

16 Section 1. Subdivision 1-a of section 84 of part A of chapter 56 of
17 the laws of 2013, amending the social services law and other laws relat-
18 ing to enacting the major components of legislation necessary to imple-
19 ment the health and mental hygiene budget for the 2013-2014 state fiscal
20 year, as amended by section 9 of part Z of chapter 57 of the laws of
21 2018, is amended to read as follows:

22 1-a. sections seventy-three through eighty-a shall expire and be
23 deemed repealed September 30, [~~2023~~] 2025;

24 § 2. This act shall take effect immediately.

25 PART FF

26 Intentionally Omitted

27 PART GG

28 Intentionally Omitted

29 PART HH

30 Section 1. Intentionally omitted.

31 § 2. The mental hygiene law is amended by adding two new sections
32 36.04 and 36.05 to read as follows:

33 § 36.04 Certified community behavioral health clinics.

34 (a) The commissioners are authorized to jointly certify community
35 behavioral health clinics, subject to the availability of state and
36 federal funding.

37 (b) Certified community behavioral health clinics shall provide coor-
38 ordinated, comprehensive behavioral health care, including mental health
39 and addiction services, primary care screening, and case management
40 services, in accordance with certified community behavioral health clin-
41 ic standards established by the United States department of health and
42 human services substance abuse and mental health services administration
43 and the commissioners of the office of mental health and the office of
44 addiction services and supports.

45 (c) The commissioners shall require each proposed certified community
46 behavioral health clinic to submit a plan, which shall be approved by

1 the commissioners prior to the issuance of an operating certificate
2 pursuant to this article. Such plan shall include:

3 (1) a description of the clinic's character and competency to provide
4 certified community behavioral health clinic services across the lifes-
5 pan, including how the clinic will ensure access to crisis services at
6 all times and accept all patients regardless of ability to pay;

7 (2) a description of the clinic's catchment area;

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

12 (4) where executed, agreements establishing formal relationships with
13 designated collaborating organizations to provide certain certified
14 community behavioral health clinic services, consistent with guidance
15 issued by the United States department of health and human services
16 substance abuse and mental health services administration and the office
17 of mental health and the office of addiction services and supports;

18 (5) a staffing plan driven by local needs assessment, licensing, and
19 training to support service delivery;

20 (6) a description of the clinic's data-driven approach to quality
21 improvement;

22 (7) a description of how consumers are represented in governance of
23 the clinic;

24 (8) all financial information in the form and format required by the
25 office of mental health and the office of addiction services and
26 supports; and

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

28 (d) Where a certified community behavioral health clinic has been
29 established and is participating on the effective date of this section
30 in the federal certified community behavioral health clinic demon-
31 stration awarded to the state by the United States department of health
32 and human services substance abuse and mental health services adminis-
33 tration, the previously established clinic may be certified where the
34 clinic demonstrates compliance with the certification standards estab-
35 lished pursuant to this article.

36 (e) The commissioners shall promulgate any rule or regulation neces-
37 sary to effectuate this section.

38 § 36.05 Certified community behavioral health clinics indigent care
39 program.

40 (a) (1) For periods on and after July first, two thousand twenty-
41 three, the commissioners are authorized to make payment to eligible
42 certified community behavioral health clinics, to the extent of funds
43 appropriated therefor to assist in meeting losses resulting from uncom-
44 pensated care. In the event federal financial participation is not
45 available for such payments to eligible certified community behavioral
46 health clinics, payments shall be made solely on the basis of available
47 state general fund appropriations for this purpose in amounts to be
48 determined by the director of the division of the budget.

49 (2) For purposes of this section, "eligible certified community behav-
50 ioral health clinics" shall mean voluntary non-profit certified communi-
51 ty behavioral health clinics participating in the federal certified
52 community behavioral health clinic demonstration awarded to the state by
53 the United States department of health and human services substance
54 abuse and mental health services administration and other certified
55 community behavioral health clinics certified pursuant to section 36.04
56 of this article, which demonstrate that a minimum of three percent of

1 total visits reported during the applicable base year period, as deter-
2 mined by the commissioners, were to uninsured individuals.

3 (3) For purposes of this section, "losses resulting from uncompensated
4 care" shall mean losses from reported self-pay and free visits multi-
5 plied by the clinic's medical assistance payment rate for the applicable
6 distribution year, offset by payments received from such patients during
7 the reporting period.

8 (b) A certified community behavioral health clinic qualifying for a
9 distribution pursuant to this section shall provide assurances satisfac-
10 tory to the commissioners that it shall undertake reasonable efforts to
11 maintain financial support from community and public funding sources and
12 reasonable efforts to collect payments for services from third-party
13 insurance payors, governmental payors and self-paying patients.

14 (c) (1) Funding pursuant to this section shall be allocated to eligi-
15 ble certified community behavioral health clinics based on actual,
16 reported losses resulting from uncompensated care in a given base year
17 period and shall not exceed one hundred percent of an eligible clinic's
18 losses in the same period.

19 (2) If the sum of actual, reported losses resulting from uncompensated
20 care for all certified community behavioral health clinics exceeds the
21 amount appropriated therefor in a given base year period, allocations of
22 funds for each eligible certified community behavioral health clinic
23 shall be assessed proportionately based upon the percentage of the total
24 number of uncompensated care visits for all clinics that each clinic
25 provided during the base year and shall not exceed amounts appropriated
26 in the aggregate.

27 (d) Except as provided in subdivision (e) of this section, for periods
28 on and after July first, two thousand twenty-three through June thirti-
29 eth, two thousand twenty-six, funds shall be made available for payments
30 pursuant to this section for eligible certified community behavioral
31 health clinics for the following periods in the following aggregate
32 amounts:

33 (1) For the period of July first, two thousand twenty-three through
34 June thirtieth, two thousand twenty-four, up to thirty-two million five
35 hundred thousand dollars;

36 (2) For the period of July first, two thousand twenty-four through
37 June thirtieth, two thousand twenty-five, up to fifty-one million two
38 hundred fifty thousand dollars; and

39 (3) For the period of July first, two thousand twenty-five through
40 June thirtieth, two thousand twenty-six, up to fifty-five million
41 dollars.

42 (e) In the event that federal financial participation is not available
43 for rate adjustments pursuant to this section, funds available for
44 payments pursuant to this section for each eligible certified community
45 behavioral health clinic shall be limited to the non-federal share
46 equivalent of the amounts specified in subdivision (d) of this section.

47 (f) Eligible certified community behavioral health clinics receiving
48 funding under this section shall not be eligible for comprehensive diag-
49 nostic and treatment centers indigent care program funding pursuant to
50 section two thousand eight hundred seven-p of the public health law.

51 (g) The commissioners may require facilities receiving distributions
52 pursuant to this section as a condition of participating in such
53 distributions, to provide reports and data to the office of mental
54 health and the office of addiction services and supports as the commis-
55 sioners deem necessary to adequately implement the provisions of this
56 section.

1 § 3. This act shall take effect immediately.

2 PART II

3 Intentionally Omitted

4 PART JJ

5 Intentionally Omitted

6 PART KK

7 Section 1. 1. A task force shall be established within the office of
8 mental health to be known as the mental health housing evaluation task
9 force for aging in place (hereinafter referred to as the "task force")
10 to make recommendations including, but not limited to, the following:

11 (a) solutions for removing barriers to ensure residents of community-
12 based mental health housing programs can successfully age in place while
13 receiving adequate care;

14 (b) identifying policy, procedure, or regulatory changes that aim to
15 remove barriers to residents of community-based mental health housing
16 programs to receive both mental health and medical care, including the
17 ability to hire health care professionals, including but not limited to
18 nurses and/or health home aides;

19 (c) an action plan for making residences Americans with Disabilities
20 Act compliant;

21 (d) necessary training for residential staff to understand the needs
22 of the elderly for which they are providing care; and

23 (e) types of assistance to consider when transporting residents to
24 medical appointments and ensuring the proper follow-up occurs.

25 2. The task force shall consist of nine members as follows: three
26 members shall be appointed by the governor; two members shall be
27 appointed by the speaker of the assembly; two members shall be appointed
28 by the temporary president of the senate; one member shall be appointed
29 by the minority leader of the senate; and one member shall be appointed
30 by the minority leader of the assembly. The task force members shall be
31 appointed within 60 days after this act shall have become a law.

32 Members so appointed shall consist of at least: one representative of
33 a statewide organization or advocacy group for residents of mental
34 health housing programs; at least one health care professional with
35 expertise in the needs of the elderly/aging residents of a congregate
36 care setting with significant medical issues; at least one mental health
37 professional with expertise in the needs of elderly mental health hous-
38 ing residents with a severe and persistent mental illness; and at least
39 one member shall be a director of a mental health housing program. A
40 chairperson shall be nominated by a majority vote from among the members
41 of the task force.

42 3. No member, officer or employee of the task force shall be disquali-
43 fied from holding any other public office or employment, nor shall he or
44 she forfeit any such office or employment by reason of his or her
45 appointment hereunder, notwithstanding the provisions of any general,
46 special, or local law, ordinance or city charter.

47 4. The members of the task force shall receive no compensation for
48 their services but shall be allowed their actual and necessary expenses

1 incurred in the performance of their duties hereunder. The task force
2 shall meet at least three times, or more if deemed necessary, at the
3 call of the chairperson to fulfill its duties.

4 5. The task force shall make a report of its findings, including any
5 recommendations required pursuant to subdivision one of this section as
6 well as any legislative or budgetary initiatives as it may deem neces-
7 sary and appropriate. Such report shall be provided to the governor and
8 the legislature no later than twelve months after this act shall have
9 become a law.

10 § 2. This act shall take effect immediately and shall expire and be
11 deemed repealed thirty days after the report required pursuant to subdivi-
12 sion five of section one of this act has been presented to the legis-
13 lature; provided, further, that the commissioner of mental health shall
14 notify the legislative bill drafting commission upon the submission of
15 the report required by subdivision five of section one of this act to
16 the legislature, in order that the commission may maintain an accurate
17 and timely effective data base of the official text of the laws of the
18 state of New York in furtherance of effectuating the provisions of
19 section 44 of the legislative law and section 70-b of the public offi-
20 cers law.

21 PART LL

22 Section 1. Paragraph (d-3) of subdivision 3 of section 364-j of the
23 social services law, as added by section 1 of part JJ of chapter 57 of
24 the laws of 2021, is amended to read as follows:

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

30 § 2. Section 2 of part JJ of chapter 57 of the laws of 2021 amending
31 the social services law relating to managed care programs, is amended to
32 read as follows:

33 § 2. This act shall take effect immediately [~~and shall expire April 1,~~
34 ~~2023, when upon such date the provisions of this act shall be deemed~~
35 ~~repealed~~]; provided [~~further,~~] that the amendments to section 364-j of
36 the social services law made by section one of this act shall not affect
37 the repeal of such section and shall be deemed repealed therewith.

38 § 3. This act shall take effect immediately; provided, however, that
39 the amendments to section 364-j of the social services law made by this
40 act shall not affect the repeal of such section and shall be deemed
41 repealed therewith.

42 PART MM

43 Section 1. Section 365-1 of the social services law is amended by
44 adding a new subdivision 1-a to read as follows:

45 1-a. In establishing the eligibility criteria under paragraph (d) of
46 subdivision one of this section, the commissioner of health shall not
47 establish any limit on the duration of eligibility under this section
48 for a Medicaid enrollee who meets all other eligibility criteria.

49 § 2. This act shall take effect immediately.

50 PART NN

1 Section 1. Sections 1 and 1-a of part FFF of chapter 56 of the laws of
2 2020 directing the department of health to remove the pharmacy benefit
3 from the managed care benefit package and to provide the pharmacy bene-
4 fit under the fee for service program are REPEALED.

5 § 2. This act shall take effect April 1, 2023.

6 PART OO

7 Section 1. Subdivision 1 of section 2999-dd of the public health law,
8 as amended by section 2 of part V of chapter 57 of the laws of 2022, is
9 amended to read as follows:

10 1. Health care services delivered by means of telehealth shall be
11 entitled to reimbursement under section three hundred sixty-seven-u of
12 the social services law on the same basis, at the same rate, and to the
13 same extent the equivalent services, as may be defined in regulations
14 promulgated by the commissioner, are reimbursed when delivered in
15 person; provided, however, that health care services delivered by means
16 of telehealth shall not require reimbursement to a telehealth provider
17 for certain costs, including but not limited to facility fees or costs
18 reimbursed through ambulatory patient groups or other clinic reimburse-
19 ment methodologies set forth in section twenty-eight hundred seven of
20 this chapter, if such costs were not incurred in the provision of tele-
21 health services due to neither the originating site nor the distant site
22 occurring within a facility or other clinic setting; and further
23 provided, however, reimbursement for additional modalities, provider
24 categories and originating sites specified in accordance with section
25 twenty-nine hundred ninety-nine-ee of this article, and audio-only tele-
26 phone communication defined in regulations promulgated pursuant to
27 subdivision four of section twenty-nine hundred ninety-nine-cc of this
28 article, shall be contingent upon federal financial participation.
29 Notwithstanding the provisions of this subdivision, for services
30 licensed, certified or otherwise authorized pursuant to article sixteen,
31 article thirty-one or article thirty-two of the mental hygiene law, and
32 for any services delivered through a facility licensed under article
33 twenty-eight of this chapter that is eligible to be designated or has
34 received a designation as a federally qualified health center in accord-
35 ance with 42 USC § 1396a(aa), as amended, or any successor law thereto,
36 including those facilities that are also licensed under article thirty-
37 one or article thirty-two of the mental hygiene law, such services
38 provided by telehealth[~~, as deemed appropriate by the relevant commis-~~
39 ~~sioner,~~] shall be reimbursed at the applicable in person rates or fees
40 established by law, or otherwise established or certified by the office
41 for people with developmental disabilities, office of mental health, or
42 the office of addiction services and supports pursuant to article
43 forty-three of the mental hygiene law.

44 § 2. This act shall take effect April 1, 2023; provided, however, that
45 the amendments to subdivision 1 of section 2999-dd of the public health
46 law made by section one of this act shall not affect the expiration of
47 such subdivision and shall expire and be deemed repealed therewith.

48 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
49 sion, section or part of this act shall be adjudged by any court of
50 competent jurisdiction to be invalid, such judgment shall not affect,
51 impair, or invalidate the remainder thereof, but shall be confined in
52 its operation to the clause, sentence, paragraph, subdivision, section
53 or part thereof directly involved in the controversy in which such judg-
54 ment shall have been rendered. It is hereby declared to be the intent of

1 the legislature that this act would have been enacted even if such
2 invalid provisions had not been included herein.
3 § 3. This act shall take effect immediately provided, however, that
4 the applicable effective date of Parts A through OO of this act shall be
5 as specifically set forth in the last section of such Parts.