

# STATE OF NEW YORK

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S. 4007--C

A. 3007--C

## SENATE - ASSEMBLY

February 1, 2023

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

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

AN ACT to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to 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 scan-

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

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ning 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, 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 part C of chapter 60 of the laws of 2014, amending the social services law relating to fair hearings within the Fully Integrated Duals Advantage program, 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; and 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 the effectiveness 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 five 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 and hospital outpatient 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); to amend the elder law, in relation to programs for the aging (Part G); to amend section 5 of part AAA of chapter 56 of the laws of 2022, amending the social services law relating to expanding Medicaid eligibility requirements for seniors and disabled individuals, in relation to the effectiveness of the basic health plan program; 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 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 setting performance standards for managed long term care plans; 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; 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); to amend the insurance law and the public health law, in relation to site of service review and coverage for services provided at hospital-based outpatient clinics (Part L); to amend the public health law, in relation to review and oversight of material transactions (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; and to amend the public health law, in relation to adding debt retirement, working capital or other non-capital projects to existing health care facility transformation programs (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 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 and the civil service law, in relation to modernizing the state of New York's emergency medical system and workforce (Part S); to amend the public health law, in relation to lead testing in certain multiple dwellings; to amend the executive law, in relation to expanding the powers of the secretary of state with respect to the New York state uniform fire

prevention and building code; and providing for the repeal of certain provisions of the public health law upon expiration thereof (Part T); to amend the general business law, in relation to safeguarding abortion access through data privacy protection (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; and to direct the superintendent of financial services to develop an assessment offset plan to limit the impact of certain assessments (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; and to amend chapter 425 of the laws of 2013 amending the public health law relating to requiring hospitals to offer hepatitis C testing, in relation to extending such provisions thereof (Part AA); to amend the public health law, in relation to adding certain fentanyl analogs to the schedules of controlled substances (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); to amend the insurance law and the financial services law, in relation to insurance coverage for behavioral health services (Subpart A); to amend the insurance law, in relation to utilization review standards for mental health services (Subpart B); intentionally omitted (Subpart C); intentionally omitted (Subpart D); to amend the insurance law, in relation to substance use disorder treatment (Subpart E); and to amend the insurance law and the public health law, in relation to network adequacy for mental health and substance use disorder services (Subpart F) (Part II); to amend the mental hygiene law, in relation to the imposition of sanctions by the commissioner of mental health (Part JJ); to amend the mental hygiene law, in relation to establishing the independent developmental disability ombudsman program (Part KK); to amend the insurance law, in relation to coverage for abortion services (Part LL); to amend the public health law and the insurance law, in relation to the definition of clinical peer reviewer (Part MM); to amend the public health law, in relation to wage adjustments for home care aides; to amend the social services law, in relation to electronic visit certifications; and to repeal certain provisions of the social services law, relating to definitions and to preclaim review for participating providers of medical assistance program services and items (Part NN); to direct the office of mental health to convene a

task force on implementing mental health crisis response and diversion for mental health, alcohol use, and substance use crises; and providing for the repeal of such provisions upon the expiration thereof (Part OO); and directing the commissioner of mental health to establish a maternal mental health workgroup to study and issue recommendations related to maternal mental health and perinatal and postpartum mood and anxiety disorders; and providing for the repeal of such provision upon expiration thereof (Part PP)

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. This act enacts into law major components of legislation  
2 necessary to implement the state health and mental hygiene budget for  
3 the 2023-2024 state fiscal year. Each component is wholly contained  
4 within a Part identified as Parts A through PP. The effective date for  
5 each particular provision contained within such Part is set forth in the  
6 last section of such Part. Any provision in any section contained within  
7 a Part, including the effective date of the Part, which makes a refer-  
8 ence to a section "of this act", when used in connection with that  
9 particular component, shall be deemed to mean and refer to the corre-  
10 sponding section of the Part in which it is found. Section three of this  
11 act sets forth the general effective date of this act.

12 PART A

13 Section 1. Paragraph (a) of subdivision 1 of section 92 of part H of  
14 chapter 59 of the laws of 2011, amending the public health law and other  
15 laws relating to general hospital reimbursement for annual rates, as  
16 amended by section 2 of part H of chapter 57 of the laws of 2022, is  
17 amended to read as follows:

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

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

27 PART B

28 Section 1. Subdivision 1 of section 20 of chapter 451 of the laws of  
29 2007 amending the public health law, the social services law and the  
30 insurance law relating to providing enhanced consumer and provider  
31 protections, as amended by chapter 181 of the laws of 2021, is amended  
32 to read as follows:

33 1. sections four, eleven and thirteen of this act shall take effect  
34 immediately and shall expire and be deemed repealed June 30, ~~2023~~  
35 2025;

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

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

§ 3. Section 3 of 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, as amended by section 4 of part T of chapter 57 of the laws of 2018, is amended to read as follows:

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

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

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

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

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

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

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

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

§ 2. This act shall take effect on the one hundred twentieth day after it shall have become a law; provided, however, that, effective immediately, the addition, amendment, and/or repeal of any rules and regulations necessary to implement the provisions of this act on its effective date are directed to be completed on or before such effective date; and provided further, that this act shall expire and be deemed repealed [~~five years after such effective date~~] January 30, 2029.

§ 8. Section 5 of chapter 426 of the laws of 1983, amending the public health law relating to professional misconduct proceedings, as amended 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 1, [~~2023~~] 2028 at which time the provisions of this act shall be deemed  
2 to be repealed.

3 § 10. Subparagraph (ii) of paragraph (c) of subdivision 11 of section  
4 230 of the public health law, as amended by chapter 106 of the laws of  
5 2018, is amended to read as follows:

6 (ii) Participation and membership during a three year demonstration  
7 period in a physician committee of the Medical Society of the State of  
8 New York or the New York State Osteopathic Society whose purpose is to  
9 confront and refer to treatment physicians who are thought to be suffer-  
10 ing from alcoholism, drug abuse, or mental illness. Such demonstration  
11 period shall commence on April first, nineteen hundred eighty and termi-  
12 nate on May thirty-first, nineteen hundred eighty-three. An additional  
13 demonstration period shall commence on June first, nineteen hundred  
14 eighty-three and terminate on March thirty-first, nineteen hundred  
15 eighty-six. An additional demonstration period shall commence on April  
16 first, nineteen hundred eighty-six and terminate on March thirty-first,  
17 nineteen hundred eighty-nine. An additional demonstration period shall  
18 commence April first, nineteen hundred eighty-nine and terminate March  
19 thirty-first, nineteen hundred ninety-two. An additional demonstration  
20 period shall commence April first, nineteen hundred ninety-two and  
21 terminate March thirty-first, nineteen hundred ninety-five. An addi-  
22 tional demonstration period shall commence on April first, nineteen  
23 hundred ninety-five and terminate on March thirty-first, nineteen  
24 hundred ninety-eight. An additional demonstration period shall commence  
25 on April first, nineteen hundred ninety-eight and terminate on March  
26 thirty-first, two thousand three. An additional demonstration period  
27 shall commence on April first, two thousand three and terminate on March  
28 thirty-first, two thousand thirteen. An additional demonstration period  
29 shall commence April first, two thousand thirteen and terminate on March  
30 thirty-first, two thousand eighteen. An additional demonstration period  
31 shall commence April first, two thousand eighteen and terminate on July  
32 first, two thousand [~~twenty-three~~] twenty-eight provided, however, that  
33 the commissioner may prescribe requirements for the continuation of such  
34 demonstration program, including periodic reviews of such programs and  
35 submission of any reports and data necessary to permit such reviews.  
36 During these additional periods, the provisions of this subparagraph  
37 shall also apply to a physician committee of a county medical society.

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

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

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

50 (b) Notwithstanding any inconsistent provision of law or regulation to  
51 the contrary, for the state fiscal years beginning April first, two  
52 thousand ten and ending March thirty-first, two thousand [~~twenty-three~~]  
53 twenty-five, the commissioner shall not be required to revise certified  
54 rates of payment established pursuant to this article for rate periods  
55 prior to April first, two thousand [~~twenty-three~~] twenty-five, based on  
56 consideration of rate appeals filed by residential health care facili-

ties 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-five**. 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-five**, 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~~] **2025**.

§ 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

1 public residential health care facilities, including public residential  
2 health care facilities located in the county of Nassau, the county of  
3 Westchester and the county of Erie, but excluding public residential  
4 health care facilities operated by a town or city within a county, in  
5 aggregate annual amounts of up to one hundred fifty million dollars in  
6 additional payments for the state fiscal year beginning April first, two  
7 thousand six and for the state fiscal year beginning April first, two  
8 thousand seven and for the state fiscal year beginning April first, two  
9 thousand eight and of up to three hundred million dollars in such aggregate  
10 annual additional payments for the state fiscal year beginning  
11 April first, two thousand nine, and for the state fiscal year beginning  
12 April first, two thousand ten and for the state fiscal year beginning  
13 April first, two thousand eleven, and for the state fiscal years beginning  
14 April first, two thousand twelve and April first, two thousand  
15 thirteen, and of up to five hundred million dollars in such aggregate  
16 annual additional payments for the state fiscal years beginning April  
17 first, two thousand fourteen, April first, two thousand fifteen and  
18 April first, two thousand sixteen and of up to five hundred million  
19 dollars in such aggregate annual additional payments for the state  
20 fiscal years beginning April first, two thousand seventeen, April first,  
21 two thousand eighteen, and April first, two thousand nineteen, and of up  
22 to five hundred million dollars in such aggregate annual additional  
23 payments for the state fiscal years beginning April first, two thousand  
24 twenty, April first, two thousand twenty-one, and April first, two thousand  
25 twenty-two, and of up to five hundred million dollars in such  
26 aggregate annual additional payments for the state fiscal years beginning  
27 April first, two thousand twenty-three, April first, two thousand  
28 twenty-four, and April first, two thousand twenty-five. The amount allocated  
29 to each eligible public residential health care facility for this  
30 period shall be computed in accordance with the provisions of paragraph  
31 (f) of this subdivision, provided, however, that patient days shall be  
32 utilized for such computation reflecting actual reported data for two  
33 thousand three and each representative succeeding year as applicable,  
34 and provided further, however, that, in consultation with impacted  
35 providers, of the funds allocated for distribution in the state fiscal  
36 year beginning April first, two thousand thirteen, up to thirty-two  
37 million dollars may be allocated in accordance with paragraph (f-1) of  
38 this subdivision.

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

43 § 18. This act shall take effect immediately, except that sections  
44 six, nine, ten and eleven of this act shall take effect on the sixtieth  
45 day after it shall have become a law, sections two, three, four and nine  
46 of this act shall expire and be of no further force or effect on or  
47 after March 31, [~~2023~~ 2026, section two of this act shall take effect  
48 on April 1, 1985 or seventy-five days following the submission of the  
49 report required by section one of this act, whichever is later, and  
50 sections eleven and thirteen of this act shall expire and be of no  
51 further force or effect on or after March 31, 1988.

52 § 17. Section 4 of part X2 of chapter 62 of the laws of 2003, amending  
53 the public health law relating to allowing for the use of funds of the  
54 office of professional medical conduct for activities of the patient  
55 health information and quality improvement act of 2000, as amended by

1 section 5 of part BB of chapter 56 of the laws of 2020, is amended to  
2 read as follows:

3 § 4. This act shall take effect immediately; provided that the  
4 provisions of section one of this act shall be deemed to have been in  
5 full force and effect on and after April 1, 2003, and shall expire March  
6 31, [~~2023~~] 2026 when upon such date the provisions of such section shall  
7 be deemed repealed.

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

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

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

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

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

44 § 228. 1. Definitions. (a) Regions, for purposes of this section,  
45 shall mean a downstate region to consist of Kings, New York, Richmond,  
46 Queens, Bronx, Nassau and Suffolk counties and an upstate region to  
47 consist of all other New York state counties. A certified home health  
48 agency or long term home health care program shall be located in the  
49 same county utilized by the commissioner of health for the establishment  
50 of rates pursuant to article 36 of the public health law.

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

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

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

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

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

(g) Target period. For purposes of this section, the 1996 target period shall mean August 1, 1996 through March 31, 1997, the 1997 target period shall mean January 1, 1997 through November 30, 1997, the 1998 target period shall mean January 1, 1998 through November 30, 1998, the 1999 target period shall mean January 1, 1999 through November 30, 1999, the 2000 target period shall mean January 1, 2000 through November 30, 2000, the 2001 target period shall mean January 1, 2001 through November 30, 2001, the 2002 target period shall mean January 1, 2002 through November 30, 2002, the 2003 target period shall mean January 1, 2003 through November 30, 2003, the 2004 target period shall mean January 1, 2004 through November 30, 2004, and the 2005 target period shall mean January 1, 2005 through November 30, 2005, the 2006 target period shall mean January 1, 2006 through November 30, 2006, and the 2007 target period shall mean January 1, 2007 through November 30, 2007 and the 2008 target period shall mean January 1, 2008 through November 30, 2008, and the 2009 target period shall mean January 1, 2009 through November 30, 2009 and the 2010 target period shall mean January 1, 2010 through November 30, 2010 and the 2011 target period shall mean January 1, 2011 through November 30, 2011 and the 2012 target period shall mean January 1, 2012 through November 30, 2012 and the 2013 target period shall mean January 1, 2013 through November 30, 2013, and the 2014 target period shall mean January 1, 2014 through November 30, 2014 and the 2015 target period shall mean January 1, 2015 through November 30, 2015 and the 2016 target period shall mean January 1, 2016 through November 30, 2016 and the 2017 target period shall mean January 1, 2017 through November 30, 2017 and the 2018 target period shall mean January 1, 2018 through November 30, 2018 and the 2019 target period shall mean January 1, 2019 through November 30, 2019 and the 2020 target period shall mean January 1, 2020 through November 30, 2020[7] and the 2021 target period shall mean January 1, 2021 through November 30, 2021 and the 2022 target period shall mean January 1, 2022 through November 30, 2022 and the 2023 target period shall mean January 1, 2023 through November 30, 2023 and the 2024 target period shall mean January 1, 2024 through November 30, 2024 and the 2025 target period shall mean January 1, 2025 through November 30, 2025 and the 2026 target period shall mean January 1, 2026 through November 30, 2026 and the 2027 target period shall mean January 1, 2027 through November 30, 2027.

2. (a) Prior to February 1, 1997, for each regional group the commissioner of health shall calculate the 1996 medicaid revenue percentages for the period commencing August 1, 1996 to the last date for which such data is available and reasonably accurate.

(b) Prior to February 1, 1998, prior to February 1, 1999, prior to February 1, 2000, prior to February 1, 2001, prior to February 1, 2002, prior to February 1, 2003, prior to February 1, 2004, prior to February 1, 2005, prior to February 1, 2006, prior to February 1, 2007, prior to February 1, 2008, prior to February 1, 2009, prior to February 1, 2010, prior to February 1, 2011, prior to February 1, 2012, prior to February 1, 2013, prior to February 1, 2014, prior to February 1, 2015, prior to

February 1, 2016, prior to February 1, 2017, prior to February 1, 2018, prior to February 1, 2019, prior to February 1, 2020, prior to February 1, 2021, prior to February 1, 2022, ~~[and]~~ prior to February 1, 2023, prior to February 1, 2024, prior to February 1, 2025, prior to February 1, 2026 and prior to February 1, 2027 for each regional group the commissioner of health shall calculate the prior year's medicaid revenue percentages for the period commencing January 1 through November 30 of such prior year.

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

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

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

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

(iii) one and eight-tenths percentage points for LTHHCPs located within the downstate region; and

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

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

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

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

(iii) one and eight-tenths percentage points for LTHHCPs located within the downstate region; and

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

(c) For each regional group, the 1999 target medicaid revenue percentage shall be calculated by subtracting the 1999 medicaid revenue reduction percentage from the base period medicaid revenue percentage. The 1999 medicaid revenue reduction percentages, taking into account regional and program differences in utilization of medicaid and medicare services, for the following regional groups shall be equal to:

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

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

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

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

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

(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, if the medicaid revenue percentage for the respective year is not equal to or less than the target medicaid revenue percentage for such respective year, the commissioner of health shall compare such respective year's medicaid revenue percentage to such respective year's target medicaid revenue percentage to determine the amount of the shortfall which, when divided by the respective year's medicaid revenue reduction percentage, shall be called the reduction factor for such respective year. These amounts, expressed as a percentage, shall not exceed one hundred percent. If the medicaid revenue percentage for a particular year is equal to or less than the target medicaid revenue percentage for that year, the reduction factor for that year shall be zero.

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

(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 1996 reduction factor shall be zero, there shall be no 1996 state share reduction amount.

(b) For 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, 2026 and 2027, for each regional group, the reduction factor for the respective year shall be multiplied by the following amounts to determine each regional group's 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.

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

4 (c) For each regional group, the 1999 reduction factor shall be multi-  
5 plied by the following amounts to determine each regional group's appli-  
6 cable 1999 state share reduction amount:

7 (i) one million seven hundred ninety-two thousand five hundred dollars  
8 (\$1,792,500) for CHHAs located within the downstate region;

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

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

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

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

17 7. (a) For each regional group, the 1996 state share reduction amount  
18 shall be allocated by the commissioner of health among CHHAs and LTHHCPS  
19 on the basis of the extent of each CHHA's and LTHHCP's failure to  
20 achieve the 1996 target medicaid revenue percentage, calculated on a  
21 provider specific basis utilizing revenues for this purpose, expressed  
22 as a proportion of the total of each CHHA's and LTHHCP's failure to  
23 achieve the 1996 target medicaid revenue percentage within the applica-  
24 ble regional group. This proportion shall be multiplied by the applica-  
25 ble 1996 state share reduction amount calculation pursuant to paragraph  
26 (a) of subdivision 6 of this section. This amount shall be called the  
27 1996 provider specific state share reduction amount.

28 (b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006,  
29 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018,  
30 2019, 2020, 2021, 2022 [~~and~~], 2023, 2024, 2025, 2026 and 2027 for each  
31 regional group, the state share reduction amount for the respective year  
32 shall be allocated by the commissioner of health among CHHAs and LTHHCPS  
33 on the basis of the extent of each CHHA's and LTHHCP's failure to  
34 achieve the target medicaid revenue percentage for the applicable year,  
35 calculated on a provider specific basis utilizing revenues for this  
36 purpose, expressed as a proportion of the total of each CHHA's and  
37 LTHHCP's failure to achieve the target medicaid revenue percentage for  
38 the applicable year within the applicable regional group. This propor-  
39 tion shall be multiplied by the applicable year's state share reduction  
40 amount calculation pursuant to paragraph (b) or (c) of subdivision 6 of  
41 this section. This amount shall be called the provider specific state  
42 share reduction amount for the applicable year.

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

48 (b) The provider specific state share reduction amount for 1997, 1998,  
49 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010,  
50 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022  
51 [~~and~~], 2023, 2024, 2025, 2026 and 2027 respectively, shall be due to the  
52 state from each CHHA and LTHHCP and each year the amount due for such  
53 year may be recouped by the state by March 31 of the following year in a  
54 lump sum amount or amounts from payments due to the CHHA and LTHHCP  
55 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

1 residents eligible for payments pursuant to title 11 of article 5 of the  
2 social services law minus the number of days provided to residents  
3 receiving hospice care, expressed as a percentage, for the period  
4 commencing January 1, through November 30, of the prior year respective-  
5 ly, based on such data for such period. This value shall be called the  
6 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011,  
7 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 [~~and~~],  
8 2023, 2024, 2025 and 2026 statewide target percentage respectively.

9 § 22. Subparagraph (ii) of paragraph (b) of subdivision 3 of section  
10 64 of chapter 81 of the laws of 1995, amending the public health law and  
11 other laws relating to medical reimbursement and welfare reform, as  
12 amended by section 14 of part BB of chapter 56 of the laws of 2020, is  
13 amended to read as follows:

14 (ii) If the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006,  
15 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018,  
16 2019, 2020, 2021, 2022 [~~and~~], 2023, 2024, 2025 and 2026 statewide target  
17 percentages are not for each year at least three percentage points high-  
18 er than the statewide base percentage, the commissioner of health shall  
19 determine the percentage by which the statewide target percentage for  
20 each year is not at least three percentage points higher than the state-  
21 wide base percentage. The percentage calculated pursuant to this para-  
22 graph shall be called the 1997, 1998, 2000, 2001, 2002, 2003, 2004,  
23 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016,  
24 2017, 2018, 2019, 2020, 2021, 2022 [~~and~~], 2023, 2024, 2025 and 2026  
25 statewide reduction percentage respectively. If the 1997, 1998, 2000,  
26 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012,  
27 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 [~~and~~], 2023,  
28 2024, 2025 and 2026 statewide target percentage for the respective year  
29 is at least three percentage points higher than the statewide base  
30 percentage, the statewide reduction percentage for the respective year  
31 shall be zero.

32 § 23. Subparagraph (iii) of paragraph (b) of subdivision 4 of section  
33 64 of chapter 81 of the laws of 1995, amending the public health law and  
34 other laws relating to medical reimbursement and welfare reform, as  
35 amended by section 15 of part BB of chapter 56 of the laws of 2020, is  
36 amended to read as follows:

37 (iii) The 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008,  
38 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020,  
39 2021, 2022 [~~and~~], 2023, 2024, 2025 and 2026 statewide reduction percent-  
40 age shall be multiplied by one hundred two million dollars respectively  
41 to determine the 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,  
42 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019,  
43 2020, 2021, 2022 [~~and~~], 2023, 2024, 2025 and 2026 statewide aggregate  
44 reduction amount. If the 1998 and the 2000, 2001, 2002, 2003, 2004,  
45 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016,  
46 2017, 2018, 2019, 2020, 2021, 2022 [~~and~~], 2023, 2024, 2025 and 2026  
47 statewide reduction percentage shall be zero respectively, there shall  
48 be no 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009,  
49 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 2020, 2021,  
50 2022 [~~and~~], 2023, 2024, 2025 and 2026 reduction amount.

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

55 During the period from April first, two thousand fifteen through March  
56 thirty-first, two thousand [~~twenty-three~~] twenty-six, the commissioner

1 may, in lieu of a managed care provider or pharmacy benefit manager,  
2 negotiate directly and enter into an arrangement with a pharmaceutical  
3 manufacturer for the provision of supplemental rebates relating to phar-  
4 maceutical utilization by enrollees of managed care providers pursuant  
5 to section three hundred sixty-four-j of this title and may also negoti-  
6 ate directly and enter into such an agreement relating to pharmaceutical  
7 utilization by medical assistance recipients not so enrolled. Such  
8 rebate arrangements shall be limited to the following: antiretrovirals  
9 approved by the FDA for the treatment of HIV/AIDS, opioid dependence  
10 agents and opioid antagonists listed in a statewide formulary estab-  
11 lished pursuant to subparagraph (vii) of this paragraph, hepatitis C  
12 agents, high cost drugs as provided for in subparagraph (viii) of this  
13 paragraph, gene therapies as provided for in subparagraph (ix) of this  
14 paragraph, and any other class or drug designated by the commissioner  
15 for which the pharmaceutical manufacturer has in effect a rebate  
16 arrangement with the federal secretary of health and human services  
17 pursuant to 42 U.S.C. § 1396r-8, and for which the state has established  
18 standard clinical criteria. No agreement entered into pursuant to this  
19 paragraph shall have an initial term or be extended beyond the expira-  
20 tion or repeal of this paragraph.

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

25 1. section one of this act shall expire and be deemed repealed March  
26 31, ~~2026~~ 2029;

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

31 § 8. This act shall take effect immediately and shall be deemed to  
32 have been in full force and effect on and after April 1, 2020, provided,  
33 further that sections ~~three~~ four through ~~nine~~ seven of this act  
34 shall expire and be deemed repealed March 31, ~~2023~~ 2026; provided  
35 further, however, that the director of the budget may, in consultation  
36 with the commissioner of health, delay the effective dates prescribed  
37 herein for a period of time which shall not exceed ninety days following  
38 the conclusion or termination of an executive order issued pursuant to  
39 section 28 of the executive law declaring a state disaster emergency for  
40 the entire state of New York, upon such delay the director of budget  
41 shall notify the chairs of the assembly ways and means committee and  
42 senate finance committee and the chairs of the assembly and senate  
43 health committee; provided further, however, that the director of the  
44 budget shall notify the legislative bill drafting commission upon the  
45 occurrence of a delay in the effective date of this act in order that  
46 the commission may maintain an accurate and timely effective data base  
47 of the official text of the laws of the state of New York in furtherance  
48 of effectuating the provisions of section 44 of the legislative law and  
49 section 70-b of the public officers law.

50 § 27. Subdivision 4-a of section 71 of part C of chapter 60 of the  
51 laws of 2014, amending the social services law relating to fair hearings  
52 within the Fully Integrated Duals Advantage program, as amended by  
53 section 7 of part MM of chapter 56 of the laws of 2020, is amended to  
54 read as follows:

55 4-a. section twenty-two of this act shall take effect April 1, 2014,  
56 and shall be deemed expired January 1, ~~2024~~ 2026;

§ 28. Section 4 of 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, as amended by section 1 of item PP of subpart B of part XXX of chapter 58 of the laws of 2020, is amended to read as follows:

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

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

§ 11. This act shall take effect immediately and:

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

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

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

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

5-a. Section sixty-four-a of this act shall be deemed to have been in full force and effect on and after April 1, 1995 through March 31, 1999 and on and after July 1, 1999 through March 31, 2000 and on and after April 1, 2000 through March 31, 2003 and on and after April 1, 2003 through March 31, 2007, and on and after April 1, 2007 through March 31, 2009, and on and after April 1, 2009 through March 31, 2011, and on and after April 1, 2011 through March 31, 2013, and on and after April 1, 2013 through March 31, 2015, and on and after April 1, 2015 through March 31, 2017 and on and after April 1, 2017 through March 31, 2019, and on and after April 1, 2019 through March 31, 2021, and on and after April 1, 2021 through March 31, 2023, and on and after April 1, 2023 through March 31, 2025;

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

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

1 after April 1, 2021 through March 31, 2023, and on and after April 1,  
2 2023 through March 31, 2025.

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

8 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section  
9 2807-c of the public health law, section 21 of chapter 1 of the laws of  
10 1999, or any other contrary provision of law, in determining rates of  
11 payments by state governmental agencies effective for services provided  
12 on and after January 1, 2017 through March 31, [~~2023~~] 2025, for inpa-  
13 tient and outpatient services provided by general hospitals, for inpa-  
14 tient services and adult day health care outpatient services provided by  
15 residential health care facilities pursuant to article 28 of the public  
16 health law, except for residential health care facilities or units of  
17 such facilities providing services primarily to children under twenty-  
18 one years of age, for home health care services provided pursuant to  
19 article 36 of the public health law by certified home health agencies,  
20 long term home health care programs and AIDS home care programs, and for  
21 personal care services provided pursuant to section 365-a of the social  
22 services law, the commissioner of health shall apply no greater than  
23 zero trend factors attributable to the 2017, 2018, 2019, 2020, 2021,  
24 2022 [~~and~~], 2023, 2024 and 2025 calendar years in accordance with para-  
25 graph (c) of subdivision 10 of section 2807-c of the public health law,  
26 provided, however, that such no greater than zero trend factors attrib-  
27 utable to such 2017, 2018, 2019, 2020, 2021, 2022 [~~and~~], 2023, 2024 and  
28 2025 calendar years shall also be applied to rates of payment provided  
29 on and after January 1, 2017 through March 31, [~~2023~~] 2025 for personal  
30 care services provided in those local social services districts, includ-  
31 ing New York city, whose rates of payment for such services are estab-  
32 lished by such local social services districts pursuant to a rate-set-  
33 ting exemption issued by the commissioner of health to such local social  
34 services districts in accordance with applicable regulations; and  
35 provided further, however, that for rates of payment for assisted living  
36 program services provided on and after January 1, 2017 through March 31,  
37 [~~2023~~] 2025, such trend factors attributable to the 2017, 2018, 2019,  
38 2020, 2021, 2022 [~~and~~], 2023, 2024 and 2025 calendar years shall be  
39 established at no greater than zero percent.

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

44 2. Sections five, seven through nine, twelve through fourteen, and  
45 eighteen of this act shall be deemed to have been in full force and  
46 effect on and after April 1, 1995 through March 31, 1999 and on and  
47 after July 1, 1999 through March 31, 2000 and on and after April 1, 2000  
48 through March 31, 2003 and on and after April 1, 2003 through March 31,  
49 2006 and on and after April 1, 2006 through March 31, 2007 and on and  
50 after April 1, 2007 through March 31, 2009 and on and after April 1,  
51 2009 through March 31, 2011 and sections twelve, thirteen and fourteen  
52 of this act shall be deemed to be in full force and effect on and after  
53 April 1, 2011 through March 31, 2015 and on and after April 1, 2015  
54 through March 31, 2017 and on and after April 1, 2017 through March 31,  
55 2019, and on and after April 1, 2019 through March 31, 2021, and on and

1 after April 1, 2021 through March 31, 2023, and on and after April 1,  
2 2023 through March 31, 2025;

3 § 34. Subparagraph (vi) of paragraph (b) of subdivision 2 of section  
4 2807-d of the public health law, as amended by section 11 of part S of  
5 chapter 57 of the laws of 2021, is amended to read as follows:

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

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

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

53 § 35-a. Subdivision b of section 12 of chapter 471 of the laws of 2016  
54 amending the education law and the public health law relating to author-  
55 izing certain advanced home health aides to perform certain advanced  
56 tasks, is amended to read as follows:

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

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

§ 9. This act shall take effect immediately; provided however, that  
sections one and two of this act shall take effect on the first of June  
next succeeding the date on which it shall have become a law and shall  
expire and be deemed repealed June 1, ~~2023~~ 2026.

§ 36. 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 the amendments to subdivision 6 of section 366 of the  
social services law made by section four of this act shall not affect  
the repeal of such subdivision and shall be deemed repealed therewith;  
provided further, however, that the amendments to subparagraph (ii) of  
paragraph (c) of subdivision 11 of section 230 of the public health law  
made by section ten of this act shall not affect the expiration of such  
subparagraph and shall be deemed to expire therewith; and provided  
further, however, that the amendments to the opening paragraph of para-  
graph (e) of subdivision 7 of section 367-a of the social services law  
made by section twenty-four of this act shall not affect the repeal of  
such paragraph and shall be deemed repealed therewith.

#### PART C

Section 1. Section 34 of 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, as amended by section 1 of part Y of chapter  
56 of the laws of 2020, is amended to read as follows:

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

(2) Notwithstanding any inconsistent provision of law, rule or regu-  
lation and effective April 1, 2008 through March 31, ~~2023~~ 2026, the  
commissioner of health is authorized to transfer and the state comp-  
troller is authorized and directed to receive for deposit to the credit  
of the department of health's special revenue fund - other, health care  
reform act (HCRA) resources fund - 061, provider collection monitoring  
account, within amounts appropriated each year, those funds collected  
and accumulated and interest earned through surcharges on payments for  
health care services pursuant to section 2807-s of the public health law  
and from assessments pursuant to section 2807-t of the public health law  
for the purpose of payment for administrative costs of the department of  
health related to administration of statutory duties for the collections

1 and distributions authorized by sections 2807-s, 2807-t, and 2807-m of  
2 the public health law.

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

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

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

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

53 (8) Notwithstanding any inconsistent provision of law, rule or regu-  
54 lation and effective April 1, 2008 through March 31, [~~2023~~] 2026, the  
55 commissioner of health is authorized to transfer and the comptroller is  
56 authorized to deposit, within amounts appropriated each year, those

1 funds authorized for distribution in accordance with section 2807-1 of  
2 the public health law for the purposes of payment for administrative  
3 costs of the department of health related to programs funded under  
4 section 2807-1 of the public health law into the special revenue funds -  
5 other, health care reform act (HCRA) resources fund - 061, health care  
6 delivery administration account, established within the department of  
7 health.

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

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

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

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

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

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

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

52 1. sections 2807-c, 2807-j, 2807-s, and 2807-t of the public health  
53 law, as amended by this act, shall expire on December 31, [~~2023~~] 2026,  
54 and shall be thereafter effective only in respect to any act done before  
55 such date or action or proceeding arising out of such act including  
56 continued collections of funds from assessments and allowances and

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

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

12 § 2807-l. Health care initiatives pool distributions. 1. Funds accumu-  
13 lated in the health care initiatives pools pursuant to paragraph (b) of  
14 subdivision nine of section twenty-eight hundred seven-j of this arti-  
15 cle, or the health care reform act (HCRA) resources fund established  
16 pursuant to section ninety-two-dd of the state finance law, whichever is  
17 applicable, including income from invested funds, shall be distributed  
18 or retained by the commissioner or by the state comptroller, as applica-  
19 ble, in accordance with the following.

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

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

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

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

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

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

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

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

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

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

55 (x) from the health care reform act (HCRA) resources fund for the  
56 period January first, two thousand six through December thirty-first,

1 two thousand six, up to three hundred twenty-five million four hundred  
2 thousand dollars;

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

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

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

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

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

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

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

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

38 (i) (A) an amount not to exceed six million dollars on an annualized  
39 basis for the periods January first, nineteen hundred ninety-seven  
40 through December thirty-first, nineteen hundred ninety-nine; up to six  
41 million dollars for the period January first, two thousand through  
42 December thirty-first, two thousand; up to five million dollars for the  
43 period January first, two thousand one through December thirty-first,  
44 two thousand one; up to four million dollars for the period January  
45 first, two thousand two through December thirty-first, two thousand two;  
46 up to two million six hundred thousand dollars for the period January  
47 first, two thousand three through December thirty-first, two thousand  
48 three; up to one million three hundred thousand dollars for the period  
49 January first, two thousand four through December thirty-first, two  
50 thousand four; up to six hundred seventy thousand dollars for the period  
51 January first, two thousand five through June thirtieth, two thousand  
52 five; up to one million three hundred thousand dollars for the period  
53 April first, two thousand six through March thirty-first, two thousand  
54 seven; and up to one million three hundred thousand dollars annually for  
55 the period April first, two thousand seven through March thirty-first,

1 two thousand nine, shall be allocated to individual subsidy programs;  
2 and

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

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

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

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

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

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

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

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

54 (B) pursuant to a memorandum of understanding entered into by the  
55 commissioner, the majority leader of the senate and the speaker of the  
56 assembly, for the purposes outlined in such memorandum upon the recom-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 comptroller is hereby authorized and directed to receive for deposit, to  
2 the credit of the state special revenue fund - other, HCRA transfer  
3 fund, medical assistance account.

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

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

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

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

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

28 (i) funds shall be reserved and accumulated:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(f) 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, medicaid fraud hotline and medicaid administration account, or any successor fund or account, for purposes of payment of administrative expenses of the department related to the family health plus program established pursuant to 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: five hundred thousand dollars on an annual basis for the periods January first, two thousand through December thirty-first, two thousand six, five hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, and five hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, five hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, five hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, one hundred twenty-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven and within amounts appropriated on and after April first, two thousand eleven.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

and

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

(t) Funds shall be reserved and accumulated from year to year by the commissioner and shall be made available, including income from invested 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;

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

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

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

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

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

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

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

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

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

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

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

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

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

45 (viii) twelve million two hundred fifty thousand dollars for the peri-  
46 od January first, two thousand nine through March thirty-first, two  
47 thousand nine.

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

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

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

4 (x) up to fifty million dollars each state fiscal year for the period  
5 April first, two thousand twenty through March thirty-first, two thou-  
6 sand twenty-three; and

7 (xi) up to fifty million dollars each state fiscal year for the period  
8 April first, two thousand twenty-three through March thirty-first, two  
9 thousand twenty-six.

10 (ddd) Funds shall be deposited by the commissioner, within amounts  
11 appropriated, and the state comptroller is hereby authorized and  
12 directed to receive for the deposit to the credit of the state special  
13 revenue funds - other, HCRA transfer fund, medical assistance account,  
14 or any successor fund or account, for purposes of funding the state  
15 share of increases in the medical assistance rates for providers for  
16 purposes of enhancing the provision, quality and/or efficiency of home  
17 care services pursuant to subdivision eleven of section thirty-six  
18 hundred fourteen of this chapter from the tobacco control and insurance  
19 initiatives pool established for the following period in the amount of  
20 eight million dollars for the period April first, two thousand six  
21 through December thirty-first, two thousand six.

22 (eee) Funds shall be reserved and accumulated from year to year and  
23 shall be available, including income from invested funds, to the Center  
24 for Functional Genomics at the State University of New York at Albany,  
25 for the purposes of the Adirondack network for cancer education and  
26 research in rural communities grant program to improve access to health  
27 care and shall be made available from the tobacco control and insurance  
28 initiatives pool established for the following period in the amount of  
29 up to five million dollars for the period January first, two thousand  
30 six through December thirty-first, two thousand six.

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

35 (ggg) Funds shall be deposited by the commissioner, within amounts  
36 appropriated, and the state comptroller is hereby authorized and  
37 directed to receive for deposit to the credit of the state special  
38 revenue fund - other, HCRA transfer fund, medical assistance account, or  
39 any successor fund or account, for the purpose of supporting the state  
40 share of Medicaid expenditures for hospital translation services as  
41 authorized pursuant to paragraph (k) of subdivision one of section twen-  
42 ty-eight hundred seven-c of this article from the tobacco control and  
43 initiatives pool established for the following periods in the following  
44 amounts:

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

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

50 (hhh) Funds shall be deposited by the commissioner, within amounts  
51 appropriated, and the state comptroller is hereby authorized and  
52 directed to receive for deposit to the credit of the state special  
53 revenue fund - other, HCRA transfer fund, medical assistance account, or  
54 any successor fund or account, for the purpose of supporting the state  
55 share of Medicaid expenditures for adjustments to inpatient rates of  
56 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

1 of 2020, is amended and three new paragraphs (s), (t) and (u) are added  
2 to read as follows:

3 (r) for the period April first, two thousand twenty-two through March  
4 thirty-first, two thousand twenty-three, up to one hundred million  
5 dollars[~~+~~];

6 (s) for the period April first, two thousand twenty-three through  
7 March thirty-first, two thousand twenty-four, up to one hundred million  
8 dollars;

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

12 (u) for the period April first, two thousand twenty-five through March  
13 thirty-first, two thousand twenty-six, up to one hundred million  
14 dollars.

15 § 15. Paragraph (v) of subdivision 1 of section 367-q of the social  
16 services law, as added by section 17 of part Y of chapter 56 of the laws  
17 of 2020, is amended and three new paragraphs (w), (x) and (y) are added  
18 to read as follows:

19 (v) for the period April first, two thousand twenty-two through March  
20 thirty-first, two thousand twenty-three, up to twenty-eight million five  
21 hundred thousand dollars[~~+~~];

22 (w) for the period April first, two thousand twenty-three through  
23 March thirty-first, two thousand twenty-four, up to twenty-eight million  
24 five hundred thousand dollars;

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

28 (y) for the period April first, two thousand twenty-five through March  
29 thirty-first, two thousand twenty-six, up to twenty-eight million five  
30 hundred thousand dollars.

31 § 16. This act shall take effect April 1, 2023; provided, however, if  
32 this act shall become a law after such date it shall take effect imme-  
33 diately and shall be deemed to have been in full force and effect on and  
34 after April 1, 2023; and further provided, that:

35 (a) the amendments to sections 2807-j and 2807-s of the public health  
36 law made by sections two, eight, nine, and ten of this act shall not  
37 affect the expiration of such sections and shall expire therewith;

38 (b) the amendments to subdivision 6 of section 2807-t of the public  
39 health law made by section eleven of this act shall not affect the expi-  
40 ration of such section and shall be deemed to expire therewith; and

41 (c) the amendments to paragraph (i-1) of subdivision 1 of section  
42 2807-v of the public health law made by section twelve of this act shall  
43 not affect the repeal of such paragraph and shall be deemed repealed  
44 therewith.

45 PART D

46 Intentionally Omitted

47 PART E

48 Section 1. Subdivision 5-d of section 2807-k of the public health  
49 law, as amended by section 3 of part KK of chapter 56 of the laws of  
50 2020, is amended to read as follows:

1 5-d. (a) Notwithstanding any inconsistent provision of this section,  
2 section twenty-eight hundred seven-w of this article or any other  
3 contrary provision of law, and subject to the availability of federal  
4 financial participation, for periods on and after January first, two  
5 thousand twenty, through March thirty-first, two thousand [~~twenty-three~~  
6 twenty-six], all funds available for distribution pursuant to this  
7 section, except for funds distributed pursuant to [~~subparagraph (v) of~~  
8 paragraph (b) of subdivision five-b of this section, and all funds  
9 available for distribution pursuant to section twenty-eight hundred  
10 seven-w of this article, shall be reserved and set aside and distributed  
11 in accordance with the provisions of this subdivision.

12 (b) The commissioner shall promulgate regulations, and may promulgate  
13 emergency regulations, establishing methodologies for the distribution  
14 of funds as described in paragraph (a) of this subdivision and such  
15 regulations shall include, but not be limited to, the following:

16 (i) Such regulations shall establish methodologies for determining  
17 each facility's relative uncompensated care need amount based on unin-  
18 sured inpatient and outpatient units of service from the cost reporting  
19 year two years prior to the distribution year, multiplied by the appli-  
20 cable medicaid rates in effect January first of the distribution year,  
21 as summed and adjusted by a statewide cost adjustment factor and reduced  
22 by the sum of all payment amounts collected from such uninsured  
23 patients, and as further adjusted by application of a nominal need  
24 computation that shall take into account each facility's medicaid inpa-  
25 tient share.

26 (ii) Annual distributions pursuant to such regulations for the two  
27 thousand twenty through two thousand [~~twenty-two~~ twenty-five] calendar  
28 years shall be in accord with the following:

29 (A) one hundred thirty-nine million four hundred thousand dollars  
30 shall be distributed as Medicaid Disproportionate Share Hospital ("DSH")  
31 payments to major public general hospitals; and

32 (B) nine hundred sixty-nine million nine hundred thousand dollars as  
33 Medicaid DSH payments to eligible general hospitals, other than major  
34 public general hospitals.

35 For the calendar years two thousand twenty through two thousand twen-  
36 ty-two, the total distributions to eligible general hospitals, other  
37 than major public general hospitals, shall be subject to an aggregate  
38 reduction of one hundred fifty million dollars annually, provided that  
39 eligible general hospitals, other than major public general hospitals,  
40 that qualify as enhanced safety net hospitals under section two thousand  
41 eight hundred seven-c of this article shall not be subject to such  
42 reduction.

43 For the calendar years two thousand twenty-three through two thousand  
44 twenty-five, the total distributions to eligible general hospitals,  
45 other than major public general hospitals, shall be subject to an aggre-  
46 gate reduction of two hundred thirty-five million four hundred thousand  
47 dollars annually, provided that eligible general hospitals, other than  
48 major public general hospitals that qualify as enhanced safety net  
49 hospitals under section two thousand eight hundred seven-c of this arti-  
50 cle as of April first, two thousand twenty, shall not be subject to such  
51 reduction.

52 Such [~~reduction~~ reductions] shall be determined by a methodology to be  
53 established by the commissioner. Such [~~methodology~~ methodologies] may  
54 take into account the payor mix of each non-public general hospital,  
55 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 dollars shall be distributed to eligible general hospitals, other than major public general hospitals, that experience a reduction in indigent care pool payments pursuant to this subdivision, and 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. Such distribution shall be established pursuant to regulations promulgated by the commissioner and shall be proportional to the reduction experienced by the facility.

(iv) Such regulations shall reserve one percent of the funds available for distribution in the two thousand fourteen and two thousand fifteen calendar years, and for calendar years thereafter, pursuant to this subdivision, subdivision fourteen-f of section twenty-eight hundred seven-c of this article, and sections two hundred eleven and two hundred twelve of chapter four hundred seventy-four of the laws of nineteen hundred ninety-six, in a "financial assistance compliance pool" and shall establish methodologies for the distribution of such pool funds to facilities based on their level of compliance, as determined by the commissioner, with the provisions of subdivision nine-a of this section.

(c) The commissioner shall annually report to the governor and the legislature on the distribution of funds under this subdivision including, but not limited to:

(i) the impact on safety net providers, including community providers, rural general hospitals and major public general hospitals;

(ii) the provision of indigent care by units of services and funds distributed by general hospitals; and

(iii) the extent to which access to care has been enhanced.

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

1. "Hospital" means a facility or institution engaged principally in providing services by or under the supervision of a physician or, in the case of a dental clinic or dental dispensary, of a dentist, or, in the case of a midwifery birth center, of a midwife, for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, including, but not limited to, a general hospital, public health center, diagnostic center, treatment center, a rural emergency hospital under 42 USC 1395x(kkk), or successor provisions, dental clinic, dental dispensary, rehabilitation center other than a facility used solely for vocational rehabilitation, nursing home, tuberculosis hospital, chronic disease hospital, maternity hospital, midwifery birth center, lying-in-asylum, out-patient department, out-patient lodge, dispensary and a laboratory or central service facility serving one or more such institutions, but the term hospital shall not include an institution, sanitarium or other facility engaged principally in providing services for the prevention, diagnosis or treatment of mental disability and which is subject to the powers of visitation, examination, inspection and investigation of the department of mental hygiene except for those distinct parts of such a facility which provide hospital service. The provisions of this article shall not apply to a facility or institution engaged principally in providing services by or under the supervision of the bona fide members and adherents of a recognized religious organization whose teachings include reliance on spiritual means through prayer alone for healing in the practice of the religion of such organization and where services are provided in accordance with those

1 teachings. No provision of this article or any other provision of law  
2 shall be construed to: (a) limit the volume of mental health, substance  
3 use disorder services or developmental disability services that can be  
4 provided by a provider of primary care services licensed under this  
5 article and authorized to provide integrated services in accordance with  
6 regulations issued by the commissioner in consultation with the commis-  
7 sioner of the office of mental health, the commissioner of the office of  
8 alcoholism and substance abuse services and the commissioner of the  
9 office for people with developmental disabilities, including regulations  
10 issued pursuant to subdivision seven of section three hundred sixty-  
11 five-1 of the social services law or part L of chapter fifty-six of the  
12 laws of two thousand twelve; (b) require a provider licensed pursuant to  
13 article thirty-one of the mental hygiene law or certified pursuant to  
14 article sixteen or article thirty-two of the mental hygiene law to  
15 obtain an operating certificate from the department if such provider has  
16 been authorized to provide integrated services in accordance with regu-  
17 lations issued by the commissioner in consultation with the commissioner  
18 of the office of mental health, the commissioner of the office of alco-  
19 holism and substance abuse services and the commissioner of the office  
20 for people with developmental disabilities, including regulations issued  
21 pursuant to subdivision seven of section three hundred sixty-five-1 of  
22 the social services law or part L of chapter fifty-six of the laws of  
23 two thousand twelve.

24 § 3. Section 2801-g of the public health law is amended by adding a  
25 new subdivision 4 to read as follows:

26 4. At least thirty days prior to a general hospital applying to the  
27 federal centers for medicare and medicaid services to convert from a  
28 general hospital with inpatients to a rural emergency hospital under 42  
29 USC 1395x(kkk), or successor provisions, such hospital shall hold a  
30 public community forum for the purpose of obtaining public input  
31 concerning the anticipated impact of the hospital's closure of inpatient  
32 units, including but not limited to, the impact on recipients of medical  
33 assistance for needy persons, the uninsured, people with disabilities,  
34 and medically underserved populations, and options and proposals to  
35 ameliorate such anticipated impact. The hospital shall notify health  
36 care providers, labor unions, the congressional representative for the  
37 district in which the facility is located, the county executive of the  
38 county in which the facility is located, and the state senator and  
39 assembly member representing the area within which the facility is  
40 located of the date, time, and location of the community forum. The  
41 hospital shall afford all public participants a reasonable opportunity  
42 to speak about relevant matters at such community forum. Prior to any  
43 community forum and as soon as practicable, the hospital shall be  
44 required to:

45 (a) notify the office of mental health and the local director of  
46 community services in the event such general hospital has psychiatric  
47 inpatient beds licensed under article thirty-one of the mental hygiene  
48 law or designated pursuant to section 9.39 of the mental hygiene law,  
49 and

50 (b) notify the office of addiction services and supports in the event  
51 such general hospital has inpatient substance use disorder treatment  
52 programs or inpatient chemical dependence treatment programs licensed  
53 under article thirty-two of the mental hygiene law. The commissioner  
54 shall also accept comments submitted in writing at such public forum and  
55 by mail within at least two weeks following the community forum.

§ 4. The opening paragraph and paragraphs (i) and (ii) of subdivision (g) of section 2826 of the public health law, the opening paragraph and paragraph (i) as amended by section 3 of part M of chapter 57 of the laws of 2022 and paragraph (ii) as added by section 6 of part J of chapter 60 of the laws of 2015, are amended to read as follows:

Notwithstanding subdivision (a) of this section, and within amounts appropriated for such purposes as described herein, ~~[for the period of April first, two thousand twenty-two through March thirty-first, two thousand twenty-three,]~~ the commissioner may award a temporary adjustment to the non-capital components of rates, or make temporary lump-sum Medicaid payments to eligible facilities ~~[in severe financial distress]~~ with serious financial instability and requiring extraordinary financial assistance to enable such facilities to maintain operations and vital services while such facilities establish long term solutions to achieve sustainable health services. Provided, however, the commissioner is authorized to make such a temporary adjustment or make such temporary lump sum payment only pursuant to criteria, an application, and an evaluation process~~[, and transformation plan]~~ acceptable to the commissioner in consultation with the director of the division of the budget. The department shall publish on its website the criteria, application, and evaluation process ~~[and guidance for transformation plans]~~ and notification of any award recipients.

(i) Eligible facilities shall include:

(A) a public hospital, which for purposes of this subdivision, shall mean a general hospital operated by a county ~~[or,]~~ municipality~~[, but shall exclude any such hospital operated by a public benefit corporation]~~ or a public benefit corporation;

(B) a federally designated critical access hospital;

(C) a federally designated sole community hospital;

(D) a residential health care facility;

(E) a general hospital that is a safety net hospital, which for purpose of this subdivision shall mean:

(1) such hospital has at least thirty percent of its inpatient discharges made up of Medicaid eligible individuals, uninsured individuals or Medicaid dually eligible individuals and with at least thirty-five percent of its outpatient visits made up of Medicaid eligible individuals, uninsured individuals or Medicaid dually-eligible individuals; or

(2) such hospital serves at least thirty percent of the residents of a county or a multi-county area who are Medicaid eligible individuals, uninsured individuals or Medicaid dually-eligible individuals; or

(3) such hospital that, in the discretion of the commissioner, serves a significant population of Medicaid eligible individuals, uninsured individuals or Medicaid dually-eligible individuals; or

(F) an independent practice association or accountable care organization authorized under applicable regulations that participate in managed care provider network arrangements with any of the provider types in subparagraphs (A) through (F) of this paragraph; or an entity that was formed as a preferred provider system pursuant to the delivery system reform incentive payment (DSRIP) program and collaborated with an independent 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.

(ii) Eligible applicants must demonstrate that without such award, they will be in ~~[severe financial distress through March thirty-first, two thousand sixteen]~~ serious financial instability, as evidenced by:

1 (A) certification that such applicant has less than fifteen days cash  
2 and equivalents;

3 (B) such applicant has no assets that can be monetized other than  
4 those vital to operations; and

5 (C) such applicant has exhausted all efforts to obtain resources from  
6 corporate parents and affiliated entities to sustain operations.

7 § 5. Subparagraphs (A), (E) and (F) of paragraph (iii) of subdivision  
8 (g) of section 2826 of the public health law, as added by section 6 of  
9 part J of chapter 60 of the laws of 2015, are amended to read as  
10 follows:

11 (A) [~~Applications under this subdivision~~] Eligible applicants shall  
12 [~~include a multi-year transformation plan that is aligned with the~~  
13 ~~delivery system reform incentive payment ("DSRIP") program goals and~~  
14 ~~objectives. Such plan shall be approved by~~] submit a completed applica-  
15 tion to the department [~~and shall demonstrate a path towards long term~~  
16 ~~sustainability and improved patient care~~].

17 (E) The department shall review all applications under this subdivi-  
18 sion, and [a] determine:

19 (1) applicant eligibility;

20 (2) each applicant's projected financial status;

21 (3) [~~each applicant's proposed use of funds to maintain critical~~  
22 ~~services needed by its community~~] criteria or requirements upon which an  
23 award of funds shall be conditioned, such as a transformation plan,  
24 savings plan or quality improvement plan. In the event the department  
25 requires an applicant to enter into an agreement or contract with a  
26 vendor or contractor, the department shall approve the selected vendor  
27 or contractor but shall not specify the vendor or contractor that the  
28 applicant must utilize; and

29 (4) the anticipated impact of the loss of such services.

30 (F) After review of all applications under this subdivision, and a  
31 determination of the aggregate amount of requested funds, the department  
32 [~~shall~~] may make awards to eligible applicants; provided, however, that  
33 such awards may be in an amount lower than such requested funding, on a  
34 per applicant or aggregate basis.

35 § 6. Paragraph (iv) of subdivision (g) of section 2826 of the public  
36 health law, as added by section 6 of part J of chapter 60 of the laws of  
37 2015, is amended to read as follows:

38 (iv) Awards under this subdivision may not be used for:

39 (A) capital expenditures, including, but not limited to: construction,  
40 renovation and acquisition of capital equipment, including major medical  
41 equipment; or

42 (B) [~~consultant fees,~~

43 ~~(C) retirement of long term debt, or~~

44 ~~(D)]~~ bankruptcy-related costs.

45 § 7. Paragraph (v) of subdivision (g) of section 2826 of the public  
46 health law, as added by section 6 of part J of chapter 60 of the laws of  
47 2015, is amended to read as follows:

48 (v) Payments made to awardees pursuant to this subdivision [~~shall be~~]  
49 that are made on a monthly basis[~~, such payments~~] will be based on the  
50 applicant's actual monthly financial performance during such period and  
51 the reasonable cash amount necessary to sustain operations for the  
52 following month. The applicant's monthly financial performance shall be  
53 measured by such applicant's monthly financial and activity reports,  
54 which shall include, but not be limited to, actual revenue and expenses  
55 for the prior month, projected cash need for the current month, and  
56 projected cash need for the following month.

§ 8. 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 seven and one-half 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. 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 outpatient services shall be subject to a uniform rate increase of six and one-half 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.

§ 9. This act shall take effect immediately; provided that sections two and three of this act shall take effect on the sixtieth day after it shall have become a law; provided, further, that sections one, four, five, six, seven and eight of this act shall be deemed to have been in full force and effect on and after April 1, 2023.

#### PART F

Section 1. Paragraph (a) of subdivision 1 of section 18 of chapter 266 of the laws of 1986, amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, as amended by section 1 of part Z of chapter 57 of the laws of 2022, is amended to read as follows:

(a) The superintendent of financial services and the commissioner of health or their designee shall, from funds available in the hospital excess liability pool created pursuant to subdivision 5 of this section, purchase a policy or policies for excess insurance coverage, as authorized by paragraph 1 of subsection (e) of section 5502 of the insurance law; or from an insurer, other than an insurer described in section 5502 of the insurance law, duly authorized to write such coverage and actually writing medical malpractice insurance in this state; or shall purchase equivalent excess coverage in a form previously approved by the superintendent of financial services for purposes of providing equivalent excess coverage in accordance with section 19 of chapter 294 of the laws of 1985, for medical or dental malpractice occurrences between July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,

1 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June  
2 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012  
3 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July  
4 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,  
5 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June  
6 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019  
7 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July  
8 1, 2021 and June 30, 2022, [~~and~~] between July 1, 2022 and June 30, 2023,  
9 and between July 1, 2023 and June 30, 2024 or reimburse the hospital  
10 where the hospital purchases equivalent excess coverage as defined in  
11 subparagraph (i) of paragraph (a) of subdivision 1-a of this section for  
12 medical or dental malpractice occurrences between July 1, 1987 and June  
13 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989  
14 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July  
15 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,  
16 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June  
17 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996  
18 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July  
19 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,  
20 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June  
21 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003  
22 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July  
23 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,  
24 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June  
25 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010  
26 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July  
27 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,  
28 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June  
29 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017  
30 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July  
31 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021,  
32 between July 1, 2021 and June 30, 2022, [~~and~~] between July 1, 2022 and  
33 June 30, 2023, and between July 1, 2023 and June 30, 2024 for physicians  
34 or dentists certified as eligible for each such period or periods pursu-  
35 ant to subdivision 2 of this section by a general hospital licensed  
36 pursuant to article 28 of the public health law; provided that no single  
37 insurer shall write more than fifty percent of the total excess premium  
38 for a given policy year; and provided, however, that such eligible  
39 physicians or dentists must have in force an individual policy, from an  
40 insurer licensed in this state of primary malpractice insurance coverage  
41 in amounts of no less than one million three hundred thousand dollars  
42 for each claimant and three million nine hundred thousand dollars for  
43 all claimants under that policy during the period of such excess cover-  
44 age for such occurrences or be endorsed as additional insureds under a  
45 hospital professional liability policy which is offered through a volun-  
46 tary attending physician ("channeling") program previously permitted by  
47 the superintendent of financial services during the period of such  
48 excess coverage for such occurrences. During such period, such policy  
49 for excess coverage or such equivalent excess coverage shall, when  
50 combined with the physician's or dentist's primary malpractice insurance  
51 coverage or coverage provided through a voluntary attending physician  
52 ("channeling") program, total an aggregate level of two million three  
53 hundred thousand dollars for each claimant and six million nine hundred  
54 thousand dollars for all claimants from all such policies with respect  
55 to occurrences in each of such years provided, however, if the cost of  
56 primary malpractice insurance coverage in excess of one million dollars,

1 but below the excess medical malpractice insurance coverage provided  
2 pursuant to this act, exceeds the rate of nine percent per annum, then  
3 the required level of primary malpractice insurance coverage in excess  
4 of one million dollars for each claimant shall be in an amount of not  
5 less than the dollar amount of such coverage available at nine percent  
6 per annum; the required level of such coverage for all claimants under  
7 that policy shall be in an amount not less than three times the dollar  
8 amount of coverage for each claimant; and excess coverage, when combined  
9 with such primary malpractice insurance coverage, shall increase the  
10 aggregate level for each claimant by one million dollars and three  
11 million dollars for all claimants; and provided further, that, with  
12 respect to policies of primary medical malpractice coverage that include  
13 occurrences between April 1, 2002 and June 30, 2002, such requirement  
14 that coverage be in amounts no less than one million three hundred thou-  
15 sand dollars for each claimant and three million nine hundred thousand  
16 dollars for all claimants for such occurrences shall be effective April  
17 1, 2002.

18 § 2. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,  
19 amending the civil practice law and rules and other laws relating to  
20 malpractice and professional medical conduct, as amended by section 2 of  
21 part Z of chapter 57 of the laws of 2022, is amended to read as follows:

22 (3)(a) The superintendent of financial services shall determine and  
23 certify to each general hospital and to the commissioner of health the  
24 cost of excess malpractice insurance for medical or dental malpractice  
25 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988  
26 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July  
27 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,  
28 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June  
29 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995  
30 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July  
31 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,  
32 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June  
33 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002  
34 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July  
35 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,  
36 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June  
37 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009  
38 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July  
39 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,  
40 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June  
41 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016  
42 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July  
43 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,  
44 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June  
45 30, 2022, ~~and~~ between July 1, 2022 and June 30, 2023, and between July  
46 1, 2023 and June 30, 2024 allocable to each general hospital for physi-  
47 cians or dentists certified as eligible for purchase of a policy for  
48 excess insurance coverage by such general hospital in accordance with  
49 subdivision 2 of this section, and may amend such determination and  
50 certification as necessary.

51 (b) The superintendent of financial services shall determine and  
52 certify to each general hospital and to the commissioner of health the  
53 cost of excess malpractice insurance or equivalent excess coverage for  
54 medical or dental malpractice occurrences between July 1, 1987 and June  
55 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989  
56 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July

1 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,  
2 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June  
3 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996  
4 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July  
5 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,  
6 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June  
7 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003  
8 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July  
9 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,  
10 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June  
11 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010  
12 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July  
13 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,  
14 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June  
15 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017  
16 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July  
17 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021,  
18 between July 1, 2021 and June 30, 2022, [~~and~~] between July 1, 2022 and  
19 June 30, 2023, and between July 1, 2023 and June 30, 2024 allocable to  
20 each general hospital for physicians or dentists certified as eligible  
21 for purchase of a policy for excess insurance coverage or equivalent  
22 excess coverage by such general hospital in accordance with subdivision  
23 2 of this section, and may amend such determination and certification as  
24 necessary. The superintendent of financial services shall determine and  
25 certify to each general hospital and to the commissioner of health the  
26 ratable share of such cost allocable to the period July 1, 1987 to  
27 December 31, 1987, to the period January 1, 1988 to June 30, 1988, to  
28 the period July 1, 1988 to December 31, 1988, to the period January 1,  
29 1989 to June 30, 1989, to the period July 1, 1989 to December 31, 1989,  
30 to the period January 1, 1990 to June 30, 1990, to the period July 1,  
31 1990 to December 31, 1990, to the period January 1, 1991 to June 30,  
32 1991, to the period July 1, 1991 to December 31, 1991, to the period  
33 January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December  
34 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period  
35 July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June  
36 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period  
37 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December  
38 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period  
39 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June  
40 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period  
41 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December  
42 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period  
43 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June  
44 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period  
45 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,  
46 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,  
47 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to  
48 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006  
49 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the  
50 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and  
51 June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the  
52 period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and  
53 June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the  
54 period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and  
55 June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the  
56 period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June

1 30, 2019, to the period July 1, 2019 to June 30, 2020, to the period  
2 July 1, 2020 to June 30, 2021, to the period July 1, 2021 to June 30,  
3 2022, [~~and~~] to the period July 1, 2022 to June 30, 2023, and to the  
4 period July 1, 2023 to June 30, 2024.

5 § 3. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section  
6 18 of chapter 266 of the laws of 1986, amending the civil practice law  
7 and rules and other laws relating to malpractice and professional  
8 medical conduct, as amended by section 3 of part Z of chapter 57 of the  
9 laws of 2022, are amended to read as follows:

10 (a) To the extent funds available to the hospital excess liability  
11 pool pursuant to subdivision 5 of this section as amended, and pursuant  
12 to section 6 of part J of chapter 63 of the laws of 2001, as may from  
13 time to time be amended, which amended this subdivision, are insuffi-  
14 cient to meet the costs of excess insurance coverage or equivalent  
15 excess coverage for coverage periods during the period July 1, 1992 to  
16 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during  
17 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995  
18 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,  
19 during the period July 1, 1997 to June 30, 1998, during the period July  
20 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,  
21 2000, during the period July 1, 2000 to June 30, 2001, during the period  
22 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to  
23 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during  
24 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004  
25 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,  
26 during the period July 1, 2006 to June 30, 2007, during the period July  
27 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,  
28 2009, during the period July 1, 2009 to June 30, 2010, during the period  
29 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June  
30 30, 2012, during the period July 1, 2012 to June 30, 2013, during the  
31 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to  
32 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during  
33 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017  
34 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,  
35 during the period July 1, 2019 to June 30, 2020, during the period July  
36 1, 2020 to June 30, 2021, during the period July 1, 2021 to June 30,  
37 2022, [~~and~~] during the period July 1, 2022 to June 30, 2023, and during  
38 the period July 1, 2023 to June 30, 2024 allocated or reallocated in  
39 accordance with paragraph (a) of subdivision 4-a of this section to  
40 rates of payment applicable to state governmental agencies, each physi-  
41 cian or dentist for whom a policy for excess insurance coverage or  
42 equivalent excess coverage is purchased for such period shall be respon-  
43 sible for payment to the provider of excess insurance coverage or equiv-  
44 alent excess coverage of an allocable share of such insufficiency, based  
45 on the ratio of the total cost of such coverage for such physician to  
46 the sum of the total cost of such coverage for all physicians applied to  
47 such insufficiency.

48 (b) Each provider of excess insurance coverage or equivalent excess  
49 coverage covering the period July 1, 1992 to June 30, 1993, or covering  
50 the period July 1, 1993 to June 30, 1994, or covering the period July 1,  
51 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,  
52 1996, or covering the period July 1, 1996 to June 30, 1997, or covering  
53 the period July 1, 1997 to June 30, 1998, or covering the period July 1,  
54 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,  
55 2000, or covering the period July 1, 2000 to June 30, 2001, or covering  
56 the period July 1, 2001 to October 29, 2001, or covering the period

1 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to  
2 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or  
3 covering the period July 1, 2004 to June 30, 2005, or covering the peri-  
4 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to  
5 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or  
6 covering the period July 1, 2008 to June 30, 2009, or covering the peri-  
7 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to  
8 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or  
9 covering the period July 1, 2012 to June 30, 2013, or covering the peri-  
10 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to  
11 June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or  
12 covering the period July 1, 2016 to June 30, 2017, or covering the peri-  
13 od July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to  
14 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or  
15 covering the period July 1, 2020 to June 30, 2021, or covering the peri-  
16 od July 1, 2021 to June 30, 2022, or covering the period July 1, 2022 to  
17 June 30, 2023, or covering the period July 1, 2023 to June 30, 2024  
18 shall notify a covered physician or dentist by mail, mailed to the  
19 address shown on the last application for excess insurance coverage or  
20 equivalent excess coverage, of the amount due to such provider from such  
21 physician or dentist for such coverage period determined in accordance  
22 with paragraph (a) of this subdivision. Such amount shall be due from  
23 such physician or dentist to such provider of excess insurance coverage  
24 or equivalent excess coverage in a time and manner determined by the  
25 superintendent of financial services.

26 (c) If a physician or dentist liable for payment of a portion of the  
27 costs of excess insurance coverage or equivalent excess coverage cover-  
28 ing the period July 1, 1992 to June 30, 1993, or covering the period  
29 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to  
30 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or  
31 covering the period July 1, 1996 to June 30, 1997, or covering the peri-  
32 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to  
33 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or  
34 covering the period July 1, 2000 to June 30, 2001, or covering the peri-  
35 od July 1, 2001 to October 29, 2001, or covering the period April 1,  
36 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,  
37 2003, or covering the period July 1, 2003 to June 30, 2004, or covering  
38 the period July 1, 2004 to June 30, 2005, or covering the period July 1,  
39 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,  
40 2007, or covering the period July 1, 2007 to June 30, 2008, or covering  
41 the period July 1, 2008 to June 30, 2009, or covering the period July 1,  
42 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,  
43 2011, or covering the period July 1, 2011 to June 30, 2012, or covering  
44 the period July 1, 2012 to June 30, 2013, or covering the period July 1,  
45 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,  
46 2015, or covering the period July 1, 2015 to June 30, 2016, or covering  
47 the period July 1, 2016 to June 30, 2017, or covering the period July 1,  
48 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,  
49 2019, or covering the period July 1, 2019 to June 30, 2020, or covering  
50 the period July 1, 2020 to June 30, 2021, or covering the period July 1,  
51 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30,  
52 2023, or covering the period July 1, 2023 to June 30, 2024 determined in  
53 accordance with paragraph (a) of this subdivision fails, refuses or  
54 neglects to make payment to the provider of excess insurance coverage or  
55 equivalent excess coverage in such time and manner as determined by the  
56 superintendent of financial services pursuant to paragraph (b) of this

1 subdivision, excess insurance coverage or equivalent excess coverage  
2 purchased for such physician or dentist in accordance with this section  
3 for such coverage period shall be cancelled and shall be null and void  
4 as of the first day on or after the commencement of a policy period  
5 where the liability for payment pursuant to this subdivision has not  
6 been met.

7 (d) Each provider of excess insurance coverage or equivalent excess  
8 coverage shall notify the superintendent of financial services and the  
9 commissioner of health or their designee of each physician and dentist  
10 eligible for purchase of a policy for excess insurance coverage or  
11 equivalent excess coverage covering the period July 1, 1992 to June 30,  
12 1993, or covering the period July 1, 1993 to June 30, 1994, or covering  
13 the period July 1, 1994 to June 30, 1995, or covering the period July 1,  
14 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,  
15 1997, or covering the period July 1, 1997 to June 30, 1998, or covering  
16 the period July 1, 1998 to June 30, 1999, or covering the period July 1,  
17 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,  
18 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-  
19 ing the period April 1, 2002 to June 30, 2002, or covering the period  
20 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to  
21 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or  
22 covering the period July 1, 2005 to June 30, 2006, or covering the peri-  
23 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to  
24 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or  
25 covering the period July 1, 2009 to June 30, 2010, or covering the peri-  
26 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to  
27 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or  
28 covering the period July 1, 2013 to June 30, 2014, or covering the peri-  
29 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to  
30 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or  
31 covering the period July 1, 2017 to June 30, 2018, or covering the peri-  
32 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to  
33 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or  
34 covering the period July 1, 2021 to June 30, 2022, or covering the peri-  
35 od July 1, 2022 to June [±] 30, 2023, or covering the period July 1,  
36 2023 to June 30, 2024 that has made payment to such provider of excess  
37 insurance coverage or equivalent excess coverage in accordance with  
38 paragraph (b) of this subdivision and of each physician and dentist who  
39 has failed, refused or neglected to make such payment.

40 (e) A provider of excess insurance coverage or equivalent excess  
41 coverage shall refund to the hospital excess liability pool any amount  
42 allocable to the period July 1, 1992 to June 30, 1993, and to the period  
43 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June  
44 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the  
45 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to  
46 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to  
47 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000  
48 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,  
49 and to the period April 1, 2002 to June 30, 2002, and to the period July  
50 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,  
51 2004, and to the period July 1, 2004 to June 30, 2005, and to the period  
52 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June  
53 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the  
54 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to  
55 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to  
56 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012

1 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and  
2 to the period July 1, 2014 to June 30, 2015, and to the period July 1,  
3 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and  
4 to the period July 1, 2017 to June 30, 2018, and to the period July 1,  
5 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,  
6 and to the period July 1, 2020 to June 30, 2021, and to the period July  
7 1, 2021 to June 30, 2022, and to the period July 1, 2022 to June 30,  
8 2023, and to the period July 1, 2023 to June 30, 2024 received from the  
9 hospital excess liability pool for purchase of excess insurance coverage  
10 or equivalent excess coverage covering the period July 1, 1992 to June  
11 30, 1993, and covering the period July 1, 1993 to June 30, 1994, and  
12 covering the period July 1, 1994 to June 30, 1995, and covering the  
13 period July 1, 1995 to June 30, 1996, and covering the period July 1,  
14 1996 to June 30, 1997, and covering the period July 1, 1997 to June 30,  
15 1998, and covering the period July 1, 1998 to June 30, 1999, and cover-  
16 ing the period July 1, 1999 to June 30, 2000, and covering the period  
17 July 1, 2000 to June 30, 2001, and covering the period July 1, 2001 to  
18 October 29, 2001, and covering the period April 1, 2002 to June 30,  
19 2002, and covering the period July 1, 2002 to June 30, 2003, and cover-  
20 ing the period July 1, 2003 to June 30, 2004, and covering the period  
21 July 1, 2004 to June 30, 2005, and covering the period July 1, 2005 to  
22 June 30, 2006, and covering the period July 1, 2006 to June 30, 2007,  
23 and covering the period July 1, 2007 to June 30, 2008, and covering the  
24 period July 1, 2008 to June 30, 2009, and covering the period July 1,  
25 2009 to June 30, 2010, and covering the period July 1, 2010 to June 30,  
26 2011, and covering the period July 1, 2011 to June 30, 2012, and cover-  
27 ing the period July 1, 2012 to June 30, 2013, and covering the period  
28 July 1, 2013 to June 30, 2014, and covering the period July 1, 2014 to  
29 June 30, 2015, and covering the period July 1, 2015 to June 30, 2016,  
30 and covering the period July 1, 2016 to June 30, 2017, and covering the  
31 period July 1, 2017 to June 30, 2018, and covering the period July 1,  
32 2018 to June 30, 2019, and covering the period July 1, 2019 to June 30,  
33 2020, and covering the period July 1, 2020 to June 30, 2021, and cover-  
34 ing the period July 1, 2021 to June 30, 2022, and covering the period  
35 July 1, 2022 to June 30, 2023 for, and covering the period July 1, 2023  
36 to June 30, 2024 a physician or dentist where such excess insurance  
37 coverage or equivalent excess coverage is cancelled in accordance with  
38 paragraph (c) of this subdivision.

39 § 4. Section 40 of chapter 266 of the laws of 1986, amending the civil  
40 practice law and rules and other laws relating to malpractice and  
41 professional medical conduct, as amended by section 4 of part Z of chap-  
42 ter 57 of the laws of 2022, is amended to read as follows:

43 § 40. The superintendent of financial services shall establish rates  
44 for policies providing coverage for physicians and surgeons medical  
45 malpractice for the periods commencing July 1, 1985 and ending June 30,  
46 ~~2023~~ 2024; provided, however, that notwithstanding any other provision  
47 of law, the superintendent shall not establish or approve any increase  
48 in rates for the period commencing July 1, 2009 and ending June 30,  
49 2010. The superintendent shall direct insurers to establish segregated  
50 accounts for premiums, payments, reserves and investment income attrib-  
51 utable to such premium periods and shall require periodic reports by the  
52 insurers regarding claims and expenses attributable to such periods to  
53 monitor whether such accounts will be sufficient to meet incurred claims  
54 and expenses. On or after July 1, 1989, the superintendent shall impose  
55 a surcharge on premiums to satisfy a projected deficiency that is  
56 attributable to the premium levels established pursuant to this section

1 for such periods; provided, however, that such annual surcharge shall  
2 not exceed eight percent of the established rate until July 1, [~~2023~~]  
3 ~~2024~~, at which time and thereafter such surcharge shall not exceed twen-  
4 ty-five percent of the approved adequate rate, and that such annual  
5 surcharges shall continue for such period of time as shall be sufficient  
6 to satisfy such deficiency. The superintendent shall not impose such  
7 surcharge during the period commencing July 1, 2009 and ending June 30,  
8 2010. On and after July 1, 1989, the surcharge prescribed by this  
9 section shall be retained by insurers to the extent that they insured  
10 physicians and surgeons during the July 1, 1985 through June 30, [~~2023~~]  
11 ~~2024~~ policy periods; in the event and to the extent physicians and  
12 surgeons were insured by another insurer during such periods, all or a  
13 pro rata share of the surcharge, as the case may be, shall be remitted  
14 to such other insurer in accordance with rules and regulations to be  
15 promulgated by the superintendent. Surcharges collected from physicians  
16 and surgeons who were not insured during such policy periods shall be  
17 apportioned among all insurers in proportion to the premium written by  
18 each insurer during such policy periods; if a physician or surgeon was  
19 insured by an insurer subject to rates established by the superintendent  
20 during such policy periods, and at any time thereafter a hospital,  
21 health maintenance organization, employer or institution is responsible  
22 for responding in damages for liability arising out of such physician's  
23 or surgeon's practice of medicine, such responsible entity shall also  
24 remit to such prior insurer the equivalent amount that would then be  
25 collected as a surcharge if the physician or surgeon had continued to  
26 remain insured by such prior insurer. In the event any insurer that  
27 provided coverage during such policy periods is in liquidation, the  
28 property/casualty insurance security fund shall receive the portion of  
29 surcharges to which the insurer in liquidation would have been entitled.  
30 The surcharges authorized herein shall be deemed to be income earned for  
31 the purposes of section 2303 of the insurance law. The superintendent,  
32 in establishing adequate rates and in determining any projected defi-  
33 ciency pursuant to the requirements of this section and the insurance  
34 law, shall give substantial weight, determined in his discretion and  
35 judgment, to the prospective anticipated effect of any regulations  
36 promulgated and laws enacted and the public benefit of stabilizing  
37 malpractice rates and minimizing rate level fluctuation during the peri-  
38 od of time necessary for the development of more reliable statistical  
39 experience as to the efficacy of such laws and regulations affecting  
40 medical, dental or podiatric malpractice enacted or promulgated in 1985,  
41 1986, by this act and at any other time. Notwithstanding any provision  
42 of the insurance law, rates already established and to be established by  
43 the superintendent pursuant to this section are deemed adequate if such  
44 rates would be adequate when taken together with the maximum authorized  
45 annual surcharges to be imposed for a reasonable period of time whether  
46 or not any such annual surcharge has been actually imposed as of the  
47 establishment of such rates.

48 § 5. Section 5 and subdivisions (a) and (e) of section 6 of part J of  
49 chapter 63 of the laws of 2001, amending chapter 266 of the laws of  
50 1986, amending the civil practice law and rules and other laws relating  
51 to malpractice and professional medical conduct, as amended by section 5  
52 of part Z of chapter 57 of the laws of 2022, are amended to read as  
53 follows:

54 § 5. The superintendent of financial services and the commissioner of  
55 health shall determine, no later than June 15, 2002, June 15, 2003, June  
56 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,

1 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,  
2 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June  
3 15, 2018, June 15, 2019, June 15, 2020, June 15, 2021, June 15, 2022,  
4 ~~[and]~~ June 15, 2023, and June 15, 2024 the amount of funds available in  
5 the hospital excess liability pool, created pursuant to section 18 of  
6 chapter 266 of the laws of 1986, and whether such funds are sufficient  
7 for purposes of purchasing excess insurance coverage for eligible  
8 participating physicians and dentists during the period July 1, 2001 to  
9 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June  
10 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,  
11 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,  
12 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,  
13 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,  
14 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,  
15 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,  
16 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,  
17 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,  
18 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,  
19 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30, 2024  
20 as applicable.

21 (a) This section shall be effective only upon a determination, pursu-  
22 ant to section five of this act, by the superintendent of financial  
23 services and the commissioner of health, and a certification of such  
24 determination to the state director of the budget, the chair of the  
25 senate committee on finance and the chair of the assembly committee on  
26 ways and means, that the amount of funds in the hospital excess liabil-  
27 ity pool, created pursuant to section 18 of chapter 266 of the laws of  
28 1986, is insufficient for purposes of purchasing excess insurance cover-  
29 age for eligible participating physicians and dentists during the period  
30 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July  
31 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,  
32 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007  
33 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to  
34 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June  
35 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,  
36 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,  
37 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,  
38 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,  
39 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,  
40 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30, 2024  
41 as applicable.

42 (e) The commissioner of health shall transfer for deposit to the  
43 hospital excess liability pool created pursuant to section 18 of chapter  
44 266 of the laws of 1986 such amounts as directed by the superintendent  
45 of financial services for the purchase of excess liability insurance  
46 coverage for eligible participating physicians and dentists for the  
47 policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30,  
48 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,  
49 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,  
50 2007, as applicable, and the cost of administering the hospital excess  
51 liability pool for such applicable policy year, pursuant to the program  
52 established in chapter 266 of the laws of 1986, as amended, no later  
53 than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June  
54 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010,  
55 June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15,  
56 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June

1 15, 2020, June 15, 2021, June 15, 2022, [~~and~~] June 15, 2023, and June  
2 15, 2024 as applicable.

3 § 6. Section 20 of part H of chapter 57 of the laws of 2017, amending  
4 the New York Health Care Reform Act of 1996 and other laws relating to  
5 extending certain provisions thereto, as amended by section 6 of part Z  
6 of chapter 57 of the laws of 2022, is amended to read as follows:

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

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

36 PART G

37 Section 1. Paragraph (a) of subdivision 12 of section 203 of the elder  
38 law, as added by section 1 of part U of chapter 57 of the laws of 2019,  
39 is amended to read as follows:

40 (a) The director is hereby authorized to implement private pay proto-  
41 cols for programs and services administered by the office. These proto-  
42 cols may be implemented by area agencies on aging at their option and  
43 such protocols shall not be applied to services for a participant when  
44 being paid for with federal funds or funds designated as federal match,  
45 or for individuals with an income below [~~four~~] two hundred and fifty  
46 percent of the federal poverty level. All private payments received  
47 directly by an area agency on aging or indirectly by one of its contrac-  
48 tors shall be used to supplement, not supplant, funds by state, federal,  
49 or county appropriations. Such private pay payments shall be set at a  
50 cost to the participant of not more than twenty percent above either the  
51 unit cost to the area agency on aging to provide the program or service  
52 directly, or the amount that the area agency on aging pays to its  
53 contractor to provide the program or service. Private pay payments  
54 received under this subdivision shall be used by the area agency on

1 aging to first reduce any unmet need for programs and services, and then  
2 to support and enhance services or programs provided by the area agency  
3 on aging. No participant, regardless of income, shall be required to pay  
4 for any program or service that they are receiving at the time these  
5 protocols are implemented by the area agency on aging. This subdivision  
6 shall not prevent cost sharing for the programs and services established  
7 pursuant to section two hundred fourteen of this title [~~for individuals~~  
8 ~~below four hundred percent of the federal poverty level~~]. Consistent  
9 with federal and state statute and regulations, when providing programs  
10 and services, area agencies on aging and their contractors shall contin-  
11 ue to give priority for programs and services to individuals with the  
12 greatest economic or social needs. In the event that the capacity to  
13 provide programs and services is limited, such programs and services  
14 shall be provided to individuals with incomes below [~~four~~ two hundred  
15 and fifty percent of the federal poverty level before such programs and  
16 services are provided to those participating in the private pay protocol  
17 pursuant to this subdivision.

18 § 2. This act shall take effect immediately.

19 PART H

20 Section 1. Section 5 of part AAA of chapter 56 of the laws of 2022,  
21 amending the social services law relating to expanding Medicaid eligi-  
22 bility requirements for seniors and disabled individuals, is amended to  
23 read as follows:

24 § 5. This act shall take effect January 1, 2023, subject to federal  
25 financial participation for sections one, three, and four of this act;  
26 provided, however that [~~the~~ section two of this act shall take effect  
27 no later than January 1, 2024. The commissioner of health shall notify  
28 the legislative bill drafting commission upon the occurrence of federal  
29 financial participation in order that the commission may maintain an  
30 accurate and timely effective data base of the official text of the laws  
31 of the state of New York in furtherance of effectuating the provisions  
32 of section 44 of the legislative law and section 70-b of the public  
33 officers law.

34 § 2. Short title. This act shall be known and may be cited as the  
35 "1332 state innovation program".

36 § 3. The social services law is amended by adding a new section 369-ii  
37 to read as follows:

38 § 369-ii. 1332 state innovation program. 1. Authorization. Notwith-  
39 standing section three hundred sixty-nine-gg of this title, subject to  
40 federal approval, if it is in the financial interest of the state to do  
41 so, the commissioner of health is authorized, with the approval of the  
42 director of the budget, to establish a 1332 state innovation program  
43 pursuant to section 1332 of the patient protection and affordable care  
44 act (P.L. 111-148) and subdivision twenty-five of section two hundred  
45 sixty-eight-c of the public health law. The commissioner of health's  
46 authority pursuant to this section is contingent upon obtaining and  
47 maintaining all necessary approvals from the secretary of health and  
48 human services and the secretary of the treasury based on an application  
49 for a waiver for state innovation. The commissioner of health may take  
50 all actions necessary to obtain such approvals.

51 2. Definitions. For the purposes of this section:

52 (a) "Eligible organization" means an insurer licensed pursuant to  
53 article thirty-two or forty-two of the insurance law, a corporation or  
54 an organization under article forty-three of the insurance law, or an

1 organization certified under article forty-four of the public health  
2 law, including providers certified under section forty-four hundred  
3 three-e of the public health law.

4 (b) "Approved organization" means an eligible organization approved by  
5 the commissioner of health to underwrite a 1332 state innovation health  
6 insurance plan pursuant to this section.

7 (c) "Health care services" means:

8 (i) the services and supplies as defined by the commissioner of health  
9 in consultation with the superintendent of financial services, and shall  
10 be consistent with and subject to the essential health benefits as  
11 defined by the commissioner in accordance with the provisions of the  
12 patient protection and affordable care act (P.L. 111-148) and consistent  
13 with the benefits provided by the reference plan selected by the commis-  
14 sioner of health for the purposes of defining such benefits, and shall  
15 include coverage of and access to the services of any national cancer  
16 institute-designated cancer center licensed by the department of health  
17 within the service area of the approved organization that is willing to  
18 agree to provide cancer-related inpatient, outpatient and medical  
19 services to all enrollees in approved organizations' plans in such  
20 cancer center's service area under the prevailing terms and conditions  
21 that the approved organization requires of other similar providers to be  
22 included in the approved organization's network, provided that such  
23 terms shall include reimbursement of such center at no less than the  
24 fee-for-service medicaid payment rate and methodology applicable to the  
25 center's inpatient and outpatient services;

26 (ii) dental and vision services as defined by the commissioner of  
27 health, and

28 (iii) as defined by the commissioner of health and subject to federal  
29 approval, certain services and supports provided to enrollees who have  
30 functional limitations and/or chronic illnesses that have the primary  
31 purpose of supporting the ability of the enrollee to live or work in the  
32 setting of their choice, which may include the individual's home, a  
33 workspace, or a provider-owned or controlled residential setting.

34 (d) "Qualified health plan" means a health plan that meets the crite-  
35 ria for certification described in § 1311(c) of the patient protection  
36 and affordable care act (P.L. 111-148), and is offered to individuals  
37 through the NY State of Health, the official health Marketplace, or  
38 Marketplace, as defined in subdivision two of section two hundred  
39 sixty-eight-a of the public health law.

40 (e) "Basic health insurance plan" means a health plan providing health  
41 care services, separate and apart from qualified health plans, that is  
42 issued by an approved organization and certified in accordance with  
43 section three hundred sixty-nine-gg of this title.

44 (f) "1332 state innovation plan" means a standard health plan provid-  
45 ing health care services, separate and apart from a qualified health  
46 plan and a basic health insurance plan, that is issued by an approved  
47 organization and certified in accordance with this section.

48 3. State innovation plan eligible individual. (a) A person is eligible  
49 to receive coverage for health care under this section if they:

50 (i) reside in New York state and are under sixty-five years of age;

51 (ii) are not eligible for medical assistance under title eleven of  
52 this article or for the child health insurance plan described in title  
53 one-A of article twenty-five of the public health law;

54 (iii) are not eligible for minimum essential coverage, as defined in  
55 section 5000A(f) of the Internal Revenue Service Code of 1986, or is

1 eligible for an employer-sponsored plan that is not affordable, in  
2 accordance with section 5000A(f) of such code; and

3 (iv) have household income at or below two hundred fifty percent of  
4 the federal poverty line defined and annually revised by the United  
5 States department of health and human services for a household of the  
6 same size; and has household income that exceeds one hundred thirty-  
7 three percent of the federal poverty line defined and annually revised  
8 by the United States department of health and human services for a  
9 household of the same size; however, MAGI eligible noncitizens lawfully  
10 present in the United States with household incomes at or below one  
11 hundred thirty-three percent of the federal poverty line shall be eligi-  
12 ble to receive coverage for health care services pursuant to the  
13 provisions of this section if such noncitizen would be ineligible for  
14 medical assistance under title eleven of this article due to their immi-  
15 gration status.

16 (b) Subject to federal approval, a child born to an individual eligi-  
17 ble for and receiving coverage for health care services pursuant to this  
18 section who but for their eligibility under this section would be eligi-  
19 ble for coverage pursuant to subparagraphs two or four of paragraph (b)  
20 of subdivision one of section three hundred sixty-six of this article,  
21 shall be administratively enrolled, as defined by the commissioner of  
22 health, in medical assistance and to have been found eligible for such  
23 assistance on the date of such birth and to remain eligible for such  
24 assistance for a period of one year.

25 (c) Subject to federal approval, an individual who is eligible for and  
26 receiving coverage for health care services pursuant to this section is  
27 eligible to continue to receive health care services pursuant to this  
28 section during the individual's pregnancy and for a period of one year  
29 following the end of the pregnancy without regard to any change in the  
30 income of the household that includes the pregnant individual, even if  
31 such change would render the pregnant individual ineligible to receive  
32 health care services pursuant to this section.

33 (d) For the purposes of this section, 1332 state innovation program  
34 eligible individuals are prohibited from being treated as qualified  
35 individuals under section 1312 of the Affordable Care Act and as eligi-  
36 ble individuals under section 1331 of the ACA and enrolling in qualified  
37 health plan through the Marketplace or standard health plan through the  
38 Basic Health Program.

39 4. Enrollment. (a) Subject to federal approval, the commissioner of  
40 health is authorized to establish an application and enrollment proce-  
41 dure for prospective enrollees. Such procedure will include a verifica-  
42 tion system for applicants, which must be consistent with 42 USC §  
43 1320b-7.

44 (b) Such procedure shall allow for continuous enrollment for enrollees  
45 to the 1332 state innovation program where an individual may apply and  
46 enroll for coverage at any point.

47 (c) Upon an applicant's enrollment in a 1332 state innovation plan,  
48 coverage for health care services pursuant to the provisions of this  
49 section shall be retroactive to the first day of the month in which the  
50 individual was determined eligible, except in the case of program tran-  
51 sitions within the Marketplace.

52 (d) A person who has enrolled for coverage pursuant to this section,  
53 and who loses eligibility to enroll in the 1332 state innovation program  
54 for a reason other than citizenship status, lack of state residence,  
55 failure to provide a valid social security number, providing inaccurate  
56 information that would affect eligibility when requesting or renewing

1 health coverage pursuant to this section, or failure to make an applica-  
2 ble premium payment, before the end of a twelve month period beginning  
3 on the effective date of the person's initial eligibility for coverage,  
4 or before the end of a twelve month period beginning on the date of any  
5 subsequent determination of eligibility, shall have their eligibility  
6 for coverage continued until the end of such twelve month period,  
7 provided that the state receives federal approval for using funds under  
8 an approved 1332 waiver.

9 5. Premiums. Subject to federal approval, the commissioner of health  
10 shall establish premium payments enrollees in a 1332 state innovation  
11 plan shall pay to approved organizations for coverage of health care  
12 services pursuant to this section. Such premium payments shall be estab-  
13 lished in the following manner:

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

19 (b) no payment is required for individuals with a household income at  
20 or below two hundred percent of the federal poverty line defined and  
21 annually revised by the United States department of health and human  
22 services for a household of the same size.

23 6. Cost-sharing. The commissioner of health shall establish cost-shar-  
24 ing obligations for enrollees, subject to federal approval, including  
25 childbirth and newborn care consistent with the medical assistance  
26 program under title eleven of this article. There shall be no cost-shar-  
27 ing obligations for enrollees for:

28 (a) dental and vision services as defined in subparagraph (ii) of  
29 paragraph (c) of subdivision two of this section; and

30 (b) services and supports as defined in subparagraph (iii) of para-  
31 graph (c) of subdivision two of this section.

32 7. Rates of payment. (a) The commissioner of health shall select the  
33 contract with an independent actuary to study and recommend appropriate  
34 reimbursement methodologies for the cost of health care service coverage  
35 pursuant to this section. Such independent actuary shall review and make  
36 recommendations concerning appropriate actuarial assumptions relevant to  
37 the establishment of reimbursement methodologies, including but not  
38 limited to; the adequacy of rates of payment in relation to the popu-  
39 lation to be served adjusted for case mix, the scope of health care  
40 services approved organizations must provide, the utilization of such  
41 services and the network of providers required to meet state standards.

42 (b) Upon consultation with the independent actuary and entities  
43 representing approved organizations, the commissioner of health shall  
44 develop reimbursement methodologies and fee schedules for determining  
45 rates of payment, which rates shall be approved by the director of the  
46 division of the budget, to be made by the department to approved organ-  
47 izations for the cost of health care services coverage pursuant to this  
48 section. Such reimbursement methodologies and fee schedules may include  
49 provisions for capitation arrangements.

50 (c) The commissioner of health shall have the authority to promulgate  
51 regulations, including emergency regulations, necessary to effectuate  
52 the provisions of this subdivision.

53 (d) The department of health shall require the independent actuary  
54 selected pursuant to paragraph (a) of this subdivision to provide a  
55 complete actuarial report, along with all actuarial assumptions made and  
56 all other data, materials and methodologies used in the development of

1 rates for the 1332 state innovation plan authorized under this section.  
2 Such report shall be provided annually to the temporary president of the  
3 senate and the speaker of the assembly.

4 8. An individual who is lawfully admitted for permanent residence,  
5 permanently residing in the United States under color of law, or who is  
6 a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C.  
7 1101(a)(15), and who would be ineligible for medical assistance under  
8 title eleven of this article due to their immigration status if the  
9 provisions of section one hundred twenty-two of this chapter were  
10 applied, shall be considered to be ineligible for medical assistance for  
11 purposes of paragraphs (b) and (c) of subdivision three of this section.

12 9. Reporting. The commissioner of health shall submit a report to the  
13 temporary president of the senate and the speaker of the assembly annu-  
14 ally by December thirty-first. The report shall include, at a minimum,  
15 an analysis of the 1332 state innovation program and its impact on the  
16 financial interest of the state; its impact on the Marketplace including  
17 enrollment and premiums; its impact on the number of uninsured individ-  
18 uals in the state; its impact on the Medicaid global cap; and the demo-  
19 graphics of the 1332 state innovation program enrollees including age  
20 and immigration status.

21 10. Severability. If the secretary of health and human services or the  
22 secretary of the treasury do not approve any provision of the applica-  
23 tion for a state innovation waiver, such decision shall in no way affect  
24 or impair any other provisions that the secretaries may approve under  
25 this section.

26 § 4. The state finance law is amended by adding a new section 98-d to  
27 read as follows:

28 § 98-d. 1332 state innovation program fund. 1. There is hereby estab-  
29 lished in the joint custody of the state comptroller and the commis-  
30 sioner of taxation and finance a special fund to be known as the "1332 state  
31 innovation program fund".

32 2. Such fund shall be kept separate and shall not be commingled with  
33 any other funds in the custody of the state comptroller and the commis-  
34 sioner of taxation and finance.

35 3. Such fund shall consist of moneys transferred from the federal  
36 government pursuant to 42 U.S.C. 18052 and an approved 1332 state inno-  
37 vation program waiver application for the purpose implementing the state  
38 plan under the 1332 state innovation program, established pursuant to  
39 section three hundred sixty-nine-ii of the social services law.

40 4. Upon federal approval, all moneys in such fund shall be used to  
41 implement and operate the 1332 state innovation program, pursuant to  
42 section three hundred sixty-nine-ii of the social services law, except  
43 to the extent that the provisions of such section conflict or are incon-  
44 sistent with federal law, in which case the provisions of such federal  
45 law shall supersede such state law provisions.

46 § 5. Subparagraph (1) of paragraph (g) of subdivision 1 of section 366  
47 of the social services law, as amended by section 43 of part B of chap-  
48 ter 57 of the laws of 2015, is amended to read as follows:

49 (1) Applicants and recipients who are lawfully admitted for permanent  
50 residence, or who are permanently residing in the United States under  
51 color of law, or who are non-citizens in a valid nonimmigrant status, as  
52 defined in 8 U.S.C. 1101(a)(15); who are MAGI eligible pursuant to  
53 paragraph (b) of this subdivision; and who would be ineligible for  
54 medical assistance coverage under subdivisions one and two of section  
55 three hundred sixty-five-a of this title solely due to their immigration  
56 status if the provisions of section one hundred twenty-two of this chap-

ter were applied, shall only be eligible for assistance under this title if enrolled in a standard health plan offered by a basic health program established pursuant to section three hundred sixty-nine-gg of this article or a standard health plan offered by a 1332 state innovation program established pursuant to section three hundred sixty-nine-ii of 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 effective data base of the official text of the laws of the state of New York in furtherance of effectuating the provisions of section 44 of the legislative law and section 70-b of the public officers law.

## PART I

Section 1. Subdivision (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. Paragraph (a) of subdivision 6 of section 4403-f of the public health law, as amended by section 4 of part MM of chapter 56 of the laws of 2020, is amended to read as follows:

(a) An applicant shall be issued a certificate of authority as a managed long term care plan upon a determination by the commissioner that the applicant complies with the operating requirements for a managed long term care plan under this section. The commissioner shall issue no more than seventy-five certificates of authority to managed long term care plans pursuant to this section.

(a-1) Nothing in this section shall be construed as requiring the department to contract with or to contract for a particular line of business with an entity certified under this section for the provision of services available under title eleven of article five of the social services law. A managed long term care plan that has been issued a certificate of authority, or an applicant for a certificate of authority

as a managed long term care plan that has in any of the three calendar years immediately preceding the application, met any of the following criteria shall not be eligible for a contract for the provision of services available under title eleven of article five of the social services law: (i) classified as a poor performer, or substantially similar terminology, by the centers for medicare and medicaid services; or (ii) an excessive volume of penalties, statements of findings, statements of deficiency, intermediate sanctions or enforcement actions, regardless of whether the applicant has addressed such issues in a timely manner.

§ 3. 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:

§ 4. Section 4403-f of the public health law is amended by adding a new subdivision 6-a to read as follows:

6-a. Performance standards. (a) On or before January first, two thousand twenty-four, each managed long term care plan that has been issued a certificate of authority pursuant to this section shall have an active Medicare Dual Eligible Special Needs Plan in operation whose H-contract either has a current quality star rating from the Centers for Medicare and Medicaid Services of three stars or higher, or has not been issued a quality star rating from the Centers for Medicare and Medicaid Services. In addition, the managed long term care plan shall sufficiently demonstrate success in the following performance categories:

(i) in addition to meeting the requirements of paragraph (j) of subdivision seven of this section, in order to ensure network adequacy a commitment to contracting with an adequate number of licensed home care service agencies needed to provide necessary personal care services to the greatest practicable number of enrollees, and with an adequate number of fiscal intermediaries needed to provide necessary consumer directed personal assistance services to the greatest practicable number of enrollees in accordance with section three hundred sixty-five-f of the social services law;

(ii) readiness to timely implement and adhere to maximum wait time criteria for key categories of service in accordance with laws, rules and regulations of the department or the Centers for Medicare and Medicaid Services;

(iii) commitment to quality improvement;

(iv) accessibility and geographic distribution of network providers, taking into account the needs of persons with disabilities and the differences between rural, suburban, and urban settings;

(v) demonstrated cultural and language competencies specific to the population of participants;

(vi) ability to serve enrollees across the continuum of care, as demonstrated by the type and number of products the managed long term care operates or has applied to operate, including integrated care for participants who are dually eligible for Medicaid and Medicare, and

1 those operated under title one-A of article twenty-five of this chapter  
2 and section three hundred sixty-nine-gg of the social services law; and  
3 (vii) value based care readiness and experience.

4 (b) The commissioner shall require any managed long term care plan  
5 with a Medicare Dual Eligible Special Needs Plan in operation that at  
6 any time has a current quality star rating from the Centers for Medicare  
7 and Medicaid Services of less than three stars to establish and imple-  
8 ment a performance improvement plan acceptable to the commissioner, and  
9 which shall be consistent with the standards of the Medicare Advantage  
10 Quality Rating System.

11 (c) The commissioner shall have the authority to promulgate regu-  
12 lations to effectuate the provisions of this subdivision.

13 (d) The provisions of this subdivision shall not apply for managed  
14 long term care plans operating under a certificate of authority pursuant  
15 to subdivision twelve, as added by section seventy-six of part A of  
16 chapter fifty-six of the laws of two thousand thirteen, or subdivision  
17 thirteen of this section, or to the program of all-inclusive care for  
18 the elderly under article twenty-nine-EE of this chapter.

19 § 5. Subparagraph (i) of paragraph (g) of subdivision 7 of section  
20 4403-f of the public health law, as amended by section 1 of part GGG of  
21 chapter 59 of the laws of 2017, is amended to read as follows:

22 (i) Managed long term care plans and demonstrations may enroll eligi-  
23 ble persons in the plan or demonstration upon the completion of a  
24 comprehensive assessment that shall include, but not be limited to, an  
25 evaluation of the medical, social, cognitive, and environmental needs of  
26 each prospective enrollee in such program. This assessment shall also  
27 serve as the basis for the development and provision of an appropriate  
28 plan of care for the enrollee, including appropriate community-based  
29 referrals. Upon approval of federal waivers pursuant to paragraph (b) of  
30 this subdivision which require medical assistance recipients who require  
31 community-based long term care services to enroll in a plan, and upon  
32 approval of the commissioner, a plan may enroll an applicant who is  
33 currently receiving home and community-based services and complete the  
34 comprehensive assessment within thirty days of enrollment provided that  
35 the plan continues to cover transitional care until such time as the  
36 assessment is completed.

37 § 6. Subparagraph (i) of paragraph (g) of subdivision 7 of section  
38 4403-f of the public health law, as added by section 65-c of part A of  
39 chapter 57 of the laws of 2006 and relettered by section 20 of part C of  
40 chapter 58 of the laws of 2007, is amended to read as follows:

41 (i) Managed long term care plans and demonstrations may enroll eligi-  
42 ble persons in the plan or demonstration upon the completion of a  
43 comprehensive assessment that shall include, but not be limited to, an  
44 evaluation of the medical, social and environmental needs of each  
45 prospective enrollee in such program. This assessment shall also serve  
46 as the basis for the development and provision of an appropriate plan of  
47 care for the prospective enrollee, including appropriate community-based  
48 referrals.

49 § 7. Part I of chapter 57 of the laws of 2022, providing a one percent  
50 across the board payment increase to all qualifying fee-for-service  
51 Medicaid rates, is amended by adding two new sections 1-a and 1-b to  
52 read as follows:

53 § 1-a. Notwithstanding any provision of law to the contrary, for the  
54 state fiscal years beginning April 1, 2023, and thereafter, Medicaid  
55 payments made for the operating component of residential health care  
56 facilities services shall be subject to a uniform rate increase of 6.5

1 percent in addition to the increase contained in subdivision 1 of  
2 section 1 of this part, subject to the approval of the commissioner of  
3 the department of health and the director of the division of the budget;  
4 provided, however, that such Medicaid payments shall be subject to a  
5 uniform rate increase of up to 7.5 percent in addition to the increase  
6 contained in subdivision 1 of section 1 of this part contingent upon  
7 approval of the commissioner of the department of health, the director  
8 of the division of the budget, and the Centers for Medicare and Medicaid  
9 Services. Such rate increase shall be subject to federal financial  
10 participation.

11 § 1-b. Notwithstanding any provision of law to the contrary, for the  
12 state fiscal years beginning April 1, 2023, and thereafter, Medicaid  
13 payments made for the operating component of assisted living programs as  
14 defined by paragraph (a) of subdivision one of section 461-1 of the  
15 social services law shall be subject to a uniform rate increase of 6.5  
16 percent in addition to the increase contained in section one of this  
17 part, subject to the approval of the commissioner of the department of  
18 health and the director of division of the budget. Such rate increase  
19 shall be subject to federal financial participation.

20 § 8. This act shall take effect immediately and shall be deemed to  
21 have been in full force and effect on and after April 1, 2023; provided,  
22 however, that:

23 (a) the amendments to section 4403-f of the public health law made by  
24 sections two through six of this act shall not affect the repeal of such  
25 section and shall be deemed repealed therewith; and

26 (b) the amendments to subparagraph (i) of paragraph (g) of subdivision  
27 7 of section 4403-f of the public health law made by section five of  
28 this act shall be subject to the expiration and reversion of such  
29 subparagraph pursuant to subdivision (i) of section 111 of part H of  
30 chapter 59 of the laws of 2011, as amended, when upon such date the  
31 provisions of section six of this act shall take effect.

32 PART J

33 Intentionally Omitted

34 PART K

35 Section 1. Subparagraphs 1 and 2 of paragraph (e) of subdivision 1 of  
36 section 366 of the social services law, as added by section 1 of part D  
37 of chapter 56 of the laws of 2013, clause (iii) of subparagraph 2 as  
38 amended by chapter 477 of the laws of 2022, are amended to read as  
39 follows:

40 (1) is an inmate or patient in an institution or facility wherein  
41 medical assistance may not be provided in accordance with applicable  
42 federal or state requirements, except for persons described in subpara-  
43 graph ten of paragraph (c) of this subdivision or subdivision one-a or  
44 subdivision one-b of this section; or except for certain services  
45 provided to persons in a correctional institution or facility permitted  
46 by a waiver authorized pursuant to section eleven hundred fifteen of the  
47 federal social security act; if, so long as, and to the extent federal  
48 financial participation is available for such expenditures provided  
49 pursuant to such waiver; or

50 (2) is a patient in a public institution operated primarily for the  
51 treatment of tuberculosis or care of the mentally disabled, with the

exception of: (i) a person sixty-five years of age or older and a patient in any such institution; (ii) a person under twenty-one years of age and receiving in-patient psychiatric services in a public institution operated primarily for the care of the mentally disabled; (iii) a patient in a public institution operated primarily for the care of individuals with developmental disabilities who is receiving medical care or treatment in that part of such institution that has been approved pursuant to law as a hospital or nursing home; (iv) a patient in an institution operated by the state department of mental hygiene, while under care in a hospital on release from such institution for the purpose of receiving care in such hospital; ~~[ex]~~ (v) is a person residing in a community residence or a residential care center for adults; or (vi) certain services provided to persons in an institution for mental diseases permitted by a waiver authorized pursuant to section eleven hundred fifteen of the federal social security act; if, so long as, and to the extent federal financial participation is available for such expenditures provided pursuant to such waiver.

§ 2. The department of health shall submit a report to the legislature on the waiver's impact on service availability which shall include, but not be limited to: (a) the total number of beds currently licensed organized by geographic region; (b) the total number of beds currently occupied organized by geographic region; and the total number of beds occupied, each organized by geographic region and placement type of the enrollee; (c) information related to the department of health and the office of children and family services plan to ensure immediate and long term community needs currently served by an institution of mental disease; and (d) an overview of the department's stakeholder engagement efforts related to the waiver's implementation.

§ 3. 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

Section 1. The insurance law is amended by adding a new section 4909 to read as follows:

§ 4909. Site of service clinical review. (a) For purposes of this section:

(1) "Free-standing ambulatory surgical center" shall mean a diagnostic and treatment center authorized pursuant to article twenty-eight of the public health law and operated independently from a hospital.

(2) "Health care plan" shall mean an insurer, a corporation organized pursuant to article forty-three of this chapter, a health maintenance organization certified pursuant to article forty-four of the public health law, a municipal cooperative health benefit plan certified pursuant to article forty-seven of this chapter, and a student health plan established or maintained pursuant to section one thousand one hundred twenty-four of this chapter, that issues a health insurance policy or contract or that arranges for care and services for members under a contract with the department of health with a network of health care providers and utilizes site of service clinical review to determine coverage for services delivered by network participating providers.

(3) "Hospital-based outpatient clinic" shall mean a clinic authorized pursuant to article twenty-eight of the public health law and listed on a hospital's operating certificate.

(4) "Site of service clinical review" shall mean clinical criteria applied by a health care plan for the purpose of determining whether

1 non-urgent outpatient medical procedures and surgeries will be covered  
2 for a given insured or enrollee when rendered by a network participating  
3 provider at a hospital-based outpatient clinic rather than a free-stand-  
4 ing ambulatory surgical center.

5 (b) Site of service clinical review shall be deemed utilization review  
6 in accordance with and subject to the requirements and protections of  
7 this article and article forty-nine of the public health law, including  
8 the right to internal and external appeal of denials related to site of  
9 service clinical review.

10 (c) Site of service clinical review shall consider the insured's  
11 health and safety, choice of health care provider, and timely access to  
12 care and shall not be based solely on cost.

13 (d) A health care plan that utilizes site of service clinical review  
14 that is intended to direct insureds and enrollees to free-standing ambu-  
15 latory surgical centers shall be able to demonstrate to the department  
16 or, as applicable, to the department of health, that it has an adequate  
17 network of free-standing ambulatory surgical center providers to meet  
18 the health needs of insureds and enrollees and to provide an appropriate  
19 choice of providers sufficient to render the services covered under the  
20 policy or contract. Such network shall be in compliance with network  
21 adequacy standards established by the superintendent and section three  
22 thousand two hundred forty-one of this chapter.

23 (e) Except as provided in subsection (g) of this section, starting  
24 January first, two thousand twenty-four, a health care plan that  
25 utilizes a site of service clinical review shall deliver a notice  
26 disclosing and clearly explaining the site of service clinical review  
27 to:

28 (1) policyholders, contract holders, insureds, and enrollees and  
29 prospective policyholders, contract holders, insureds, and enrollees at  
30 the time of plan and policy or contract selection and at least ninety  
31 days prior to the implementation of new site of service clinical review  
32 or modification of existing site of service clinical review. Such notice  
33 shall include the specific services under the site of service review  
34 policy, a statement that site of service clinical review may limit the  
35 settings in which services covered under the policy or contract may be  
36 provided and render a network participating provider unable to perform a  
37 service; shall disclose to insureds or enrollees any quality or cost  
38 differential, including differences in out-of-pocket costs, between the  
39 hospital-based outpatient clinic and the free-standing ambulatory surgi-  
40 cal center when services at a hospital-based outpatient clinic are  
41 requested; and shall set forth any rights the insured or enrollee may  
42 have to obtain the service at a hospital-based outpatient clinic through  
43 a utilization review appeal. Notifications shall also be made at any  
44 other time upon the insured's or enrollee's request;

45 (2) network participating providers at least ninety days prior to  
46 implementation. A health care plan shall also inform providers of the  
47 process for requesting coverage of a service in a hospital-based outpa-  
48 tient clinic setting, including the right to request a real time clin-  
49 ical peer to peer discussion as part of the authorization process; and

50 (3) the superintendent and, as applicable, to the commissioner of  
51 health, at least forty-five days prior to notifying policyholders,  
52 contract holders, insureds and enrollees and prospective policyholders,  
53 contract holders, insureds and enrollees and network participating  
54 providers in accordance with this subsection. Such notice to the super-  
55 intendent and, as applicable, to the commissioner of health, shall  
56 include (A) draft communications to the foregoing persons for purposes

1 of complying with this subsection and (B) an explanation of how the site  
2 of service clinical review selected by the health care plan complies  
3 with this article and article forty-nine of the public health law.

4 (f) A health care plan's provider directory shall explain that even  
5 though a provider is participating in the network, a site of service  
6 clinical review may affect where services will need to be obtained and  
7 whether the provider will be available to provide such service, as  
8 applicable.

9 (g) A health care plan that has implemented site of service clinical  
10 review prior to January first, two thousand twenty-four that is not in  
11 compliance with this section shall revise such site of service clinical  
12 review to comply with this section and deliver the notices required  
13 under subsection (e) of this section at the beginning of the open  
14 enrollment period for individual health insurance policies and  
15 contracts, and for group health insurance policies and contracts, prior  
16 to January first, two thousand twenty-four.

17 (h) Starting January first, two thousand twenty-four, at a minimum, a  
18 health care plan shall approve a request for authorization for a service  
19 covered under the policy or contract and requested to be performed by a  
20 network participating provider at a hospital-based outpatient clinic in  
21 the following situations:

22 (1) the procedure cannot be safely performed in a free-standing ambu-  
23 latory surgical center due to the insured's or enrollee's health condi-  
24 tion;

25 (2) there is no free-standing ambulatory surgical center capacity in  
26 the insured's or enrollee's geographic area; or

27 (3) the provision of health care services at a free-standing ambulatory  
28 surgical center would result in undue delay.

29 (i) Starting January first, two thousand twenty-four, site of service  
30 clinical review criteria developed by health care plans shall also take  
31 into consideration whether:

32 (1) the insured's or enrollee's treating network participating provid-  
33 er recommends, based on a written clinical justification submitted to  
34 the health care plan, that the service be provided at a hospital-based  
35 outpatient clinic; or

36 (2) the insured or enrollee has requested a particular network partic-  
37 ipating provider who performs the requested service in a hospital-based  
38 outpatient clinic because the insured or enrollee is undergoing a  
39 continuing course of treatment with the participating provider or  
40 because the insured has previously obtained the requested service from  
41 the participating provider, and the provider is not credentialed at any  
42 free-standing ambulatory surgical center in the service area and is not  
43 able to be credentialed within ninety days following the submission of  
44 the authorization request to the health care plan.

45 § 2. The public health law is amended by adding a new section 4909 to  
46 read as follows:

47 § 4909. Site of service clinical review. 1. For purposes of this  
48 section:

49 (a) "Free-standing ambulatory surgical center" shall mean a diagnostic  
50 and treatment center authorized pursuant to article twenty-eight of this  
51 chapter and operated independently from a hospital.

52 (b) "Health care plan" shall mean an insurer, a corporation organized  
53 pursuant to article forty-three of the insurance law, a health mainte-  
54 nance organization certified pursuant to article forty-four of this  
55 chapter, a municipal cooperative health benefit plan certified pursuant  
56 to article forty-seven of the insurance law, and a student health plan

1 established or maintained pursuant to section one thousand one hundred  
2 twenty-four of the insurance law, that issues a health insurance policy  
3 or contract or that arranges for care and services for members under a  
4 contract with the department with a network of health care providers and  
5 utilizes site of service clinical review to determine coverage for  
6 services delivered by network participating providers.

7 (c) "Hospital-based outpatient clinic" shall mean a clinic authorized  
8 pursuant to article twenty-eight of this chapter and listed on a hospi-  
9 tal's operating certificate.

10 (d) "Site of service clinical review" shall mean clinical criteria  
11 applied by a health care plan for the purpose of determining whether  
12 non-urgent outpatient medical procedures and surgeries will be covered  
13 for a given insured or enrollee when rendered by a network participating  
14 provider at a hospital-based outpatient clinic rather than a free-stand-  
15 ing ambulatory surgical center.

16 2. Site of service clinical review shall be deemed utilization review  
17 in accordance with and subject to the requirements and protections of  
18 this article and article forty-nine of the insurance law, including the  
19 right to internal and external appeal of denials related to site of  
20 service clinical review.

21 3. Site of service clinical review shall consider the insured's health  
22 and safety, choice of health care provider, and timely access to care  
23 and shall not be based solely on cost.

24 4. A health care plan that utilizes site of service clinical review  
25 that is intended to direct insureds and enrollees to free-standing ambu-  
26 latory surgical centers shall be able to demonstrate to the department  
27 that it has an adequate network of free-standing ambulatory surgical  
28 center providers to meet the health needs of insureds and enrollees and  
29 to provide an appropriate choice of providers sufficient to render the  
30 services covered under the policy or contract. Such network shall be in  
31 compliance with network adequacy standards established by the commis-  
32 sioner and article forty-four of this chapter.

33 5. Except as provided in subdivision seven of this section, starting  
34 January first, two thousand twenty-four, a health care plan that  
35 utilizes a site of service clinical review shall deliver a notice  
36 disclosing and clearly explaining the site of service clinical review  
37 to:

38 (a) policyholders, contract holders, insureds, and enrollees and  
39 prospective policyholders, contract holders, insureds, and enrollees at  
40 the time of plan and policy or contract selection and at least ninety  
41 days prior to the implementation of new site of service clinical review  
42 or modification of existing site of service clinical review. Such notice  
43 shall include the specific services under the site of service review  
44 policy, a statement that site of service clinical review may limit the  
45 settings in which services covered under the policy or contract may be  
46 provided and render a network participating provider unable to perform a  
47 service; shall disclose to insureds or enrollees any quality or cost  
48 differential, including differences in out-of-pocket costs, between the  
49 hospital-based outpatient clinic and the free-standing ambulatory surgi-  
50 cal center when services at a hospital-based outpatient clinic are  
51 requested; and shall set forth any rights the insured or enrollee may  
52 have to obtain the service at a hospital-based outpatient clinic through  
53 a utilization review appeal. Notifications shall also be made at any  
54 other time upon the insured's or enrollee's request;

55 (b) network participating providers at least ninety days prior to  
56 implementation. A health care plan shall also inform providers of the

1 process for requesting coverage of a service in a hospital-based outpa-  
2 tient clinic setting, including the right to request a real time clin-  
3 ical peer to peer discussion as part of the authorization process; and

4 (c) the commissioner, at least forty-five days prior to notifying  
5 policyholders, contract holders, insureds and enrollees and prospective  
6 policyholders, contract holders, insureds and enrollees and network  
7 participating providers in accordance with this subdivision. Such notice  
8 to the commissioner shall include (i) draft communications to the fore-  
9 going persons for purposes of complying with this subdivision and (ii)  
10 an explanation of how the site of service clinical review selected by  
11 the health care plan complies with this article and article forty-nine  
12 of the insurance law.

13 6. A health care plan's provider directory shall explain that even  
14 though a provider is participating in the network, a site of service  
15 clinical review may affect where services will need to be obtained and  
16 whether the provider will be available to provide such service, as  
17 applicable.

18 7. A health care plan that has implemented site of service clinical  
19 review prior to January first, two thousand twenty-four that is not in  
20 compliance with this section shall revise such site of service clinical  
21 review to comply with this section and deliver the notices required  
22 under subdivision five of this section at the beginning of the open  
23 enrollment period for individual health insurance policies and  
24 contracts, and for group health insurance policies and contracts, prior  
25 to January first, two thousand twenty-four.

26 8. Starting January first, two thousand twenty-four, at a minimum, a  
27 health care plan shall approve a request for authorization for a service  
28 covered under the policy or contract and requested to be performed by a  
29 network participating provider at a hospital-based outpatient clinic in  
30 the following situations:

31 (a) the procedure cannot be safely performed in a free-standing ambu-  
32 latory surgical center due to the insured's or enrollee's health condi-  
33 tion;

34 (b) there is no free-standing ambulatory surgical center capacity in  
35 the insured's or enrollee's geographic area; or

36 (c) the provision of health care services at a free-standing ambulator-  
37 ry surgical center would result in undue delay.

38 9. Starting January first, two thousand twenty-four, site of service  
39 clinical review criteria developed by health care plans shall also take  
40 into consideration whether:

41 (a) the insured's or enrollee's treating network participating provid-  
42 er recommends, based on a written clinical justification submitted to  
43 the health care plan, that the service be provided at a hospital-based  
44 outpatient clinic; or

45 (b) the insured or enrollee has requested a particular network partic-  
46 ipating provider who performs the requested service in a hospital-based  
47 outpatient clinic because the insured or enrollee is undergoing a  
48 continuing course of treatment with the participating provider or  
49 because the insured has previously obtained the requested service from  
50 the participating provider, and the provider is not credentialed at any  
51 free-standing ambulatory surgical center in the service area and is not  
52 able to be credentialed within ninety days following the submission of  
53 the authorization request to the health care plan.

54 § 3. This act shall take effect June 1, 2023.

1 Section 1. The public health law is amended by adding a new article  
2 45-A to read as follows:

3 ARTICLE 45-A

4 DISCLOSURE OF MATERIAL TRANSACTIONS

5 Section 4550. Definitions.

6 4551. Disclosure of material transactions.

7 4552. Notice of material transactions; requirements.

8 § 4550. Definitions. For the purposes of this article, the following  
9 terms shall have the following meanings:

10 1. "Control" means the possession, direct or indirect, of the power to  
11 direct or cause the direction of the management, administrative func-  
12 tions, and policies of a health care entity, whether through the owner-  
13 ship of voting securities or rights, control, either directly or indi-  
14 rectly, by contract (except a commercial contract for goods or  
15 non-management services) or otherwise; but no person shall be deemed to  
16 control another person solely by reason of being an officer or director  
17 of a health care entity. "Control" shall be presumed to exist if any  
18 person directly or indirectly owns, controls, or holds with the power to  
19 vote ten percent or more of the voting securities of a health care enti-  
20 ty.

21 2. "Health care entity" shall include but not be limited to a physi-  
22 cian practice, group, or management services organization or similar  
23 entity providing all or substantially all of the administrative or  
24 management services under contract with one or more physician practices,  
25 provider-sponsored organization, health insurance plan, or any other  
26 kind of health care facility, organization or plan providing health care  
27 services in this state; provided, however, that a "health care entity"  
28 shall not include an insurer authorized to do business in this state, or  
29 a pharmacy benefit manager registered or licensed in this state. An  
30 "insurer" shall not include non-insurance subsidiaries and affiliated  
31 entities of insurance companies regulated under the insurance law or  
32 this chapter.

33 3. "Health equity" shall mean achieving the highest level of health  
34 for all people and shall entail focused efforts to address avoidable  
35 inequalities by equalizing those conditions for health for those that  
36 have experienced injustices, socioeconomic disadvantages, and systemic  
37 disadvantages.

38 4. "Material transaction" shall mean:

39 (a) any of the following, occurring during a single transaction or in  
40 a series of related transactions that take place within a rolling twelve  
41 month time period, and meet or exceed thresholds, for factors including  
42 but not limited to changes in revenue:

43 (i) a merger with a health care entity;

44 (ii) an acquisition of one or more health care entities, including but  
45 not limited to the assignment, sale, or other conveyance of assets,  
46 voting securities, membership, or partnership interest or the transfer  
47 of control;

48 (iii) an affiliation agreement or contract formed between a health  
49 care entity and another person; or

50 (iv) the formation of a partnership, joint venture, accountable care  
51 organization, parent organization, or management services organization  
52 for the purpose of administering contracts with health plans, third-par-  
53 ty administrators, pharmacy benefit managers, or health care providers  
54 as prescribed by the commissioner by regulation.

55 (b) "Material transaction" shall not include a clinical affiliation of  
56 health care entities formed for the purpose of collaborating on clinical

1 trials or graduate medical education programs and shall not include any  
2 transaction that is already subject to review under article twenty-  
3 eight, thirty, thirty-six, forty, forty-four, forty-six, forty-six-A, or  
4 forty-six-B of this chapter. "Material transaction" shall not include a  
5 de minimis transaction, which shall mean for purposes of this article a  
6 transaction or a series of related transactions which result in a health  
7 care entity increasing its total gross in-state revenues by less than  
8 twenty-five million dollars.

9 § 4551. Disclosure of material transactions. Pursuant to this article,  
10 the department shall adopt a process for the disclosure and notice of  
11 material transactions. The items disclosed shall include the factors  
12 listed in this article. Nothing in this article shall limit or restrict  
13 the authority of the superintendent of financial services under article  
14 fifteen, sixteen, seventeen, forty-two, forty-three, seventy-one, or  
15 seventy-three of the insurance law, or regulations promulgated there-  
16 under.

17 § 4552. Notice of material transactions; requirements. 1. A health  
18 care entity shall submit to the department written notice, with support-  
19 ing documentation as described below and further defined in regulation  
20 developed by the department, which the department shall be in receipt of  
21 at least thirty days before the closing date of the transaction, in the  
22 form and manner prescribed by the department. Immediately upon the  
23 submission to the department, the department shall submit electronic  
24 copies of such notice with supporting documentation to the antitrust,  
25 health care and charities bureaus of the office of the New York attorney  
26 general. Such written notice shall include, but not be limited to:

27 (a) The names of the parties to the material transaction and their  
28 current addresses;

29 (b) Copies of any definitive agreements governing the terms of the  
30 material transaction, including pre- and post-closing conditions;

31 (c) Identification of all locations where health care services are  
32 currently provided by each party and the revenue generated in the state  
33 from such locations;

34 (d) Any plans to reduce or eliminate services and/or participation in  
35 specific plan networks;

36 (e) The closing date of the proposed material transaction;

37 (f) A brief description of the nature and purpose of the proposed  
38 material transaction including:

39 (i) the anticipated impact of the material transaction on cost, quali-  
40 ty, access, health equity, and competition in the impacted markets,  
41 which may be supported by data and a formal market impact analysis; and

42 (ii) any commitments by the health care entity to address anticipated  
43 impacts.

44 2. (a) Except as provided in paragraph (b) of this subdivision,  
45 supporting documentation as described in subdivision one of this section  
46 shall not be subject to disclosure under article six of the public offi-  
47 cers law.

48 (b) During such thirty-day period prior to the closing date, the  
49 department shall post on its website:

50 (i) a summary of the proposed transaction;

51 (ii) an explanation of the groups or individuals likely to be impacted  
52 by the transaction;

53 (iii) information about services currently provided by the health care  
54 entity, commitments by the health care entity to continue such services  
55 and any services that will be reduced or eliminated; and

(iv) details about how to submit comments, in a format that is easy to find and easy to read.

3. A health care entity that is a party to a material transaction shall notify the department upon closing of the transaction in the form and manner prescribed by the department.

4. Failure to notify the department of a material transaction under this section shall be subject to civil penalties under section twelve of this chapter. Each day in which the violation continues shall constitute a separate violation.

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

#### 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.

1 (c) An individual at least sixteen years of age who: is employed;  
2 ceases to be eligible for participation in such waiver pursuant to para-  
3 graph (b) of this subdivision because the person, by reason of medical  
4 improvement, is determined at the time of a regularly scheduled continu-  
5 ing disability review to no longer be certified as disabled under the  
6 social security act; continues to have a severe medically determinable  
7 impairment, to be determined in accordance with applicable federal regu-  
8 lations; and contributes to the cost of medical assistance provided  
9 pursuant to this paragraph in accordance with paragraph (d) of this  
10 subdivision, shall be eligible for participation in such waiver. For  
11 purposes of this paragraph, a person is considered to be employed if the  
12 person is earning at least the applicable minimum wage under section six  
13 of the federal fair labor standards act and working at least forty hours  
14 per month.

15 (d) Prior to receiving medical assistance pursuant to such waiver, a  
16 person whose net available income is greater than or equal to two  
17 hundred fifty percent of the applicable federal poverty line shall pay a  
18 monthly premium, in accordance with a procedure to be established by the  
19 commissioner, provided that no enrollee shall pay a monthly premium that  
20 exceeds exceed eight and one-half percent of the enrollee's monthly  
21 income. The amount of such premium for a person whose net available  
22 income is greater than or equal to two hundred fifty percent of the  
23 applicable federal poverty line, but less than three hundred percent of  
24 the applicable federal poverty line shall be three hundred and forty-  
25 seven dollars but shall not exceed four percent of the enrollee's month-  
26 ly income. The amount of such premium for a person whose net available  
27 income is greater than or equal to three hundred percent of the applica-  
28 ble federal poverty line, but less than four hundred percent of the  
29 applicable federal poverty line shall be five hundred eighteen dollars  
30 but shall not exceed six percent of the enrollee's monthly income. The  
31 amount of such premium for a person whose net available income is great-  
32 er than or equal to four hundred percent of the applicable federal  
33 poverty line, but less than five hundred percent of the applicable  
34 federal poverty line shall be seven hundred and seventy-nine dollars but  
35 shall not exceed eight and one-half percent of the enrollee's monthly  
36 income. The amount of such premium for a person whose net available  
37 income is equal to or greater than five hundred percent of the applica-  
38 ble federal poverty line shall be one thousand thirty-three dollars but  
39 shall not exceed eight and one-half percent of the enrollee's monthly  
40 income. No premium shall be required from a person whose net available  
41 income is less than two hundred fifty percent of the applicable federal  
42 poverty line.

43 (e) Notwithstanding any other provision of this section or any other  
44 law to the contrary, for purposes of determining medical assistance  
45 eligibility for persons specified in paragraph (b) or (c) of this subdivi-  
46 vision, the income and resources of responsible relatives shall not be  
47 deemed available for as long as the person meets the criteria specified  
48 in this subdivision.

49 § 2. This act shall take effect on January 1, 2025.

50 PART O

51 Intentionally Omitted

52 PART P

1 Section 1. The public health law is amended by adding a new section  
2 2825-h to read as follows:

3 § 2825-h. Health care facility transformation program: statewide V.  
4 1. A statewide health care facility transformation program is hereby  
5 established within the department for the purpose of transforming, rede-  
6 signing, and strengthening quality health care services in alignment  
7 with statewide and regional health care needs, and in the ongoing  
8 pandemic response. The program shall also provide funding, subject to  
9 lawful appropriation, in support of capital projects, debt retirement,  
10 working capital or other non-capital projects that facilitate furthering  
11 such transformational goals.

12 2. The commissioner shall enter into an agreement with the president  
13 of the dormitory authority of the state of New York pursuant to section  
14 sixteen hundred eighty-r of the public authorities law, which shall  
15 apply to this agreement, subject to the approval of the director of the  
16 division of the budget, for the purposes of the distribution and admin-  
17 istration of available funds pursuant to such agreement, and made avail-  
18 able pursuant to this section and appropriation. Such funds may be  
19 awarded and distributed by the department for grants to health care  
20 providers including but not limited to, hospitals, residential health  
21 care facilities, adult care facilities licensed under title two of arti-  
22 cle seven of the social services law, diagnostic and treatment centers  
23 licensed or granted an operating certificate under this chapter, clin-  
24 ics, including but not limited to those licensed or granted an operating  
25 certificate under this chapter or the mental hygiene law, children's  
26 residential treatment facilities licensed under article thirty-one of  
27 the mental hygiene law, assisted living programs approved by the depart-  
28 ment pursuant to section four hundred sixty-one-l of the social services  
29 law, behavioral health facilities licensed or granted an operating  
30 certificate pursuant to articles thirty-one and thirty-two of the mental  
31 hygiene law, home care providers certified or licensed under article  
32 thirty-six of this chapter, primary care providers, hospices licensed or  
33 granted an operating certificate pursuant to article forty of this chap-  
34 ter, community-based programs funded under the office of mental health,  
35 the office of addiction services and supports, the office for people  
36 with developmental disabilities, or through local governmental units as  
37 defined under article forty-one of the mental hygiene law, independent  
38 practice associations or organizations, residential facilities or day  
39 program facilities licensed or granted an operating certificate under  
40 article sixteen of the mental hygiene law, and midwifery birth centers  
41 established pursuant to this chapter. A copy of such agreement, and any  
42 amendments thereto, shall be provided by the department to the chair of  
43 the senate finance committee, the chair of the assembly ways and means  
44 committee, and the director of the division of the budget no later than  
45 thirty days after such agreement is finalized. Projects awarded, in  
46 whole or part, under sections twenty-eight hundred twenty-five-a and  
47 twenty-eight hundred twenty-five-b of this article shall not be eligible  
48 for grants or awards made available under this section.

49 3. Notwithstanding section one hundred sixty-three of the state  
50 finance law, or any inconsistent provision of law to the contrary, up to  
51 four hundred ninety million dollars of the funds appropriated for this  
52 program shall be awarded, without a competitive bid or request for  
53 proposal process, for grants to health care providers, as defined in  
54 subdivision two of this section. Awards made pursuant to this subdivi-  
55 sion shall provide funding for capital projects, debt retirement, work-  
56 ing capital or other non-capital projects to the extent lawful appropri-

1 ation and funding is available, to build innovative, patient-centered  
2 models of care, increase access to care, to improve the quality of care  
3 and to ensure financial sustainability of health care providers, and  
4 develop capacity in underserved areas of the state. For the purposes of  
5 this section, the development of capacity in underserved areas shall  
6 include new construction and renovation projects in areas determined to  
7 be underserved by the department.

8 4. Notwithstanding section one hundred sixty-three of the state  
9 finance law, or any inconsistent provision of law to the contrary, up to  
10 five hundred million dollars of the funds appropriated for this program  
11 shall be awarded, without a competitive bid or request for proposal  
12 process, for technological and telehealth transformation projects, which  
13 shall include projects related to improving cyber security, and which  
14 may also include unfunded project applications submitted in response to  
15 a request for applications issued by the department pursuant to subdivi-  
16 sion six of section twenty-eight hundred twenty-five-g of this article.

17 5. Selection of awards made by the department pursuant to subdivisions  
18 three and four of this section shall be contingent on an evaluation  
19 process acceptable to the commissioner and approved by the director of  
20 the division of the budget. Disbursement of awards shall be conditioned  
21 on the awardee achieving certain process and performance metrics and  
22 milestones as determined by the commissioner. Such metrics and mile-  
23 stones shall be structured to ensure that the goals of the project are  
24 achieved, and such metrics and milestones shall be included in grant  
25 disbursement agreements or other contractual documents as required by  
26 the commissioner.

27 6. The department shall provide a report on a quarterly basis to the  
28 chairs of the senate finance, assembly ways and means, and senate and  
29 assembly health committees, until such time as the department determines  
30 that the projects that receive funding pursuant to this section are  
31 substantially complete. Such reports shall be submitted no later than  
32 sixty days after the close of the quarter, and shall include, for each  
33 award, the name of the health care provider as defined in subdivision  
34 two of this section, a description of the project or purpose, the amount  
35 of the award, disbursement date, and status of achievement of process  
36 and performance metrics and milestones pursuant to subdivision five of  
37 this section.

38 § 2. Subdivision 1 of section 2825-g of the public health law, as  
39 added by section 1 of part K of chapter 57 of laws of 2022, is amended  
40 to read as follows:

41 1. A statewide health care facility transformation program is hereby  
42 established within the department for the purpose of transforming, rede-  
43 signing, and strengthening quality health care services in alignment  
44 with statewide and regional health care needs, and in the ongoing  
45 pandemic response. The program shall also provide funding, subject to  
46 lawful appropriation, in support of capital projects, debt retirement,  
47 working capital or other non-capital projects that facilitate furthering  
48 such transformational goals.

49 § 3. Paragraph (b) of subdivision 5 of section 2825-g of the public  
50 health law, as added by section 1 of part K of chapter 57 of the laws of  
51 2022, is amended to read as follows:

52 (b) Awards made pursuant to this subdivision shall provide funding  
53 ~~only~~ for capital projects, debt retirement, working capital or other  
54 non-capital projects to the extent lawful appropriation and funding is  
55 available, to build innovative, patient-centered models of care,

1 increase access to care, to improve the quality of care and to ensure  
2 financial sustainability of health care providers.

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

5 PART Q

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

8 (kk) community health worker services which shall include, but not be  
9 limited to, culturally appropriate patient education, health care navi-  
10 gation, care coordination including the development of a care plan,  
11 patient advocacy, and support services for the management of chronic  
12 conditions for children under age twenty-one, and for adults with  
13 health-related social needs, when such services are recommended by a  
14 physician or other health care practitioner authorized under title eight  
15 of the education law, and provided by qualified community health work-  
16 ers, as determined by the commissioner of health; provided, however,  
17 that the provisions of this paragraph shall not take effect unless all  
18 necessary approvals under federal law and regulation have been obtained  
19 to receive federal financial participation in the costs of health care  
20 services provided pursuant to this paragraph. Nothing in this paragraph  
21 shall be construed to modify any licensure, certification or scope of  
22 practice provision under title eight of the education law.

23 § 2. Clause (C) of subparagraph (ii) of paragraph (f) of subdivision  
24 2-a of section 2807 of the public health law, as amended by section 43  
25 of part B of chapter 58 of the laws of 2010, is amended to read as  
26 follows:

27 (C) [~~individual psychotherapy~~] services provided by licensed social  
28 workers, licensed mental health counselors, and licensed marriage and  
29 family therapists, in accordance with licensing criteria set forth in  
30 applicable regulations[~~, to persons under the age of twenty-one and to~~  
31 ~~persons requiring such services as a result of or related to pregnancy~~  
32 ~~or giving birth~~]; and

33 § 3. This act shall take effect January 1, 2024.

34 PART R

35 Section 1. Subdivision 2 of section 365-a of the social services law  
36 is amended by adding two new paragraphs (kk) and (ll) to read as  
37 follows:

38 (kk) care and services of nutritionists and dietitians certified  
39 pursuant to article one hundred fifty-seven of the education law acting  
40 within their scope of practice.

41 (ll) Chronic Disease Self-Management Program for persons diagnosed  
42 with arthritis when such services are ordered by a physician, registered  
43 physician's assistant, registered nurse practitioner, or licensed  
44 midwife and provided by qualified educators, as determined by the  
45 commissioner of health, subject to federal financial participation.  
46 Nothing in this paragraph shall be construed to modify any licensure,  
47 certification or scope of practice provision under title eight of the  
48 education law.

49 § 2. Clause (A) of subparagraph (ii) of paragraph (f) of subdivision  
50 2-a of section 2807 of the public health law, as amended by section 43  
51 of part B of chapter 58 of the laws of 2010, is amended to read as  
52 follows:

(A) services provided in accordance with the provisions of paragraphs (q) ~~and~~, (r), and (ll) of subdivision two of section three hundred sixty-five-a of the social services law; and

§ 3. This act shall take effect July 1, 2023; provided, however, that paragraph (ll) of subdivision 2 of section 365-a of the social services law added by section one of this act, and section two of this act, shall take effect October 1, 2023.

## PART S

Section 1. Section 3002 of the public health law is amended by adding a new subdivision 1-a to read as follows:

1-a. The state emergency medical services council shall advise and assist the commissioner on such issues as the commissioner may require related to the provision of emergency medical service, specialty care, designated facility care, and disaster medical care. This shall include, but shall not be limited to, the recommendation, periodic revision, and application of rules and regulations, appropriateness review standards, treatment protocols, workforce development, and quality improvement standards. The state emergency medical services council shall meet at least three times per year or more frequently at the request of the chairperson or department and approved by the commissioner.

§ 2. Section 3003 of the public health law is amended by adding a new subdivision 1-a to read as follows:

1-a. Each regional emergency medical services council shall advise the state emergency medical services council and department on such issues as the state emergency medical services council or department may require, related to the provision of emergency medical service, specialty care, designated facility care, and disaster medical care, and shall carry out duties to assist in the regional coordination of such, as outlined by the state emergency medical services council with approval of the department.

§ 3. The public health law is amended by adding a new section 3004 to read as follows:

§ 3004. Emergency medical services system and agency performance standards. 1. The state emergency medical services council and with input from the regional emergency medical services councils, in collaboration and with final approval of the department, shall create an emergency medical services system and agency performance standards (hereinafter referred to as "performance standards") for the purpose of sustaining and evolving a reliable emergency medical services system including but not limited to emergency medical services agencies and any facility or agency that dispatches or accepts emergency medical services resources.

2. The performance standards may include but shall not be limited to: safety initiatives, emergency vehicle operations, operational competencies, planning, training, onboarding, workforce development and engagement, survey responses, leadership and other standards and metrics as determined by the state emergency medical services council, with approval of the department, to promote positive patient outcomes, safety, provider retention and emergency medical services system sustainability throughout the state.

3. The performance standards shall require each emergency medical services agency, dispatch agency or facility that accepts emergency medical services resources to perform regular and periodic review of the performance standards and its metrics, perform surveys, identification

1 of agency deficiencies and strengths, development of programs to improve  
2 agency metrics, strengthen system sustainability and operations, and  
3 improve the delivery of patient care.

4 4. The department, after consultation with the state emergency medical  
5 services council and with input from regional emergency medical services  
6 councils, may contract for services with subject matter experts to  
7 assist in the oversight of the performance standards statewide.

8 5. Emergency medical services agencies that do not meet the perform-  
9 ance standards set forth in this section may be subject to enforcement  
10 actions, including but not limited to revocation, suspension, perform-  
11 ance improvement plans, or restriction from specific types of response  
12 including but not limited to suspension of ability to respond to  
13 requests for emergency medical assistance or to perform emergency  
14 medical services.

15 § 4. The public health law is amended by adding a new section 3020 to  
16 read as follows:

17 § 3020. Recruitment and retention. 1. The commissioner shall estab-  
18 lish and fund within amounts appropriated, a public service campaign to  
19 recruit additional personnel into the emergency medical system fields.

20 2. The commissioner shall establish and fund within amounts appropri-  
21 ated an emergency medical system mental health and wellness program that  
22 provides resources to emergency medical service practitioners to retain  
23 personnel in the emergency medical system fields.

24 § 5. Section 3032 of the public health law is renumbered section 3034  
25 and two new sections 3032 and 3033 are added to read as follows:

26 § 3032. State emergency medical services task force. 1. The department  
27 shall develop a state emergency medical services (EMS) task force, oper-  
28 ated by the department, that may coordinate and operate resources that  
29 are needed around the state in situations including but not limited to a  
30 disaster, specialized response, or community need.

31 2. The state EMS task force shall be made up of non-government and  
32 government agencies, that are licensed to provide emergency medical  
33 services in the state including but not limited to commercial agencies,  
34 nonprofits, fire departments and third services.

35 3. The department shall allocate funds to effectuate the delivery of  
36 the state EMS task force that shall allow for contracting with licensed  
37 emergency medical services agencies, the purchase of specialized  
38 response equipment, staff to carry out the daily functions of the state  
39 EMS task force either directly or by contract and other functions as  
40 determined by the department.

41 4. The state emergency medical services council shall make recommenda-  
42 tions to the department to effectuate the development and delivery of  
43 care by the state EMS task force.

44 5. The state EMS task force shall have the authority to operate  
45 throughout New York state.

46 § 3033. Rules and regulations. The commissioner, upon approval of the  
47 state emergency medical services council, may promulgate rules and regu-  
48 lations to effectuate the purposes of this article, provided, however,  
49 that sections three thousand thirty and three thousand thirty-one of  
50 this article shall be subject to the provisions of section three thou-  
51 sand thirty-four of this article.

52 § 6. Subdivision 2 of section 163 of the civil service law, as amended  
53 by section 4 of part T of chapter 56 of the laws of 2010, is amended to  
54 read as follows:

55 2. The contract or contracts shall provide for health benefits for  
56 retired employees of the state and of the state colleges of agriculture,

1 home economics, industrial labor relations and veterinary medicine, the  
2 state agricultural experiment station at Geneva, and any other institu-  
3 tion or agency under the management and control of Cornell university as  
4 the representative of the board of trustees of the state university of  
5 New York, and the state college of ceramics under the management and  
6 control of Alfred university as the representative of the board of trus-  
7 tees of the state university of New York, and their spouses and depend-  
8 ent children as defined by the regulations of the president, on such  
9 terms as the president may deem appropriate, and the president may  
10 authorize the inclusion in the plan of the employees and retired employ-  
11 ees of public authorities, public benefit corporations, school  
12 districts, special districts, district corporations, municipal corpo-  
13 rations excluding active employees and retired employees of cities  
14 having a population of one million or more inhabitants whose compen-  
15 sation is or was before retirement paid out of the city treasury, or  
16 other appropriate agencies, subdivisions or quasi-public organizations  
17 of the state, including active members of volunteer fire and volunteer  
18 ambulance companies serving one or more municipal corporations pursuant  
19 to subdivision seven of section ninety-two-a of the general municipal  
20 law, and their spouses and dependent children as defined by the regu-  
21 lations of the president. Notwithstanding any law or regulation to the  
22 contrary, active members of volunteer ambulance companies serving one or  
23 more municipal corporations pursuant to subdivision seven of section  
24 ninety-two-a of the general municipal law shall be eligible for health  
25 benefits regardless of the amount of funds derived from public sources.  
26 Any such corporation, district, agency or organization electing to  
27 participate in the plan shall be required to pay its proportionate share  
28 of the expenses of administration of the plan in such amounts and at  
29 such times as determined and fixed by the president. All amounts payable  
30 for such expenses of administration shall be paid to the commissioner of  
31 taxation and finance and shall be applied to the reimbursement of funds  
32 previously advanced for such purposes. Neither the state nor any other  
33 participant in the plan shall be charged with the particular experience  
34 attributable to the employees of the participant, and all dividends or  
35 retroactive rate credits shall be distributed pro-rata based upon the  
36 number of employees of such participant covered by the plan.

37 § 7. This act shall take effect immediately.

38 PART T

39 Section 1. Section 1370 of the public health law is amended by adding  
40 a new subdivision 8 to read as follows:

41 8. "Owner" means and includes the owner or owners of the freehold of  
42 the premises or lesser estate therein, a mortgagee or vendee in  
43 possession, assignee of rents, receiver, executor, trustee, lessee,  
44 agent, or any other person, firm or corporation, directly or indirectly  
45 in control of a dwelling.

46 § 2. The public health law is amended by adding a new section 1377 to  
47 read as follows:

48 § 1377. State rental registry and proactive inspections to identify  
49 lead hazards. 1. The department shall, in consultation with the division  
50 of housing and community renewal, develop a registry for all residential  
51 dwellings with two or more units built prior to nineteen hundred eighty  
52 which, by virtue of their property class designation, are potentially  
53 eligible for rental, lease, let or hiring out, and are located within  
54 communities of concern as identified by the department. Such registry

1 shall only include qualifying residential dwellings outside a city with  
2 a population of one million people or more. The department shall utilize  
3 all available property information to develop the registry including but  
4 not limited to information from tax assessment rolls and information  
5 from property records in the office in which instruments affecting real  
6 property in the county are recorded.

7 2. The department, or their designee, shall provide written notice to  
8 the owners of residential dwellings qualifying for registration in  
9 accordance with this section within sixty days of the effectiveness of  
10 such registry.

11 3. Owners of all residential dwellings qualifying for registration in  
12 accordance with this section shall certify as free of lead paint  
13 hazards, in accordance with subdivision seven of this section and the  
14 regulations promulgated thereunder. Inspection certifications must be  
15 submitted by the owner to the local health department or their designee  
16 for recording in the rental registry by October first of the year the  
17 certification is due.

18 4. The department, or their designee, shall provide owners of qualify-  
19 ing residential dwellings a minimum of two notices prior to the deadline  
20 to submit a certification, not including the notification under subdivi-  
21 sion two of this section. Such notice shall include information for  
22 owners to notify the department or their designee a residential dwelling  
23 is not eligible for rental, lease, let or hiring out and are therefore  
24 not required to submit a certification under this section.

25 If an owner fails to submit a certification by the deadline, or incor-  
26 rectly asserts that they are not required to submit a certification  
27 under this section, the department, or their designee, shall provide an  
28 additional notice prior to taking any further action.

29 5. The department shall establish an annual inspection and audit proc-  
30 ess which shall review at least ten percent of the certification  
31 inspections of residential dwellings qualifying for the rental registry.  
32 Such process shall include individual inspections and document review to  
33 ensure that owners complied with all obligations and responsibilities  
34 under this section. Such audits shall be conducted in-person and shall  
35 confirm that a residential dwelling is or is not eligible for the rental  
36 registry and that the residential dwelling is free of lead paint  
37 hazards.

38 6. The commissioner shall promulgate regulations as needed to adminis-  
39 ter, coordinate, and enforce this section.

40 7. The commissioner shall promulgate regulations regarding the  
41 inspections required to be completed pursuant to this section as well as  
42 the certification of such inspections which shall include, but not be  
43 limited to: (a) the frequency of such inspections which shall be no less  
44 frequent than every three years; (b) the minimum conditions the residen-  
45 tial dwelling must meet for a valid inspection certification; (c) quali-  
46 fications for inspectors; (d) minimum standards for a standardized form  
47 on which the owner of a residential dwelling may self-certify as to a  
48 satisfactory inspection, such form shall require such owner to confirm  
49 such residential dwelling meets all the requirements of paragraph (b) of  
50 this subdivision and may require such owner to submit any documentation  
51 deemed necessary by the commissioner, provided, however, such owner  
52 shall meet the qualifications pursuant to paragraph (c) of this subdivi-  
53 sion; (e) alternative methods of certification, which may include the  
54 submission of a valid and active residential occupancy permit for which  
55 the minimum conditions required under paragraph (b) of this subdivision  
56 were required to be met for such issuance; (f) procedures for false

1 certifications, upon a finding by the department that a self-certified  
2 dwelling contains lead hazards; and (g) any other information or  
3 requirements deemed necessary by the commissioner to administer, coordi-  
4 nate, and enforce this section.

5 8. The inspection requirements under this section shall, at a minimum,  
6 include visual inspections for deteriorated paint and outdoor soil  
7 conditions, as well as the collection of dust wipe samples obtained in  
8 accordance with United States Environmental Protection Agency protocols  
9 for such procedures.

10 9. Remediation of lead-based paint hazards must be conducted in  
11 compliance with all municipal requirements and specific requirements  
12 specified in regulation.

13 10. A failure to file or filing a false certificate as required under  
14 this section shall be subject to civil penalties under section twelve of  
15 this chapter, in addition to any penalties that may apply.

16 11. The commissioner shall, on or before December thirty-first in each  
17 year, beginning the calendar year after the effective date of this  
18 section, submit a report to the governor, the temporary president of the  
19 senate, and the speaker of the assembly on the activity and implementa-  
20 tion of this section. Such report shall include but not be limited to:  
21 the number of residential properties qualifying for registration, the  
22 number of properties required to submit inspection certifications by  
23 October first of such year, the number of inspection certifications  
24 submitted by October first of such year, the number of inspections  
25 conducted pursuant to the audit process established in subdivision five  
26 of this section, the results of the audit process established in subdivi-  
27 sion five of this section, and such other information as the commis-  
28 sioner determines. The information provided in the report shall reflect  
29 statewide activities in the aggregate and activities for each community  
30 of concern.

31 § 3. Paragraphs h and i of subdivision 1 of section 381 of the execu-  
32 tive law, as added by chapter 560 of the laws of 2010, are amended and a  
33 new paragraph j is added to read as follows:

34 h. minimum basic training and in-service training requirements for  
35 personnel charged with administration and enforcement of the state ener-  
36 gy conservation construction code; ~~and~~

37 i. standards and procedures for measuring the rate of compliance with  
38 the state energy conservation construction code, and provisions requir-  
39 ing that such rate of compliance be measured on an annual basis~~[-]~~; and

40 j. procedures requiring the documentation of compliance with regu-  
41 lations adopted pursuant to section thirteen hundred seventy-seven of  
42 the public health law as a condition to issuance of a certificate of  
43 occupancy or certificate of compliance following a periodic fire safety  
44 and property maintenance inspection for multiple dwellings.

45 § 4. This act shall take effect thirty months after it shall have  
46 become a law; provided, however, sections one and two of this act shall  
47 expire and be deemed repealed three years after such date; and provided  
48 further, however, section three of this act shall take effect three  
49 years after it shall have become a law. Effective immediately, the  
50 addition, amendment, and/or repeal of any rule or regulation necessary  
51 for the timely implementation of this act on or before its effective  
52 date are authorized to be made and completed on or before such effective  
53 date.

1 Section 1. The general business law is amended by adding a new  
2 section 394-f to read as follows:

3 § 394-f. Warrants for reproductive health related electronic data. 1.  
4 For the purposes of this section, the following terms shall have the  
5 following meanings:

6 a. "Electronic communication" means any transfer of signs, signals,  
7 writing, images, sounds, data, or intelligence of any nature transmitted  
8 in whole or in part by a wire, radio, electromagnetic, photoelectronic  
9 or photo-optical system; provided, however, such term shall not include:

10 i. any telephonic or telegraphic communication.

11 ii. any communication made through a tone only paging device.

12 iii. any communication made through a tracking device consisting of an  
13 electronic or mechanical device which permits the tracking of the move-  
14 ment of a person or object.

15 iv. any communication that is disseminated by the sender through a  
16 method of transmission that is configured so that such communication is  
17 readily accessible to the public.

18 b. "Electronic communication services" means any service which  
19 provides to users thereof the ability to send or receive wire or elec-  
20 tronic communications.

21 c. "Prohibited violation" means any civil or criminal offense defined  
22 under the laws of another state that creates civil or criminal liability  
23 or any theory of vicarious, joint, several or conspiracy liability for,  
24 in whole or in part based on or arising out of, either of the following,  
25 unless such out-of-state proceeding i. sounds in tort or contract; ii.  
26 is actionable, in an equivalent or similar manner, under the laws of  
27 this state; or iii. was brought by the patient who received reproductive  
28 health care, or the patient's legal representative:

29 (1) providing, facilitating, or obtaining reproductive health care  
30 services that are lawful under New York law; or

31 (2) intending or attempting to provide, facilitate, or obtain repro-  
32 ductive health care services that are lawful under New York law.

33 d. "Reproductive health care services" means any services related to  
34 the performance or aiding within the performance of an abortion  
35 performed within this state that is performed in accordance with the  
36 applicable law of this state, ending, seeking to end, or aiding another  
37 in ending their pregnancy within this state, or procuring or aiding in  
38 the procurement of an abortion within this state.

39 2. Any person or entity that is headquartered or incorporated in New  
40 York that provides electronic communications services to the general  
41 public, when, in New York, served with a warrant issued by another state  
42 to produce records in New York that would reveal the identity of the  
43 customers using those services, data stored by or on behalf of the  
44 customers, the customers' usage of those services, the recipient or  
45 destination of communications sent to or from those customers, or the  
46 content of those communications, shall not produce those records when  
47 the corporation knows that the warrant relates to an investigation into,  
48 or enforcement of, a prohibited violation.

49 3. Any person or entity that is headquartered or incorporated in New  
50 York may comply with a warrant as described in subdivision two of this  
51 section if the warrant is accompanied by an attestation made by the  
52 entity seeking the records that the evidence sought is not related to an  
53 investigation into, or enforcement of, a prohibited violation.

54 4. The attorney general may commence a civil action to compel any  
55 corporation headquartered or incorporated in New York that provides

electronic communications services or remote computing services to the general public to comply with the provisions of this section.

§ 2. The general business law is amended by adding a new section 394-g to read as follows:

§ 394-g. Geofencing of health care facilities. 1. For the purposes of this section, the following terms shall have the following meanings:

a. "Digital advertisement" means any communication delivered by electronic means that is intended to be used for the purposes of marketing, solicitation, or dissemination of information related, directly or indirectly, to goods or services provided by the digital advertiser or a third party.

b. "Geofencing" means a technology that uses global positioning system coordinates, cell tower connectivity, cellular data, radio frequency identification, Wi-Fi data and/or any other form of location detection, to establish a virtual boundary of one thousand eight hundred fifty feet radius or less or "geofence" around a particular location that allows a digital advertiser to track the location of an individual user and electronically deliver targeted digital advertisements directly to such user's mobile device upon such user's entry into the geofenced area. This shall also include the process of identifying whether a device enters, exits, or is present within a geographic area through the use of any information stored, transmitted, or received by the device, including but not limited to latitude, longitude, internet protocol address, wireless internet access information, cell tower connectivity, device identification information and/or other forms of location data.

c. "Health care facility" means any governmental or private entity that provides medical care or related services, including but not limited to, those who provide such care pursuant to article twenty-eight of the public health law or licensed under article thirty-one, thirty-two or sixteen of the mental hygiene law, including the building or structure in which the facility is located.

d. "User" means a natural person who owns or uses a mobile device or any other connected electronic device capable of receiving digital advertisements.

2. It shall be unlawful for any person, corporation, partnership, or association to establish a geofence or similar virtual boundary around any health care facility, other than their own health care facility, as defined pursuant to paragraph c of subdivision one of this section, for the purpose of delivering by electronic means a digital advertisement to a user, for the purpose of building consumer profiles, or to infer health status, medical condition, or medical treatment of any person at or within such health care facility, and it shall be unlawful for any person, corporation, partnership, or association to deliver by electronic means any digital advertisement to a user at or within any such health care facility, other than their own health care facility, through the use of geofencing or similar virtual boundary.

§ 3. The general business law is amended by adding a new section 394-h to read as follows:

§ 394-h. Electronic health information protections. 1. For the purposes of this section, the following terms shall have the following meanings:

a. Electronic health information. The term "electronic health information" means any information in any electronic format or media that relates to an individual or a device that is reasonably linkable to an individual or individuals in connection with any past, present, or

1 future disability, physical health condition, or mental health condi-  
2 tion; the search for or attempt to obtain health care services; any  
3 past, present, or future treatment or other health care services for a  
4 disability, physical health condition, or mental health condition;  
5 location information associated with a health care facility; or the  
6 past, present, or future payment for health care services. For the  
7 avoidance of doubt, any inference drawn or data derived about an indi-  
8 vidual or a device that is reasonably linkable to an individual or  
9 individuals that relates to any of these topics in any electronic format  
10 or media is considered electronic health information. Electronic health  
11 information does not include deidentified information.

12 b. Law enforcement agency. The term "law enforcement agency" shall  
13 have the same meaning as in subdivision four of section 705.00 of the  
14 criminal procedure law.

15 c. Law enforcement officer. The term "law enforcement officer" means a  
16 police officer or peace officer as defined in section 1.20 of the  
17 criminal procedure law.

18 2. Prohibition on access to electronic health information. Notwith-  
19 standing any other law, law enforcement agencies and law enforcement  
20 officers shall be prohibited from purchasing or obtaining electronic  
21 health information without a warrant.

22 3. Exemptions. Nothing in this article shall apply to:

23 a. Information processed by local, state, and federal governments, and  
24 municipal corporations;

25 b. Protected health information that is collected by a covered entity  
26 or business associate governed by the privacy, security, and breach  
27 notification rules issued by the United States Department of Health and  
28 Human Services, Parts 160 and 164 of Title 45 of the Code of Federal  
29 Regulations, established pursuant to the Health Insurance Portability  
30 and Accountability Act of 1996 (Public Law 104-191) and the Health  
31 Information Technology for Economic and Clinical Health Act (Public Law  
32 111-5);

33 c. Any covered entity governed by the privacy, security, and breach  
34 notification rules issued by the United States Department of Health and  
35 Human Services, Parts 160 and 164 of Title 45 of the Code of Federal  
36 Regulations, established pursuant to the Health Insurance Portability  
37 and Accountability Act of 1996 (Public Law 104-191), to the extent the  
38 covered entity maintains patient information in the same manner as  
39 protected health information as described in paragraph b of this subdi-  
40 vision;

41 d. Information collected as part of a clinical trial subject to the  
42 Federal Policy for the Protection of Human Subjects, also known as the  
43 Common Rule, pursuant to good clinical practice guidelines issued by the  
44 International Council for Harmonisation or pursuant to human subject  
45 protection requirements of the United States Food and Drug Adminis-  
46 tration;

47 e. Information processed pursuant to the federal Family Educational  
48 Rights and Privacy Act (20 U.S.C. Sec. 1232g) and its implementing regu-  
49 lations;

50 f. Information processed pursuant to section two-d of the education  
51 law; and

52 g. Information processed pursuant to the federal Driver's Privacy  
53 Protection Act of 1994 (18 U.S.C. Sec. 2721 et seq).

54 § 4. Severability. If any provision of this article or the application  
55 thereof to any person or circumstances is held invalid, the invalidity  
56 thereof shall not affect other provisions or applications of the article

1 which can be given effect without the invalid provision or application,  
2 and to this end the provisions of this article are severable.  
3 § 5. This act shall take effect on the sixtieth day after it shall  
4 have become a law.

## PART V

Intentionally Omitted

## PART W

8 Section 1. Subdivision b of section 12 of chapter 471 of the laws of  
9 2016 amending the education law and the public health law relating to  
10 authorizing certain advanced home health aides to perform certain  
11 advanced tasks, is amended to read as follows:

12 b. this act shall expire and be deemed repealed March 31, ~~2023~~ 2029.

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.

## PART X

16 Section 1. The public health law is amended by adding a new article  
17 29-K to read as follows:

ARTICLE 29-KREGISTRATION OF TEMPORARY HEALTH CARE SERVICES AGENCIES AND HEALTH  
CARE TECHNOLOGY PLATFORMSSection 2999-ii. Definitions.

22 2999-jj. Registration of temporary health care services agen-  
23 cies; requirements.

24 2999-kk. Temporary health care services agencies; minimum stand-  
25 ards.

26 2999-ll. Violations; penalties.

27 2999-mm. Rates for temporary health care services; reports.

28 § 2999-ii. Definitions. For the purposes of this article:

29 1. "Certified nurse aide" means a person included in the nursing home  
30 nurse aide registry pursuant to section twenty-eight hundred three-j of  
31 this chapter as added by chapter seven hundred seventeen of the laws of  
32 nineteen hundred eighty-nine.

33 2. "Controlling person" means a person, officer, program administra-  
34 tor, or director whose responsibilities include the direction of the  
35 management or policies of a temporary health care services agency.  
36 "Controlling person" also means an individual who, directly owns at  
37 least ten percent voting interest in a corporation, partnership, or  
38 other business entity that is a controlling person.

39 3. "Health care entity" means an agency, corporation, facility, or  
40 individual providing medical or health care services.

41 4. "Health care personnel" means nurses, certified nurse aides and  
42 licensed or unlicensed direct care staff provided by the temporary  
43 health care services agency to provide temporary services in a health  
44 care entity.

45 5. "Nurse" means a registered professional nurse, or a licensed prac-  
46 tical nurse as defined by article one hundred thirty-nine of the educa-  
47 tion law.

48 6. "Direct care worker" means an individual who is responsible for  
49 patient/resident handling or patient/resident assessment as a regular or

1 incidental part of their services, including any licensed or unlicensed  
2 health care worker.

3 7. "Person" means an individual, firm, corporation, partnership, or  
4 association.

5 8. "Temporary health care services agency" or "agency" means a person,  
6 firm, corporation, partnership, association or other entity in the busi-  
7 ness of providing or procuring temporary employment of health care  
8 personnel for health care entities. Temporary health care services agen-  
9 cy shall include a nurses' registry licensed under article eleven of the  
10 general business law and entities that utilize apps or other technolo-  
11 gy-based solutions to provide or procure temporary employment of health  
12 care personnel in health care entities. Temporary health care services  
13 agency shall not include: (a) an individual who only engages in provid-  
14 ing the individual's own services on a temporary basis to health care  
15 entities; or (b) a home care agency licensed under article thirty-six of  
16 this chapter.

17 § 2999-jj. Registration of temporary health care services agencies;  
18 requirements. 1. Any person who operates a temporary health care  
19 services agency shall register the agency with the department.

20 2. The commissioner shall publish guidelines establishing the forms  
21 and procedures for applications for registration. Forms must include, at  
22 a minimum all of the following:

23 (a) The names and addresses of the temporary health care services  
24 agency controlling person or persons.

25 (b) The names and addresses of health care entities where the control-  
26 ling person or persons or their family members:

27 (i) have an ownership relationship; or

28 (ii) direct the management or policies of such health care entities.

29 (c) A demonstration that the applicant is of good moral character and  
30 able to comply with all applicable state laws and regulations relating  
31 to the activities in which it intends to engage under the registration.

32 (d) Registration and registration annual renewal fees of one thousand  
33 dollars and shall only be used for the purpose of operating this regis-  
34 try.

35 (e) The state of incorporation of the agency.

36 (f) Any additional information that the commissioner determines is  
37 necessary to properly evaluate an application for registration.

38 3. As a condition of registration, a temporary health care services  
39 agency:

40 (a) Shall document that each health care personnel provided to or  
41 contracted with health care entities currently meets the minimum licens-  
42 ing, training, and continuing education standards for the position in  
43 which the health care personnel will be working.

44 (b) Shall comply with all pertinent requirements and qualifications  
45 for personnel employed in health care entities.

46 (c) Shall not restrict in any manner the employment opportunities of  
47 its health care personnel.

48 (d) Shall not require the payment of liquidated damages, employment  
49 fees, or other compensation should the health care personnel be hired as  
50 a permanent employee of a health care entity in any contract with any  
51 health care personnel or health care entity or otherwise.

52 (e) Shall retain all records related to health care personnel for six  
53 calendar years and make them available to the department upon request.

54 (f) Shall comply with any requests made by the department to examine  
55 the books and records of the agency, subpoena witnesses and documents  
56 and make such other investigation as is necessary in the event that the

1 department has reason to believe that the books or records do not accu-  
2 rately reflect the financial condition or financial transactions of the  
3 agency.

4 (g) Shall comply with any additional requirements the department may  
5 deem necessary.

6 4. A registration issued by the commissioner according to this section  
7 shall be effective for a period of one year, unless the registration is  
8 revoked or suspended, or unless ownership interest of ten percent or  
9 more, or management of the temporary health care services agency, is  
10 sold or transferred. When ownership interest of ten percent or more, or  
11 management of a temporary health care services agency is sold or trans-  
12 ferred, the registration of the agency may be transferred to the new  
13 owner or operator for thirty days, or until the new owner or operator  
14 applies and is granted or denied a new registration, whichever is soon-  
15 er.

16 5. The commissioner may, after appropriate notice and hearing,  
17 suspend, revoke, or refuse to issue or renew any registration or issue  
18 any fines established pursuant to section twenty-nine hundred ninety-  
19 nine-ll of this article if the applicant fails to comply with this arti-  
20 cle or any guidelines, rules and regulations promulgated thereunder.

21 6. The commissioner shall make available a list of temporary health  
22 care services agencies registered with the department on the depart-  
23 ment's public website.

24 7. The department shall publish a quarterly report containing aggre-  
25 gated and de-identified data collected pursuant to this article on the  
26 department's website.

27 8. The department, in consultation with the department of labor, shall  
28 provide a report to the governor and legislature on or before January  
29 first, two thousand twenty-four, summarizing the key findings of the  
30 data collected pursuant to this article. The department shall further  
31 have authority to utilize any data collected pursuant to this article  
32 for additional purposes consistent with this chapter, including but not  
33 limited to determinations of whether an acute labor shortage exists, or  
34 any other purpose the department deems necessary for health care related  
35 data purposes.

36 9. The attorney general may, upon the request of the department, bring  
37 an action for an injunction against any person who violates any  
38 provision of this article; provided, the department shall furnish the  
39 attorney general with such material, evidentiary matter or proof as may  
40 be requested by the attorney general for the prosecution of such action.

41 § 2999-kk. Temporary health care services agencies; minimum standards.

42 1. A temporary health care services agency shall appoint an administra-  
43 tor qualified by training, experience or education to operate the agen-  
44 cy. Each separate agency location shall have its own administrator.

45 2. A temporary health care services agency shall maintain a written  
46 agreement or contract with each health care entity, which shall include,  
47 at a minimum:

48 (a) The required minimum licensing, training, and continuing education  
49 requirements for each assigned health care personnel.

50 (b) Any requirement for minimum advance notice in order to ensure  
51 prompt arrival of assigned health care personnel.

52 (c) The maximum rates that can be billed or charged by the temporary  
53 health care services agency pursuant to section twenty-nine hundred  
54 ninety-nine-mm of this article and any applicable regulations.

55 (d) The rates to be charged by the temporary health care services  
56 agency.

1 (e) Procedures for the investigation and resolution of complaints  
2 about the performance of temporary health care services agency person-  
3 nel.

4 (f) Procedures for notice from health care entities of failure of  
5 medical personnel to report to assignments.

6 (g) Procedures for notice of actual or suspected abuse, theft, tamper-  
7 ing or other diversion of controlled substances by medical personnel.

8 (h) The types and qualifications of health care personnel available  
9 for assignment through the temporary health care services agency.

10 3. A temporary health care services agency shall submit to the depart-  
11 ment copies of all contracts between the agency and a health care entity  
12 to which it assigns or refers health care personnel, and copies of all  
13 invoices to health care entities personnel. Executed contracts must be  
14 sent to the department within five business days of their effective date  
15 and are not subject to disclosure under article six of the public offi-  
16 cers law.

17 4. The commissioner may promulgate regulations to implement the  
18 requirements of this section and to establish additional minimum stand-  
19 ards for the operation of temporary health care services agencies,  
20 including but not limited to pricing, fees, administrative costs,  
21 profits, and business practices.

22 5. The commissioner may waive the requirements of this article during  
23 a declared state or federal public health emergency.

24 § 2999-ll. Violations; penalties. In addition to other remedies avail-  
25 able by law, violations of the provisions of this article and any regu-  
26 lations promulgated thereunder shall be subject to penalties and fines  
27 pursuant to section twelve of this chapter; provided, however, that each  
28 violation committed by any health care personnel of a temporary health  
29 care services agency shall be considered a separate violation.

30 § 2999-mm. Rates for temporary health care services; reports. A tempo-  
31 rary health care services agency shall report quarterly to the depart-  
32 ment a full disclosure of charges and compensation, including a schedule  
33 of all hourly bill rates per category of health care personnel, a full  
34 description of administrative charges, and a schedule of rates of all  
35 compensation per category of health care personnel including, but not  
36 limited to:

37 1. hourly regular pay rate, shift differential, weekend differential,  
38 hazard pay, charge nurse add-on, overtime, holiday pay, travel or mile-  
39 age pay, and any health or other fringe benefits provided;

40 2. the percentage of health care entity dollars that the agency  
41 expended on temporary personnel wages and benefits compared to the  
42 temporary health care services agency's profits and other administrative  
43 costs;

44 3. a list of the states and zip codes of their health care personnels'  
45 primary residences;

46 4. the names of all health care entities they have contracted within  
47 New York state;

48 5. the number of health care personnel of the temporary health care  
49 services agency working at each entity; and

50 6. any other information prescribed by the commissioner.

51 § 2. This act shall take effect ninety days after it shall have become  
52 a law.

1 Section 1. This Part enacts into law major components of legislation  
2 relating to medical debt and drug prices. Each component is wholly  
3 contained within a Subpart identified as Subparts A through D. The  
4 effective date for each particular provision contained within such  
5 Subpart is set forth in the last section of such Subpart. Any provision  
6 in any section contained within a Subpart, including the effective date  
7 of the Subpart, which makes reference to a section "of this act", when  
8 used in connection with that particular component, shall be deemed to  
9 mean and refer to the corresponding section of the Subpart in which it  
10 is found. Section three of this Part sets forth the general effective  
11 date of this Part.

12 SUBPART A

13 Section 1. Subdivisions (f) and (j) of section 3215 of the civil prac-  
14 tice law and rules, subdivision (f) as amended and subdivision (j) as  
15 added by chapter 593 of the laws of 2021, subdivision (f) as separately  
16 amended by chapter 831 of the laws of 2021, are amended to read as  
17 follows:

18 (f) Proof. On any application for judgment by default, the applicant  
19 shall file proof of service of the summons and the complaint, or a  
20 summons and notice served pursuant to subdivision (b) of rule 305 or  
21 subdivision (a) of rule 316 of this chapter, and proof of the facts  
22 constituting the claim, the default and the amount due, including, if  
23 applicable, a statement that the interest rate for consumer debt pursu-  
24 ant to section five thousand four of this chapter applies, by affidavit  
25 made by the party, or where the state of New York is the plaintiff, by  
26 affidavit made by an attorney from the office of the attorney general  
27 who has or obtains knowledge of such facts through review of state  
28 records or otherwise. Where a verified complaint has been served, it may  
29 be used as the affidavit of the facts constituting the claim and the  
30 amount due; in such case, an affidavit as to the default shall be made  
31 by the party or the party's attorney. In an action arising out of a  
32 consumer credit transaction, if the plaintiff is not the original credi-  
33 tor, the applicant shall include: (1) an affidavit by the original credi-  
34 tor of the facts constituting the debt, the default in payment, the  
35 sale or assignment of the debt, and the amount due at the time of sale  
36 or assignment; (2) for each subsequent assignment or sale of the debt to  
37 another entity, an affidavit of sale of the debt by the debt seller,  
38 completed by the seller or assignor; and (3) an affidavit of a witness  
39 of the plaintiff, which includes a chain of title of the debt, completed  
40 by the plaintiff or plaintiff's witness. In an action arising from  
41 medical debt, if the plaintiff is not a hospital licensed under article  
42 twenty-eight of the public health law or a health care professional  
43 authorized under title eight of the education law, the applicant shall  
44 include: (1) an affidavit by the hospital or health care professional of  
45 the facts constituting the medical debt, the default in payment, the  
46 sale or assignment of the medical debt, and the amount due at the time  
47 of sale or assignment; (2) for each subsequent assignment or sale of the  
48 medical debt to another entity, an affidavit of sale of the medical debt  
49 by the debt seller, completed by the seller or assignor; and (3) an  
50 affidavit of a witness of the plaintiff, which includes a chain of title  
51 of the medical debt, completed by the plaintiff or plaintiff's witness.  
52 The chief administrative judge shall issue form affidavits to satisfy  
53 the requirements of this subdivision for consumer credit transactions  
54 and actions arising from medical debt. When jurisdiction is based on an

1 attachment of property, the affidavit must state that an order of  
2 attachment granted in the action has been levied on the property of the  
3 defendant, describe the property and state its value. Proof of mailing  
4 the notice required by subdivision (g) of this section, where applica-  
5 ble, shall also be filed.

6 (j) Affidavit. A request for a default judgment entered by the clerk,  
7 must be accompanied by an affidavit by the plaintiff or plaintiff's  
8 attorney stating that after reasonable inquiry, he or she has reason to  
9 believe that the statute of limitations has not expired. The chief  
10 administrative judge shall issue form affidavits to satisfy the require-  
11 ments of this subdivision for consumer credit transactions and actions  
12 arising from medical debt.

13 § 2. Subdivision 2 of section 212 of the judiciary law is amended by  
14 adding a new paragraph (cc) to read as follows:

15 (cc) Make available form affidavits required for a motion for default  
16 judgment in an action arising from medical debt as required by subdivi-  
17 sion (f) of section thirty-two hundred fifteen of the civil practice law  
18 and rules.

19 § 3. This act shall take effect on the one hundred eightieth day after  
20 it shall have become a law.

21 SUBPART B

22 Intentionally Omitted

23 SUBPART C

24 Section 1. Subdivision 9 of section 2807-k of the public health law,  
25 as amended by section 17 of part B of chapter 60 of the laws of 2014, is  
26 amended to read as follows:

27 9. In order for a general hospital to participate in the distribution  
28 of funds from the pool, the general hospital must implement minimum  
29 collection policies and procedures approved by the commissioner, utiliz-  
30 ing only a uniform financial assistance form developed and provided by  
31 the department.

32 § 2. This act shall take effect April 1, 2024.

33 SUBPART D

34 Section 1. Legislative findings. The legislature finds that it is in  
35 the best interest of the people of this state to expand article 77 of  
36 the insurance law to protect insureds and health care providers against  
37 the failure or inability of a health or property/casualty insurer writ-  
38 ing health insurance to perform its contractual obligations due to  
39 financial impairment or insolvency. The superintendent of financial  
40 services has the right and responsibility to enforce the insurance law  
41 and the authority to seek redress against any person responsible for the  
42 impairment or insolvency of the insurer, and nothing in this act is  
43 intended to restrict or limit such right, responsibility, or authority.

44 § 2. The article heading of article 77 of the insurance law, as added  
45 by chapter 802 of the laws of 1985, is amended to read as follows:

46 THE LIFE AND HEALTH INSURANCE COMPANY  
47 GUARANTY CORPORATION  
48 OF NEW YORK ACT

49 § 3. Section 7701 of the insurance law, as added by chapter 802 of the  
50 laws of 1985, is amended to read as follows:

1 § 7701. Short title. This article shall be known and may be cited as  
2 "The Life and Health Insurance Company Guaranty Corporation of New York  
3 Act".

4 § 4. Section 7702 of the insurance law, as amended by chapter 454 of  
5 the laws of 2014, is amended to read as follows:

6 § 7702. Purpose. The purpose of this article is to provide funds to  
7 protect policy owners, insureds, health care providers, beneficiaries,  
8 annuitants, payees and assignees of life insurance policies, health  
9 insurance policies, annuity contracts, funding agreements and supple-  
10 mental contracts issued by life insurance companies, health insurance  
11 companies, and property/casualty insurance companies, subject to certain  
12 limitations, against failure in the performance of contractual obli-  
13 gations due to the impairment or insolvency of the insurer issuing such  
14 policies, contracts, or funding agreements. In the judgment of the  
15 legislature, the foregoing objects and purposes not being capable of  
16 accomplishment by a corporation created under general laws, the creation  
17 of a not-for-profit corporation of insurers is provided for by this  
18 article to enable the guarantee of payment of benefits and of continua-  
19 tion of coverages, and members of the corporation are subject to assess-  
20 ment to carry out the purposes of this article.

21 § 5. Paragraphs 1 and 2 of subsection (a) of section 7703 of the  
22 insurance law, as added by chapter 454 of the laws of 2014, are amended  
23 to read as follows:

24 (1) This article shall apply to direct life insurance policies, health  
25 insurance policies, annuity contracts, funding agreements, and supple-  
26 mental contracts issued by a life insurance company, health insurance  
27 company, or property/casualty insurance company licensed to transact  
28 life or health insurance or annuities in this state at the time the  
29 policy, contract, or funding agreement was issued or on the date of  
30 entry of a court order of liquidation or rehabilitation with respect to  
31 such a company that is an impaired or insolvent insurer, as the case may  
32 be.

33 (2) Except as otherwise provided in this section, this article shall  
34 apply to the policies, contracts, and funding agreements specified in  
35 paragraph one of this subsection with regard to a person who is:

36 (A) an owner or certificate holder under a policy, contract, or fund-  
37 ing agreement and in each case who:

38 (i) is a resident of this state; or

39 (ii) is not a resident of this state, but only under all of the  
40 following conditions:

41 (I) the insurer that issued the policy, contract, or agreement is  
42 domiciled in this state;

43 (II) the state or states in which the person resides has or have a  
44 guaranty entity similar to the corporation created by this article; and

45 (III) the person is not eligible for coverage by a guaranty entity in  
46 any other state because the insurer was not licensed or authorized in  
47 that state at the time specified in that state's guaranty entity law;

48 [~~or~~]

49 (B) the beneficiary, assignee, or payee of the person specified in  
50 subparagraph (A) of this paragraph, regardless of where the person  
51 resides; or

52 (C) a health care provider that has rendered services to a person  
53 specified in subparagraph (A) of this paragraph.

54 § 6. Subsections (c), (d), (e), (h) and (i) of section 7705 of the  
55 insurance law, subsections (c), (e) and (i) as added by chapter 802 of  
56 the laws of 1985 and subsections (d) and (h) as amended by chapter 454

1 of the laws of 2014, are amended and a new subsection (m) is added to  
2 read as follows:

3 (c) "Corporation" means The Life and Health Insurance Company Guaranty  
4 Corporation of New York created under section seven thousand seven  
5 hundred six of this article unless the context otherwise requires.

6 (d) "Covered policy" means any of the kinds of insurance specified in  
7 paragraph one, two or three of subsection (a) of section one thousand  
8 one hundred thirteen of this chapter, any supplemental contract, or any  
9 funding agreement referred to in section three thousand two hundred  
10 twenty-two of this chapter, or any portion or part thereof, within the  
11 scope of this article under section seven thousand seven hundred three  
12 of this article, except that any certificate issued to an individual  
13 under any group or blanket policy or contract shall be considered to be  
14 a separate covered policy for purposes of section seven thousand seven  
15 hundred eight of this article.

16 (e) "Health insurance" means the kinds of insurance specified under  
17 items (i) and (ii) of paragraph three and paragraph thirty-one of  
18 subsection (a) of section one thousand one hundred thirteen of this  
19 chapter, and section one thousand one hundred seventeen of this chapter;  
20 medical expense indemnity, dental expense indemnity, hospital service,  
21 or health service under article forty-three of this chapter; and compre-  
22 hensive health services under article forty-four of the public health  
23 law. "Health insurance" shall not include hospital, medical, surgical,  
24 prescription drug, or other health care benefits pursuant to: (1) part  
25 C of title XVIII of the social security act (42 U.S.C. § 1395w-21 et  
26 seq.) or part D of title XVIII of the social security act (42 U.S.C. §  
27 1395w-101 et seq.), commonly known as Medicare parts C and D, or any  
28 regulations promulgated thereunder; (2) titles XIX and XXI of the social  
29 security act (42 U.S.C. § 1396 et seq.), commonly known as the Medicaid  
30 and child health insurance programs, or any regulations promulgated  
31 thereunder; (3) the basic health program under section three hundred  
32 sixty-nine-gg of the social services law; (4) chapter 55 of part II of  
33 subtitle A of title X (10 U.S.C. §§ 1071-1110(b)), commonly known as  
34 TRICARE, or any regulations promulgated thereunder; or (5) subpart G of  
35 part III of title V (5 U.S.C. §§ 8101-9009), commonly known as the  
36 Federal Employees Program, or any regulations promulgated thereunder.

37 (h) (1) "Member insurer" means:

38 (A) any life insurance company licensed to transact in this state any  
39 kind of insurance to which this article applies under section seven  
40 thousand seven hundred three of this article; provided, however, that  
41 the term "member insurer" also means any life insurance company formerly  
42 licensed to transact in this state any kind of insurance to which this  
43 article applies under section seven thousand seven hundred three of this  
44 article; and

45 (B) an insurer licensed or formerly licensed to write accident and  
46 health insurance or salary protection insurance in this state, corpo-  
47 ration organized pursuant to article forty-three of this chapter, recip-  
48 rocal insurer organized pursuant to article sixty-one of this chapter,  
49 cooperative property/casualty insurance company operating under or  
50 subject to article sixty-six of this chapter, nonprofit  
51 property/casualty insurance company organized pursuant to article  
52 sixty-seven of this chapter, and health maintenance organization certi-  
53 fied pursuant to article forty-four of the public health law.

54 (2) "Member insurer" shall not include a municipal cooperative health  
55 benefit plan established pursuant to article forty-seven of this chap-  
56 ter, 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 seven hundred seven of this article. For purposes of administration and assessment the corporation shall maintain two accounts:

(1) the health insurance account; and

(2) the life insurance, annuity and funding agreement account.

§ 8. Subsection (d) of section 7707 of the insurance law, as added by chapter 802 of the laws of 1985, is amended to read as follows:

(d) The superintendent shall be ex-officio [~~chairman~~] chair of the board of directors but shall not be entitled to vote.

§ 9. Paragraph 7 of subsection (h) of section 7708 of the insurance law, as amended by chapter 454 of the laws of 2014, is amended to read as follows:

(7) exercise, for the purposes of this article and to the extent approved by the superintendent, the powers of a domestic life, health, or property/casualty insurance company, but in no case may the corporation issue insurance policies or contracts or annuity contracts other than those issued to perform the contractual obligations of the impaired or insolvent insurer;

§ 10. Paragraph 2 of subsection (c) of section 7709 of the insurance law, as added by chapter 802 of the laws of 1985, is amended to read as follows:

(2) The amount of any class B or class C assessment, except for assessments related to long-term care insurance, shall be allocated for assessment purposes among the accounts in the proportion that the premiums received by the impaired or insolvent insurer on the policies or contracts covered by each account for the last calendar year preceding the assessment in which the impaired or insolvent insurer received premiums bears to the premiums received by such insurer for such calendar year on all covered policies. The amount of any class B or class C assessment for long-term care insurance written by the impaired or insolvent insurer shall be allocated according to a methodology included in the plan of operation and approved by the superintendent. The methodology shall provide for fifty percent of the assessment to be allocated to health insurance company member insurers and fifty percent to be allocated to life insurance company member insurers; provided, however, that a property/casualty insurer that writes health insurance shall be considered a health insurance company member for this purpose. Class B and class C assessments against member insurers for each account shall be in the proportion that the premiums received on business in this state by each assessed member insurer on policies covered by each account for the three calendar years preceding the assessment bears to such premiums received on business in this state for such calendar years by all assessed member insurers.

§ 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 resolution facility's certificate of incorporation, plan of operation, or this section, then the superintendent may apply to the court for an order directing the resolution facility to correct the defect or take other appropriate actions.

§ 13. The insurance law is amended by adding a new section 7720 to read as follows:

§ 7720. Penalties. (a) If any member insurer fails to make any payment required by this article, or if the superintendent has cause to believe that any other statement filed is false or inaccurate in any particular, or that any payment made is incorrect, the superintendent may examine all the books and records of the member insurer to ascertain the facts and determine the correct amount to be paid. Based on such finding, the corporation may proceed in any court of competent jurisdiction to recover for the benefit of the fund any sums shown to be due upon such examination and determination.

(b) Any member insurer that fails to make any such required statement, or to make any payment to the fund when due, shall forfeit to the corporation for deposit in the fund a penalty of five percent of the amount determined to be due plus one percent of such amount for each month of delay, or fraction thereof, after the expiration of the first month of such delay. If satisfied that the delay was excusable, the corporation may remit all or any part of the penalty.

1 (c) The superintendent, in the superintendent's discretion, may revoke  
2 the certificate of authority to do business in this state of any foreign  
3 member insurer that fails to comply with this article or to pay any  
4 penalty imposed hereunder.

5 § 14. The insurance law is amended by adding a new section 3245 to  
6 read as follows:

7 § 3245. Liability to providers in the event of an insolvency. In the  
8 event an insurance company authorized to do an accident and health  
9 insurance business in this state is deemed insolvent, as provided in  
10 section one thousand three hundred nine of this chapter, no insured  
11 covered under a policy delivered or issued for delivery in this state by  
12 the insurance company shall be liable to any provider of health care  
13 services for any covered services of the insolvent insurance company. No  
14 provider of health care services or any representative of such provider  
15 shall collect or attempt to collect from the insured sums owed by such  
16 insurance company, and no provider or representative of such provider  
17 may maintain any action at law against an insured to collect sums owed  
18 to such provider by such insurance company.

19 § 14-a. The superintendent of financial services, in consultation with  
20 the director of the budget and other appropriate agencies as appropri-  
21 ate, shall be authorized and required to develop an assessment offset  
22 plan to limit the impact of the assessments imposed pursuant to section  
23 7709 of the insurance law on not-for-profit member insurers. Such offset  
24 shall be comparable, to the extent possible, to the tax credit available  
25 to for-profit member insurers. The plan shall consider tax, assessment  
26 or other credits or financial benefits to offset such assessments in a  
27 manner that has a comparable impact as the tax credits applicable to  
28 for-profit insurers; the feasibility of a cap or limit on premium rate  
29 increases, cost-sharing requirements, or any other surcharges passed on  
30 to policyholders due to the assessments pursuant to section 7709 of the  
31 insurance law; and any other mechanism that minimizes the costs to poli-  
32 cyholders while addressing the need to provide relief to not-for-profit  
33 member insurers subject to article 77 of the insurance law. The super-  
34 intendent of financial services shall transmit the written plan to the  
35 governor, the temporary president of the senate, and the speaker of the  
36 assembly by January 15, 2024, and the superintendent may promulgate  
37 regulations to implement such plan for not-for-profit member insurers.  
38 Notwithstanding the foregoing, the Life and Health Insurance Company  
39 Guaranty Corporation of New York shall not impose any assessments on  
40 not-for-profit member insurers pursuant to article 77 of the insurance  
41 law until the offset plan has been implemented.

42 § 15. This act shall take effect immediately and shall be deemed to  
43 have been in full force and effect on and after April 1, 2023; provided,  
44 however, that the amendments made by this act shall not apply to the  
45 estate of an insurer for which a court entered a final order of liqui-  
46 dation prior to the effective date of this act.

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

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

## PART Z

Intentionally Omitted

## PART AA

Section 1. Section 3 of chapter 425 of the laws of 2013, amending the public health law relating to requiring hospitals to offer hepatitis C testing, as amended by chapter 284 of the laws of 2019, is amended to read as follows:

§ 3. This act shall take effect on the first of January next succeeding the date on which it shall have become a law and shall expire and be deemed repealed January 1, ~~2026~~ 2030; provided, however, that the commissioner of health is authorized to adopt rules and regulations necessary to implement this act prior to such effective date.

§ 2. Subdivisions 1 and 2 of section 2171 of the public health law, as added by chapter 425 of the laws of 2013, are amended to read as follows:

1. Every individual ~~[born between the years of nineteen hundred forty-five and nineteen hundred sixty-five]~~ age eighteen and older (or younger than eighteen if there is evidence or indication of risk activity) who receives health services as an inpatient or in the emergency department of a general hospital defined in subdivision ten of section twenty-eight hundred one of this chapter or who receives primary care services in an outpatient department of such hospital or in a diagnostic and treatment center licensed under article twenty-eight of this chapter or from a physician, physician assistant ~~[or]~~, nurse practitioner or midwife providing primary care shall be offered a hepatitis C screening test ~~[or hepatitis C diagnostic test]~~ unless the health care practitioner providing such services reasonably believes that:

(a) the individual is being treated for a life threatening emergency; or

(b) the individual has previously been offered or has been the subject of a hepatitis C screening test (except that a test shall be offered if otherwise indicated); or

(c) the individual lacks capacity to consent to a hepatitis C screening test.

2. If an individual accepts the offer of a hepatitis C screening test and the screening test is reactive, ~~[the]~~ an HCV RNA test must be performed, on the same specimen or a second specimen collected at the same time as the initial HCV screening test specimen, to confirm diagnosis of current infection. The health care provider shall either offer ~~[the individual]~~ all persons with a detectable HCV RNA test follow-up HCV health care and treatment or refer the individual to a health care provider who can provide follow-up HCV health care and treatment. ~~[The follow-up health care shall include a hepatitis C diagnostic test.]~~

§ 3. The public health law is amended by adding a new section 2500-1 to read as follows:

§ 2500-1. Pregnant people, blood test for hepatitis C virus (HCV); follow-up care. 1. Every physician or other authorized practitioner attending a pregnant person in the state shall order a hepatitis C virus

(HCV) screening test and if the test is reactive, an HCV RNA test must be performed on the same specimen, or a second specimen collected at the same time as the initial HCV screening test specimen, to confirm diagnosis of current infection. The health care provider shall either offer all persons with a detectable HCV RNA test follow-up HCV health care and treatment or refer the individual to a health care provider who can provide follow-up HCV health care and treatment.

2. The physician or other authorized practitioner attending a pregnant person shall record the HCV test results prominently in the pregnant person's medical record at or before the time of hospital admission for delivery.

3. The commissioner may promulgate such rules and regulations as are necessary to carry out the requirements of this section.

§ 4. The section heading of section 2308 of the public health law, as amended by section 37 of part E of chapter 56 of the laws of 2013, is amended to read as follows:

Sexually transmitted disease; pregnant [~~women~~] persons; blood test for syphilis.

§ 5. Subdivision 1 of section 2308 of the public health law is amended to read as follows:

1. Every physician or other authorized practitioner attending pregnant [~~women~~] persons in the state shall in the case of every [~~woman~~] person so attended take or cause to be taken a sample of blood of such [~~woman~~] person at the time of first examination, and submit such sample to an 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 the amendments to 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; provided, further, that sections two, three, four and five of this act shall take effect one year after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.

#### PART BB

Section 1. Paragraphs 59 and 61 of subdivision (b) of schedule I of section 3306 of the public health law, as added by section 2 of part CC of chapter 56 of the laws of 2020, are amended and 22 new paragraphs 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91 and 92 are added to read as follows:

(59) [~~N-{1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl}-N-phenylpropionamide~~] N-{1-[2-hydroxy-2-(thiophen-2-yl)ethyl]piperidin-4-yl}-N-phenylpropionamide. Other name: Beta-Hydroxythiofentanyl.

(61) [~~3,4-Dichloro-N-{2-(dimethylamino)cyclohexyl}-N-methylbenzamide~~] 3,4-Dichloro-N-{2-(dimethylamino)cyclohexyl}-N-methylbenzamide. Other name: U-47700.

(71) N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide. Other name: Valeryl fentanyl.

(72) N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide. Other name: para-methoxybutyryl fentanyl.

(73) N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide.  
Other name: para-chloroisobutyryl fentanyl.

(74) N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide. Other name:  
isobutyryl fentanyl.

(75) N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide.  
Other name: cyclopentyl fentanyl.

(76) (E)-N-(1-phenethylpiperidin-4-yl)-N-phenylbut-2-enamide. Other  
name: crotonyl fentanyl.

(77) N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)  
propionamide. Other names: 2'-fluoro ortho-fluorofentanyl; 2'-fluoro  
2-fluorofentanyl.

(78) N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide. Other  
names: ortho-methyl acetylfentanyl; 2-methyl acetylfentanyl.

(79) N-(1-phenethylpiperidin-4-yl)-N, 3-diphenylpropanamide. Other  
names: beta'-phenyl fentanyl; beta'-phenyl fentanyl; 3-phenylpropanoyl  
fentanyl.

(80) N-(1-phenethylpiperidin-4-yl)-N-phenylthiophene-2-carboxamide.  
Other names: thiofuranyl fentanyl; 2-thiofuranyl fentanyl; thiophene  
fentanyl.

(81) N-phenyl-N-(1-(2-phenylpropyl)piperidin-4-yl)propionamide. Other  
names: beta-Methyl fentanyl; beta-methyl fentanyl.

(82) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide. Other  
names: ortho-fluorobutyryl fentanyl; 2-fluorobutyryl fentanyl.

(83) N-(1-(4-methylphenethyl)piperidin-4-yl)-N-phenylacetamide. Other  
name: 4'-methyl acetyl fentanyl.

(84) 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide.  
Other names: ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl  
fentanyl.

(85) N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)propionamide.  
Other names: para-methylfentanyl; 4-methylfentanyl.

(86) N-(1-phenethylpiperidin-4-yl)-N-phenylbenzamide. Other names:  
phenyl fentanyl; benzoyl fentanyl.

(87) ethyl (1-phenethylpiperidin-4-yl)(phenyl)carbamate. Other name:  
Fentanyl carbamate.

(88) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)acrylamide.  
Other name: ortho-fluoroacryl fentanyl.

(89) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide.  
Other name: ortho-fluoroisobutyryl fentanyl.

(90) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide.  
Other name: para-fluoro furanyl fentanyl.

(91) N,N-diethyl-2-(2-(4-isopropoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)  
ethan-1-amine. Other name: Isotonitazene.

(92) 1-(1-(1-(4-bromophenyl)ethyl)piperidin-4-yl)-1,3-dihydro-2H-  
benzo{d}imidazol-2-one. Other names: Brorphine; 1-{1-{1-(4-bromophenyl)  
ethyl}-4-piperidinyl}-1,3-dihydro-2H-benzimidazol-2-one.

§ 2. Paragraph 3 of subdivision (g) of schedule II of section 3306 of  
the public health law, as added by section 7 of part C of chapter 447 of  
the laws of 2012, is amended to read as follows:

(3) Immediate precursor to fentanyl:

(i) ~~[4-anilino-N-phenethyl-4-piperidine (ANPP)]~~ 4-anilino-N-phenen-  
ethylpiperidine (ANPP).

(ii) N-phenyl-N-(piperidin-4-yl)propionamide (Norfentanyl).

§ 3. This act shall take effect immediately.

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 four percent (4.0%) 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 4.0 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 4.0 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. The phrase "all other cost of living type increases, inflation factors, or trend factors" as defined in this subdivision shall not include payments made pursuant to the American Rescue Plan Act or other federal relief programs related to the Coronavirus Disease 2019 (COVID-19) pandemic Public Health Emergency. This subdivision shall not prevent the office of children and family services from applying additional trend factors or staff retention factors to eligible programs and services under paragraph (v) of subdivision four of this section.

4. Eligible programs and services. (i) Programs and services funded, licensed, or certified by the office of mental health (OMH) eligible for the cost of living adjustment established herein, pending federal approval where applicable, include: office of mental health licensed outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of the office of mental health regulations including clinic, continuing day treatment, day treatment, intensive outpatient programs and partial hospitalization; outreach; crisis residence; crisis stabilization, crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric emergency program services; crisis intervention; home based crisis intervention; family care; supported single room occupancy; supported housing; supported housing community services; treatment congregate; supported congregate; community residence - children and youth; treatment/apartment; supported apartment; community residence single

1 room occupancy; on-site rehabilitation; employment programs; recreation;  
2 respite care; transportation; psychosocial club; assertive community  
3 treatment; case management; care coordination, including health home  
4 plus services; local government unit administration; monitoring and  
5 evaluation; children and youth vocational services; single point of  
6 access; school-based mental health program; family support children and  
7 youth; advocacy/support services; drop in centers; recovery centers;  
8 transition management services; bridge; home and community based waiver  
9 services; behavioral health waiver services authorized pursuant to the  
10 section 1115 MRT waiver; self-help programs; consumer service dollars;  
11 conference of local mental hygiene directors; multicultural initiative;  
12 ongoing integrated supported employment services; supported education;  
13 mentally ill/chemical abuse (MICA) network; personalized recovery  
14 oriented services; children and family treatment and support services;  
15 residential treatment facilities operating pursuant to part 584 of title  
16 14-NYCRR; geriatric demonstration programs; community-based mental  
17 health family treatment and support; coordinated children's service  
18 initiative; homeless services; and promises zone.

19 (ii) Programs and services funded, licensed, or certified by the  
20 office for people with developmental disabilities (OPWDD) eligible for  
21 the cost of living adjustment established herein, pending federal  
22 approval where applicable, include: local/unified services; chapter 620  
23 services; voluntary operated community residential services; article 16  
24 clinics; day treatment services; family support services; 100% day  
25 training; epilepsy services; traumatic brain injury services; hepatitis  
26 B services; independent practitioner services for individuals with  
27 intellectual and/or developmental disabilities; crisis services for  
28 individuals with intellectual and/or developmental disabilities; family  
29 care residential habilitation; supervised residential habilitation;  
30 supportive residential habilitation; respite; day habilitation; prevoca-  
31 tional services; supported employment; community habilitation; interme-  
32 diate care facility day and residential services; specialty hospital;  
33 pathways to employment; intensive behavioral services; basic home and  
34 community based services (HCBS) plan support; health home services  
35 provided by care coordination organizations; community transition  
36 services; family education and training; fiscal intermediary; support  
37 broker; and personal resource accounts.

38 (iii) Programs and services funded, licensed, or certified by the  
39 office of addiction services and supports (OASAS) eligible for the cost  
40 of living adjustment established herein, pending federal approval where  
41 applicable, include: medically supervised withdrawal services - residen-  
42 tial; medically supervised withdrawal services - outpatient; medically  
43 managed detoxification; medically monitored withdrawal; inpatient reha-  
44 bilitation services; outpatient opioid treatment; residential opioid  
45 treatment; KEEP units outpatient; residential opioid treatment to absti-  
46 nence; problem gambling treatment; medically supervised outpatient;  
47 outpatient rehabilitation; specialized services substance abuse  
48 programs; home and community based waiver services pursuant to subdivi-  
49 sion 9 of section 366 of the social services law; children and family  
50 treatment and support services; continuum of care rental assistance case  
51 management; NY/NY III post-treatment housing; NY/NY III housing for  
52 persons at risk for homelessness; permanent supported housing; youth  
53 clubhouse; recovery community centers; recovery community organizing  
54 initiative; residential rehabilitation services for youth (RRSY); inten-  
55 sive residential; community residential; supportive living; residential  
56 services; job placement initiative; case management; family support

1 navigator; local government unit administration; peer engagement; voca-  
2 tional rehabilitation; support services; HIV early intervention  
3 services; dual diagnosis coordinator; problem gambling resource centers;  
4 problem gambling prevention; prevention resource centers; primary  
5 prevention services; other prevention services; and community services.

6 (iv) Programs and services funded, licensed, or certified by the  
7 office of temporary and disability assistance (OTDA) eligible for the  
8 cost of living adjustment established herein, pending federal approval  
9 where applicable, include: nutrition outreach and education program  
10 (NOEP).

11 (v) Programs and services funded, licensed, or certified by the office  
12 of children and family services (OCFS) eligible for the cost of living  
13 adjustment established herein, pending federal approval where applica-  
14 ble, include: programs for which the office of children and family  
15 services establishes maximum state aid rates pursuant to section 398-a  
16 of the social services law and section 4003 of the education law; emer-  
17 gency foster homes; foster family boarding homes and therapeutic foster  
18 homes; supervised settings as defined by subdivision twenty-two of  
19 section 371 of the social services law; adoptive parents receiving  
20 adoption subsidy pursuant to section 453 of the social services law; and  
21 congregate and scattered supportive housing programs and supportive  
22 services provided under the NY/NY III supportive housing agreement to  
23 young adults leaving or having recently left foster care.

24 (vi) Programs and services funded, licensed, or certified by the state  
25 office for the aging (SOFA) eligible for the cost of living adjustment  
26 established herein, pending federal approval where applicable, include:  
27 community services for the elderly; expanded in-home services for the  
28 elderly; and supplemental nutrition assistance program.

29 5. Each local government unit or direct contract provider receiving  
30 funding for the cost of living adjustment established herein shall  
31 submit a written certification, in such form and at such time as each  
32 commissioner shall prescribe, attesting how such funding will be or was  
33 used to first promote the recruitment and retention of non-executive  
34 direct care staff, non-executive direct support professionals, non-exe-  
35 cutive clinical staff, or respond to other critical non-personal service  
36 costs prior to supporting any salary increases or other compensation for  
37 executive level job titles.

38 6. Notwithstanding any inconsistent provision of law to the contrary,  
39 agency commissioners shall be authorized to recoup funding from a local  
40 governmental unit or direct contract provider for the cost of living  
41 adjustment established herein determined to have been used in a manner  
42 inconsistent with the appropriation, or any other provision of this  
43 section. Such agency commissioners shall be authorized to employ any  
44 legal mechanism to recoup such funds, including an offset of other funds  
45 that are owed to such local governmental unit or direct contract provid-  
46 er.

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

49 PART EE

50 Section 1. Subdivision 1-a of section 84 of part A of chapter 56 of  
51 the laws of 2013, amending the social services law and other laws relat-  
52 ing to enacting the major components of legislation necessary to imple-  
53 ment the health and mental hygiene budget for the 2013-2014 state fiscal

1 year, as amended by section 9 of part Z of chapter 57 of the laws of  
2 2018, is amended to read as follows:

3 1-a. sections seventy-three through eighty-a shall expire and be  
4 deemed repealed [~~September 30~~] December 31, [~~2023~~] 2025;

5 § 2. This act shall take effect immediately.

6 PART FF

7 Intentionally Omitted

8 PART GG

9 Intentionally Omitted

10 PART HH

11 Section 1. The mental hygiene law is amended by adding three new  
12 sections 36.04, 36.05 and 36.06 to read as follows:

13 § 36.04 Certified community behavioral health clinics.

14 (a) The commissioners are authorized to jointly certify community  
15 behavioral health clinics, subject to the availability of state and  
16 federal funding.

17 (b) Certified community behavioral health clinics shall provide coor-  
18 ordinated, comprehensive behavioral health care, including mental health  
19 and addiction services, primary care screening, and case management  
20 services, in accordance with certified community behavioral health clin-  
21 ic standards established by the United States department of health and  
22 human services substance abuse and mental health services administration  
23 and the commissioners of the office of mental health and the office of  
24 addiction services and supports.

25 (c) The commissioners shall require each proposed certified community  
26 behavioral health clinic to submit a plan, which shall be approved by  
27 the commissioners prior to the issuance of an operating certificate  
28 pursuant to this article. Such plan shall include:

29 (1) a description of the clinic's character and competency to provide  
30 certified community behavioral health clinic services across the lifes-  
31 pan, including how the clinic will ensure access to crisis services at  
32 all times and accept all patients regardless of ability to pay;

33 (2) a description of the clinic's catchment area;

34 (3) a statement indicating that the clinic has been included in an  
35 approved local services plan developed pursuant to article forty-one of  
36 this title for each local government located within the clinic's catch-  
37 ment area;

38 (4) where executed, agreements establishing formal relationships with  
39 designated collaborating organizations to provide certain certified  
40 community behavioral health clinic services, consistent with guidance  
41 issued by the United States department of health and human services  
42 substance abuse and mental health services administration and the office  
43 of mental health and the office of addiction services and supports;

44 (5) a staffing plan driven by local needs assessment, licensing, and  
45 training to support service delivery;

46 (6) a description of the clinic's data-driven approach to quality  
47 improvement;

1 (7) a description of how consumers are represented in governance of  
2 the clinic;

3 (8) all financial information in the form and format required by the  
4 office of mental health and the office of addiction services and  
5 supports; and

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

7 (d) Where a certified community behavioral health clinic has been  
8 established and is participating on the effective date of this section  
9 in the federal certified community behavioral health clinic demon-  
10 stration awarded to the state by the United States department of health  
11 and human services substance abuse and mental health services adminis-  
12 tration, the previously established clinic may be certified where the  
13 clinic demonstrates compliance with the certification standards estab-  
14 lished pursuant to this article.

15 (e) The commissioners shall promulgate any rule or regulation neces-  
16 sary to effectuate this section.

17 § 36.05 Certified community behavioral health clinics indigent care  
18 program.

19 (a) (1) For periods on and after July first, two thousand twenty-  
20 three, the commissioners are authorized to make payment to eligible  
21 certified community behavioral health clinics, to the extent of funds  
22 appropriated therefor to assist in meeting losses resulting from uncom-  
23 pensated care. In the event federal financial participation is not  
24 available for such payments to eligible certified community behavioral  
25 health clinics, payments shall be made solely on the basis of available  
26 state general fund appropriations for this purpose in amounts to be  
27 determined by the director of the division of the budget.

28 (2) For purposes of this section, "eligible certified community behav-  
29 ioral health clinics" shall mean voluntary non-profit certified communi-  
30 ty behavioral health clinics participating in the federal certified  
31 community behavioral health clinic demonstration awarded to the state by  
32 the United States department of health and human services substance  
33 abuse and mental health services administration and other certified  
34 community behavioral health clinics certified pursuant to section 36.04  
35 of this article, which demonstrate that a minimum of three percent of  
36 total visits reported during the applicable base year period, as deter-  
37 mined by the commissioners, were to uninsured individuals.

38 (3) For purposes of this section, "losses resulting from uncompensated  
39 care" shall mean losses from reported self-pay and free visits multi-  
40 plied by the clinic's medical assistance payment rate for the applicable  
41 distribution year, offset by payments received from such patients during  
42 the reporting period.

43 (b) A certified community behavioral health clinic qualifying for a  
44 distribution pursuant to this section shall provide assurances satisfac-  
45 tory to the commissioners that it shall undertake reasonable efforts to  
46 maintain financial support from community and public funding sources and  
47 reasonable efforts to collect payments for services from third-party  
48 insurance payors, governmental payors and self-paying patients.

49 (c) (1) Funding pursuant to this section shall be allocated to eligi-  
50 ble certified community behavioral health clinics based on actual,  
51 reported losses resulting from uncompensated care in a given base year  
52 period and shall not exceed one hundred percent of an eligible clinic's  
53 losses in the same period.

54 (2) If the sum of actual, reported losses resulting from uncompensated  
55 care for all certified community behavioral health clinics exceeds the  
56 amount appropriated therefor in a given base year period, allocations of

1 funds for each eligible certified community behavioral health clinic  
2 shall be assessed proportionately based upon the percentage of the total  
3 number of uncompensated care visits for all clinics that each clinic  
4 provided during the base year and shall not exceed amounts appropriated  
5 in the aggregate.

6 (d) Except as provided in subdivision (e) of this section, for periods  
7 on and after July first, two thousand twenty-three through June thirti-  
8 eth, two thousand twenty-six, funds shall be made available for payments  
9 pursuant to this section for eligible certified community behavioral  
10 health clinics for the following periods in the following aggregate  
11 amounts:

12 (1) For the period of July first, two thousand twenty-three through  
13 June thirtieth, two thousand twenty-four, up to twenty-two million five  
14 hundred thousand dollars;

15 (2) For the period of July first, two thousand twenty-four through  
16 June thirtieth, two thousand twenty-five, up to forty-one million two  
17 hundred fifty thousand dollars; and

18 (3) For the period of July first, two thousand twenty-five through  
19 June thirtieth, two thousand twenty-six, up to forty-five million  
20 dollars.

21 (e) In the event that federal financial participation is not available  
22 for rate adjustments pursuant to this section, funds available for  
23 payments pursuant to this section for each eligible certified community  
24 behavioral health clinic shall be limited to the non-federal share  
25 equivalent of the amounts specified in subdivision (d) of this section.

26 (f) Eligible certified community behavioral health clinics receiving  
27 funding under this section shall not be eligible for comprehensive diag-  
28 nostic and treatment centers indigent care program funding pursuant to  
29 section two thousand eight hundred seven-p of the public health law.

30 (g) The commissioners may require facilities receiving distributions  
31 pursuant to this section as a condition of participating in such  
32 distributions, to provide reports and data to the office of mental  
33 health and the office of addiction services and supports as the commis-  
34 sioners deem necessary to adequately implement the provisions of this  
35 section.

36 § 36.06 Review of criminal history information.

37 (a) The justice center for the protection of people with special needs  
38 and the office of addiction services and supports shall be authorized  
39 to jointly receive from the division of criminal justice services crimi-  
40 nal history information, as such term is defined in paragraph (c) of  
41 subdivision one of section eight hundred forty-five-b of the execu-  
42 tive law, pursuant to the authority provided under sections 19.20,  
43 19.20-a, and 31.35 of this chapter to facilitate a single process to  
44 review such criminal history of and make a suitability determination for  
45 applicants to be providers of services and prospective employees or  
46 volunteers who will have regular and substantial unsupervised or unre-  
47 stricted physical contact with the clients of a provider licensed,  
48 certified, or otherwise authorized under this article, in accordance  
49 with policies and procedures developed jointly by the justice center for  
50 the protection of people with special needs and the office of addiction  
51 services and supports, in consultation with the office of mental health.

52 (b) The justice center for the protection of people with special needs  
53 and the office of addiction services and supports shall be authorized to  
54 jointly adopt a single process to review the criminal history of and  
55 make a suitability determination for applicants to be providers of  
56 services under both articles thirty-one and thirty-two of this title,

1 and prospective employees or volunteers who will have regular and  
2 substantial unsupervised or unrestricted physical contact with the  
3 clients of such provider and shall be authorized to jointly receive  
4 criminal history information, as such term is defined in paragraph (c)  
5 of subdivision one of section eight hundred forty-five-b of the execu-  
6 tive law from the division of criminal justice services.

7 § 2. The opening paragraph of section 19.20 of the mental hygiene law,  
8 as added by section 2 of part F of chapter 501 of the laws of 2012, is  
9 amended to read as follows:

10 Every provider of services who contracts with or is approved or other-  
11 wise authorized by the office to provide services, except (1) a depart-  
12 ment facility, (2) a hospital as defined in article twenty-eight of the  
13 public health law, or (3) a licensed professional under title eight of  
14 the education law who does not have employees or volunteers who will  
15 have regular and substantial unsupervised or unrestricted physical  
16 contact with the clients of such provider, shall request that the office  
17 request and receive from the division of criminal justice services crim-  
18 inal history information, as such phrase is defined in paragraph (c) of  
19 subdivision one of section eight hundred forty-five-b of the executive  
20 law, concerning each prospective employee or volunteer of such provider  
21 who will have regular and substantial unsupervised or unrestricted phys-  
22 ical contact with the clients of such provider. Provided, however, a  
23 provider of services approved or otherwise authorized under article  
24 thirty-six of this chapter shall comply with the requirements of subdi-  
25 vision (a) of section 36.06 of such article to satisfy the requirements  
26 of this section, and provided further that a provider who complies with  
27 the requirements of subdivision (b) of section 36.06 of such article,  
28 shall be deemed to have satisfied the requirements of this section.

29 § 3. The opening paragraph of section 19.20-a of the mental hygiene  
30 law, as added by section 3 of part F of chapter 501 of the laws of 2012,  
31 is amended to read as follows:

32 The office shall be authorized to receive from the division of crimi-  
33 nal justice services criminal history information, as such phrase is  
34 defined in paragraph (c) of subdivision one of section eight hundred  
35 forty-five-b of the executive law, concerning each applicant to be a  
36 provider of services or operator of such provider except: (1) a depart-  
37 ment facility; (2) a hospital as defined in article twenty-eight of the  
38 public health law; or (3) a licensed professional under title eight of  
39 the education law who does not have employees or volunteers who will  
40 have regular and substantial unsupervised or unrestricted physical  
41 contact with the clients of such provider, and for every individual  
42 seeking to be credentialed by the office to provide substance use disor-  
43 der services pursuant to section 19.07 of this article. For purposes of  
44 this section, "operator" shall include any natural person with an owner-  
45 ship interest in the provider of services. Provided, however, an appli-  
46 cant to be a provider of services or operator of such provider under  
47 article thirty-six of this chapter shall comply with the requirements of  
48 subdivision (a) of section 36.06 of such article to satisfy the require-  
49 ments of this section, and provided further that a provider who complies  
50 with the requirements of subdivision (b) of section 36.06 of such arti-  
51 cle, shall be deemed to have satisfied the requirements of this section.

52 § 4. Subdivision (a) of section 31.35 of the mental hygiene law, as  
53 amended by chapter 83 of the laws of 2013, is amended to read as  
54 follows:

55 (a) Every provider of services who contracts with or is approved or  
56 otherwise authorized by the office of mental health to provide services,

except (1) a department facility, (2) a hospital as defined in article twenty-eight of the public health law, or (3) a licensed professional under title eight of the education law who does not have employees or volunteers who will have regular and substantial unsupervised or unrestricted physical contact with the clients of such provider, and every applicant to be such a provider of services except (i) a department facility, (ii) a hospital as defined in article twenty-eight of the public health law, or (iii) a licensed professional under title eight of the education law who does not have employees or volunteers who will have regular and substantial unsupervised or unrestricted physical contact with the clients of such provider, shall request that the justice center for the protection of people with special needs check, and upon such request such justice center shall request and shall be authorized to receive from the division of criminal justice services criminal history information, as such phrase is defined in paragraph (c) of subdivision one of section eight hundred forty-five-b of the executive law, concerning each prospective operator, employee or volunteer of such provider who will have regular and substantial unsupervised or unrestricted physical contact with the clients of such provider. For purposes of this section, "operator" shall include any natural person with an ownership interest in the provider of services. Provided, however, an applicant to be a provider of services, or provider of services approved or otherwise authorized, under article thirty-six of this title shall comply with the requirements of subdivision (a) of section 36.06 of such article to satisfy the requirements of this section, and provided further that an applicant or provider who complies with the requirements of subdivision (b) of section 36.06 of such article, shall be deemed to have satisfied the requirements of this section.

§ 5. This act shall take effect six months after it shall have become a law; provided however, that the commissioners of mental health and addiction services and supports are authorized to adopt rules and regulations necessary to implement this act prior to such effective date.

## PART II

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

### SUBPART A

Section 1. Item (i) of subparagraph (A) of paragraph 35 of subsection (i) of section 3216 of the insurance law, as amended by chapter 818 of the laws of 2022, is amended to read as follows:

(i) where the policy provides coverage for inpatient hospital care, such policy shall include benefits for: inpatient care in a hospital as defined by subdivision ten of section 1.03 of the mental hygiene law [~~and benefits for~~]; sub-acute care in a residential facility licensed or

1 operated by the office of mental health; outpatient care provided [~~in~~]  
2 by a facility issued an operating certificate by the commissioner of  
3 mental health pursuant to the provisions of article thirty-one of the  
4 mental hygiene law[~~7~~] or [~~in~~] by a facility operated by the office of  
5 mental health[~~7~~,~~or in~~]; outpatient care provided by a crisis stabiliza-  
6 tion center licensed pursuant to section 36.01 of the mental hygiene  
7 law[~~7~~]; outpatient care provided by a mobile crisis intervention  
8 services provider licensed, certified, or designated by the office of  
9 mental health or the office of addiction services and supports; outpa-  
10 tient and inpatient care for critical time intervention services and  
11 outpatient care for assertive community treatment services provided by  
12 facilities issued an operating certificate by the commissioner of mental  
13 health pursuant to the provisions of article thirty-one of the mental  
14 hygiene law, beginning no later than thirty days following discharge  
15 from a hospital as defined by subdivision ten of section 1.03 of the  
16 mental hygiene law or the emergency department of a hospital licensed  
17 pursuant to article twenty-eight of the public health law; or, for care  
18 provided in other states, to similarly licensed or certified hospitals  
19 [~~or~~], facilities, or licensed, certified or designated providers; and

20 § 2. Items (iii) and (iv) of subparagraph (E) of paragraph 35 of  
21 subsection (i) of section 3216 of the insurance law, as added by section  
22 8 of subpart A of part BB of chapter 57 of the laws of 2019, are amended  
23 and three new items (v), (vi) and (vii) are added to read as follows:

24 (iii) "treatment limitation" means limits on the frequency of treat-  
25 ment, number of visits, days of coverage, or other similar limits on the  
26 scope or duration of treatment and includes nonquantitative treatment  
27 limitations such as: medical management standards limiting or excluding  
28 benefits based on medical necessity, or based on whether the treatment  
29 is experimental or investigational; formulary design for prescription  
30 drugs; network tier design; standards for provider admission to partic-  
31 ipate in a network, including reimbursement rates; methods for determin-  
32 ing usual, customary, and reasonable charges; fail-first or step therapy  
33 protocols; exclusions based on failure to complete a course of treat-  
34 ment; and restrictions based on geographic location, facility type,  
35 provider specialty, and other criteria that limit the scope or duration  
36 of benefits for services provided under the policy; [~~and~~]

37 (iv) "mental health condition" means any mental health disorder as  
38 defined in the most recent edition of the diagnostic and statistical  
39 manual of mental disorders or the most recent edition of another gener-  
40 ally recognized independent standard of current medical practice such as  
41 the international classification of diseases[~~7~~];

42 (v) "assertive community treatment services" means a comprehensive and  
43 integrated combination of treatment, rehabilitation, case management,  
44 and support services primarily provided in an insured's residence or  
45 other community locations by a mobile multidisciplinary mental health  
46 treatment team licensed pursuant to article thirty-one of the mental  
47 hygiene law;

48 (vi) "critical time intervention services" means services rendered by  
49 a provider licensed under article thirty-one of the mental hygiene law  
50 that provides evidence-based, therapeutic interventions that include  
51 intensive outreach, engagement, and care coordination services that are  
52 provided to an insured before the insured is discharged from inpatient  
53 care in a hospital as defined by subdivision ten of section 1.03 of the  
54 mental hygiene law or the emergency department of a hospital licensed  
55 pursuant to article twenty-eight of the public health law and continue  
56 after discharge until the insured is stabilized; and

1 (vii) "residential facility" means crisis residence facilities and  
2 community residences for eating disorder integrated treatment programs  
3 licensed pursuant to article thirty-one of the mental hygiene law.

4 § 3. Paragraph 35 of subsection (i) of section 3216 of the insurance  
5 law is amended by adding a new subparagraph (I) to read as follows:

6 (I) This subparagraph shall apply to mobile crisis intervention  
7 services providers licensed, certified, or designated by the office of  
8 mental health or the office of addiction services and supports. For  
9 purposes of this subparagraph, "mobile crisis intervention services"  
10 means mental health and substance use disorder services consisting of:  
11 (1) telephonic crisis triage and response; (2) mobile crisis response to  
12 provide intervention and facilitate access to other behavioral health  
13 services; and (3) mobile and telephonic follow-up services after the  
14 initial crisis response until the insured is stabilized, provided to an  
15 insured who is experiencing, or is at imminent risk of experiencing, a  
16 behavioral health crisis, which includes instances in which an insured  
17 cannot manage their primarily psychiatric or substance use related symp-  
18 toms without de-escalation or intervention. Mobile crisis intervention  
19 services do not include services provided to an insured after the  
20 insured has been stabilized.

21 (i) Benefits for covered services provided by a mobile crisis inter-  
22 vention services provider shall not be subject to preauthorization.  
23 Except where otherwise required by law, nothing in this subparagraph  
24 shall prevent services provided subsequent to the provision of mobile  
25 crisis intervention services from being subject to preauthorization.

26 (ii) Benefits for covered services provided by a mobile crisis inter-  
27 vention services provider shall be covered regardless of whether the  
28 mobile crisis intervention services provider is a participating provid-  
29 er.

30 (iii) If the covered services are provided by a non-participating  
31 mobile crisis intervention services provider, an insurer shall not  
32 impose any administrative requirement or limitation on coverage that is  
33 more restrictive than the requirements or limitations that apply to  
34 covered services received from a participating mobile crisis inter-  
35 vention services provider.

36 (iv) If the covered services are provided by a non-participating  
37 mobile crisis intervention services provider, the insured's copayment,  
38 coinsurance, and deductible shall be the same as would apply if such  
39 covered services were provided by a participating mobile crisis inter-  
40 vention services provider.

41 (v) A mobile crisis intervention services provider reimbursed pursuant  
42 to this section shall not charge or seek any reimbursement from, or have  
43 any recourse against, an insured for the services provided pursuant to  
44 this subparagraph, except for the collection of in-network copayments,  
45 coinsurance, or deductibles for which the insured is responsible for  
46 under the terms of the policy.

47 § 4. Paragraph 35 of subsection (i) of section 3216 of the insurance  
48 law is amended by adding a new subparagraph (J) to read as follows:

49 (J) This subparagraph shall apply to school-based mental health clin-  
50 ics that are licensed pursuant to article thirty-one of the mental  
51 hygiene law and provide outpatient care in pre-school, elementary, or  
52 secondary schools. An insurer shall provide reimbursement for covered  
53 outpatient care when provided by such school-based mental health clinics  
54 at a pre-school, elementary, or secondary school, regardless of whether  
55 the school-based mental health clinic furnishing such services is a  
56 participating provider with respect to such services. Reimbursement for

1 such covered services shall be at the rate negotiated between the insur-  
2 er and school-based mental health clinic or, in the absence of a negoti-  
3 ated rate, an amount no less than the rate that would be paid for such  
4 services pursuant to the medical assistance program under title eleven  
5 of article five of the social services law. Payment by an insurer pursu-  
6 ant to this section shall be payment in full for the services provided.  
7 The school-based mental health clinic reimbursed pursuant to this  
8 section shall not charge or seek any reimbursement from, or have any  
9 recourse against, an insured for the services provided pursuant to this  
10 subparagraph, except for the collection of in-network copayments, coin-  
11 surance, or deductibles for which the insured is responsible for under  
12 the terms of the policy.

13 § 5. Item (i) of subparagraph (A) of paragraph 5 of subsection (1) of  
14 section 3221 of the insurance law, as amended by section 14 of part AA  
15 of chapter 57 of the laws of 2021, is amended to read as follows:

16 (i) where the policy provides coverage for inpatient hospital care,  
17 benefits for: inpatient care in a hospital as defined by subdivision ten  
18 of section 1.03 of the mental hygiene law ~~[and benefits for];~~ sub-acute  
19 care in a residential facility licensed or operated by the office of  
20 mental health; outpatient care provided ~~[in]~~ by a facility issued an  
21 operating certificate by the commissioner of mental health pursuant to  
22 the provisions of article thirty-one of the mental hygiene law, or ~~[in]~~  
23 by a facility operated by the office of mental health ~~[or in]; outpa-~~  
24 tient care provided by a crisis stabilization center licensed pursuant  
25 to section 36.01 of the mental hygiene law; outpatient care provided by  
26 a mobile crisis intervention services provider licensed, certified, or  
27 designated by the office of mental health or the office of addiction  
28 services and supports; outpatient and inpatient care for critical time  
29 intervention services and outpatient care for assertive community treat-  
30 ment services provided by facilities issued an operating certificate by  
31 the commissioner of mental health pursuant to the provisions of article  
32 thirty-one of the mental hygiene law, beginning no later than thirty  
33 days following discharge from a hospital as defined by subdivision ten  
34 of section 1.03 of the mental hygiene law or the emergency department of  
35 a hospital licensed pursuant to article twenty-eight of the public  
36 health law; or, for care provided in other states, to similarly licensed  
37 or certified hospitals ~~[or],~~ facilities, or licensed, certified or  
38 designated providers; and

39 § 6. Items (iii) and (iv) of subparagraph (E) of paragraph 5 of  
40 subsection (1) of section 3221 of the insurance law, as added by section  
41 14 of subpart A of part BB of chapter 57 of the laws of 2019, are  
42 amended and three new items (v), (vi) and (vii) are added to read as  
43 follows:

44 (iii) "treatment limitation" means limits on the frequency of treat-  
45 ment, number of visits, days of coverage, or other similar limits on the  
46 scope or duration of treatment and includes nonquantitative treatment  
47 limitations such as: medical management standards limiting or excluding  
48 benefits based on medical necessity, or based on whether the treatment  
49 is experimental or investigational; formulary design for prescription  
50 drugs; network tier design; standards for provider admission to partic-  
51 ipate in a network, including reimbursement rates; methods for determin-  
52 ing usual, customary, and reasonable charges; fail-first or step therapy  
53 protocols; exclusions based on failure to complete a course of treat-  
54 ment; and restrictions based on geographic location, facility type,  
55 provider specialty, and other criteria that limit the scope or duration  
56 of benefits for services provided under the policy; ~~[and]~~

(iv) "mental health condition" means any mental health disorder as defined in the most recent edition of the diagnostic and statistical manual of mental disorders or the most recent edition of another generally recognized independent standard of current medical practice such as the international classification of diseases[~~redacted~~];

(v) "assertive community treatment services" means a comprehensive and integrated combination of treatment, rehabilitation, case management, and support services primarily provided in an insured's residence or other community locations by a mobile multidisciplinary mental health treatment team licensed pursuant to article thirty-one of the mental hygiene law;

(vi) "critical time intervention services" means services rendered by a provider licensed under article thirty-one of the mental hygiene law that provides evidence-based, therapeutic interventions that include intensive outreach, engagement, and care coordination services that are provided to an insured before the insured is discharged from inpatient care in a hospital as defined by subdivision ten of section 1.03 of the mental hygiene law or the emergency department of a hospital licensed pursuant to article twenty-eight of the public health law and continue after discharge until the insured is stabilized; and

(vii) "residential facility" means crisis residence facilities and community residences for eating disorder integrated treatment programs licensed pursuant to article thirty-one of the mental hygiene law.

§ 7. Paragraph 5 of subsection (1) of section 3221 of the insurance law is amended by adding a new subparagraph (I) to read as follows:

(I) This subparagraph shall apply to mobile crisis intervention services providers licensed, certified, or designated by the office of mental health or the office of addiction services and supports. For purposes of this subparagraph, "mobile crisis intervention services" means mental health and substance use disorder services, consisting of: (1) telephonic crisis triage and response; (2) mobile crisis response to provide intervention and facilitate access to other behavioral health services; and (3) mobile and telephonic follow-up services after the initial crisis response until the insured is stabilized provided to an insured who is experiencing, or is at imminent risk of experiencing, a behavioral health crisis, which includes instances in which an insured cannot manage their primarily psychiatric or substance use related symptoms without de-escalation or intervention. Mobile crisis intervention services do not include services provided to an insured after the insured has been stabilized.

(i) Benefits for covered services provided by a mobile crisis intervention services provider shall not be subject to preauthorization. Except where otherwise required by law, nothing in this subparagraph shall prevent services provided subsequent to the provision of mobile crisis intervention services from being subject to preauthorization.

(ii) Benefits for covered services provided by a mobile crisis intervention services provider shall be covered regardless of whether the mobile crisis intervention services provider is a participating provider.

(iii) If the covered services are provided by a non-participating mobile crisis intervention services provider, an insurer shall not impose any administrative requirement or limitation on coverage that is more restrictive than the requirements or limitations that apply to covered services received from a participating mobile crisis intervention services provider.

1 (iv) If the covered services are provided by a non-participating  
2 mobile crisis intervention services provider, the insured's copayment,  
3 coinsurance, and deductible shall be the same as would apply if such  
4 covered services were provided by a participating mobile crisis inter-  
5 vention services provider.

6 (v) A mobile crisis intervention services provider reimbursed pursu-  
7 ant to this section shall not charge or seek any reimbursement from,  
8 or have any recourse against, an insured for the services provided  
9 pursuant to this subparagraph, except for the collection of in-network  
10 copayments, coinsurance, or deductibles for which the insured is  
11 responsible for under the terms of the policy.

12 § 8. Paragraph 5 of subsection (l) of section 3221 of the insurance  
13 law is amended by adding a new subparagraph (J) to read as follows:

14 (J) This subparagraph shall apply to school-based mental health clin-  
15 ics that are licensed pursuant to article thirty-one of the mental  
16 hygiene law and provide outpatient care in pre-school, elementary, or  
17 secondary schools. An insurer shall provide reimbursement for covered  
18 outpatient care when provided by such school-based mental health clinics  
19 at a pre-school, elementary, or secondary school, regardless of whether  
20 the school-based mental health clinic furnishing such services is a  
21 participating provider with respect to such services. Reimbursement for  
22 such covered services shall be at the rate negotiated between the insur-  
23 er and school-based mental health clinic or, in the absence of a negoti-  
24 ated rate, an amount no less than the rate that would be paid for such  
25 services pursuant to the medical assistance program under title eleven  
26 of article five of the social services law. Payment by an insurer pursu-  
27 ant to this section shall be payment in full for the services provided.  
28 The school-based mental health clinic reimbursed pursuant to this  
29 section shall not charge or seek any reimbursement from or have any  
30 recourse against, an insured for the services provided pursuant to this  
31 subparagraph, except for the collection of in-network copayments, coin-  
32 insurance, or deductibles for which the insured is responsible for under  
33 the terms of the policy.

34 § 9. Paragraph 1 of subsection (g) of section 4303 of the insurance  
35 law, as amended by section 18 of part AA of chapter 57 of the laws of  
36 2021, is amended to read as follows:

37 (1) where the contract provides coverage for inpatient hospital care,  
38 benefits for: in-patient care in a hospital as defined by subdivision  
39 ten of section 1.03 of the mental hygiene law ~~[or for inpatient care~~  
40 ~~provided in other states, to similarly licensed hospitals, and benefits~~  
41 ~~for]~~; sub-acute care in a residential facility licensed or operated by  
42 the office of mental health; [out-patient] outpatient care provided [in]  
43 by a facility issued an operating certificate by the commissioner of  
44 mental health pursuant to the provisions of article thirty-one of the  
45 mental hygiene law or [in] by a facility operated by the office of  
46 mental health [or in]; outpatient care provided by a crisis stabiliza-  
47 tion center licensed pursuant to section 36.01 of the mental hygiene  
48 law; outpatient care provided by a mobile crisis intervention services  
49 provider licensed, certified, or designated by the office of mental  
50 health or the office of addiction services and supports; outpatient and  
51 inpatient care for critical time intervention services and outpatient  
52 care for assertive community treatment services provided by facilities  
53 issued an operating certificate by the commissioner of mental health  
54 pursuant to the provisions of article thirty-one of the mental hygiene  
55 law, beginning no later than thirty days following discharge from a  
56 hospital as defined by subdivision ten of section 1.03 of the mental

1 hygiene law or the emergency department of a hospital licensed pursuant  
2 to article twenty-eight of the public health law; or for [out-patient]  
3 care provided in other states, to similarly licensed or certified hospi-  
4 tals, facilities, or licensed, certified or designated providers; and

5 § 10. Subparagraphs (C) and (D) of paragraph 6 of subsection (g) of  
6 section 4303 of the insurance law, as added by section 23 of subpart A  
7 of part BB of chapter 57 of the laws of 2019, are amended and three new  
8 subparagraphs (E), (F) and (G) are added to read as follows:

9 (C) "treatment limitation" means limits on the frequency of treatment,  
10 number of visits, days of coverage, or other similar limits on the scope  
11 or duration of treatment and includes nonquantitative treatment limita-  
12 tions such as: medical management standards limiting or excluding bene-  
13 fits based on medical necessity, or based on whether the treatment is  
14 experimental or investigational; formulary design for prescription  
15 drugs; network tier design; standards for provider admission to partic-  
16 ipate in a network, including reimbursement rates; methods for determin-  
17 ing usual, customary, and reasonable charges; fail-first or step therapy  
18 protocols; exclusions based on failure to complete a course of treat-  
19 ment; and restrictions based on geographic location, facility type,  
20 provider specialty, and other criteria that limit the scope or duration  
21 of benefits for services provided under the contract; ~~and~~

22 (D) "mental health condition" means any mental health disorder as  
23 defined in the most recent edition of the diagnostic and statistical  
24 manual of mental disorders or the most recent edition of another gener-  
25 ally recognized independent standard of current medical practice such as  
26 the international classification of diseases~~[-]~~;

27 (E) "assertive community treatment services" means a comprehensive and  
28 integrated combination of treatment, rehabilitation, case management,  
29 and support services primarily provided in an insured's residence or  
30 other community locations by a mobile multidisciplinary mental health  
31 treatment team licensed pursuant to article thirty-one of the mental  
32 hygiene law;

33 (F) "critical time intervention services" means services rendered by a  
34 provider licensed under article thirty-one of the mental hygiene law  
35 that provides evidence-based, therapeutic interventions that include  
36 intensive outreach, engagement, and care coordination services that are  
37 provided to an insured before the insured is discharged from inpatient  
38 care in a hospital as defined by subdivision ten of section 1.03 of the  
39 mental hygiene law or the emergency department of a hospital licensed  
40 pursuant to article twenty-eight of the public health law and continue  
41 after discharge until the insured is stabilized; and

42 (G) "residential facility" means crisis residence facilities and  
43 community residences for eating disorder integrated treatment programs  
44 licensed pursuant to article thirty-one of the mental hygiene law.

45 § 11. Subsection (g) of section 4303 of the insurance law is amended  
46 by adding a new paragraph 10 to read as follows:

47 (10) This paragraph shall apply to mobile crisis intervention services  
48 providers licensed, certified, or designated by the office of mental  
49 health or the office of addiction services and supports. For purposes  
50 of this paragraph, "mobile crisis intervention services" means mental  
51 health and substance use disorder services, consisting of: (1) telephon-  
52 ic crisis triage and response; (2) mobile crisis response to provide  
53 intervention and facilitate access to other behavioral health services;  
54 and (3) mobile and telephonic follow-up services after the initial  
55 crisis response until the insured is stabilized, provided to an insured  
56 who is experiencing, or is at imminent risk of experiencing, a behav-

1 ioral health crisis, which includes instances in which an insured cannot  
2 manage their primarily psychiatric or substance use related symptoms  
3 without de-escalation or intervention. Mobile crisis intervention  
4 services do not include services provided to an insured after the  
5 insured has been stabilized.

6 (A) Benefits for covered services provided by a mobile crisis inter-  
7 vention services provider shall not be subject to preauthorization.  
8 Except where otherwise required by law, nothing in this paragraph shall  
9 prevent services provided subsequent to the provision of mobile crisis  
10 intervention services from being subject to preauthorization.

11 (B) Benefits for covered services provided by a mobile crisis inter-  
12 vention services provider shall be covered regardless of whether the  
13 mobile crisis intervention services provider is a participating provid-  
14 er.

15 (C) If the covered services are provided by a non-participating  
16 mobile crisis intervention services provider, a corporation shall not  
17 impose any administrative requirement or limitation on coverage that is  
18 more restrictive than the requirements or limitations that apply to  
19 covered services received from a participating mobile crisis inter-  
20 vention services provider.

21 (D) If the covered services are provided by a non-participating  
22 mobile crisis intervention services provider, the insured's copayment,  
23 coinsurance, and deductible shall be the same as would apply if such  
24 covered services were provided by a participating mobile crisis inter-  
25 vention services provider.

26 (E) A mobile crisis intervention services provider reimbursed pursu-  
27 ant to this section shall not charge or seek any reimbursement from,  
28 or have any recourse against, an insured for the services provided  
29 pursuant to this subparagraph, except for the collection of in-network  
30 copayments, coinsurance, or deductibles for which the insured is  
31 responsible for under the terms of the contract.

32 § 12. Subsection (g) of section 4303 of the insurance law is amended  
33 by adding a new paragraph 11 to read as follows:

34 (11) This paragraph shall apply to school-based mental health clinics  
35 that are licensed pursuant to article thirty-one of the mental hygiene  
36 law and provide outpatient care in pre-school, elementary, or secondary  
37 schools. A corporation shall provide reimbursement for covered outpa-  
38 tient care when provided by such school-based mental health clinics at a  
39 pre-school, elementary, or secondary school, regardless of whether the  
40 school-based mental health clinic furnishing such services is a partic-  
41 ipating provider with respect to such services. Reimbursement for such  
42 covered services shall be at the rate negotiated between the corporation  
43 and school-based mental health clinic or, in the absence of a negotiated  
44 rate, an amount no less than the rate that would be paid for such  
45 services pursuant to the medical assistance program under title eleven  
46 of article five of the social services law. Payment by a corporation  
47 pursuant to this section shall be payment in full for the services  
48 provided. The school-based mental health clinic reimbursed pursuant to  
49 this section shall not charge or seek any reimbursement from, or have  
50 any recourse against, a corporation for the services provided pursuant  
51 to this paragraph, except for the collection of in-network copayments,  
52 coinsurance, or deductibles for which the insured is responsible for  
53 under the terms of the contract.

54 § 13. Paragraphs 1 and 2 of subsection (a) of section 605 of the  
55 financial services law, as amended by section 5 of subpart A of part AA  
56 of chapter 57 of the laws of 2022, are amended to read as follows:

(1) When a health care plan receives a bill for emergency services from a non-participating provider, including a bill for inpatient services which follow an emergency room visit, or a bill for services from a mobile crisis intervention services provider licensed, certified, or designated by the office of mental health or the office of addiction services and supports, the health care plan shall pay an amount that it determines is reasonable for the emergency services, including inpatient services which follow an emergency room visit or for the mobile crisis intervention services, rendered by the non-participating provider, in accordance with section three thousand two hundred twenty-four-a of the insurance law, except for the insured's co-payment, coinsurance or deductible, if any, and shall ensure that the insured shall incur no greater out-of-pocket costs for the emergency services, including inpatient services which follow an emergency room visit or for the mobile crisis intervention services, than the insured would have incurred with a participating provider. The non-participating provider may bill the health care plan for the services rendered. Upon receipt of the bill, the health care plan shall pay the non-participating provider the amount prescribed by this section and any subsequent amount determined to be owed to the provider in relation to the emergency services provided, including inpatient services which follow an emergency room visit or for the mobile crisis intervention services.

(2) A non-participating provider or a health care plan may submit a dispute regarding a fee or payment for emergency services, including inpatient services which follow an emergency room visit, or for services rendered by a mobile crisis intervention services provider licensed, certified, or designated by the office of mental health or the office of addiction services and supports, for review to an independent dispute resolution entity.

§ 14. Subsection (b) of section 606 of the financial services law, as amended by section 7 of subpart A of part AA of chapter 57 of the laws of 2022, is amended to read as follows:

(b) A non-participating provider shall not bill an insured for emergency services, including inpatient services which follow an emergency room visit, or for services rendered by a mobile crisis intervention services provider licensed, certified, or designated by the office of mental health or the office of addiction services and supports, except for any applicable copayment, coinsurance or deductible that would be owed if the insured utilized a participating provider.

§ 15. This act shall take effect January 1, 2024; provided, however, that sections four, eight, and twelve of this act shall apply to policies and contracts issued, renewed, amended, modified or altered on or after such date; provided, however, that sections one through three, five through seven, nine through eleven, thirteen and fourteen of this act shall take effect on January 1, 2025; provided further that sections one through three, five through seven, nine through eleven, thirteen and fourteen of this act shall not take effect until after the superintendent of financial services and the commissioner of health have promulgated regulations pursuant to paragraph two of subsection (a) of section 3241 of the insurance law and paragraph (b) of subdivision five of section 4403 of the public health law and, thereafter, shall apply to policies and contracts issued, renewed, amended, modified or altered ninety days after the superintendent of financial services and the commissioner of health, in consultation with the commissioner of mental health and the commissioner of addiction services and supports, have determined, for a particular provider type, that there are a sufficient

1 number of certified, licensed, or designated providers available in this  
2 state of sub-acute care in a residential facility, assertive community  
3 treatment services, critical time intervention services or mobile crisis  
4 intervention services, respectively, to meet network adequacy require-  
5 ments as required under subsection (a) of section 3241 of the insurance  
6 law and paragraph (b) of subdivision five of section 4403 of the public  
7 health law; provided however that the superintendent of financial  
8 services and commissioner of health shall notify the legislative bill  
9 drafting commission upon the occurrence of the date such regulations  
10 appear in the state register and the date of their adoption in order  
11 that the commission may maintain an accurate and timely effective data-  
12 base of the official text of the laws of the state of New York in furth-  
13 erance of effectuating the provisions of section 44 of the legislative  
14 law and section 70-b of the public officers law.

## SUBPART B

16 Section 1. Subparagraphs (G) and (H) of paragraph 35 of subsection (i)  
17 of section 3216 of the insurance law, subparagraph (G) as added by  
18 section 8 of subpart A of part BB of chapter 57 of the laws of 2019 and  
19 subparagraph (H) as added by section 13 of part AA of chapter 57 of the  
20 laws of 2021, are amended to read as follows:

21 (G) This subparagraph shall apply to hospitals and crisis residence  
22 facilities in this state that are licensed or operated by the office of  
23 mental health that are participating in the insurer's provider network.  
24 Where the policy provides coverage for inpatient hospital care, benefits  
25 for inpatient hospital care in a hospital as defined by subdivision ten  
26 of section 1.03 of the mental hygiene law [~~provided to individuals who~~  
27 ~~have not attained the age of eighteen~~] and benefits for sub-acute care  
28 in a crisis residence facility licensed or operated by the office of  
29 mental health shall not be subject to preauthorization. Coverage  
30 provided under this subparagraph shall also not be subject to concurrent  
31 utilization review for individuals who have not attained the age of  
32 eighteen during the first fourteen days of the inpatient admission,  
33 provided the facility notifies the insurer of both the admission and the  
34 initial treatment plan within two business days of the admission,  
35 performs daily clinical review of the [~~patient~~] insured, and partic-  
36 ipates in periodic consultation with the insurer to ensure that the  
37 facility is using the evidence-based and peer reviewed clinical review  
38 criteria utilized by the insurer which is approved by the office of  
39 mental health and appropriate to the age of the [~~patient~~] insured, to  
40 ensure that the inpatient care is medically necessary for the [~~patient~~]  
41 insured. For individuals who have attained age eighteen, coverage  
42 provided under this subparagraph shall also not be subject to concurrent  
43 review during the first thirty days of the inpatient or residential  
44 admission, provided the facility notifies the insurer of both the admis-  
45 sion and the initial treatment plan within two business days of the  
46 admission, performs daily clinical review of the insured, and partic-  
47 ipates in periodic consultation with the insurer to ensure that the  
48 facility is using the evidence-based and peer reviewed clinical review  
49 criteria utilized by the insurer which is approved by the office of  
50 mental health and appropriate to the age of the insured, to ensure that  
51 the inpatient or residential care is medically necessary for the  
52 insured. However, concurrent review may be performed during the first  
53 thirty days if an insured meets clinical criteria designated by the  
54 office of mental health or where the insured is admitted to a hospital

1 or facility which has been designated by the office of mental health for  
2 concurrent review, in consultation with the commissioner of health and  
3 the superintendent. All treatment provided under this subparagraph may  
4 be reviewed retrospectively. Where care is denied retrospectively, an  
5 insured shall not have any financial obligation to the facility for any  
6 treatment under this subparagraph other than any copayment, coinsurance,  
7 or deductible otherwise required under the policy.

8 (H) This subparagraph shall apply to crisis stabilization centers in  
9 this state that are licensed pursuant to section 36.01 of the mental  
10 hygiene law and participate in the insurer's provider network. Benefits  
11 for care ~~[in]~~ by a crisis stabilization center shall not be subject to  
12 preauthorization. All treatment provided under this subparagraph may be  
13 reviewed retrospectively. Where care is denied retrospectively, an  
14 insured shall not have any financial obligation to the facility for any  
15 treatment under this subparagraph other than any copayment, coinsurance,  
16 or deductible otherwise required under the policy.

17 § 2. Subparagraphs (G) and (H) of paragraph 5 of subsection (1) of  
18 section 3221 of the insurance law, subparagraph (G) as added by section  
19 14 of subpart A of part BB of chapter 57 of the laws of 2019 and subpar-  
20 agraph (H) as added by section 15 of part AA of chapter 57 of the laws  
21 of 2021, are amended to read as follows:

22 (G) This subparagraph shall apply to hospitals and crisis residence  
23 facilities in this state that are licensed or operated by the office of  
24 mental health that are participating in the insurer's provider network.  
25 Where the policy provides coverage for inpatient hospital care, benefits  
26 for inpatient hospital care in a hospital as defined by subdivision ten  
27 of section 1.03 of the mental hygiene law ~~[provided to individuals who~~  
28 ~~have not attained the age of eighteen]~~ and benefits for sub-acute care  
29 in a crisis residence facility licensed or operated by the office of  
30 mental health shall not be subject to preauthorization. Coverage  
31 provided under this subparagraph shall also not be subject to concurrent  
32 utilization review for individuals who have not attained the age of  
33 eighteen during the first fourteen days of the inpatient admission,  
34 provided the facility notifies the insurer of both the admission and the  
35 initial treatment plan within two business days of the admission,  
36 performs daily clinical review of the ~~[patient]~~ insured, and partic-  
37 ipates in periodic consultation with the insurer to ensure that the  
38 facility is using the evidence-based and peer reviewed clinical review  
39 criteria utilized by the insurer which is approved by the office of  
40 mental health and appropriate to the age of the ~~[patient]~~ insured to  
41 ensure that the inpatient care is medically necessary for the ~~[patient]~~  
42 insured. For individuals who have attained age eighteen, coverage  
43 provided under this subparagraph shall also not be subject to concurrent  
44 review during the first thirty days of the inpatient or residential  
45 admission, provided the facility notifies the insurer of both the admis-  
46 sion and the initial treatment plan within two business days of the  
47 admission, performs daily clinical review of the insured, and partic-  
48 ipates in periodic consultation with the insurer to ensure that the  
49 facility is using the evidence-based and peer reviewed clinical review  
50 criteria utilized by the insurer which is approved by the office of  
51 mental health and appropriate to the age of the insured, to ensure that  
52 the inpatient or residential care is medically necessary for the  
53 insured. However, concurrent review may be performed during the first  
54 thirty days if an insured meets clinical criteria designated by the  
55 office of mental health or where the insured is admitted to a hospital  
56 or facility which has been designated by the office of mental health for

1 concurrent review, in consultation with the commissioner of health and  
2 the superintendent. All treatment provided under this subparagraph may  
3 be reviewed retrospectively. Where care is denied retrospectively, an  
4 insured shall not have any financial obligation to the facility for any  
5 treatment under this subparagraph other than any copayment, coinsurance,  
6 or deductible otherwise required under the policy.

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

16 § 3. Paragraphs 8 and 9 of subsection (g) of section 4303 of the  
17 insurance law, paragraph 8 as added by section 23 of subpart A of part  
18 BB of chapter 57 of the laws of 2019 and paragraph 9 as added by section  
19 19 of part AA of chapter 57 of the laws of 2021, are amended to read as  
20 follows:

21 (8) This paragraph shall apply to hospitals and crisis residence  
22 facilities in this state that are licensed or operated by the office of  
23 mental health that are participating in the corporation's provider  
24 network. Where the contract provides coverage for inpatient hospital  
25 care, benefits for inpatient hospital care in a hospital as defined by  
26 subdivision ten of section 1.03 of the mental hygiene law ~~[provided to~~  
27 ~~individuals who have not attained the age of eighteen]~~ and benefits for  
28 sub-acute care in a crisis residence facility licensed or operated by  
29 the office of mental health shall not be subject to preauthorization.  
30 Coverage provided under this paragraph shall also not be subject to  
31 concurrent utilization review for individuals who have not attained the  
32 age of eighteen during the first fourteen days of the inpatient admis-  
33 sion, provided the facility notifies the corporation of both the admis-  
34 sion and the initial treatment plan within two business days of the  
35 admission, performs daily clinical review of the ~~[patient]~~ insured, and  
36 participates in periodic consultation with the corporation to ensure  
37 that the facility is using the evidence-based and peer reviewed clinical  
38 review criteria utilized by the corporation which is approved by the  
39 office of mental health and appropriate to the age of the ~~[patient]~~  
40 insured, to ensure that the inpatient care is medically necessary for  
41 the ~~[patient]~~ insured. For individuals who have attained age eighteen,  
42 coverage provided under this paragraph shall also not be subject to  
43 concurrent review during the first thirty days of the inpatient or resi-  
44 dential admission, provided the facility notifies the corporation of  
45 both the admission and the initial treatment plan within two business  
46 days of the admission, performs daily clinical review of the insured,  
47 and participates in periodic consultation with the corporation to ensure  
48 that the facility is using the evidence-based and peer reviewed clinical  
49 review criteria utilized by the corporation which is approved by the  
50 office of mental health and appropriate to the age of the insured, to  
51 ensure that the inpatient or residential care is medically necessary for  
52 the insured. However, concurrent review may be performed during the  
53 first thirty days if an insured meets clinical criteria designated by  
54 the office of mental health or where the insured is admitted to a hospi-  
55 tal or facility which has been designated by the office of mental health  
56 for concurrent review, in consultation with the commissioner of health

1 and the superintendent. All treatment provided under this paragraph may  
2 be reviewed retrospectively. Where care is denied retrospectively, an  
3 insured shall not have any financial obligation to the facility for any  
4 treatment under this paragraph other than any copayment, coinsurance, or  
5 deductible otherwise required under the contract.

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

15 § 4. Intentionally omitted.

16 § 5. Intentionally omitted.

17 § 6. This act shall take effect one year after it shall have become a  
18 law. Effective immediately, the addition, amendment and/or repeal of any  
19 rule or regulation necessary for the implementation of this act on its  
20 effective date are authorized to be made and completed on or before such  
21 effective date.

22 SUBPART C

23 Intentionally omitted

24 SUBPART D

25 Intentionally omitted

26 SUBPART E

27 Section 1. Subparagraph (A) of paragraph 31-a of subsection (i) of  
28 section 3216 of the insurance law, as added by chapter 748 of the laws  
29 of 2019, is amended to read as follows:

30 (A) No policy that provides medical, major medical or similar compre-  
31 hensive-type coverage and provides coverage for prescription drugs for  
32 medication for the treatment of a substance use disorder shall require  
33 prior authorization for an initial or renewal prescription for the  
34 detoxification or maintenance treatment of a substance use disorder,  
35 including all buprenorphine products, methadone ~~[or]~~, long acting  
36 injectable naltrexone ~~[for detoxification or maintenance treatment of a~~  
37 ~~substance use disorder]~~, or medication for opioid overdose reversal  
38 prescribed or dispensed to an insured covered under the policy, includ-  
39 ing federal food and drug administration-approved over-the-counter  
40 opioid overdose reversal medication as prescribed, dispensed or as  
41 otherwise authorized under state or federal law, except where otherwise  
42 prohibited by law.

43 § 2. Subparagraph (A) of paragraph 7-a of subsection (l) of section  
44 3221 of the insurance law, as added by chapter 748 of the laws of 2019,  
45 is amended to read as follows:

46 (A) No policy that provides medical, major medical or similar compre-  
47 hensive-type small group coverage and provides coverage for prescription  
48 drugs for medication for the treatment of a substance use disorder shall

1 require prior authorization for an initial or renewal prescription for  
2 the detoxification or maintenance treatment of a substance use disorder,  
3 including all buprenorphine products, methadone, long acting injectable  
4 naltrexone, or medication for opioid overdose reversal prescribed or  
5 dispensed to an insured covered under the policy, including federal food  
6 and drug administration-approved over-the-counter opioid overdose  
7 reversal medication as prescribed, dispensed or as otherwise authorized  
8 under state or federal law, except where otherwise prohibited by law.

9 Every policy that provides medical, major medical or similar comprehensive-type large group coverage shall provide [~~immediate~~] coverage for  
10 prescription drugs for medication for the treatment of a substance use  
11 disorder and shall not require prior authorization for an initial or  
12 renewal prescription for the detoxification or maintenance treatment of  
13 a substance use disorder, including all buprenorphine products, metha-  
14 done [~~or~~], long acting injectable naltrexone [~~without prior authori-~~  
15 zation for the detoxification or maintenance treatment of a substance  
16 use disorder], or medication for opioid overdose reversal prescribed  
17 or dispensed to an insured covered under the policy, including federal  
18 food and drug administration-approved over-the-counter opioid overdose  
19 reversal medication as prescribed, dispensed or as otherwise authorized  
20 under state or federal law, except where otherwise prohibited by law.

22 § 3. Paragraph (A) of subsection (1-1) of section 4303 of the insurance law, as added by chapter 748 of the laws of 2019, is amended to  
23 read as follows:  
24

25 (A) No contract that provides medical, major medical or similar  
26 comprehensive-type individual or small group coverage and provides  
27 coverage for prescription drugs for medication for the treatment of a  
28 substance use disorder shall require prior authorization for an initial  
29 or renewal prescription for the detoxification or maintenance treatment  
30 of a substance use disorder, including all buprenorphine products,  
31 methadone, long acting injectable naltrexone, or medication for opioid  
32 overdose reversal prescribed or dispensed to an insured covered under  
33 the contract, including federal food and drug administration-approved  
34 over-the-counter opioid overdose reversal medication as prescribed,  
35 dispensed or as otherwise authorized under state or federal law, except  
36 where otherwise prohibited by law. Every contract that provides medical,  
37 major medical, or similar comprehensive-type large group coverage shall  
38 provide [~~immediate coverage for~~] coverage for prescription drugs for  
39 medication for the treatment of a substance use disorder and shall not  
40 require prior authorization for an initial or renewal prescription for  
41 the detoxification of maintenance treatment of a substance use disorder,  
42 including all buprenorphine products, methadone [~~or~~], long acting  
43 injectable naltrexone [~~without prior authorization for the detoxifica-~~  
44 tion or maintenance treatment of a substance use disorder], or medica-  
45 tion for opioid overdose reversal prescribed or dispensed to an individ-  
46 ual covered under the contract, including federal food and drug  
47 administration-approved over-the-counter opioid overdose reversal medi-  
48 cation as prescribed, dispensed or as otherwise authorized under state  
49 or federal law, except where otherwise prohibited by law.

50 § 4. This act shall take effect immediately.

#### 51 SUBPART F

52 Section 1. Subsection (a) of section 3241 of the insurance law, as  
53 added by section 6 of part H of chapter 60 of the laws of 2014, is  
54 amended to read as follows:

(a) (1) An insurer, a corporation organized pursuant to article forty-three of this chapter, a municipal cooperative health benefit plan certified pursuant to article forty-seven of this chapter, or a student health plan established or maintained pursuant to section one thousand one hundred twenty-four of this chapter, that issues a health insurance policy or contract with a network of health care providers shall ensure that the network is adequate to meet the health and mental health needs of insureds and provide an appropriate choice of providers sufficient to render the services covered under the policy or contract. The superintendent shall review the network of health care providers for adequacy at the time of the superintendent's initial approval of a health insurance policy or contract; at least every three years thereafter; and upon application for expansion of any service area associated with the policy or contract in conformance with the standards set forth in subdivision five of section four thousand four hundred three of the public health law. The superintendent shall determine standards for network adequacy for mental health and substance use disorder treatment services, including sub-acute care in a residential facility, assertive community treatment services, critical time intervention services and mobile crisis intervention services, in consultation with the commissioner of the office of mental health and the commissioner of the office of addiction services and supports. To the extent that the network has been determined by the commissioner of health to meet the standards set forth in subdivision five of section four thousand four hundred three of the public health law, such network shall be deemed adequate by the superintendent.

(2) The superintendent, in consultation with the commissioner of health, the commissioner of the office of mental health, and the commissioner of the office of addiction services and supports, shall propose regulations setting forth standards for network adequacy for mental health and substance use disorder treatment services, including sub-acute care in a residential facility, assertive community treatment services, critical time intervention services and mobile crisis intervention services, by December thirty-first, two thousand twenty-three.

§ 2. Paragraph (b) of subdivision 5 of section 4403 of the public health law, as amended by section 39 of subpart A of part BB of chapter 57 of the laws of 2019, is amended to read as follows:

(b) The following criteria shall be considered by the commissioner at the time of a review: (i) the availability of appropriate and timely care that is provided in compliance with the standards of the Federal Americans with Disability Act to assure access to health care for the enrollee population; (ii) the network's ability to provide culturally and linguistically competent care to meet the needs of the enrollee population; (iii) the availability of appropriate and timely care that is in compliance with the standards of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. 18031(j), and any amendments to, and federal guidance and regulations issued under those Acts, which shall include an analysis of the rate of out-of-network utilization for covered mental health and substance use disorder services as compared to the rate of out-of-network utilization for the respective category of medical services; ~~and~~ (iv) with the exception of initial licensure, the number of grievances filed by enrollees relating to waiting times for appointments, appropriateness of referrals and other indicators of plan capacity; and regulations to be promulgated by the commissioner. The commissioner shall determine standards for network adequacy for mental health and substance

use disorder treatment services, including sub-acute care in a residential facility, assertive community treatment services, critical time intervention services and mobile crisis intervention services and propose regulations, in consultation with the superintendent of financial services, the commissioner of the office of mental health and the commissioner of the office of addiction services and supports by December thirty-first, two thousand twenty-three.

§ 3. This act shall take effect immediately.

§ 2. Severability clause. If any clause, sentence, paragraph, subdivision, section or subpart 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 subpart thereof directly involved in the controversy in which such judgment shall have been rendered. It is hereby declared to be the intent of the legislature that this act would have been enacted even if such invalid provisions had not been included herein.

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

## PART JJ

Section 1. Subdivision (g) of section 31.16 of the mental hygiene law, as amended by chapter 351 of the laws of 1994, is amended to read as follows:

(g) The commissioner may impose a [~~fine~~] civil penalty upon a finding that the holder of the certificate has failed to comply with the terms of the operating certificate or with the provisions of any applicable statute, rule or regulation. The maximum amount of such [~~fine~~] civil penalty imposed thereunder shall not exceed [~~one~~] two thousand dollars per day or [~~fifteen~~] twenty-five thousand dollars, per violation. Penalties may be considered at the individual bed level for beds closed without authorization at inpatient settings.

Such civil penalty may be recovered by an action brought by the commissioner in any court of competent jurisdiction.

Such civil penalty may be released or compromised by the commissioner before the matter has been referred to the attorney general. Any such civil penalty may be released or compromised and any action commenced to recover the same may be settled or discontinued by the attorney general with the consent of the commissioner.

1. Such civil penalty under this subdivision shall account for factors which shall include: (i) any officially declared national, state, or municipal emergency; (ii) any unforeseen disaster or other catastrophic event that directly impacts access to health care services; (iii) the frequency, duration, scope, and nature of non-compliance; and (iv) any other factors as established by the commissioner.

2. In determining whether an operating certificate holder has violated its obligation to comply with the terms of the operating certificate, it shall not be a defense that the operator was unable to secure proper staff or other necessary resources if the lack of staff or other resources was foreseeable and could be prudently planned for or involved routine staffing needs that arose due to typical staffing patterns, typical levels of absenteeism, and time off typically approved by the operator for vacation, holidays, sick leave, and personal leave.

§ 2. This act shall take effect immediately.

PART KK

Section 1. The mental hygiene law is amended by adding a new section 33.28 to read as follows:

§ 33.28 Independent developmental disability ombudsman program.

(a) There is hereby established by the office for people with developmental disabilities the independent developmental disability ombudsman program for the purpose of assisting individuals with developmental disabilities to access services and preserve their rights.

(b) Such ombudsman program shall have the following duties, including, but not limited to identifying, investigating, referring and resolving complaints that are made by, or on behalf of individuals relative to access to services provided by the office for people with developmental disabilities or care coordination or other providers certified and/or authorized by the office to provide services to people with developmental disabilities, and access to initial and continuing intellectual and developmental disability services and supports.

(c) Notices and materials provided to individuals by the office for people with developmental disabilities, providers of services, and the health homes serving individuals with developmental disabilities shall include the name, phone number and website address of the independent developmental disability ombudsman program established by the office for people with developmental disabilities pursuant to this section. The phone number shall be available for forty hours every week.

(d) Funds available for expenditure pursuant to this section for the establishment of an independent developmental disability ombudsman program may be allocated and distributed by the commissioner of the office for people with developmental disabilities, subject to the approval of the director of the budget, but only after the commissioner of the office for people with developmental disabilities holds a request for proposal process for the establishment of an independent developmental disability ombudsman program. The commissioner of the office for people with developmental disabilities shall consider all competitive proposals submitted through such request for proposal process and shall determine which proposal submitted is appropriate for the establishment of an independent developmental disability ombudsman program. In making such determination, applicants who demonstrate experience providing advocacy or assistance to people with developmental disabilities, or experience tracking and reporting on case activities while protecting individual confidentiality shall receive deference for the award.

§ 2. This act shall take effect on the one hundred eightieth day after it shall have become a law.

PART LL

Section 1. Paragraph 36 of subsection (i) of section 3216 of the insurance law, as added by section 1 of part R of chapter 57 of the laws of 2022, is amended by adding a new subparagraph (C) to read as follows:

(C) Coverage for abortion shall include coverage of any drug prescribed for the purpose of an abortion, including both generic and brand name drugs, even if such drug has not been approved by the food and drug administration for abortion, provided, however, that such drug shall be a recognized medication for abortion in one of the following established reference compendia:

1 (i) The WHO Model Lists of Essential Medicines;  
2 (ii) The WHO Abortion Care Guidance; or  
3 (iii) The National Academies of Science, Engineering, and Medicine  
4 Consensus Study Report.

5 § 2. Paragraph 2 of subsection (k) of section 3221 of the insurance  
6 law is amended by adding a new subparagraph (C) to read as follows:

7 (C) Coverage for abortion shall include coverage of any drug  
8 prescribed for the purpose of an abortion, including both generic and  
9 brand name drugs, even if such drug has not been approved by the food  
10 and drug administration for abortion, provided, however, that such drug  
11 shall be a recognized medication for abortion in one of the following  
12 established reference compendia:

13 (i) The WHO Model Lists of Essential Medicines;  
14 (ii) The WHO Abortion Care Guidance; or  
15 (iii) The National Academies of Science, Engineering, and Medicine  
16 Consensus Study Report.

17 § 3. Paragraph 3 of subsection (ss) of section 4303 of the insurance  
18 law is renumbered paragraph 4 and a new paragraph 3 is added to read as  
19 follows:

20 (3) coverage for abortion shall include coverage of any drug  
21 prescribed for the purpose of an abortion, including both generic and  
22 brand name drugs, even if such drug has not been approved by the food  
23 and drug administration for abortion, provided, however, that such drug  
24 shall be a recognized medication for abortion in one of the following  
25 established reference compendia:

26 (A) The WHO Model Lists of Essential Medicines;  
27 (B) The WHO Abortion Care Guidance; or  
28 (C) The National Academies of Science, Engineering, and Medicine  
29 Consensus Study Report.

30 § 4. Section 3436-a of the insurance law, as added by chapter 221 of  
31 the laws of 2022, is amended to read as follows:

32 § 3436-a. ~~[1-]~~ Adverse action against legal reproductive health care.

33 (a) Every insurer ~~[which]~~ ~~that~~ issues or renews medical malpractice  
34 insurance covering a health care provider licensed to practice in this  
35 state shall be prohibited from taking any adverse action against a  
36 health care provider solely on the basis that the health care provider  
37 performs an abortion or provides reproductive health care that is legal  
38 in ~~[the]~~ ~~this~~ state ~~[of New York]~~ on someone who is from out of the  
39 state. Such policy shall include health care providers who legally  
40 prescribe abortion medication to out-of-state patients by means of tele-  
41 health.

42 ~~[2-]~~ (b) Every insurer that issues or renews medical malpractice  
43 insurance covering a health care provider licensed to practice in this  
44 state shall be prohibited from refusing to issue or renew, canceling, or  
45 charging or imposing an increased premium or rate for, or excluding,  
46 limiting, restricting, or reducing coverage under a medical malpractice  
47 insurance policy based solely upon the legal use or prescription in this  
48 state of any drug prescribed for the purpose of an abortion, including  
49 both generic and brand name drugs, that has not been approved by the  
50 food and drug administration for abortion, provided, however, that such  
51 drug shall be a recognized medication for abortion in one of the follow-  
52 ing established reference compendia:

53 (1) The WHO Model Lists of Essential Medicines;  
54 (2) The WHO Abortion Care Guidance; or  
55 (3) The National Academies of Science, Engineering, and Medicine  
56 Consensus Study Report.

(c) As used in this section, "adverse action" shall mean but not be limited to: ~~[(a)]~~ (1) refusing to renew or execute a contract or agreement with a health care provider; ~~[(b)]~~ (2) making a report or commenting to an appropriate private or governmental entity regarding practices of such provider which may violate abortion laws in other states; and ~~[(c)]~~ (3) increasing in any charge for, or a reduction or other adverse or unfavorable change in the terms of coverage or amount for, any medical malpractice insurance contract or agreement with a health care provider.

(d) As used in this section, "medical malpractice insurance" shall have the meaning set forth in section five thousand five hundred one of this chapter.

§ 5. Severability. If any provision of this act, or any application of any provision of this act, is held to be invalid, or to violate or be inconsistent with any federal law or regulation, that shall not affect the validity or effectiveness of any other provision of this act, or of any other application of any provision of this act, which can be given effect without that provision or application; and to that end, the provisions and applications of this act are severable.

§ 6. This act shall take effect immediately.

#### PART MM

Section 1. Subdivision 2 of section 4900 of the public health law, as amended by chapter 586 of the laws of 1998, item (B) of subparagraph (ii) of paragraph (a) as amended by chapter 41 of the laws of 2014, subparagraph (iii) of paragraph (a) as amended by section 42 of subpart A of part BB of chapter 57 of the laws of 2019 and subparagraph (iv) of paragraph (a) and paragraph (b) as amended and subparagraph (v) of paragraph (a) as added by chapter 816 of the laws of 2022, is amended to read as follows:

2. "Clinical peer reviewer" means:

(a) for purposes of ~~[(title one)]~~ section four thousand nine hundred three of this article:

(i) a physician who possesses a current and valid non-restricted license to practice medicine; or

(ii) a health care professional other than a licensed physician who:

(A) where applicable, possesses a current and valid non-restricted license, certificate or registration or, where no provision for a license, certificate or registration exists, is credentialed by the national accrediting body appropriate to the profession; and

(B) is in the same profession and same or similar specialty as the health care provider who typically manages the medical condition or disease or provides the health care service or treatment under review; or

(iii) for purposes of a determination involving substance use disorder treatment:

(A) a physician who possesses a current and valid non-restricted license to practice medicine and who specializes in behavioral health and has experience in the delivery of substance use disorder courses of treatment; or

(B) a health care professional other than a licensed physician who specializes in behavioral health and has experience in the delivery of substance use disorder courses of treatment and, where applicable, possesses a current and valid non-restricted license, certificate or registration or, where no provision for a license, certificate or regis-

1 tration exists, is credentialed by the national accrediting body appro-  
2 priate to the profession; or

3 (iv) for purposes of a determination involving treatment for a mental  
4 health condition:

5 (A) a physician who possesses a current and valid non-restricted  
6 license to practice medicine and who specializes in behavioral health  
7 and has experience in the delivery of mental health courses of treat-  
8 ment; or

9 (B) a health care professional other than a licensed physician who  
10 specializes in behavioral health and has experience in the delivery of a  
11 mental health courses of treatment and, where applicable, possesses a  
12 current and valid non-restricted license, certificate, or registration  
13 or, where no provision for a license, certificate or registration  
14 exists, is credentialed by the national accrediting body appropriate to  
15 the profession; [~~or~~

16 ~~(v) for purposes of a determination involving treatment of a medically~~  
17 ~~fragile child;~~

18 ~~(A) a physician who possesses a current and valid non-restricted~~  
19 ~~license to practice medicine and who is board certified or board eligi-~~  
20 ~~ble in pediatric rehabilitation, pediatric critical care, or neonatolo-~~  
21 ~~gy; or~~

22 ~~(B) a physician who possesses a current and valid non-restricted~~  
23 ~~license to practice medicine and is board certified in a pediatric~~  
24 ~~subspecialty directly relevant to the patient's medical condition;]~~ and

25 (b) for purposes of section four thousand nine hundred four and title  
26 two of this article:

27 (i) a physician who:

28 (A) possesses a current and valid non-restricted license to practice  
29 medicine;

30 (B) where applicable, is board certified or board eligible in the same  
31 or similar specialty as the health care provider who typically manages  
32 the medical condition or disease or provides the health care service or  
33 treatment under appeal;

34 (C) for purposes of title two of this article, has been practicing in  
35 such area of specialty for a period of at least five years; [~~and~~]

36 (D) for purposes of a determination involving substance use disorder  
37 treatment, possesses a current and valid non-restricted license to prac-  
38 tice medicine and specializes in behavioral health and has experience in  
39 the delivery of substance use disorder courses of treatment;

40 (E) for purposes of a determination involving treatment for a mental  
41 health condition, possesses a current and valid non-restricted license  
42 to practice medicine and who specializes in behavioral health and has  
43 experience in the delivery of mental health courses of treatment; and

44 (F) is knowledgeable about the health care service or treatment under  
45 appeal; or

46 (ii) a health care professional other than a licensed physician who:

47 (A) where applicable, possesses a current and valid non-restricted  
48 license, certificate or registration;

49 (B) where applicable, is credentialed by the national accrediting body  
50 appropriate to the profession in the same profession and same or similar  
51 specialty as the health care provider who typically manages the medical  
52 condition or disease or provides the health care service or treatment  
53 under appeal;

54 (C) for purposes of title two of this article, has been practicing in  
55 such area of specialty for a period of at least five years;

1 (D) is knowledgeable about the health care service or treatment under  
2 appeal; ~~[and]~~

3 (E) for purposes of a determination involving substance use disorder,  
4 specializes in behavioral health and has experience in the delivery of  
5 substance use disorder courses of treatment and, where applicable,  
6 possesses a current and valid non-restricted license, certificate or  
7 registration or, where no provision for a license, certificate or regis-  
8 tration exists, is credentialed by the national accrediting body appro-  
9 priate to the profession;

10 (F) for purposes of a determination involving treatment for a mental  
11 health condition, specializes in behavioral health and has experience in  
12 the delivery of mental health courses of treatment and, where applica-  
13 ble, possesses a current and valid non-restricted license, certificate,  
14 or registration or, where no provision for a license, certificate or  
15 registration exists, is credentialed by the national accrediting body  
16 appropriate to the profession; and

17 (G) where applicable to such health care professional's scope of prac-  
18 tice, is clinically supported by a physician who possesses a current and  
19 valid non-restricted license to practice medicine~~[, or~~

20 ~~(iii) for purposes of a determination involving treatment of a~~  
21 ~~medically fragile child;~~

22 ~~(A) a physician who possesses a current and valid non-restricted~~  
23 ~~license to practice medicine and who is board certified or board eligi-~~  
24 ~~ble in pediatric rehabilitation, pediatric critical care, or neonatolo-~~  
25 ~~gy; or~~

26 ~~(B) a physician who possesses a current and valid non-restricted~~  
27 ~~license to practice medicine and is board certified in a pediatric~~  
28 ~~subspecialty directly relevant to the patient's medical condition].~~

29 (c) Nothing ~~[herein]~~ in this subdivision shall be construed to change  
30 any statutorily-defined scope of practice.

31 § 2. Subsection (b) of section 4900 of the insurance law, as amended  
32 by chapter 586 of the laws of 1998, item (ii) of subparagraph (B) of  
33 paragraph 1 as amended by chapter 41 of the laws of 2014, subparagraph  
34 (C) of paragraph 1 as amended by section 36 of subpart A of part BB of  
35 chapter 57 of the laws of 2019 and subparagraph (D) of paragraph 1 and  
36 paragraph 2 as amended and subparagraph (E) of paragraph 1 as added by  
37 chapter 816 of the laws of 2022, is amended to read as follows:

38 (b) "Clinical peer reviewer" means:

39 (1) for purposes of ~~[title one]~~ section four thousand nine hundred  
40 three of this article:

41 (A) a physician who possesses a current and valid non-restricted  
42 license to practice medicine; or

43 (B) a health care professional other than a licensed physician who:

44 (i) where applicable, possesses a current and valid non-restricted  
45 license, certificate or registration or, where no provision for a  
46 license, certificate or registration exists, is credentialed by the  
47 national accrediting body appropriate to the profession; and

48 (ii) is in the same profession and same or similar specialty as the  
49 health care provider who typically manages the medical condition or  
50 disease or provides the health care service or treatment under review;  
51 or

52 (C) for purposes of a determination involving substance use disorder  
53 treatment:

54 (i) a physician who possesses a current and valid non-restricted  
55 license to practice medicine and who specializes in behavioral health

1 and has experience in the delivery of substance use disorder courses of  
2 treatment; or

3 (ii) a health care professional other than a licensed physician who  
4 specializes in behavioral health and has experience in the delivery of  
5 substance use disorder courses of treatment and, where applicable,  
6 possesses a current and valid non-restricted license, certificate or  
7 registration or, where no provision for a license, certificate or regis-  
8 tration exists, is credentialed by the national accrediting body appro-  
9 priate to the profession; or

10 (D) for purposes of a determination involving treatment for a mental  
11 health condition:

12 (i) a physician who possesses a current and valid non-restricted  
13 license to practice medicine and who specializes in behavioral health  
14 and has experience in the delivery of mental health courses of treat-  
15 ment; or

16 (ii) a health care professional other than a licensed physician who  
17 specializes in behavioral health and has experience in the delivery of  
18 mental health courses of treatment and, where applicable, possesses a  
19 current and valid non-restricted license, certificate, or registration  
20 or, where no provision for a license, certificate or registration  
21 exists, is credentialed by the national accrediting body appropriate to  
22 the profession; [~~or~~

23 ~~(E) for purposes of a determination involving treatment of a medically~~  
24 ~~fragile child;~~

25 ~~(i) a physician who possesses a current and valid non-restricted~~  
26 ~~license to practice medicine and who is board certified or board eligi-~~  
27 ~~ble in pediatric rehabilitation, pediatric critical care, or neonatolo-~~  
28 ~~gy; or~~

29 ~~(ii) a physician who possesses a current and valid non-restricted~~  
30 ~~license to practice medicine and is board certified in a pediatric~~  
31 ~~subspecialty directly relevant to the patient's medical condition;]~~ and

32 (2) for purposes of section four thousand nine hundred four and title  
33 two of this article:

34 (A) a physician who:

35 (i) possesses a current and valid non-restricted license to practice  
36 medicine;

37 (ii) where applicable, is board certified or board eligible in the  
38 same or similar specialty as the health care provider who typically  
39 manages the medical condition or disease or provides the health care  
40 service or treatment under appeal;

41 (iii) for purposes of title two of this article, has been practicing  
42 in such area of specialty for a period of at least five years; [~~and~~]

43 (iv) for purposes of a determination involving substance use disorder  
44 treatment, possesses a current and valid non-restricted license to prac-  
45 tice medicine and who specializes in behavioral health and has experi-  
46 ence in the delivery of substance use disorder courses of treatment;

47 (v) for purposes of a determination involving treatment for a mental  
48 health condition, possesses a current and valid non-restricted license  
49 to practice medicine and who specializes in behavioral health and has  
50 experience in the delivery of mental health courses of treatment; and

51 (vi) is knowledgeable about the health care service or treatment under  
52 appeal; or

53 (B) a health care professional other than a licensed physician who:

54 (i) where applicable, possesses a current and valid non-restricted  
55 license, certificate or registration;

(ii) where applicable, is credentialed by the national accrediting body appropriate to the profession in the same profession and same or similar specialty as the health care provider who typically manages the medical condition or disease or provides the health care service or treatment under appeal;

(iii) for purposes of title two of this article, has been practicing in such area of specialty for a period of at least five years;

(iv) for purposes of a determination involving substance use disorder treatment, specializes in behavioral health and has experience in the delivery of substance use disorder courses of treatment and, where applicable, possesses a current and valid non-restricted license, certificate or registration or, where no provision for a license, certificate or registration exists, is credentialed by the national accrediting body appropriate to the profession;

(v) for purposes of a determination involving treatment for a mental health condition, specializes in behavioral health and has experience in the delivery of mental health courses of treatment and, where applicable, possesses a current and valid non-restricted license, certificate, or registration or, where no provision for a license, certificate or registration exists, is credentialed by the national accrediting body appropriate to the profession;

(vi) is knowledgeable about the health care service or treatment under appeal; and

~~[(v)]~~ (vii) where applicable to such health care professional's scope of practice, is clinically supported by a physician who possesses a current and valid non-restricted license to practice medicine~~[-or~~

~~(C) for purposes of a determination involving treatment of a medically fragile child;~~

~~(i) a physician who possesses a current and valid non-restricted license to practice medicine and who is board certified or board eligible in pediatric rehabilitation, pediatric critical care, or neonatology; or~~

~~(ii) a physician who possesses a current and valid non-restricted license to practice medicine and is board certified in a pediatric subspecialty directly relevant to the patient's medical condition].~~

(3) Nothing ~~[herein]~~ in this subsection shall be construed to change any statutorily-defined scope of practice.

§ 3. This act shall take effect on January 1, 2024.

#### PART NN

Section 1. Subparagraphs (iv) and (v) of paragraph (a) of subdivision 3 of section 3614-c of the public health law, subparagraph (iv) as amended and subparagraph (v) as added by section 3 of part XX of chapter 56 of the laws of 2022, are amended and a new subparagraph (vi) is added to read as follows:

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

(v) for ~~[all periods on or after]~~ the period January first, two thousand twenty-three through December thirty-first, two thousand twenty-three, the cash portion of the minimum rate of home care aide total

1 compensation shall be the minimum wage for home care aides in the appli-  
2 cable region, as defined in section thirty-six hundred fourteen-f of  
3 this article. The benefit portion of the minimum rate of home care aide  
4 total compensation shall be four dollars and nine cents[~~7~~];

5 (vi) for all periods on or after January first, two thousand twenty-  
6 four, the cash portion of the minimum rate of home care aide total  
7 compensation shall be the minimum wage for home care aides in the appli-  
8 cable region, as defined in section thirty-six hundred fourteen-f of  
9 this article. The benefit portion of the minimum rate of home care aide  
10 total compensation shall be two dollars and fifty-four cents.

11 § 2. Subparagraphs (iv) and (v) of paragraph (b) of subdivision 3 of  
12 section 3614-c of the public health law, subparagraph (iv) as amended  
13 and subparagraph (v) as added by section 4 of part XX of chapter 56 of  
14 the laws of 2022, are amended and a new subparagraph (vi) is added to  
15 read as follows:

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

24 (v) for [~~all periods on or after~~] the period January first, two thou-  
25 sand twenty-three through December thirty-first, two thousand twenty-  
26 three, the cash portion of the minimum rate of home care aide total  
27 compensation shall be the minimum wage for the applicable region, as  
28 defined in section thirty-six hundred fourteen-f of this article. The  
29 benefit portion of the minimum rate of home care aide total compensation  
30 shall be three dollars and twenty-two cents[~~7~~];

31 (vi) for all periods on or after January first, two thousand twenty-  
32 four, the cash portion of the minimum rate of home care aide total  
33 compensation shall be the minimum wage for the applicable region, as  
34 defined in section thirty-six hundred fourteen-f of this article. The  
35 benefit portion of the minimum rate of home care aide total compensation  
36 shall be one dollar and sixty-seven cents.

37 § 3. Subdivisions 1 and 2 of section 3614-f of the public health law,  
38 as added by section 1 of part XX of chapter 56 of the laws of 2022, are  
39 amended to read as follows:

40 1. Definitions. For the purpose of this section[~~7~~]:

41 (a) "[~~home~~] Home care aide" shall have the same meaning as defined in  
42 section thirty-six hundred fourteen-c of this article.

43 (b) "Home care worker wage adjustment" shall mean a supplemental  
44 amount of wages equal to the rate of change in the average of the three  
45 most recent consecutive twelve month periods between the first of August  
46 and the thirty-first of July, each over their preceding twelve month  
47 periods published by the United States department of labor non-season-  
48 ally adjusted consumer price index for northeast region urban wage  
49 earners and clerical workers (CPI-W) or any successor index as calcu-  
50 lated by the United States department of labor.

51 (c) "Downstate" shall mean all counties within New York city and the  
52 counties of Nassau, Suffolk and Westchester.

53 (d) "Remainder of state" shall mean all counties in the state of New  
54 York other than the counties in downstate.

55 2. [~~In~~] (a) Beginning October first, two thousand twenty-two, in addi-  
56 tion to the otherwise applicable minimum wage under section six hundred

1 fifty-two of the labor law, or any otherwise applicable wage rule or  
2 order under article nineteen of the labor law, the minimum wage for a  
3 home care aide shall be increased by an amount of ~~[three dollars and~~  
4 ~~zero cents in accordance with the following schedule:~~

5 ~~(a) beginning October first, two thousand twenty-two, the minimum wage~~  
6 ~~for a home care aide shall be increased by an amount of~~ two dollars and  
7 zero cents~~[, and].~~

8 ~~(b) [beginning October first, two thousand twenty-three, the minimum~~  
9 ~~wage for a home care aide shall be increased by an additional amount of~~  
10 ~~one dollar and zero cents.]~~ for the period January first, two thousand  
11 twenty-four through December thirty-first, two thousand twenty-four, the  
12 minimum wage for a home care aide shall be as follows:

13 (i) for each hour worked in downstate, eighteen dollars and fifty-five  
14 cents; and

15 (ii) for each hour worked in remainder of state, seventeen dollars and  
16 fifty-five cents;

17 (c) for the period January first, two thousand twenty-five through  
18 December thirty-first, two thousand twenty-five, the minimum wage for a  
19 home care aide shall be as follows:

20 (i) for each hour worked in downstate, nineteen dollars and ten cents;  
21 and

22 (ii) for each hour worked in remainder of state, eighteen dollars and  
23 ten cents;

24 (d) for the period January first, two thousand twenty-six through  
25 December thirty-first, two thousand twenty-six, the minimum wage for a  
26 home care aide shall be as follows:

27 (i) for each hour worked in downstate, nineteen dollars and sixty-five  
28 cents; and

29 (ii) for each hour worked in remainder of state, eighteen dollars and  
30 sixty-five cents;

31 (e) beginning January first, two thousand twenty-seven, and each Janu-  
32 ary first thereafter, the minimum wage for a home care aide shall be the  
33 sum of the minimum wage for a home care aide from the prior calendar  
34 year and the home care worker wage adjustment.

35 (f) (i) Notwithstanding any provision of law to the contrary, in no  
36 event shall the minimum wage for a home care aide in downstate exceed  
37 the sum of the wage set by the commissioner of labor pursuant to para-  
38 graph (a) of subdivision one-b of section six hundred fifty-two of the  
39 labor law plus three dollars and zero cents.

40 (ii) Notwithstanding any provision of law to the contrary, in no event  
41 shall the minimum wage for a home care aide in remainder of state exceed  
42 the sum of the wage set by the commissioner of labor pursuant to para-  
43 graph (b) of subdivision one-b of section six hundred fifty-two of the  
44 labor law plus three dollars and zero cents.

45 § 4. Section 3614-f of the public health law is amended by adding a  
46 new subdivision 4 to read as follows:

47 4. (a) The department is authorized to address, to any provider of  
48 medical assistance program items and services that is an employer of  
49 home care aides, or officers thereof, any inquiry in relation to its  
50 contracts, employment or other relationship, and wages, compensation and  
51 other benefits paid to home care aides, including individually identifi-  
52 able data and payroll reports. Every entity or person so addressed shall  
53 reply in writing to such inquiry promptly and truthfully, and such reply  
54 shall be, if required by the department, signed by such individual, or  
55 by such officer or officers of a corporation, as the department shall  
56 designate, and affirmed by them as true under penalty of perjury. In the

1 event any entity or person does not provide a good faith response to an  
2 inquiry from the department pursuant to this section within a time peri-  
3 od specified by the department of not less than fifteen business days,  
4 such entity or person shall be subject to civil penalties under section  
5 twelve of this chapter. Each day after the deadline established by the  
6 department for reply until such time that the provider submits a good  
7 faith response shall be considered a separate and subsequent violation.  
8 In accordance with the process outlined in this paragraph, employers  
9 shall provide any documents or materials in the employer's possession,  
10 custody, or control that are requested by the department as needed to  
11 support or verify the employer's reply.

12 (b) Any reports or other information furnished to the department under  
13 this subdivision shall be deemed a confidential communication and shall  
14 not be subject to inspection or disclosure in any manner, including  
15 article six of the public officers law or department regulations in  
16 conformance therewith, except as provided in this section, pursuant to a  
17 judicial subpoena issued in a pending action or proceeding, or upon  
18 formal written request by the department of labor, the office of attor-  
19 ney general, or a duly authorized public agency.

20 (c) The department shall no less than annually provide a report to the  
21 governor, temporary president of the senate, and speaker of the assembly  
22 summarizing the information obtained by the department under this subdi-  
23 vision. Such report shall not contain individually identifiable data.

24 § 5. Subdivision 2 of section 4409 of the public health law, as  
25 amended by chapter 41 of the laws of 2014, is amended to read as  
26 follows:

27 2. (a) The superintendent shall examine not less than once every three  
28 years into the financial affairs of each health maintenance organiza-  
29 tion, and transmit his findings to the commissioner. In connection with  
30 any such examination, the superintendent shall have convenient access at  
31 all reasonable hours to all books, records, files and other documents  
32 relating to the affairs of such organization, which are relevant to the  
33 examination. The superintendent may exercise the powers set forth in  
34 sections [~~three hundred four, three hundred five,~~ three hundred six and  
35 three hundred ten of the insurance law in connection with such examina-  
36 tions, and may also require special reports from such health maintenance  
37 organizations as specified in section three hundred eight of the insur-  
38 ance law. As part of an examination, the superintendent shall review  
39 determinations of coverage for substance use disorder treatment and  
40 shall ensure that such determinations are issued in compliance with  
41 section four thousand three hundred three of the insurance law and title  
42 one of article forty-nine of this chapter.

43 (b) The department is authorized to address to any health maintenance  
44 organization, and managed long term care plan with a certificate of  
45 authority pursuant to section forty-four hundred three-f of this arti-  
46 cle, or officers thereof, any inquiry in relation to its contracts with  
47 providers and other entities providing covered services to the health  
48 maintenance organization's or managed long term care plan's enrollees,  
49 including but not limited to the rates of payment and payment terms and  
50 conditions therein. Every entity or person so addressed shall reply in  
51 writing to such inquiry promptly and truthfully, and such reply shall  
52 be, if required by the department, signed by such individual, or by such  
53 officer or officers of a corporation, as the department shall designate,  
54 and affirmed by them as true under penalty of perjury. Failure to  
55 comply with the requirements of this section shall be subject to civil  
56 penalties under section twelve of this chapter. Each day after the

deadline established by the department for reply until such time that the provider submits a good faith response shall be considered a separate and subsequent violation. In accordance with the process outlined in this paragraph, employers shall provide any documents or materials in the employer's possession, custody, or control that are requested by the department as needed to support or verify the employer's reply.

(c) Any report, information, documents, or other materials furnished to the department under this subdivision shall be deemed a confidential communication and shall not be subject to inspection or disclosure in any manner, including article six of the public officers law or department regulations in conformance therewith, except as provided in this section, pursuant to a judicial subpoena issued in a pending action or proceeding, or upon formal written request by the department of labor, the office of attorney general, or a duly authorized public agency.

(d) The department shall no less than annually provide a report to the governor, temporary president of the senate, and speaker of the assembly summarizing the information obtained by the department under paragraph (b) of this subdivision. Such report shall not contain individually identifiable data.

§ 6. Paragraphs (f), (g), (h) and (i) of subdivision 38 of section 2 of the social services law are REPEALED.

§ 7. Section 363-e of the social services law, as added by section 64 of part H of chapter 59 of the laws of 2011, is REPEALED.

§ 8. The social services law is amended by adding a new section 363-f to read as follows:

§ 363-f. Electronic visit verification for personal care and home health providers. The commissioner, in consultation with the Medicaid inspector general, is hereby authorized to promulgate regulations to implement the electronic visit verification provisions of subsection (1) of section 1903 of the federal social security act.

§ 9. This act shall take effect immediately; provided, however, that sections six, seven and eight of this act shall take effect January 1, 2024.

#### PART 00

Section 1. Subject to available appropriation, the office of mental health, in collaboration with the office of addiction services and supports, shall establish the Daniel's Law task force, consisting of individuals with expertise in trauma-informed, community-led responses and diversions for mental health, alcohol use or substance use crises, as well as individuals affected by police responses to mental health, alcohol use or substance use crises.

(a) The Daniel's Law task force shall consist of the following ten members: (1) the commissioner of mental health, or their designee, who shall serve as chair; (2) the commissioner of addiction services and supports, or their designee; (3) the commissioner of the division of criminal justice services, or their designee; (4) one member appointed by the temporary president of the senate; (5) one member appointed by the speaker of the assembly; the commissioner of mental health, in consultation with the commissioner of addiction services and supports, shall appoint the following individuals: (6) one individual with experience in crisis response through the State Emergency Medical Services Council; (7) one individual working as a licensed mental health professional; (8) one individual who is employed as a crisis response call center personnel or crisis intervention personnel; (9) one represen-

tative of the New York Conference of Local Mental Hygiene Directors; and (10) an individual with lived experience mental health and/or alcohol use or substance use disorder.

The task force shall conduct outreach and engage stakeholders, including but not limited to healthcare professionals with experience providing mental health and/or alcohol use or substance use disorder services; individuals or the primary caregiver for individuals with lived experience with mental health and/or alcohol use or substance use disorder; individuals employed in the mental health or addiction field; crisis response call center personnel, first responders; and individuals employed by not-for-profits with experience in working with individuals experiencing mental health, alcohol use or substance use crises.

(b) The Daniel's Law task force's focus shall include, but not be limited to: identifying potential operational and financial needs to support trauma-informed, community and public health-based crisis response and diversion for anyone in the state experiencing a mental health, alcohol use, or substance use crisis; reviewing and recommending programs and systems operating within the state or nationally that could be deployed as a model crisis and emergency services system; and identifying potential funding sources for expanding mental health, alcohol use and substance use crisis response and diversion services.

(c) The Daniel's Law task force shall convene no later than one hundred twenty days following the effective date of this section and meet as frequently as its business may require, but it shall host at least three statewide town halls. A link to information regarding the task force and their activities shall be made available on the office of mental health's website.

(d) The Daniel's Law task force members shall receive no compensation for their participation but task force members shall be reimbursed for expenses actually and necessarily incurred in the performance of their duties pursuant to this act.

(e) Assistance from state and local agencies. All departments and agencies of the state or subdivision thereof, and local governments of this state shall, at the request of the chair to the maximum extent possible, provide the task force such facilities, assistance, and data to enable the task force to carry out its duties pursuant to this act. Any confidential data, when received by the task force, shall be kept confidential and shall be used solely to carry out the purposes set forth in this act.

(f) The office of mental health shall: prepare a written report summarizing opinions and recommendations from the Daniel's Law task force which includes a list of existing, publicly accessible mental health, alcohol use, and substance use crisis response and diversion services. The report shall examine the effectiveness of programs established in the state to provide crisis responses and diversion services for mental health, alcohol use, and substance abuse crises and make recommendations for the expansion of programs and services for individuals experiencing mental health, alcohol use, or substance abuse crises to receive treatment while limiting arrest or incarceration.

(g) This report shall be submitted to the governor, speaker of the assembly and temporary president of the senate no later than December 31, 2025 and shall be posted on the office of mental health's website.

§ 2. This act shall take effect immediately; provided, however, that the provisions of section one of this act shall expire and be deemed repealed April 1, 2026.

1

## PART PP

2 Section 1. Subject to available appropriation, the commissioner of  
3 mental health shall establish a maternal mental health workgroup  
4 (referred to in this section as the "workgroup") within the office of  
5 mental health. The workgroup shall consist of, at the minimum, the  
6 commissioner of mental health or their designee, the commissioner of the  
7 office of children and family services or their designee; the commis-  
8 sioner of the department of health or their designee; and represen-  
9 tatives from statewide mental health organizations, maternal health care  
10 provider organizations, health care provider organizations, the health  
11 insurance industry, and communities that are disproportionately impacted  
12 by the underdiagnoses of maternal mental health disorders; and any addi-  
13 tional stakeholders that the commissioners deem necessary.

14 § 2. Workgroup members shall receive no compensation for their  
15 services as members of the workgroup, but shall be reimbursed for actual  
16 expenses incurred in the performance of their duties on the work group.  
17 To allow members who represent communities disproportionately impacted  
18 by the underdiagnoses of maternal mental health disorder to wholly  
19 participate in the performance of their duties on the workgroup, their  
20 reimbursement may include, but not be limited to, childcare, travel,  
21 meals and lodging.

22 § 3. It shall be the duty of the workgroup to study and issue recom-  
23 mendations related to maternal mental health and perinatal and postpar-  
24 tum mood and anxiety disorders. The workgroup shall:

25 a. identify underrepresented and vulnerable populations and risk  
26 factors in the state for maternal mental health disorders that may occur  
27 during pregnancy and through the first postpartum year;

28 b. identify and recommend effective, culturally competent, and acces-  
29 sible screening and identification, and prevention and treatment strate-  
30 gies, including public education and workplace awareness, provider  
31 education and training, and social support services;

32 c. identify successful postpartum and perinatal mental health initi-  
33 atives in other states and recommend programs, tools, strategies, and  
34 funding sources that are needed to implement similar initiatives in the  
35 state;

36 d. identify and recommend evidence-based practices for health care  
37 providers and public health systems;

38 e. identify and recommend private and public funding models;

39 f. make recommendations on legislation, policy initiatives, funding  
40 requirements and budgetary priorities to address maternal mental health  
41 needs in the state;

42 g. any other relevant issues identified by the workgroup; and

43 h. submit a final report containing all findings and recommendations  
44 to the governor, the temporary president of the senate, the speaker of  
45 the assembly, the commissioner of mental health, the commissioner of the  
46 office of children and family services, the commissioner of the depart-  
47 ment of health, the minority leader of the senate and the minority lead-  
48 er of the assembly on or before December 31, 2024.

49 § 4. This act shall take effect immediately and shall expire two years  
50 after such effective date when upon such date the provisions of this act  
51 shall be deemed repealed.

52 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-  
53 sion, section or part of this act shall be adjudged by any court of  
54 competent jurisdiction to be invalid, such judgment shall not affect,  
55 impair, or invalidate the remainder thereof, but shall be confined in

1 its operation to the clause, sentence, paragraph, subdivision, section  
2 or part thereof directly involved in the controversy in which such judg-  
3 ment shall have been rendered. It is hereby declared to be the intent of  
4 the legislature that this act would have been enacted even if such  
5 invalid provisions had not been included herein.

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