

STATE OF NEW YORK

3007--B

IN SENATE

January 22, 2025

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

AN ACT to repeal sections 91 and 92 of part H of chapter 59 of the laws of 2011 relating to the year to year rate of growth of Department of Health state funds and Medicaid funding, relating to the state Medicaid spending cap and related processes (Part A); 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 extending the expiration thereof; to amend chapter 942 of the laws of 1983 and chapter 541 of the laws of 1984 relating to foster family care demonstration programs, in relation to extending the expirations thereof; to amend chapter 256 of the laws of 1985, amending the social services law and other laws relating to foster family care demonstration programs, in relation to extending the expiration thereof; to amend part C of chapter 58 of the laws of 2009, amending the public health law relating to payment by governmental agencies for general hospital inpatient services, in relation to the effectiveness thereof; to amend chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential healthcare facilities, in relation to the effectiveness thereof; to amend the public health law, in relation to extending certain mobile integrated and community paramedicine programs; to amend section 2 of chapter 137 of the laws of 2023, amending the public health law relating to establishing a community-based paramedicine demonstration program, in relation to extending the effectiveness thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of certain provisions thereof; to amend part FFF of chapter 59 of the laws of 2018, amending the public health law relating to authorizing the commissioner of health to redeploy excess reserves of certain not-for-profit managed care organizations, in relation to the effectiveness thereof; to amend chapter 451 of the laws of 2007, amending the public health law, the social services law

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

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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 the public health law, in relation to reimbursement rate promulgation for residential health care facilities, and in relation to certified home health agency services payments; 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 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 of certain provisions 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; to amend the public health law, in relation to gross receipts for general hospital 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 633 of the laws of 2006, amending the public health law relating to the home based primary care for the elderly demonstration project, in relation to the effectiveness thereof; 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 part BBB of chapter 56 of the laws of 2022, amending the public health law and other laws relating to permitting the commissioner of health to submit a waiver that expands eligibility for New York's basic health program and increases the federal poverty limit cap for basic health program eligibility from two hundred to two hundred fifty percent, in relation to extending certain provisions related to providing long-term services and supports under the essential plan; to amend the social services law, in relation to which contracts stay in force after September 30, 2025; and to amend part MM of chapter 56 of the laws of 2020 directing the department of health to establish or procure the services of an independent panel of clinical professionals and to develop and implement a uniform task-based assessment tool, in relation to which contracts stay in force after September 30, 2025 (Part B); intentionally omitted (Part C); to amend the public health law, in relation to supplemental hospital payments (Part D); to amend the social services law, in relation to shifting long-term nursing home stays from managed care to fee for service, and authorizing penalties for managed care plans that do not meet contractual obligations (Part E); to amend the public health law, in relation to establishing a tax on managed care providers; to amend the state finance law, in relation to the healthcare stability fund; 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 certain Medicaid payments made for certain medical services; and to amend the public health law, in

relation to federally qualified health center rate adequacy and general hospital inpatient reimbursement (Part F); 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 G); intentionally omitted (Part H); to amend the public health law, in relation to eliminating the fees paid by funeral directors for permits for burials and removals which are used to support the electronic death registration system; and to repeal certain provisions of such law relating thereto (Part I); to amend the public health law, in relation to the due date for awards applied for under the statewide health care facility transformation III program (Part J); to amend the public health law, in relation to appointing a temporary operator for general hospitals, diagnostic and treatment centers, and adult care facilities (Part K); intentionally omitted (Part L); to amend the public health law, in relation to requiring general hospitals to report community benefit spending (Part M); to amend the public health law, in relation to expanding the purposes of the spinal cord injury research board; and to amend the state finance law, in relation to the spinal cord injury research trust fund (Part N); to amend the public health law, in relation to authorizing institutional dispensers to dispense controlled substances for use off premises in an emergency situation for at least three days; to amend the judiciary law, the mental hygiene law, the public health law, the county law, and the general city law, in relation to replacing the words addict and addicts with the words person with substance use disorder or variation thereof; and to amend the public health law, in relation to dispensing certain controlled substances for use by a person with a substance use disorder (Part O); to amend the public health law, in relation to requiring hospitals to provide stabilizing care to pregnant individuals; and to repeal section 2803-o-1 of the public health law, relating to required protocols for fetal demise (Part P); to amend the social services law and the public health law, in relation to establishing increased coverage of care as well as availability of care for infertility treatments; and to repeal section 4 of part K of chapter 82 of the laws of 2002 amending the insurance law and the public health law relating to coverage for the diagnosis and treatment of infertility, relating to the establishment of a program to provide grants to health care providers for improving access to infertility services; and directing the department of health to establish an alternative payment methodology (APM) for federally qualified health centers to preserve and improve patient access to fertility care (Part Q); to amend the general municipal law and the public health law, in relation to emergency medical services (Part R); to amend the public health law, in relation to strengthening material transactions reporting requirements (Part S); to amend the public health law and the executive law, in relation to requiring hospitals to maintain sexual assault forensic examiners at their facilities (Part T); intentionally

omitted (Part U); intentionally omitted (Part V); intentionally omitted (Part W); intentionally omitted (Part X); to amend the public health law, in relation to extending hospital services outside the facility and into patients' residences; and providing for the repeal of such provisions upon expiration thereof (Part Y); to amend chapter 565 of the laws of 2022 amending the state finance law relating to preferred source status for entities that provide employment to certain persons, in relation to the effectiveness thereof; and to amend chapter 91 of the laws of 2023 amending the state finance law relating to establishing a threshold for the amount of work needed to be performed by a preferred source which is an approved charitable non-profit-making agency for the blind, in relation to the effectiveness thereof (Part Z); to amend part NN of chapter 58 of the laws of 2015, amending the mental hygiene law relating to clarifying the authority of the commissioners in the department of mental hygiene to design and implement time-limited demonstration programs, in relation to the effectiveness thereof (Part AA); to amend part L of chapter 59 of the laws of 2016, amending the mental hygiene law relating to the appointment of temporary operators for the continued operation of programs and the provision of services for persons with serious mental illness and/or developmental disabilities and/or chemical dependence, in relation to the effectiveness thereof (Part BB); 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 CC); to amend the mental hygiene law and the public health law, in relation to adding homeless youth to the definition of minors for the purpose of consent for certain treatment, and clarifying that behavioral health services includes mental health and substance use treatment (Part DD); to amend the mental hygiene law, in relation to community provider notice of admission and involvement in release of certain persons in in-patient facilities (Part EE); in relation to establishing a targeted inflationary increase for designated human services programs (Part FF); to amend the social services law, in relation to reimbursement for early and periodic screening, diagnosis and treatment (Part GG); to amend the public health law, in relation to the functions of the Medicaid inspector general with respect to audit and review of medical assistance program funds (Part HH); to amend the public health law and the insurance law, in relation to providing information to patients and the public on hospital rule-based exclusions (Part II); to amend the public health law, in relation to establishing the "Sickle Cell Treatment Act" (Part JJ); to amend the public health law, in relation to preserving access to affordable drugs (Part KK); to amend the mental hygiene law, in relation to establishing the statewide emergency and crisis response council to plan and provide support regarding the operation and financing of high-quality emergency and crisis response services for persons experiencing a mental health, alcohol use, or substance use crisis (Part LL); to amend the public health law, in relation to reporting pregnancy losses and clarifying which agencies are responsible for such reports; and providing for the repeal of certain provisions upon expiration thereof (Part MM); to amend the public health law, in relation to enacting the New York state abortion clinical training program act (Part NN); to amend the insurance law and the social services law, in relation to primary care investment

(Part OO); to amend the social services law, in relation to including services provided by certified recovery peer advocates and certain services provided at inpatient facilities as part of standard coverage (Part PP); to amend the public health law, in relation to establishing a drug checking program including requirements for enhanced drug checking service delivery and public health surveillance (Part QQ); to amend the public health law, in relation to a review and recommendations of reimbursement adequacy and other matters relating to early intervention (Part RR); to amend the social services law, in relation to authorizing licensed creative arts therapists to bill Medicaid directly for their services (Part SS); to amend the public health law, in relation to establishing an office of the state medical indemnity fund ombudsperson and a medical indemnity fund advisory panel (Part TT); to amend the public health law, in relation to expanding health care services provided by telehealth; and to amend part V of chapter 57 of the laws of 2022, amending the public health law and the insurance law relating to reimbursement for commercial and Medicaid services provided via telehealth, in relation to the effectiveness thereof (Part UU); to amend the social services law, in relation to coverage for services provided by school-based health centers for medical assistance recipients (Part VV); to amend the social services law, in relation to including dental implants, replacement dental prosthetic appliances, crowns and root canals as medically necessary dental care and services for coverage under the Medicaid program (Part WW); to amend chapter 769 of the laws of 2023, amending the public health law relating to the adult cystic fibrosis assistance program, in relation to the effectiveness thereof (Part XX); to amend the public health law, in relation to expanding the Doctors Across New York program to include dentists (Part YY); to amend the social services law, in relation to increasing the amount of the savings exemption for eligibility for Medicaid (Part ZZ); to amend the public health law, in relation to requiring annual reports on tick-borne illnesses; and to require the superintendent of financial services to review the status of health insurance coverage for the treatment of Lyme disease and other tick-borne related diseases (Part AAA); relating to establishing a direct support wage enhancement to employees that provide direct care support or any other form of treatment, to individuals with developmental disabilities (Part BBB); to amend part KK of chapter 57 of the laws of 2024 amending the public health law relating to the creation of a community doula expansion grant program, and repealing such program upon expiration thereof, in relation to removing the expiration of such provisions (Part CCC); to amend the mental hygiene law, in relation to funds received pursuant to a New York opioid settlement sharing agreement; to amend the state finance law, in relation to the opioid stewardship fund (Part DDD); to amend the public health law, in relation to minimum direct resident care spending by residential health care facilities (Part EEE); to amend the public health law, in relation to managed long term care plans (Part FFF); and to amend the public health law, in relation to establishing the upstate CINERGY demonstration program (Part GGG)

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 2025-2026 state fiscal year. Each component is wholly contained
4 within a Part identified as Parts A through GGG. 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. Sections 91 and 92 of part H of chapter 59 of the laws of
14 2011 relating to the year to year rate of growth of Department of Health
15 state funds and Medicaid funding are REPEALED.

16 § 2. This act shall take effect immediately.

17 PART B

18 Section 1. Subdivision 1-a of section 60 of part B of chapter 57 of
19 the laws of 2015, amending the social services law and other laws relat-
20 ing to supplemental rebates, as amended by section 10 of part BB of
21 chapter 56 of the laws of 2020, is amended to read as follows:

22 1-a. section fifty-two of this act shall expire and be deemed repealed
23 March 31, [~~2025~~] 2030;

24 § 2. Section 3 of chapter 942 of the laws of 1983, relating to foster
25 family care demonstration programs, as amended by chapter 264 of the
26 laws of 2021, is amended to read as follows:

27 § 3. This act shall take effect immediately and shall expire December
28 31, [~~2025~~] 2027.

29 § 3. Section 3 of chapter 541 of the laws of 1984, relating to foster
30 family care demonstration programs, as amended by chapter 264 of the
31 laws of 2021, is amended to read as follows:

32 § 3. This section and subdivision two of section two of this act shall
33 take effect immediately and the remaining provisions of this act shall
34 take effect on the one hundred twentieth day next thereafter. This act
35 shall expire December 31, [~~2025~~] 2027.

36 § 4. Section 6 of chapter 256 of the laws of 1985, amending the social
37 services law and other laws relating to foster family care demonstration
38 programs, as amended by chapter 264 of the laws of 2021, is amended to
39 read as follows:

40 § 6. This act shall take effect immediately and shall expire December
41 31, [~~2025~~] 2027 and upon such date the provisions of this act shall be
42 deemed to be repealed.

43 § 5. Intentionally omitted.

44 § 6. Subdivision (f) of section 129 of part C of chapter 58 of the
45 laws of 2009, amending the public health law relating to payment by
46 governmental agencies for general hospital inpatient services, as
47 amended by section 2 of part CC of chapter 57 of the laws of 2022, is
48 amended to read as follows:

49 (f) section twenty-five of this act shall expire and be deemed
50 repealed April 1, [~~2025~~] 2028;

51 § 7. Paragraph (a) of subdivision 1 of section 212 of chapter 474 of
52 the laws of 1996, amending the education law and other laws relating to

1 rates for residential healthcare facilities, as amended by section 4 of
2 part CC of chapter 57 of the laws of 2022, is amended to read as
3 follows:

4 (a) Notwithstanding any inconsistent provision of law or regulation to
5 the contrary, effective beginning August 1, 1996, for the period April
6 1, 1997 through March 31, 1998, April 1, 1998 for the period April 1,
7 1998 through March 31, 1999, August 1, 1999, for the period April 1,
8 1999 through March 31, 2000, April 1, 2000, for the period April 1, 2000
9 through March 31, 2001, April 1, 2001, for the period April 1, 2001
10 through March 31, 2002, April 1, 2002, for the period April 1, 2002
11 through March 31, 2003, and for the state fiscal year beginning April 1,
12 2005 through March 31, 2006, and for the state fiscal year beginning
13 April 1, 2006 through March 31, 2007, and for the state fiscal year
14 beginning April 1, 2007 through March 31, 2008, and for the state fiscal
15 year beginning April 1, 2008 through March 31, 2009, and for the state
16 fiscal year beginning April 1, 2009 through March 31, 2010, and for the
17 state fiscal year beginning April 1, 2010 through March 31, 2016, and
18 for the state fiscal year beginning April 1, 2016 through March 31,
19 2019, and for the state fiscal year beginning April 1, 2019 through
20 March 31, 2022, and for the state fiscal year beginning April 1, 2022
21 through March 31, 2025, and for the state fiscal year beginning April 1,
22 2025 through March 31, 2028, the department of health is authorized to
23 pay public general hospitals, as defined in subdivision 10 of section
24 2801 of the public health law, operated by the state of New York or by
25 the state university of New York or by a county, which shall not include
26 a city with a population of over one million, of the state of New York,
27 and those public general hospitals located in the county of Westchester,
28 the county of Erie or the county of Nassau, additional payments for
29 inpatient hospital services as medical assistance payments pursuant to
30 title 11 of article 5 of the social services law for patients eligible
31 for federal financial participation under title XIX of the federal
32 social security act in medical assistance pursuant to the federal laws
33 and regulations governing disproportionate share payments to hospitals
34 up to one hundred percent of each such public general hospital's medical
35 assistance and uninsured patient losses after all other medical assist-
36 ance, including disproportionate share payments to such public general
37 hospital for 1996, 1997, 1998, and 1999, based initially for 1996 on
38 reported 1994 reconciled data as further reconciled to actual reported
39 1996 reconciled data, and for 1997 based initially on reported 1995
40 reconciled data as further reconciled to actual reported 1997 reconciled
41 data, for 1998 based initially on reported 1995 reconciled data as
42 further reconciled to actual reported 1998 reconciled data, for 1999
43 based initially on reported 1995 reconciled data as further reconciled
44 to actual reported 1999 reconciled data, for 2000 based initially on
45 reported 1995 reconciled data as further reconciled to actual reported
46 2000 data, for 2001 based initially on reported 1995 reconciled data as
47 further reconciled to actual reported 2001 data, for 2002 based initial-
48 ly on reported 2000 reconciled data as further reconciled to actual
49 reported 2002 data, and for state fiscal years beginning on April 1,
50 2005, based initially on reported 2000 reconciled data as further recon-
51 ciled to actual reported data for 2005, and for state fiscal years
52 beginning on April 1, 2006, based initially on reported 2000 reconciled
53 data as further reconciled to actual reported data for 2006, for state
54 fiscal years beginning on and after April 1, 2007 through March 31,
55 2009, based initially on reported 2000 reconciled data as further recon-
56 ciled to actual reported data for 2007 and 2008, respectively, for state

1 fiscal years beginning on and after April 1, 2009, based initially on
2 reported 2007 reconciled data, adjusted for authorized Medicaid rate
3 changes applicable to the state fiscal year, and as further reconciled
4 to actual reported data for 2009, for state fiscal years beginning on
5 and after April 1, 2010, based initially on reported reconciled data
6 from the base year two years prior to the payment year, adjusted for
7 authorized Medicaid rate changes applicable to the state fiscal year,
8 and further reconciled to actual reported data from such payment year,
9 and to actual reported data for each respective succeeding year. The
10 payments may be added to rates of payment or made as aggregate payments
11 to an eligible public general hospital.

12 § 8. Subdivision 3 of section 3018 of the public health law, as added
13 by chapter 137 of the laws of 2023, is amended to read as follows:

14 3. This program shall authorize mobile integrated and community param-
15 edicine programs presently operating and approved by the department as
16 of May eleventh, two thousand twenty-three, under the authority of Exec-
17 utive Order Number 4 of two thousand twenty-one, entitled "Declaring a
18 Statewide Disaster Emergency Due to Healthcare staffing shortages in the
19 State of New York" to continue in the same manner and capacity as
20 currently approved for a period of [~~two~~] four years following the effec-
21 tive date of this section.

22 § 8-a. Section 2 of chapter 137 of the laws of 2023, amending the
23 public health law relating to establishing a community-based paramedi-
24 cine demonstration program, is amended to read as follows:

25 § 2. This act shall take effect immediately and shall expire and be
26 deemed repealed [~~2~~] 4 years after such date; provided, however, that if
27 this act shall have become a law on or after May 22, 2023 this act shall
28 take effect immediately and shall be deemed to have been in full force
29 and effect on and after May 22, 2023.

30 § 9. Subdivision 12 of section 246 of chapter 81 of the laws of 1995,
31 amending the public health law and other laws relating to medical
32 reimbursement and welfare reform, as amended by chapter 161 of the laws
33 of 2023, is amended to read as follows:

34 12. Sections one hundred five-b through one hundred five-f of this act
35 shall expire June 30, [~~2025~~] 2027.

36 § 10. Section 2 of subpart B of part FFF of chapter 59 of the laws of
37 2018, amending the public health law relating to authorizing the commis-
38 sioner of health to redeploy excess reserves of certain not-for-profit
39 managed care organizations, as amended by chapter 197 of the laws of
40 2023, is amended to read as follows:

41 § 2. This act shall take effect August 1, 2018 and shall expire and be
42 deemed repealed August 1, [~~2025~~] 2027, but, shall not apply to any enti-
43 ty or any subsidiary or affiliate of such entity that disposes of all or
44 a material portion of its assets pursuant to a transaction that: (1) was
45 the subject of a request for regulatory approval first made to the
46 commissioner of health between January 1, 2017, and December 31, 2017;
47 and (2) receives regulatory approval from the commissioner of health
48 prior to July 31, 2018.

49 § 11. Subdivision 1 of section 20 of chapter 451 of the laws of 2007,
50 amending the public health law, the social services law and the insur-
51 ance law relating to providing enhanced consumer and provider
52 protections, as amended by section 1 of part B of chapter 57 of the laws
53 of 2023, is amended to read as follows:

54 1. sections four, eleven and thirteen of this act shall take effect
55 immediately and shall expire and be deemed repealed June 30, [~~2025~~]
56 2027;

1 § 12. Paragraph (b) of subdivision 17 of section 2808 of the public
2 health law, as amended by section 12 of part B of chapter 57 of the laws
3 of 2023, is amended to read as follows:

4 (b) Notwithstanding any inconsistent provision of law or regulation to
5 the contrary, for the state fiscal years beginning April first, two
6 thousand ten and ending March thirty-first, two thousand [~~twenty-five~~
7 twenty-seven], the commissioner shall not be required to revise certified
8 rates of payment established pursuant to this article for rate periods
9 prior to April first, two thousand [~~twenty-five~~ twenty-seven], based on
10 consideration of rate appeals filed by residential health care facili-
11 ties or based upon adjustments to capital cost reimbursement as a result
12 of approval by the commissioner of an application for construction under
13 section twenty-eight hundred two of this article, in excess of an aggre-
14 gate annual amount of eighty million dollars for each such state fiscal
15 year provided, however, that for the period April first, two thousand
16 eleven through March thirty-first, two thousand twelve such aggregate
17 annual amount shall be fifty million dollars. In revising such rates
18 within such fiscal limit, the commissioner shall, in prioritizing such
19 rate appeals, include consideration of which facilities the commissioner
20 determines are facing significant financial hardship as well as such
21 other considerations as the commissioner deems appropriate and, further,
22 the commissioner is authorized to enter into agreements with such facil-
23 ities or any other facility to resolve multiple pending rate appeals
24 based upon a negotiated aggregate amount and may offset such negotiated
25 aggregate amounts against any amounts owed by the facility to the
26 department, including, but not limited to, amounts owed pursuant to
27 section twenty-eight hundred seven-d of this article; provided, however,
28 that the commissioner's authority to negotiate such agreements resolving
29 multiple pending rate appeals as hereinbefore described shall continue
30 on and after April first, two thousand [~~twenty-five~~ twenty-seven]. Rate
31 adjustments made pursuant to this paragraph remain fully subject to
32 approval by the director of the budget in accordance with the provisions
33 of subdivision two of section twenty-eight hundred seven of this arti-
34 cle.

35 § 13. Paragraph (a) of subdivision 13 of section 3614 of the public
36 health law, as amended by section 13 of part B of chapter 57 of the laws
37 of 2023, is amended to read as follows:

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

52 § 14. Subdivision 4-a of section 71 of part C of chapter 60 of the
53 laws of 2014, amending the social services law relating to fair hearings
54 within the Fully Integrated Duals Advantage program, as amended by
55 section 27 of part B of chapter 57 of the laws of 2023, is amended to
56 read as follows:

1 4-a. section twenty-two of this act shall take effect April 1, 2014,
2 and shall be deemed expired January 1, [~~2026~~] 2028;

3 § 15. Section 11 of chapter 884 of the laws of 1990, amending the
4 public health law relating to authorizing bad debt and charity care
5 allowances for certified home health agencies, as amended by section 29
6 of part B of chapter 57 of the laws of 2023, is amended to read as
7 follows:

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

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

10 (b) sections four through ten shall expire on June 30, [~~2025~~] 2027,
11 and

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

16 § 16. Subdivision 5-a of section 246 of chapter 81 of the laws of
17 1995, amending the public health law and other laws relating to medical
18 reimbursement and welfare reform, as amended by section 30 of part B of
19 chapter 57 of the laws of 2023, is amended to read as follows:

20 5-a. Section sixty-four-a of this act shall be deemed to have been in
21 full force and effect on and after April 1, 1995 through March 31, 1999
22 and on and after July 1, 1999 through March 31, 2000 and on and after
23 April 1, 2000 through March 31, 2003 and on and after April 1, 2003
24 through March 31, 2007, and on and after April 1, 2007 through March 31,
25 2009, and on and after April 1, 2009 through March 31, 2011, and on and
26 after April 1, 2011 through March 31, 2013, and on and after April 1,
27 2013 through March 31, 2015, and on and after April 1, 2015 through
28 March 31, 2017 and on and after April 1, 2017 through March 31, 2019,
29 and on and after April 1, 2019 through March 31, 2021, and on and after
30 April 1, 2021 through March 31, 2023, and on and after April 1, 2023
31 through March 31, 2025, and on and after April 1, 2025 through March 31,
32 2027;

33 § 17. Section 64-b of chapter 81 of the laws of 1995, amending the
34 public health law and other laws relating to medical reimbursement and
35 welfare reform, as amended by section 31 of part B of chapter 57 of the
36 laws of 2023, is amended to read as follows:

37 § 64-b. Notwithstanding any inconsistent provision of law, the
38 provisions of subdivision 7 of section 3614 of the public health law, as
39 amended, shall remain and be in full force and effect on April 1, 1995
40 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on
41 and after April 1, 2000 through March 31, 2003 and on and after April 1,
42 2003 through March 31, 2007, and on and after April 1, 2007 through
43 March 31, 2009, and on and after April 1, 2009 through March 31, 2011,
44 and on and after April 1, 2011 through March 31, 2013, and on and after
45 April 1, 2013 through March 31, 2015, and on and after April 1, 2015
46 through March 31, 2017 and on and after April 1, 2017 through March 31,
47 2019, and on and after April 1, 2019 through March 31, 2021, and on and
48 after April 1, 2021 through March 31, 2023, and on and after April 1,
49 2023 through March 31, 2025, and on and after April 1, 2025 through
50 March 31, 2027.

51 § 18. Section 4-a of part A of chapter 56 of the laws of 2013, amend-
52 ing chapter 59 of the laws of 2011 amending the public health law and
53 other laws relating to general hospital reimbursement for annual rates,
54 as amended by section 32 of part B of chapter 57 of the laws of 2023, is
55 amended to read as follows:

1 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section
2 2807-c of the public health law, section 21 of chapter 1 of the laws of
3 1999, or any other contrary provision of law, in determining rates of
4 payments by state governmental agencies effective for services provided
5 on and after January 1, 2017 through March 31, [~~2025~~] 2027, for inpa-
6 tient and outpatient services provided by general hospitals, for inpa-
7 tient services and adult day health care outpatient services provided by
8 residential health care facilities pursuant to article 28 of the public
9 health law, except for residential health care facilities or units of
10 such facilities providing services primarily to children under twenty-
11 one years of age, for home health care services provided pursuant to
12 article 36 of the public health law by certified home health agencies,
13 long term home health care programs and AIDS home care programs, and for
14 personal care services provided pursuant to section 365-a of the social
15 services law, the commissioner of health shall apply no greater than
16 zero trend factors attributable to the 2017, 2018, 2019, 2020, 2021,
17 2022, 2023, 2024 [~~and~~], 2025, 2026 and 2027 calendar years in accordance
18 with paragraph (c) of subdivision 10 of section 2807-c of the public
19 health law, provided, however, that such no greater than zero trend
20 factors attributable to such 2017, 2018, 2019, 2020, 2021, 2022, 2023,
21 2024 [~~and~~], 2025, 2026 and 2027 calendar years shall also be applied to
22 rates of payment provided on and after January 1, 2017 through March 31,
23 [~~2025~~] 2027 for personal care services provided in those local social
24 services districts, including New York city, whose rates of payment for
25 such services are established by such local social services districts
26 pursuant to a rate-setting exemption issued by the commissioner of
27 health to such local social services districts in accordance with appli-
28 cable regulations; and provided further, however, that for rates of
29 payment for assisted living program services provided on and after Janu-
30 ary 1, 2017 through March 31, [~~2025~~] 2027, such trend factors attribut-
31 able to the 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024 [~~and~~], 2025,
32 2026 and 2027 calendar years shall be established at no greater than
33 zero percent.

34 § 19. Subdivision 2 of section 246 of chapter 81 of the laws of 1995,
35 amending the public health law and other laws relating to medical
36 reimbursement and welfare reform, as amended by section 33 of part B of
37 chapter 57 of the laws of 2023, is amended to read as follows:

38 2. Sections five, seven through nine, twelve through fourteen, and
39 eighteen of this act shall be deemed to have been in full force and
40 effect on and after April 1, 1995 through March 31, 1999 and on and
41 after July 1, 1999 through March 31, 2000 and on and after April 1, 2000
42 through March 31, 2003 and on and after April 1, 2003 through March 31,
43 2006 and on and after April 1, 2006 through March 31, 2007 and on and
44 after April 1, 2007 through March 31, 2009 and on and after April 1,
45 2009 through March 31, 2011 and sections twelve, thirteen and fourteen
46 of this act shall be deemed to be in full force and effect on and after
47 April 1, 2011 through March 31, 2015 and on and after April 1, 2015
48 through March 31, 2017 and on and after April 1, 2017 through March 31,
49 2019, and on and after April 1, 2019 through March 31, 2021, and on and
50 after April 1, 2021 through March 31, 2023, and on and after April 1,
51 2023 through March 31, [~~2025~~] 2027;

52 § 20. Subparagraph (vi) of paragraph (b) of subdivision 2 of section
53 2807-d of the public health law, as amended by section 34 of part B of
54 chapter 57 of the laws of 2023, is amended to read as follows:

55 (vi) Notwithstanding any contrary provision of this paragraph or any
56 other provision of law or regulation to the contrary, for residential

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

39 § 21. Section 3 of part MM of chapter 57 of the laws of 2021, amending
40 the public health law relating to aiding in the transition to adulthood
41 for children with medical fragility living in pediatric nursing homes
42 and other settings, as amended by section 35 of part B of chapter 57 of
43 the laws of 2023, is amended to read as follows:

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

50 § 22. Section 2 of chapter 633 of the laws of 2006, amending the
51 public health law relating to the home based primary care for the elder-
52 ly demonstration project, as amended by section 1 of item 000 of subpart
53 B of part XXX of chapter 58 of the laws of 2020, is amended to read as
54 follows:

55 § 2. This act shall take effect immediately and shall expire and be
56 deemed repealed January 1, [~~2026~~] 2031.

1 § 23. Section 4 of chapter 19 of the laws of 1998, amending the social
2 services law relating to limiting the method of payment for prescription
3 drugs under the medical assistance program, as amended by section 14 of
4 part B of chapter 57 of the laws of 2023, is amended to read as follows:

5 § 4. This act shall take effect 120 days after it shall have become a
6 law and shall expire and be deemed repealed March 31, [~~2025~~] 2027.

7 § 24. Subdivisions (b) and (c) of section 8 of part BBB of chapter 56
8 of the laws of 2022, amending the public health law and other laws
9 relating to permitting the commissioner of health to submit a waiver
10 that expands eligibility for New York's basic health program and
11 increases the federal poverty limit cap for basic health program eligi-
12 bility from two hundred to two hundred fifty percent, as amended by
13 section 3 of part J of chapter 57 of the laws of 2024, are amended to
14 read as follows:

15 (b) section four of this act shall expire and be deemed repealed
16 December 31, [~~2025~~] 2030; provided, however, the amendments to paragraph
17 (c) of subdivision 1 of section 369-gg of the social services law made
18 by such section of this act shall be subject to the expiration and
19 reversion of such paragraph pursuant to section 2 of part H of chapter
20 57 of the laws of 2021 when upon such date, the provisions of section
21 five of this act shall take effect; provided, however, the amendments to
22 such paragraph made by section five of this act shall expire and be
23 deemed repealed December 31, [~~2025~~] 2030;

24 (c) section six of this act shall take effect January 1, [~~2026~~] 2031;
25 provided, however, the amendments to paragraph (c) of subdivision 1 of
26 section 369-gg of the social services law made by such section of this
27 act shall be subject to the expiration and reversion of such paragraph
28 pursuant to section 2 of part H of chapter 57 of the laws of 2021 when
29 upon such date, the provisions of section seven of this act shall take
30 effect; and

31 § 25. Subdivision 10 of section 365-a of the social services law, as
32 amended by section 1 of part QQ of chapter 57 of the laws of 2022, is
33 amended to read as follows:

34 10. The department of health shall establish or procure the services
35 of an independent assessor or assessors no later than October 1, 2022,
36 in a manner and schedule as determined by the commissioner of health, to
37 take over from local departments of social services, Medicaid Managed
38 Care providers, and Medicaid managed long term care plans performance of
39 assessments and reassessments required for determining individuals'
40 needs for personal care services, including as provided through the
41 consumer directed personal assistance program, and other services or
42 programs available pursuant to the state's medical assistance program as
43 determined by such commissioner for the purpose of improving efficiency,
44 quality, and reliability in assessment and to determine individuals'
45 eligibility for Medicaid managed long term care plans. Notwithstanding
46 the provisions of section one hundred sixty-three of the state finance
47 law, or sections one hundred forty-two and one hundred forty-three of
48 the economic development law, or any contrary provision of law,
49 contracts may be entered or the commissioner may amend and extend the
50 terms of a contract awarded prior to the effective date and entered into
51 to conduct enrollment broker and conflict-free evaluation services for
52 the Medicaid program, if such contract or contract amendment is for the
53 purpose of procuring such assessment services from an independent asses-
54 sor. Contracts entered into, amended, or extended pursuant to this
55 subdivision shall not remain in force beyond September 30, [~~2025~~] 2026.

1 § 26. Section 20 of part MM of chapter 56 of the laws of 2020, direct-
2 ing the department of health to establish or procure the services of an
3 independent panel of clinical professionals and to develop and implement
4 a uniform task-based assessment tool, as amended by section 3 of part QQ
5 of chapter 57 of the laws of 2022, is amended to read as follows:

6 § 20. The department of health shall establish or procure services of
7 an independent panel or panels of clinical professionals no later than
8 October 1, 2022, in a manner and schedule as determined by the commis-
9 sioner of health, to provide as appropriate independent physician or
10 other applicable clinician orders for personal care services, including
11 as provided through the consumer directed personal assistance program,
12 available pursuant to the state's medical assistance program and to
13 determine eligibility for the consumer directed personal assistance
14 program. Notwithstanding the provisions of section 163 of the state
15 finance law, or sections 142 and 143 of the economic development law, or
16 any contrary provision of law, contracts may be entered or the commis-
17 sioner of health may amend and extend the terms of a contract awarded
18 prior to the effective date and entered into to conduct enrollment
19 broker and conflict-free evaluation services for the Medicaid program,
20 if such contract or contract amendment is for the purpose of establish-
21 ing an independent panel or panels of clinical professionals as
22 described in this section. Contracts entered into, amended, or extended
23 pursuant to this section shall not remain in force beyond September 30,
24 [~~2025~~] 2026.

25 § 27. This act shall take effect immediately and shall be deemed to
26 have been in full force and effect on and after April 1, 2025 provided,
27 however, the amendments to subdivision 3 of section 3018 of the public
28 health law made by section eight of this act shall not affect the repeal
29 of such section and shall be deemed repealed therewith.

30 PART C

31 Intentionally Omitted

32 PART D

33 Section 1. The opening paragraph of subparagraph (i) of paragraph (i)
34 of subdivision 35 of section 2807-c of the public health law, as amended
35 by section 5 of part D of chapter 57 of the laws of 2024, is amended to
36 read as follows:

37 Notwithstanding any inconsistent provision of this subdivision or any
38 other contrary provision of law and subject to the availability of
39 federal financial participation, for each state fiscal year from July
40 first, two thousand ten through December thirty-first, two thousand
41 twenty-four; and for the calendar year January first, two thousand twen-
42 ty-five through December thirty-first, two thousand twenty-five; and for
43 each calendar year thereafter, the commissioner shall make additional
44 inpatient hospital payments up to the aggregate upper payment limit for
45 inpatient hospital services after all other medical assistance payments,
46 but not to exceed two hundred thirty-five million five hundred thousand
47 dollars for the period July first, two thousand ten through March thir-
48 ty-first, two thousand eleven, three hundred fourteen million dollars
49 for each state fiscal year beginning April first, two thousand eleven,
50 through March thirty-first, two thousand thirteen, and no less than
51 three hundred thirty-nine million dollars for each state fiscal year

1 until December thirty-first, two thousand twenty-four; and then from
2 calendar year January first, two thousand twenty-five through December
3 thirty-first, two thousand twenty-five; and for each calendar year there-
4 eafter, to general hospitals, other than major public general hospitals,
5 providing emergency room services and including safety net hospitals,
6 which shall, for the purpose of this paragraph, be defined as having
7 either: a Medicaid share of total inpatient hospital discharges of at
8 least thirty-five percent, including both fee-for-service and managed
9 care discharges for acute and exempt services; or a Medicaid share of
10 total discharges of at least thirty percent, including both fee-for-ser-
11 vice and managed care discharges for acute and exempt services, and also
12 providing obstetrical services. Provided however, that in calendar year
13 January first, two thousand twenty-six through December thirty-first,
14 two thousand twenty-six; and for each calendar year thereafter, such
15 additional payments shall not be made in any calendar year in which the
16 Medicaid rates of payment approved and in effect for general hospitals
17 operated by the New York city health and hospitals corporation as estab-
18 lished by chapter one thousand sixteen of the laws of nineteen hundred
19 sixty-nine, as amended, result in such hospitals being ineligible to
20 receive Medicaid disproportionate share hospital ("DSH") payments for
21 that calendar year. Eligibility to receive such additional payments
22 shall be based on data from the period two years prior to the rate year,
23 as reported on the institutional cost report submitted to the department
24 as of October first of the prior rate year. Such payments shall be made
25 as medical assistance payments for fee-for-service inpatient hospital
26 services pursuant to title eleven of article five of the social services
27 law for patients eligible for federal financial participation under
28 title XIX of the federal social security act and in accordance with the
29 following:

30 § 2. Clause (A) of subparagraph (ii) of paragraph (b) of subdivision
31 5-d of section 2807-k of the public health law, as amended by section 1
32 of part E of chapter 57 of the laws of 2023, is amended to read as
33 follows:

34 (A) (1) one hundred thirty-nine million four hundred thousand dollars
35 shall be distributed as Medicaid Disproportionate Share Hospital ("DSH")
36 payments to major public general hospitals;

37 (2) for the calendar years two thousand twenty-five and thereafter, in
38 any calendar year in which the Medicaid rates of payment approved and in
39 effect for general hospitals operated by the New York city health and
40 hospitals corporation as established by chapter one thousand sixteen of
41 the laws of nineteen hundred sixty-nine, as amended, result in such
42 hospitals being ineligible to receive Medicaid DSH payments for that
43 calendar year, the total distributions to major public general hospitals
44 shall be subject to an aggregate reduction of one hundred thirteen
45 million four hundred thousand dollars; and

46 § 3. This act shall take effect immediately and shall be deemed to
47 have been in full force and effect on and after April 1, 2025.

48

PART E

49 Section 1. Intentionally omitted.

50 § 2. Subdivision 3 of section 364-j of the social services law is
51 amended by adding a new paragraph (d-4) to read as follows:

52 (d-4) Notwithstanding paragraph (a) of this subdivision, the following
53 medical assistance recipients shall not be eligible to participate in
54 the managed care program authorized by this section or other care coor-

1 dination model established by article forty-four of the public health
2 law: any person who is permanently placed in a residential health care
3 facility for a consecutive period of three months or more. However,
4 nothing in this paragraph should be construed to apply to enrollees in
5 the Medicaid Advantage Plus Program, developed to enroll persons in
6 managed long-term care who are nursing home certifiable and who are
7 dually eligible pursuant to section forty-four hundred three-f of the
8 public health law. In implementing this provision, the department shall
9 continue to support service delivery and outcomes that result in commu-
10 nity living for enrollees.

11 § 3. Section 364-j of the social services law is amended by adding a
12 new subdivision 40 to read as follows:

13 40. (a) The commissioner shall be entitled to penalize managed care
14 providers for failure to meet the contractual obligations and perform-
15 ance standards of the executed contract between the state and a managed
16 care provider in place at the time of the failure.

17 (b) The commissioner shall have sole discretion in determining whether
18 to impose a penalty for noncompliance with any provision of such
19 contract.

20 (c) (i) Penalties imposed by this subdivision against a managed care
21 provider shall be from two hundred fifty dollars up to twenty-five thou-
22 sand dollars per violation depending on the severity of the noncompli-
23 ance as determined by the commissioner.

24 (i-a) Any penalties assessed as a result of the review required by
25 this subdivision shall be due and payable sixty calendar days from the
26 issuance of a statement of penalties regardless of any dispute in the
27 amount or interpretation of the amount contained within the statement of
28 penalties.

29 (ii) The commissioner may elect, in their sole discretion, to assess
30 penalties imposed by this section from, and as a set off against,
31 payments due to the managed care provider, or payments that become due
32 any time after the assessment of penalties. Deductions may continue
33 until the full amount of the noticed penalties are paid in full.

34 (iii) All penalties imposed by the commissioner pursuant to this
35 subdivision shall be paid out of the administrative costs and profits of
36 the managed care provider. The managed care provider shall not pass the
37 penalties imposed by the commissioner pursuant to this subdivision
38 through to any medical services provider and/or subcontractor.

39 (d) For the purposes of this subdivision a violation shall mean a
40 determination by the commissioner that the managed care organization
41 failed to act as required under the model contract or applicable federal
42 and state statutes, rules or regulations governing managed care organ-
43 izations. For the purposes of this subdivision, a violation shall also
44 mean each instance for which a determination has been made by the
45 commissioner that a managed care organization failed to furnish neces-
46 sary and/or required medical services or items to each enrollee. Each
47 day that an ongoing violation continues shall be a separate violation.

48 (e) (i) A managed care organization may dispute the imposition of
49 penalties in writing, and in the form and manner prescribed by the
50 commissioner, within thirty calendar days from the date of the statement
51 of penalties.

52 (ii) Disputes that are not delivered in the format and timeframe spec-
53 ified by the department shall be denied by the department and deemed
54 waived by the managed care organization.

55 (iii) A managed care organization shall waive any arguments, materi-
56 als, data, and information not contained in or accompanying a timely

1 submitted written dispute, including for use in any subsequent legal or
2 administrative proceeding.

3 (iv) No penalties shall be assessed pursuant to this subdivision with-
4 out providing an opportunity for a formal hearing conducted in accord-
5 ance with section twelve-a of the public health law.

6 (f) Nothing in this subdivision shall prohibit the imposition of
7 damages, penalties or other relief, otherwise authorized by law, includ-
8 ing but not limited to cases of fraud, waste or abuse.

9 (g) The commissioner may promulgate any regulations necessary to
10 implement the provisions of this subdivision.

11 § 4. This act shall take effect immediately; provided, however, that
12 section one of this act shall apply to disputes filed with the super-
13 intendent of financial services pursuant to article six of the financial
14 services law on or after such effective date; provided further, howev-
15 er, that section two of this act is subject to federal financial partic-
16 ipation; and provided further, however, that the amendments to section
17 364-j of the social services law made by sections two and three of this
18 act shall not affect the repeal of such section and shall be deemed
19 repealed therewith.

20 PART F

21 Section 1. Section 2807-ff of the public health law, as added by
22 section 1 of part II of chapter 57 of the laws of 2024, is amended to
23 read as follows:

24 § 2807-ff. New York managed care organization provider tax. 1. The
25 commissioner, subject to the approval of the director of the budget,
26 shall: apply for a waiver or waivers of the broad-based and uniformity
27 requirements related to the establishment of a New York managed care
28 organization provider tax (the "MCO provider tax") in order to secure
29 federal participation for the costs of the medical assistance
30 program; [~~issue regulations to implement the MCO provider tax,~~] and,
31 subject to approval by the centers for [~~medicare and medicaid~~] Medicare
32 and Medicaid services, impose the MCO provider tax as an assessment upon
33 insurers, health maintenance organizations, and managed care organiza-
34 tions (collectively referred to as "health plan") offering the following
35 plans or products:

36 (a) Medical assistance program coverage provided by managed care
37 providers pursuant to section three hundred sixty-four-j of the social
38 services law;

39 (b) A [~~child~~] health insurance plan [~~certified~~] servicing individuals
40 enrolled pursuant to [~~section twenty-five hundred eleven~~] title 1-A of
41 article twenty-five of this chapter;

42 (c) Essential plan coverage certified pursuant to [~~section three~~
43 ~~hundred sixty-nine-gg~~] title 11-D of article five of the social services
44 law;

45 (d) Coverage purchased on the New York insurance exchange established
46 pursuant to section two hundred sixty-eight-b of this chapter; or

47 (e) Any other comprehensive coverage subject to articles thirty-two,
48 forty-two and forty-three of the insurance law, or article forty-four of
49 this chapter.

50 2. The MCO provider tax shall comply with all relevant provisions of
51 federal laws, rules and regulations.

52 3. The department shall post on its website the MCO provider tax
53 approval letter by the centers for Medicare and Medicaid services (the
54 "approval letter").

1 4. A health plan, as defined in subdivision one of this section, shall
2 pay the MCO provider tax for each calendar year as follows:

3 (a) For Medicaid member months below two hundred fifty thousand member
4 months, a health plan shall pay one hundred twenty-six dollars per
5 member month;

6 (b) For Medicaid member months greater than or equal to two hundred
7 fifty thousand member months but less than five hundred thousand member
8 months, a health plan shall pay eighty-eight dollars per member month;

9 (c) For Medicaid member months greater than or equal to five hundred
10 thousand member months, a health plan shall pay twenty-five dollars per
11 member month;

12 (d) For essential plan member months less than two hundred fifty thou-
13 sand member months, a health plan shall pay thirteen dollars per member
14 month;

15 (e) For essential plan member months greater than or equal to two
16 hundred fifty thousand member months, a health plan shall pay seven
17 dollars per member month;

18 (f) For non-essential plan non-Medicaid member months, consisting of
19 the populations covered by the products described in paragraphs (b),
20 (d), and (e) of subdivision one of this section, less than two hundred
21 fifty thousand member months, a health plan shall pay two dollars per
22 member month; and

23 (g) For non-essential plan non-Medicaid member months greater than or
24 equal to two hundred fifty thousand member months, a health plan shall
25 pay one dollar and fifty cents per member month.

26 5. A health plan shall remit the MCO provider tax due pursuant to this
27 section to the commissioner or their designee quarterly or at a frequen-
28 cy defined by the commissioner.

29 6. Funds accumulated from the MCO provider tax, including interest and
30 penalties, shall be deposited and credited by the commissioner, or the
31 commissioner's designee, to the healthcare stability fund established in
32 section ninety-nine-ss of the state finance law.

33 7. (a) Every health plan subject to the approved MCO provider tax
34 shall submit reports in a form prescribed by the commissioner to accu-
35 rateately disclose information required to implement this section.

36 (b) If a health plan fails to file reports required pursuant to this
37 subdivision within sixty days of the date such reports are due and after
38 notification of such reporting delinquency, the commissioner may assess
39 a civil penalty of up to ten thousand dollars for each failure;
40 provided, however, that such civil penalty shall not be imposed if the
41 health plan demonstrates good cause for the failure to timely file such
42 reports.

43 8. (a) If a payment made pursuant to this section is not timely,
44 interest shall be payable in the same rate and manner as defined in
45 subdivision eight of section twenty-eight hundred seven-j of this arti-
46 cle.

47 (b) The commissioner may waive a portion or all of either the interest
48 or penalties, or both, assessed under this section if the commissioner
49 determines, in their sole discretion, that the health plan has demon-
50 strated that imposition of the full amount of the MCO provider tax
51 pursuant to the timelines applicable under the approval letter has a
52 high likelihood of creating an undue financial hardship for the health
53 plan or creates a significant financial difficulty in providing needed
54 services to Medicaid beneficiaries. In addition, the commissioner may
55 waive a portion or all of either the interest or penalties, or both,
56 assessed under this section if the commissioner determines, in their

1 sole discretion, that the health plan did not have the information
2 necessary from the department to pay the tax required in this section.
3 Waiver of some or all of the interest or penalties pursuant to this
4 subdivision shall be conditioned on the health plan's agreement to make
5 MCO provider tax payments on an alternative schedule developed by the
6 department that takes into account the financial situation of the health
7 plan and the potential impact on the delivery of services to Medicaid
8 beneficiaries.

9 (c) Overpayment by or on behalf of a health plan of a payment shall be
10 applied to any other payment due from the health plan pursuant to this
11 section, or, if no payment is due, at the election of the health plan,
12 shall be applied to future payments or refunded to the health plan.
13 Interest shall be paid on overpayments from the date of overpayment to
14 the date of crediting or refunding at the rate determined in accordance
15 with this subdivision only if the overpayment was made at the direction
16 of the commissioner. Interest under this paragraph shall not be paid if
17 the amount thereof is less than one dollar.

18 9. Payments and reports submitted or required to be submitted to the
19 commissioner pursuant to this section by a health plan shall be subject
20 to audit by the commissioner for a period of six years following the
21 close of the calendar year in which such payments and reports are due,
22 after which such payments shall be deemed final and not subject to
23 further adjustment or reconciliation, including through offset adjust-
24 ments or reconciliations made by a health plan; provided, however, that
25 nothing in this section shall be construed as precluding the commissioner
26 from pursuing collection of any such payments which are identified as
27 delinquent within such six-year period, or which are identified as
28 delinquent as a result of an audit commenced within such six-year peri-
29 od, or from conducting an audit of any adjustment or reconciliation made
30 by a health plan, or from conducting an audit of payments made prior to
31 such six-year period which are found to be commingled with payments
32 which are otherwise subject to timely audit pursuant to this section.

33 10. In the event of a merger, acquisition, establishment, or any other
34 similar transaction that results in the transfer of health plan respon-
35 sibility for all enrollees under this section from a health plan to
36 another health plan or similar entity, and that occurs at any time
37 during which this section is effective, the resultant health plan or
38 similar entity shall be responsible for paying the full tax amount as
39 provided in this section that would have been the responsibility of the
40 health plan to which that full tax amount was assessed upon the effec-
41 tive date of any such transaction. If a merger, acquisition, establish-
42 ment, or any other similar transaction results in the transfer of health
43 plan responsibility for only some of a health plan's enrollees under
44 this section but not all enrollees, the full tax amount as provided in
45 this section shall remain the responsibility of that health plan to
46 which that full tax amount was assessed.

47 § 2. Section 99-rr of the state finance law, as added by section 2 of
48 part II of chapter 57 of the laws of 2024, is renumbered section 99-ss
49 and is amended to read to as follows:

50 § 99-ss. Healthcare stability fund. 1. There is hereby established in
51 the joint custody of the state comptroller and the commissioner of taxa-
52 tion and finance a special fund to be known as the "healthcare stability
53 fund" ("fund").

54 2. (a) The fund shall consist of monies received from the imposition
55 of the centers for medicare and medicaid services-approved MCO provider
56 tax established pursuant to section twenty-eight hundred seven-ff of the

1 public health law, and all other monies appropriated, credited, or
2 transferred thereto from any other fund or source pursuant to law.

3 (b) The pool administrator under contract with the commissioner of
4 health pursuant to section twenty-eight hundred seven-y of the public
5 health law shall collect moneys required to be collected as a result of
6 the implementation of the MCO provider tax.

7 3. Notwithstanding any provision of law to the contrary and subject to
8 available legislative appropriation and approval of the director of the
9 budget, monies of the fund may be available [~~for~~] to the department of
10 health for the purpose of:

11 (a) funding the non-federal share of increased capitation payments to
12 managed care providers, as defined in section three hundred sixty-four-j
13 of the social services law, for the medical assistance program, pursuant
14 to a plan developed and approved by the director of the budget;

15 (b) funding the non-federal share of the medical assistance program,
16 including supplemental support for the delivery of health care services
17 to medical assistance program enrollees and quality incentive programs;

18 (c) reimbursement to the general fund for expenditures incurred in the
19 medical assistance program, including, but not limited to, reimbursement
20 pursuant to a savings allocation plan established in accordance with
21 section ninety-two of part H of chapter fifty-nine of the laws of two
22 thousand eleven, as amended; and

23 (d) transfer to the capital projects fund, or any other capital
24 projects fund of the state to support the delivery of health care
25 services.

26 4. The monies shall be paid out of the fund on the audit and warrant
27 of the comptroller on vouchers certified or approved by the commissioner
28 of health, or by an officer or employee of the department of health
29 designated by the commissioner.

30 [~~4~~] 5. Monies disbursed from the fund shall be exempt from the calcu-
31 lation of department of health state funds medicaid expenditures under
32 subdivision one of section ninety-two of part H of chapter fifty-nine of
33 the laws of two thousand eleven, as amended.

34 [~~5~~] 6. Monies in such fund shall be kept separate from and shall not
35 be commingled with any other monies in the custody of the comptroller or
36 the commissioner of taxation and finance. Any monies of the fund not
37 required for immediate use may, at the discretion of the comptroller, in
38 consultation with the director of the budget, be invested by the comp-
39 troller in obligations of the United States or the state. Any income
40 earned by the investment of such monies shall be added to and become a
41 part of and shall be used for the purposes of such fund.

42 [~~6~~] 7. The director of the budget shall provide quarterly reports to
43 the speaker of the assembly, the temporary president of the senate, the
44 chair of the senate finance committee and the chair of the assembly ways
45 and means committee, on the receipts and distributions of the healthcare
46 stability fund, including an itemization of such receipts and disburse-
47 ments, the historical and projected expenditures, and the projected fund
48 balance.

49 8. The comptroller shall provide the pool administrator with any
50 information needed, in a form or format prescribed by the pool adminis-
51 trator, to meet reporting requirements as set forth in section twenty-
52 eight hundred seven-y of the public health law or as otherwise provided
53 by law.

54 § 3. Section 1-a of part I of chapter 57 of the laws of 2022 providing
55 a one percent across the board payment increase to all qualifying fee-

1 for-service Medicaid rates, as amended by section 1 of part NN of chap-
2 ter 57 of the laws of 2024, is amended to read as follows:

3 § 1-a. Notwithstanding any provision of law to the contrary, for the
4 state fiscal years beginning April 1, 2023, and thereafter, Medicaid
5 payments made for the operating component of hospital inpatient services
6 shall be subject to a uniform rate increase of seven and one-half
7 percent in addition to the increase contained in section one of this
8 act, subject to the approval of the commissioner of health and the
9 director of the budget. Notwithstanding any provision of law to the
10 contrary, for the state fiscal years beginning April 1, 2023, and there-
11 after, Medicaid payments made for the operating component of hospital
12 outpatient services shall be subject to a uniform rate increase of six
13 and one-half percent in addition to the increase contained in section
14 one of this act, subject to the approval of the commissioner of health
15 and the director of the budget. Notwithstanding any provision of law to
16 the contrary, for the period April 1, 2024 through March 31, 2025 Medi-
17 caid payments made for hospital services shall be increased by an aggre-
18 gate amount of up to \$525,000,000 in addition to the increase contained
19 in sections one and one-b of this act subject to the approval of the
20 commissioner of health and the director of the budget. Notwithstanding
21 any provision of law to the contrary, for the state fiscal years begin-
22 ning April 1, 2025, and thereafter, Medicaid payments made for the oper-
23 ating component of hospital outpatient services shall be subject to a
24 uniform rate increase pursuant to a plan approved by the director of the
25 budget in addition to the applicable increase contained in section one
26 of this act and this section, subject to the approval of the commission-
27 er of health and the director of the budget. Notwithstanding any
28 provision of law to the contrary, for the period April 1, 2025, and
29 thereafter, Medicaid payments made for hospital services shall be
30 increased by an aggregate amount of up to \$725,000,000 in addition to
31 the increase contained in section one of this act and this section,
32 subject to the approval of the commissioner of health and the director
33 of the budget. Such rate increases shall be subject to federal financial
34 participation and the provisions established under section one-f of this
35 act.

36 § 4. Section 1-b of part I of chapter 57 of the laws of 2022 providing
37 a one percent across the board payment increase to all qualifying fee-
38 for-service Medicaid rates, as amended by section 2 of part NN of chap-
39 ter 57 of the laws of 2024, is amended to read as follows:

40 § 1-b. (1) Notwithstanding any provision of law to the contrary, for
41 the state fiscal years beginning April 1, 2023, and thereafter, Medicaid
42 payments made for the operating component of residential health care
43 facilities services shall be subject to a uniform rate increase of 6.5
44 percent in addition to the increase contained in subdivision 1 of
45 section 1 of this part, subject to the approval of the commissioner of
46 the department of health and the director of the division of the budget;
47 provided, however, that such Medicaid payments shall be subject to a
48 uniform rate increase of up to 7.5 percent in addition to the increase
49 contained in subdivision 1 of section 1 of this part contingent upon
50 approval of the commissioner of the department of health, the director
51 of the division of the budget, and the Centers for Medicare and Medicaid
52 Services. Notwithstanding any provision of law to the contrary, for the
53 period beginning April 1, 2024 [~~through March 31, 2025~~], and annually
54 thereafter Medicaid payments made for nursing home services shall be
55 increased by an aggregate amount of up to \$285,000,000 in addition to
56 the increase contained in this section and sections one and one-c of

1 this act subject to the approval of the commissioner of health and the
2 director of the budget. Such rate increases shall be subject to federal
3 financial participation. Notwithstanding any provision of law to the
4 contrary, for state fiscal years beginning April 1, 2025, and thereafter
5 Medicaid payments made for nursing home services shall be increased by
6 an aggregate amount of up to \$500,000,000 in addition to the increase
7 contained in section one of this act and this section, subject to the
8 approval of the commissioner of health and the director of the budget.
9 Such rate increases shall be subject to federal financial participation
10 and the provisions established under section one-f of this act.

11 (2) Notwithstanding any provision of law to the contrary, for state
12 fiscal years beginning April 1, 2025, and thereafter, pursuant to the
13 increases in this section and section one of this act, Medicaid payments
14 made for the operating component of residential health care facilities
15 services shall be subject to a uniform rate increase at a percentage
16 which provides an aggregate amount of up to one hundred million dollars,
17 subject to the approval of the commissioner of the department of health
18 and the director of the division of the budget. Such rate increases
19 shall be subject to federal financial participation; provided however
20 that the state share of such increases may be paid regardless of
21 approval by the Centers for Medicare and Medicaid Services.

22 § 5. Sections 1-c and 1-d of part I of chapter 57 of the laws of 2022
23 providing a one percent across the board payment increase to all quali-
24 fying fee-for-service Medicaid rates, are renumbered sections 1-d and
25 1-e and a new section 1-c is added to read as follows:

26 § 1-c. Notwithstanding any provision of law to the contrary, for the
27 period April 1, 2025, and thereafter, Medicaid payments made for clinic
28 service provided by federally qualified health centers and diagnostic
29 and treatment centers shall be increased by an aggregate amount of up to
30 \$100,000,000 in addition to any applicable increase contained in section
31 one of this act subject to the approval of the commissioner of health
32 and the director of the budget. Such rate increases shall be subject to
33 federal financial participation and the provisions established under
34 section one-f of this act.

35 § 6. Section 1-d of part I of chapter 57 of the laws of 2022 providing
36 a one percent across the board payment increase to all qualifying fee-
37 for-service Medicaid rates, as amended by section 3 of part NN of chap-
38 ter 57 of the laws of 2024, and as renumbered by section five of this
39 act, is amended to read as follows:

40 § 1-d. Notwithstanding any provision of law to the contrary, for the
41 state fiscal years beginning April 1, 2023, and thereafter, Medicaid
42 payments made for the operating component of assisted living programs as
43 defined by paragraph (a) of subdivision one of section 461-1 of the
44 social services law shall be subject to a uniform rate increase of 6.5
45 percent in addition to the increase contained in section one of this
46 part, subject to the approval of the commissioner of the department of
47 health and the director of division of the budget. Notwithstanding any
48 provision of law to the contrary, for the period April 1, 2024 through
49 March 31, 2025, Medicaid payments for assisted living programs shall be
50 increased by up to \$15,000,000 in addition to the increase contained in
51 this section subject to the approval of the commissioner of health and
52 the director of the budget. Notwithstanding any provision of law to the
53 contrary, for the state fiscal years beginning on April 1, 2025 and
54 thereafter, Medicaid payments for assisted living programs shall be
55 increased by up to \$30,000,000 in addition to the increase contained in
56 this section subject to the approval of the commissioner of health and

1 the director of the budget. Such rate increases shall be subject to
2 federal financial participation and the provisions established under
3 section one-f of this act.

4 § 7. Section 1-e of part I of chapter 57 of the laws of 2022 providing
5 a one percent across the board payment increase to all qualifying fee-
6 for-service Medicaid rates, as added by section 4 of part NN of chapter
7 57 of the laws of 2024, and as renumbered by section five of this act,
8 is amended and six new sections 1-f, 1-g, 1-h, 1-i, 1-j, and 1-k are
9 added to read as follows:

10 § 1-e. Such increases as added by the chapter of the laws of 2024 that
11 added this section may take the form of increased rates of payment in
12 Medicaid fee-for-service and/or Medicaid managed care, lump sum
13 payments, or state directed payments under 42 CFR 438.6(c). Such rate
14 increases shall be subject to federal financial participation and the
15 provisions established under section one-f of this act.

16 § 1-f. Such increases as added by the chapter of the laws of 2025 that
17 added this section shall be contingent upon the availability of funds
18 within the healthcare stability fund established by section 99-ss of the
19 state finance law. Upon a determination by the director of the budget
20 that the balance of such fund is projected to be insufficient to support
21 the continuation of such increases, the commissioner of health, subject
22 to the approval of the director of the budget, shall take steps neces-
23 sary to suspend or terminate such increases, until a determination is
24 made that there are sufficient balances to support these increases.

25 § 1-g. Notwithstanding any provision of law to the contrary, for the
26 state fiscal years beginning on April 1, 2025 and thereafter, Medicaid
27 payments for physicians shall be increased by up to \$100,000,000
28 subject to the approval of the commissioner of health and the direc-
29 tor of the budget.

30 § 1-h. Notwithstanding any provision of law to the contrary, for the
31 state fiscal years beginning on April 1, 2025 and thereafter, Medicaid
32 payments for early intervention providers shall be increased by up
33 to \$90,000,000 subject to the approval of the commissioner of health
34 and the director of the budget.

35 § 1-i. Notwithstanding any provision of law to the contrary, for the
36 state fiscal years beginning on April 1, 2025 and thereafter, Medicaid
37 payments for certified home health agencies shall be increased by up
38 to \$30,000,000 subject to the approval of the commissioner of health
39 and the director of the budget.

40 § 1-j. Notwithstanding any provision of law to the contrary, for the
41 state fiscal years beginning on April 1, 2025 and thereafter, Medicaid
42 payments for emergency medical service providers shall be increased
43 by up to \$20,000,000 subject to the approval of the commissioner of
44 health and the director of the budget.

45 § 1-k. Notwithstanding any provision of law to the contrary, for the
46 state fiscal years beginning on April 1, 2025 and thereafter, Medicaid
47 payments for dental providers shall be increased by up to \$20,000,000
48 subject to the approval of the commissioner of health and the direc-
49 tor of the budget.

50 § 7-a. Paragraph (b) of subdivision 8 of section 2807 of the public
51 health law, as added by section 28 of part B of chapter 1 of the laws of
52 2002, is amended to read as follows:

53 (b) For each twelve month period following September thirtieth, two
54 thousand one and continuing through September thirtieth, two thousand
55 twenty-five, the operating cost component of such rates of payment shall
56 reflect the operating cost component in effect on September thirtieth of

1 the prior period as increased by the percentage increase in the Medicare
2 Economic Index as computed in accordance with the requirements of 42 USC
3 § 1396a(aa)(3) and as adjusted pursuant to applicable regulations to
4 take into account any increase or decrease in the scope of services
5 furnished by the facility. For each twelve month period following
6 September thirtieth, two thousand twenty-five, the operating cost compo-
7 nent shall be calculated consistent with rates of payment established
8 pursuant to paragraph (c-1) of this subdivision, and then annually
9 adjusted by using the FQHC Market Basket inflator as calculated under
10 federal law, and as adjusted pursuant to applicable regulations to take
11 into account any increase or decrease in the scope of services furnished
12 by the facility; provided, however, that no facility shall be subject to
13 an operating cost component lower than what was applied prior to Septem-
14 ber thirtieth, two thousand twenty-five.

15 § 7-b. Subdivision 8 of section 2807 of the public health law is
16 amended by adding a new paragraph (c-1) to read as follows:

17 (c-1) As soon as practicable the department shall analyze the actual
18 federally qualified health center costs filed as required by department
19 regulations, during the prior five year reporting periods. In addition
20 to such data, the commissioner shall consider the scope of services,
21 including type, intensity, duration and amount, provided by such facili-
22 ties; staffing to meet competitive market and case mix needs of popu-
23 lations served; physical plant and maintenance costs; infrastructure
24 costs; technology costs associated with telehealth modality of service
25 delivery; informational technology costs; and other costs deemed neces-
26 sary by the commissioner. Notwithstanding any other statute, rule, or
27 regulation otherwise imposing ceilings or caps on payments to federally
28 qualified health centers, provided that such payments are still subject
29 to federal financial participation, beginning on April first, two thou-
30 sand twenty-five, and then again every three years thereafter, the
31 department shall develop and issue updated rates of payments reflecting
32 the actual costs and updated aggregated data consistent with the method-
33 ology described in this paragraph; provided, however, that no facility
34 shall be subject to a rate that is less than the rate used prior to
35 September thirtieth, two thousand twenty-five.

36 § 7-c. Subparagraph (iv) of paragraph (b) of subdivision 2-b of
37 section 2808 of the public health law, as amended by section 2 of part E
38 of chapter 57 of the laws of 2024, is amended to read as follows:

39 (iv) The capital cost component of rates on and after January first,
40 two thousand nine shall: (A) fully reflect the cost of local property
41 taxes and payments made in lieu of local property taxes, as reported in
42 each facility's cost report submitted for the year two years prior to
43 the rate year; (B) provided, however, notwithstanding any inconsistent
44 provision of this article, commencing April first, two thousand twenty
45 for rates of payment for patients eligible for payments made by state
46 governmental agencies, the capital cost component determined in accord-
47 ance with this subparagraph and inclusive of any shared savings for
48 eligible facilities that elect to refinance their mortgage loans pursu-
49 ant to paragraph (d) of subdivision two-a of this section, shall be
50 reduced by the commissioner by five percent; and (C) provided, however,
51 notwithstanding any inconsistent provision of this article, commencing
52 April first, two thousand twenty-four and ending on March thirty-first,
53 two thousand twenty-five, for rates of payment for patients eligible for
54 payments made by state governmental agencies, the capital cost component
55 determined in accordance with this subparagraph and inclusive of any
56 shared savings for eligible facilities that elect to refinance their

1 mortgage loans pursuant to paragraph (d) of subdivision two-a of this
2 section, shall be reduced by the commissioner by an additional ten
3 percent, provided, however, that such reduction shall not apply to rates
4 of payment for patients in pediatric residential health care facilities
5 as defined in paragraph (c) of subdivision two of section twenty-eight
6 hundred eight-e of this article.

7 § 7-d. Paragraph (c) of subdivision 8 of section 2807-c of the public
8 health law, as amended by section 1 of part D of chapter 57 of the laws
9 of 2024, is amended to read as follows:

10 (c) In order to reconcile capital related inpatient expenses included
11 in rates of payment based on a budget to actual expenses and statistics
12 for the rate period for a general hospital, rates of payment for a
13 general hospital shall be adjusted to reflect the dollar value of the
14 difference between capital related inpatient expenses included in the
15 computation of rates of payment for a prior rate period based on a budg-
16 et and actual capital related inpatient expenses for such prior rate
17 period, each as determined in accordance with paragraph (a) of this
18 subdivision, adjusted to reflect increases or decreases in volume of
19 service in such prior rate period compared to statistics applied in
20 determining the capital related inpatient expenses component of rates of
21 payment based on a budget for such prior rate period.

22 For rates effective April first, two thousand twenty through March
23 thirty-first, two thousand twenty-one, the budgeted capital-related
24 expenses add-on as described in paragraph (a) of this subdivision, based
25 on a budget submitted in accordance to paragraph (a) of this subdivi-
26 sion, shall be reduced by five percent relative to the rate in effect on
27 such date; and the actual capital expenses add-on as described in para-
28 graph (a) of this subdivision, based on actual expenses and statistics
29 through appropriate audit procedures in accordance with paragraph (a) of
30 this subdivision shall be reduced by five percent relative to the rate
31 in effect on such date.

32 For rates effective April first, two thousand twenty-one through
33 September thirtieth, two thousand twenty-four, the budgeted capital-re-
34 lated expenses add-on as described in paragraph (a) of this subdivision,
35 based on a budget submitted in accordance to paragraph (a) of this
36 subdivision, shall be reduced by ten percent relative to the rate in
37 effect on such date; and the actual capital expenses add-on as described
38 in paragraph (a) of this subdivision, based on actual expenses and
39 statistics through appropriate audit procedures in accordance with para-
40 graph (a) of this subdivision shall be reduced by ten percent relative
41 to the rate in effect on such date.

42 For rates effective on and after October first, two thousand twenty-
43 four, the budgeted capital-related expenses add-on as described in para-
44 graph (a) of this subdivision, based on a budget submitted in accordance
45 with paragraph (a) of this subdivision, shall be reduced by [~~twenty~~] **ten**
46 percent relative to the rate in effect on such date; and the actual
47 capital expenses add-on as described in paragraph (a) of this subdivi-
48 sion shall be reduced by [~~twenty~~] **ten** percent relative to the rate in
49 effect on such date.

50 For any rate year, all reconciliation add-on amounts calculated for
51 the period of April first, two thousand twenty through September thirti-
52 eth, two thousand twenty-four shall be reduced by ten percent, and all
53 reconciliation recoupment amounts calculated for the period of April
54 first, two thousand twenty through September thirtieth, two thousand
55 twenty-four shall increase by ten percent.

1 For any rate year, all reconciliation add-on amounts calculated on and
2 after October first, two thousand twenty-four shall be reduced by [~~twen-~~
3 ~~ty~~] ten percent, and all reconciliation recoupment amounts calculated on
4 or after October first, two thousand twenty-four shall increase by
5 [~~twenty~~] ten percent.

6 Notwithstanding any inconsistent provision of subparagraph (i) of
7 paragraph (e) of subdivision nine of this section, capital related inpa-
8 tient expenses of a general hospital included in the computation of
9 rates of payment based on a budget shall not be included in the computa-
10 tion of a volume adjustment made in accordance with such subparagraph.
11 Adjustments to rates of payment for a general hospital made pursuant to
12 this paragraph shall be made in accordance with paragraph (c) of subdivi-
13 sion eleven of this section. Such adjustments shall not be carried
14 forward except for such volume adjustment as may be authorized in
15 accordance with subparagraph (i) of paragraph (e) of subdivision nine of
16 this section for such general hospital.

17 § 8. This act shall take effect immediately; provided, however, that
18 sections three, four, five, six, seven, seven-a, seven-b, seven-c, and
19 seven-d of this act shall be deemed to have been in full force and
20 effect on and after April 1, 2025; and provided further, however, that
21 modifications made to rates, or reconciliation add-on amounts or recoup-
22 ments as outlined in sections four, five, six, seven, seven-a, seven-b,
23 seven-c, and seven-d of this act shall be applied on a prospective
24 basis.

25

PART G

26 Section 1. Paragraph (a) of subdivision 1 of section 18 of chapter 266
27 of the laws of 1986, amending the civil practice law and rules and other
28 laws relating to malpractice and professional medical conduct, as
29 amended by section 1 of part K of chapter 57 of the laws of 2024, is
30 amended to read as follows:

31 (a) The superintendent of financial services and the commissioner of
32 health or their designee shall, from funds available in the hospital
33 excess liability pool created pursuant to subdivision 5 of this section,
34 purchase a policy or policies for excess insurance coverage, as author-
35 ized by paragraph 1 of subsection (e) of section 5502 of the insurance
36 law; or from an insurer, other than an insurer described in section 5502
37 of the insurance law, duly authorized to write such coverage and actual-
38 ly writing medical malpractice insurance in this state; or shall
39 purchase equivalent excess coverage in a form previously approved by the
40 superintendent of financial services for purposes of providing equiv-
41 alent excess coverage in accordance with section 19 of chapter 294 of
42 the laws of 1985, for medical or dental malpractice occurrences between
43 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,
44 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June
45 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991
46 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July
47 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
48 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
49 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
50 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
51 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
52 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
53 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
54 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July

1 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
2 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June
3 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
4 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July
5 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,
6 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June
7 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019
8 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July
9 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023,
10 between July 1, 2023 and June 30, 2024, [~~and~~] between July 1, 2024 and
11 June 30, 2025, and between July 1, 2025 and June 30, 2026 or reimburse
12 the hospital where the hospital purchases equivalent excess coverage as
13 defined in subparagraph (i) of paragraph (a) of subdivision 1-a of this
14 section for medical or dental malpractice occurrences between July 1,
15 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between
16 July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991,
17 between July 1, 1991 and June 30, 1992, between July 1, 1992 and June
18 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994
19 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July
20 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998,
21 between July 1, 1998 and June 30, 1999, between July 1, 1999 and June
22 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001
23 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July
24 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005,
25 between July 1, 2005 and June 30, 2006, between July 1, 2006 and June
26 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008
27 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July
28 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012,
29 between July 1, 2012 and June 30, 2013, between July 1, 2013 and June
30 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015
31 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July
32 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019,
33 between July 1, 2019 and June 30, 2020, between July 1, 2020 and June
34 30, 2021, between July 1, 2021 and June 30, 2022, between July 1, 2022
35 and June 30, 2023, between July 1, 2023 and June 30, 2024, [~~and~~] between
36 July 1, 2024 and June 30, 2025, and between July 1, 2025 and June 30,
37 2026 for physicians or dentists certified as eligible for each such
38 period or periods pursuant to subdivision 2 of this section by a general
39 hospital licensed pursuant to article 28 of the public health law;
40 provided that no single insurer shall write more than fifty percent of
41 the total excess premium for a given policy year; and provided, however,
42 that such eligible physicians or dentists must have in force an individ-
43 ual policy, from an insurer licensed in this state of primary malprac-
44 tice insurance coverage in amounts of no less than one million three
45 hundred thousand dollars for each claimant and three million nine
46 hundred thousand dollars for all claimants under that policy during the
47 period of such excess coverage for such occurrences or be endorsed as
48 additional insureds under a hospital professional liability policy which
49 is offered through a voluntary attending physician ("channeling")
50 program previously permitted by the superintendent of financial services
51 during the period of such excess coverage for such occurrences. During
52 such period, such policy for excess coverage or such equivalent excess
53 coverage shall, when combined with the physician's or dentist's primary
54 malpractice insurance coverage or coverage provided through a voluntary
55 attending physician ("channeling") program, total an aggregate level of
56 two million three hundred thousand dollars for each claimant and six

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

21 § 2. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,
22 amending the civil practice law and rules and other laws relating to
23 malpractice and professional medical conduct, as amended by section 2 of
24 part K of chapter 57 of the laws of 2024, is amended to read as follows:

25 (3)(a) The superintendent of financial services shall determine and
26 certify to each general hospital and to the commissioner of health the
27 cost of excess malpractice insurance for medical or dental malpractice
28 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988
29 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July
30 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,
31 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June
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33 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July
34 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,
35 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June
36 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002
37 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July
38 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,
39 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June
40 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009
41 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July
42 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,
43 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June
44 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016
45 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July
46 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,
47 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June
48 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023
49 and June 30, 2024, [~~and~~] between July 1, 2024 and June 30, 2025, and
50 between July 1, 2025 and June 30, 2026 allocable to each general hospi-
51 tal for physicians or dentists certified as eligible for purchase of a
52 policy for excess insurance coverage by such general hospital in accord-
53 ance with subdivision 2 of this section, and may amend such determi-
54 nation and certification as necessary.

55 (b) The superintendent of financial services shall determine and
56 certify to each general hospital and to the commissioner of health the

1 cost of excess malpractice insurance or equivalent excess coverage for
2 medical or dental malpractice occurrences between July 1, 1987 and June
3 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989
4 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July
5 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,
6 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June
7 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996
8 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July
9 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,
10 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June
11 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003
12 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July
13 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,
14 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June
15 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010
16 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July
17 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,
18 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June
19 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017
20 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July
21 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021,
22 between July 1, 2021 and June 30, 2022, between July 1, 2022 and June
23 30, 2023, between July 1, 2023 and June 30, 2024, [~~and~~] between July 1,
24 2024 and June 30, 2025, and between July 1, 2025 and June 30, 2026 allo-
25 cable to each general hospital for physicians or dentists certified as
26 eligible for purchase of a policy for excess insurance coverage or
27 equivalent excess coverage by such general hospital in accordance with
28 subdivision 2 of this section, and may amend such determination and
29 certification as necessary. The superintendent of financial services
30 shall determine and certify to each general hospital and to the commis-
31 sioner of health the ratable share of such cost allocable to the period
32 July 1, 1987 to December 31, 1987, to the period January 1, 1988 to June
33 30, 1988, to the period July 1, 1988 to December 31, 1988, to the period
34 January 1, 1989 to June 30, 1989, to the period July 1, 1989 to December
35 31, 1989, to the period January 1, 1990 to June 30, 1990, to the period
36 July 1, 1990 to December 31, 1990, to the period January 1, 1991 to June
37 30, 1991, to the period July 1, 1991 to December 31, 1991, to the period
38 January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December
39 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period
40 July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June
41 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period
42 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December
43 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period
44 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June
45 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period
46 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December
47 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period
48 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June
49 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period
50 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,
51 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,
52 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to
53 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006
54 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the
55 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and
56 June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the

1 period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and
2 June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the
3 period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and
4 June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the
5 period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June
6 30, 2019, to the period July 1, 2019 to June 30, 2020, to the period
7 July 1, 2020 to June 30, 2021, to the period July 1, 2021 to June 30,
8 2022, to the period July 1, 2022 to June 30, 2023, to the period July 1,
9 2023 to June 30, 2024, [~~and~~] to the period July 1, 2024 to June 30,
10 2025, and to the period July 1, 2025 to June 30, 2026.

11 § 3. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section
12 18 of chapter 266 of the laws of 1986, amending the civil practice law
13 and rules and other laws relating to malpractice and professional
14 medical conduct, as amended by section 3 of part K of chapter 57 of the
15 laws of 2024, are amended to read as follows:

16 (a) To the extent funds available to the hospital excess liability
17 pool pursuant to subdivision 5 of this section as amended, and pursuant
18 to section 6 of part J of chapter 63 of the laws of 2001, as may from
19 time to time be amended, which amended this subdivision, are insuffi-
20 cient to meet the costs of excess insurance coverage or equivalent
21 excess coverage for coverage periods during the period July 1, 1992 to
22 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during
23 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995
24 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,
25 during the period July 1, 1997 to June 30, 1998, during the period July
26 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,
27 2000, during the period July 1, 2000 to June 30, 2001, during the period
28 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to
29 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during
30 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004
31 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,
32 during the period July 1, 2006 to June 30, 2007, during the period July
33 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,
34 2009, during the period July 1, 2009 to June 30, 2010, during the period
35 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June
36 30, 2012, during the period July 1, 2012 to June 30, 2013, during the
37 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to
38 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during
39 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017
40 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,
41 during the period July 1, 2019 to June 30, 2020, during the period July
42 1, 2020 to June 30, 2021, during the period July 1, 2021 to June 30,
43 2022, during the period July 1, 2022 to June 30, 2023, during the period
44 July 1, 2023 to June 30, 2024, [~~and~~] during the period July 1, 2024 to
45 June 30, 2025, and during the period July 1, 2025 to June 30 2026 allo-
46 cated or reallocated in accordance with paragraph (a) of subdivision 4-a
47 of this section to rates of payment applicable to state governmental
48 agencies, each physician or dentist for whom a policy for excess insur-
49 ance coverage or equivalent excess coverage is purchased for such period
50 shall be responsible for payment to the provider of excess insurance
51 coverage or equivalent excess coverage of an allocable share of such
52 insufficiency, based on the ratio of the total cost of such coverage for
53 such physician to the sum of the total cost of such coverage for all
54 physicians applied to such insufficiency.

55 (b) Each provider of excess insurance coverage or equivalent excess
56 coverage covering the period July 1, 1992 to June 30, 1993, or covering

1 the period July 1, 1993 to June 30, 1994, or covering the period July 1,
2 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,
3 1996, or covering the period July 1, 1996 to June 30, 1997, or covering
4 the period July 1, 1997 to June 30, 1998, or covering the period July 1,
5 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,
6 2000, or covering the period July 1, 2000 to June 30, 2001, or covering
7 the period July 1, 2001 to October 29, 2001, or covering the period
8 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to
9 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or
10 covering the period July 1, 2004 to June 30, 2005, or covering the peri-
11 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to
12 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or
13 covering the period July 1, 2008 to June 30, 2009, or covering the peri-
14 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to
15 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or
16 covering the period July 1, 2012 to June 30, 2013, or covering the peri-
17 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to
18 June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or
19 covering the period July 1, 2016 to June 30, 2017, or covering the peri-
20 od July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to
21 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or
22 covering the period July 1, 2020 to June 30, 2021, or covering the peri-
23 od July 1, 2021 to June 30, 2022, or covering the period July 1, 2022 to
24 June 30, 2023, or covering the period July 1, 2023 to June 30, 2024, or
25 covering the period July 1, 2024 to June 30, 2025, or covering the peri-
26 od July 1, 2025 to June 30, 2026 shall notify a covered physician or
27 dentist by mail, mailed to the address shown on the last application for
28 excess insurance coverage or equivalent excess coverage, of the amount
29 due to such provider from such physician or dentist for such coverage
30 period determined in accordance with paragraph (a) of this subdivision.
31 Such amount shall be due from such physician or dentist to such provider
32 of excess insurance coverage or equivalent excess coverage in a time and
33 manner determined by the superintendent of financial services.

34 (c) If a physician or dentist liable for payment of a portion of the
35 costs of excess insurance coverage or equivalent excess coverage cover-
36 ing the period July 1, 1992 to June 30, 1993, or covering the period
37 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to
38 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or
39 covering the period July 1, 1996 to June 30, 1997, or covering the peri-
40 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to
41 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or
42 covering the period July 1, 2000 to June 30, 2001, or covering the peri-
43 od July 1, 2001 to October 29, 2001, or covering the period April 1,
44 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,
45 2003, or covering the period July 1, 2003 to June 30, 2004, or covering
46 the period July 1, 2004 to June 30, 2005, or covering the period July 1,
47 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,
48 2007, or covering the period July 1, 2007 to June 30, 2008, or covering
49 the period July 1, 2008 to June 30, 2009, or covering the period July 1,
50 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,
51 2011, or covering the period July 1, 2011 to June 30, 2012, or covering
52 the period July 1, 2012 to June 30, 2013, or covering the period July 1,
53 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,
54 2015, or covering the period July 1, 2015 to June 30, 2016, or covering
55 the period July 1, 2016 to June 30, 2017, or covering the period July 1,
56 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,

1 2019, or covering the period July 1, 2019 to June 30, 2020, or covering
2 the period July 1, 2020 to June 30, 2021, or covering the period July 1,
3 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30,
4 2023, or covering the period July 1, 2023 to June 30, 2024, or covering
5 the period July 1, 2024 to June 30, 2025, or covering the period July 1,
6 2025 to June 30, 2026 determined in accordance with paragraph (a) of
7 this subdivision fails, refuses or neglects to make payment to the
8 provider of excess insurance coverage or equivalent excess coverage in
9 such time and manner as determined by the superintendent of financial
10 services pursuant to paragraph (b) of this subdivision, excess insurance
11 coverage or equivalent excess coverage purchased for such physician or
12 dentist in accordance with this section for such coverage period shall
13 be cancelled and shall be null and void as of the first day on or after
14 the commencement of a policy period where the liability for payment
15 pursuant to this subdivision has not been met.

16 (d) Each provider of excess insurance coverage or equivalent excess
17 coverage shall notify the superintendent of financial services and the
18 commissioner of health or their designee of each physician and dentist
19 eligible for purchase of a policy for excess insurance coverage or
20 equivalent excess coverage covering the period July 1, 1992 to June 30,
21 1993, or covering the period July 1, 1993 to June 30, 1994, or covering
22 the period July 1, 1994 to June 30, 1995, or covering the period July 1,
23 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,
24 1997, or covering the period July 1, 1997 to June 30, 1998, or covering
25 the period July 1, 1998 to June 30, 1999, or covering the period July 1,
26 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,
27 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-
28 ing the period April 1, 2002 to June 30, 2002, or covering the period
29 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to
30 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or
31 covering the period July 1, 2005 to June 30, 2006, or covering the peri-
32 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to
33 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or
34 covering the period July 1, 2009 to June 30, 2010, or covering the peri-
35 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to
36 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or
37 covering the period July 1, 2013 to June 30, 2014, or covering the peri-
38 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to
39 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or
40 covering the period July 1, 2017 to June 30, 2018, or covering the peri-
41 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to
42 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or
43 covering the period July 1, 2021 to June 30, 2022, or covering the peri-
44 od July 1, 2022 to June 30, 2023, or covering the period July 1, 2023 to
45 June 30, 2024, or covering the period July 1, 2024 to June 30, 2025, or
46 covering the period July 1, 2025 to June 30, 2026 that has made payment
47 to such provider of excess insurance coverage or equivalent excess
48 coverage in accordance with paragraph (b) of this subdivision and of
49 each physician and dentist who has failed, refused or neglected to make
50 such payment.

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

1 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to
2 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000
3 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,
4 and to the period April 1, 2002 to June 30, 2002, and to the period July
5 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,
6 2004, and to the period July 1, 2004 to June 30, 2005, and to the period
7 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June
8 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the
9 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to
10 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to
11 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012
12 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and
13 to the period July 1, 2014 to June 30, 2015, and to the period July 1,
14 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and
15 to the period July 1, 2017 to June 30, 2018, and to the period July 1,
16 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,
17 and to the period July 1, 2020 to June 30, 2021, and to the period July
18 1, 2021 to June 30, 2022, and to the period July 1, 2022 to June 30,
19 2023, and to the period July 1, 2023 to June 30, 2024, and to the period
20 July 1, 2024 to June 30, 2025, and to the period July 1, 2025 to June
21 30, 2026 received from the hospital excess liability pool for purchase
22 of excess insurance coverage or equivalent excess coverage covering the
23 period July 1, 1992 to June 30, 1993, and covering the period July 1,
24 1993 to June 30, 1994, and covering the period July 1, 1994 to June 30,
25 1995, and covering the period July 1, 1995 to June 30, 1996, and cover-
26 ing the period July 1, 1996 to June 30, 1997, and covering the period
27 July 1, 1997 to June 30, 1998, and covering the period July 1, 1998 to
28 June 30, 1999, and covering the period July 1, 1999 to June 30, 2000,
29 and covering the period July 1, 2000 to June 30, 2001, and covering the
30 period July 1, 2001 to October 29, 2001, and covering the period April
31 1, 2002 to June 30, 2002, and covering the period July 1, 2002 to June
32 30, 2003, and covering the period July 1, 2003 to June 30, 2004, and
33 covering the period July 1, 2004 to June 30, 2005, and covering the
34 period July 1, 2005 to June 30, 2006, and covering the period July 1,
35 2006 to June 30, 2007, and covering the period July 1, 2007 to June 30,
36 2008, and covering the period July 1, 2008 to June 30, 2009, and cover-
37 ing the period July 1, 2009 to June 30, 2010, and covering the period
38 July 1, 2010 to June 30, 2011, and covering the period July 1, 2011 to
39 June 30, 2012, and covering the period July 1, 2012 to June 30, 2013,
40 and covering the period July 1, 2013 to June 30, 2014, and covering the
41 period July 1, 2014 to June 30, 2015, and covering the period July 1,
42 2015 to June 30, 2016, and covering the period July 1, 2016 to June 30,
43 2017, and covering the period July 1, 2017 to June 30, 2018, and cover-
44 ing the period July 1, 2018 to June 30, 2019, and covering the period
45 July 1, 2019 to June 30, 2020, and covering the period July 1, 2020 to
46 June 30, 2021, and covering the period July 1, 2021 to June 30, 2022,
47 and covering the period July 1, 2022 to June 30, 2023 for, and covering
48 the period July 1, 2023 to June 30, 2024, and covering the period July
49 1, 2024 to June 30, 2025, and covering the period July 1, 2025 to June
50 30, 2026 a physician or dentist where such excess insurance coverage or
51 equivalent excess coverage is cancelled in accordance with paragraph (c)
52 of this subdivision.

53 § 4. Section 40 of chapter 266 of the laws of 1986, amending the civil
54 practice law and rules and other laws relating to malpractice and
55 professional medical conduct, as amended by section 4 of part K of chap-
56 ter 57 of the laws of 2024, is amended to read as follows:

1 § 40. The superintendent of financial services shall establish rates
2 for policies providing coverage for physicians and surgeons medical
3 malpractice for the periods commencing July 1, 1985 and ending June 30,
4 [~~2025~~] 2026; provided, however, that notwithstanding any other provision
5 of law, the superintendent shall not establish or approve any increase
6 in rates for the period commencing July 1, 2009 and ending June 30,
7 2010. The superintendent shall direct insurers to establish segregated
8 accounts for premiums, payments, reserves and investment income attrib-
9 utable to such premium periods and shall require periodic reports by the
10 insurers regarding claims and expenses attributable to such periods to
11 monitor whether such accounts will be sufficient to meet incurred claims
12 and expenses. On or after July 1, 1989, the superintendent shall impose
13 a surcharge on premiums to satisfy a projected deficiency that is
14 attributable to the premium levels established pursuant to this section
15 for such periods; provided, however, that such annual surcharge shall
16 not exceed eight percent of the established rate until July 1, [~~2025~~]
17 2026, at which time and thereafter such surcharge shall not exceed twen-
18 ty-five percent of the approved adequate rate, and that such annual
19 surcharges shall continue for such period of time as shall be sufficient
20 to satisfy such deficiency. The superintendent shall not impose such
21 surcharge during the period commencing July 1, 2009 and ending June 30,
22 2010. On and after July 1, 1989, the surcharge prescribed by this
23 section shall be retained by insurers to the extent that they insured
24 physicians and surgeons during the July 1, 1985 through June 30, [~~2025~~]
25 2026 policy periods; in the event and to the extent physicians and
26 surgeons were insured by another insurer during such periods, all or a
27 pro rata share of the surcharge, as the case may be, shall be remitted
28 to such other insurer in accordance with rules and regulations to be
29 promulgated by the superintendent. Surcharges collected from physicians
30 and surgeons who were not insured during such policy periods shall be
31 apportioned among all insurers in proportion to the premium written by
32 each insurer during such policy periods; if a physician or surgeon was
33 insured by an insurer subject to rates established by the superintendent
34 during such policy periods, and at any time thereafter a hospital,
35 health maintenance organization, employer or institution is responsible
36 for responding in damages for liability arising out of such physician's
37 or surgeon's practice of medicine, such responsible entity shall also
38 remit to such prior insurer the equivalent amount that would then be
39 collected as a surcharge if the physician or surgeon had continued to
40 remain insured by such prior insurer. In the event any insurer that
41 provided coverage during such policy periods is in liquidation, the
42 property/casualty insurance security fund shall receive the portion of
43 surcharges to which the insurer in liquidation would have been entitled.
44 The surcharges authorized herein shall be deemed to be income earned for
45 the purposes of section 2303 of the insurance law. The superintendent,
46 in establishing adequate rates and in determining any projected defi-
47 ciency pursuant to the requirements of this section and the insurance
48 law, shall give substantial weight, determined in his discretion and
49 judgment, to the prospective anticipated effect of any regulations
50 promulgated and laws enacted and the public benefit of stabilizing
51 malpractice rates and minimizing rate level fluctuation during the peri-
52 od of time necessary for the development of more reliable statistical
53 experience as to the efficacy of such laws and regulations affecting
54 medical, dental or podiatric malpractice enacted or promulgated in 1985,
55 1986, by this act and at any other time. Notwithstanding any provision
56 of the insurance law, rates already established and to be established by

1 the superintendent pursuant to this section are deemed adequate if such
2 rates would be adequate when taken together with the maximum authorized
3 annual surcharges to be imposed for a reasonable period of time whether
4 or not any such annual surcharge has been actually imposed as of the
5 establishment of such rates.

6 § 5. Section 5 and subdivisions (a) and (e) of section 6 of part J of
7 chapter 63 of the laws of 2001, amending chapter 266 of the laws of
8 1986, amending the civil practice law and rules and other laws relating
9 to malpractice and professional medical conduct, as amended by section 5
10 of part K of chapter 57 of the laws of 2024, are amended to read as
11 follows:

12 § 5. The superintendent of financial services and the commissioner of
13 health shall determine, no later than June 15, 2002, June 15, 2003, June
14 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,
15 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,
16 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June
17 15, 2018, June 15, 2019, June 15, 2020, June 15, 2021, June 15, 2022,
18 June 15, 2023, June 15, 2024, ~~and~~ June 15, 2025, and June 15, 2026 the
19 amount of funds available in the hospital excess liability pool, created
20 pursuant to section 18 of chapter 266 of the laws of 1986, and whether
21 such funds are sufficient for purposes of purchasing excess insurance
22 coverage for eligible participating physicians and dentists during the
23 period July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003,
24 or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or
25 July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July
26 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1,
27 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011
28 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to
29 June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June
30 30, 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,
31 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,
32 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,
33 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,
34 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30, 2026
35 as applicable.

36 (a) This section shall be effective only upon a determination, pursu-
37 ant to section five of this act, by the superintendent of financial
38 services and the commissioner of health, and a certification of such
39 determination to the state director of the budget, the chair of the
40 senate committee on finance and the chair of the assembly committee on
41 ways and means, that the amount of funds in the hospital excess liabil-
42 ity pool, created pursuant to section 18 of chapter 266 of the laws of
43 1986, is insufficient for purposes of purchasing excess insurance cover-
44 age for eligible participating physicians and dentists during the period
45 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July
46 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,
47 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007
48 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to
49 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June
50 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
51 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,
52 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,
53 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,
54 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,
55 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,

1 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30, 2026
2 as applicable.

3 (e) The commissioner of health shall transfer for deposit to the
4 hospital excess liability pool created pursuant to section 18 of chapter
5 266 of the laws of 1986 such amounts as directed by the superintendent
6 of financial services for the purchase of excess liability insurance
7 coverage for eligible participating physicians and dentists for the
8 policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30,
9 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,
10 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,
11 2007, as applicable, and the cost of administering the hospital excess
12 liability pool for such applicable policy year, pursuant to the program
13 established in chapter 266 of the laws of 1986, as amended, no later
14 than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June
15 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010,
16 June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15,
17 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June
18 15, 2020, June 15, 2021, June 15, 2022, June 15, 2023, June 15, 2024,
19 [~~and~~] June 15, 2025, and June 15, 2026 as applicable.

20 § 6. Section 20 of part H of chapter 57 of the laws of 2017, amending
21 the New York Health Care Reform Act of 1996 and other laws relating to
22 extending certain provisions thereto, as amended by section 6 of part K
23 of chapter 57 of the laws of 2024, is amended to read as follows:

24 § 20. Notwithstanding any law, rule or regulation to the contrary,
25 only physicians or dentists who were eligible, and for whom the super-
26 intendent of financial services and the commissioner of health, or their
27 designee, purchased, with funds available in the hospital excess liabil-
28 ity pool, a full or partial policy for excess coverage or equivalent
29 excess coverage for the coverage period ending the thirtieth of June,
30 two thousand [~~twenty-four~~] twenty-five, shall be eligible to apply for
31 such coverage for the coverage period beginning the first of July, two
32 thousand [~~twenty-four~~] twenty-five; provided, however, if the total
33 number of physicians or dentists for whom such excess coverage or equiv-
34 alent excess coverage was purchased for the policy year ending the thir-
35 tieth of June, two thousand [~~twenty-four~~] twenty-five exceeds the total
36 number of physicians or dentists certified as eligible for the coverage
37 period beginning the first of July, two thousand [~~twenty-four~~] twenty-
38 five, then the general hospitals may certify additional eligible physi-
39 cians or dentists in a number equal to such general hospital's propor-
40 tional share of the total number of physicians or dentists for whom
41 excess coverage or equivalent excess coverage was purchased with funds
42 available in the hospital excess liability pool as of the thirtieth of
43 June, two thousand [~~twenty-four~~] twenty-five, as applied to the differ-
44 ence between the number of eligible physicians or dentists for whom a
45 policy for excess coverage or equivalent excess coverage was purchased
46 for the coverage period ending the thirtieth of June, two thousand
47 [~~twenty-four~~] twenty-five and the number of such eligible physicians or
48 dentists who have applied for excess coverage or equivalent excess
49 coverage for the coverage period beginning the first of July, two thou-
50 sand [~~twenty-four~~] twenty-five.

51 § 7. This act shall take effect immediately and shall be deemed to
52 have been in full force and effect on and after April 1, 2025.

53 PART H

54 Intentionally Omitted

1

PART I

2 Section 1. Subdivision 1 of section 4148 of the public health law, as
3 added by chapter 352 of the laws of 2013, is amended to read as follows:

4 1. The department is hereby authorized and directed to design, imple-
5 ment and maintain an electronic death registration system for collect-
6 ing, storing, recording, transmitting, amending, correcting and authen-
7 ticating information, as necessary and appropriate to complete a death
8 registration, and to generate such documents as determined by the
9 department in relation to a death occurring in this state. As part of
10 the design and implementation of the system established by this section,
11 the department shall consult with all persons authorized to use such
12 system to the extent practicable and feasible. [~~The payment referenced
13 in subdivision five of this section shall be collected for each burial
14 or removal permit issued on or after the effective date of this section
15 from the licensed funeral director or undertaker to whom such permit is
16 issued, in the manner specified by the department and shall be used
17 solely for the purpose set forth in subdivision five of this section.~~]

18 Except as specifically provided in this section, the existing general
19 duties of, and remuneration received by, local registrars in accepting
20 and filing certificates of death and issuing burial and removal permits
21 pursuant to any statute or regulation shall be maintained, and not
22 altered or abridged in any way by this section.

23 § 2. Subdivision 5 of section 4148 of the public health law is
24 REPEALED.

25 § 3. This act shall take effect immediately and shall be deemed to
26 have been in full force and effect on and after April 1, 2025.

27

PART J

28 Section 1. The opening paragraph of subdivision 3 of section 2825-g of
29 the public health law, as added by section 1 of part K of chapter 57 of
30 the laws of 2022, is amended to read as follows:

31 Notwithstanding subdivision two of this section or any inconsistent
32 provision of law to the contrary, and upon approval of the director of
33 the budget, the commissioner may, subject to the availability of lawful
34 appropriation, award up to four hundred fifty million dollars of the
35 funds made available pursuant to this section for unfunded project
36 applications submitted in response to the request for application number
37 18406 issued by the department on September thirtieth, two thousand
38 twenty-one pursuant to section twenty-eight hundred twenty-five-f of
39 this article. Authorized amounts to be awarded pursuant to applications
40 submitted in response to the request for application number 18406 shall
41 be awarded no later than [~~December thirty-first, two thousand twenty-
42 two~~] February twenty-eighth, two thousand twenty-three. Provided, howev-
43 er, that a minimum of:

44 § 2. This act shall take effect immediately and shall be deemed to
45 have been in full force and effect on and after April 1, 2025.

46

PART K

47 Section 1. Subdivisions 1, 2, 3, 4, 5 and 6 of section 2806-a of the
48 public health law, as added by section 50 of part E of chapter 56 of the
49 laws of 2013, paragraph (g) of subdivision 1 as added by section 7,
50 paragraph (a) of subdivision 2 as amended by section 8, and subparagraph

1 (iii) of paragraph (c) of subdivision 5 as amended by section 9 of part
2 K of chapter 57 of the laws of 2015, are amended to read as follows:

3 1. For the purposes of this section:

4 (a) "adult care facility" shall mean an adult home or enriched housing
5 program licensed pursuant to article seven of the social services law or
6 an assisted living residence licensed pursuant to article forty-six-B of
7 this chapter;

8 (b) "established operator" shall mean the operator of [~~an adult care
9 facility, a general hospital or a diagnostic and treatment center that
10 has been established and issued an operating certificate as such pursu-
11 ant to this article~~] a facility, including corporations established
12 pursuant to article ten-C of the public authorities law;

13 (c) "facility" shall mean (i) a general hospital or a diagnostic and
14 treatment center that has been issued an operating certificate as such
15 pursuant to this article; or (ii) an adult care facility;

16 (d) "temporary operator" shall mean any person or entity that:

17 (i) agrees to operate a facility on a temporary basis in the best
18 interests of its residents or patients and the community served by the
19 facility; and

20 (ii) has demonstrated that [~~he or she has~~] they have the character,
21 competence and financial ability to operate the facility in compliance
22 with applicable standards;

23 (e) "serious financial instability" shall include but not be limited
24 to defaulting or violating key covenants of loans, or missed mortgage
25 payments, or general untimely payment of obligations, including but not
26 limited to employee benefit fund, payroll or payroll tax, and insurance
27 premium obligations, or failure to maintain required debt service cover-
28 age ratios or, as applicable, factors that have triggered a written
29 event of default notice to the department by the dormitory authority of
30 the state of New York; and

31 (f) "extraordinary financial assistance" shall mean state funds
32 provided to a facility upon such facility's request for the purpose of
33 assisting the facility to address serious financial instability. Such
34 funds may be derived from existing programs within the department,
35 special appropriations, or other funds.

36 (g) "improper delegation of management authority by the governing
37 authority or operator" of a general hospital shall include, but not be
38 limited to, the delegation to an entity that has not been established as
39 an operator of the general hospital of (i) authority to hire or fire the
40 administrator or other key management employees; (ii) maintenance and
41 control of the books and records; (iii) authority over the disposition
42 of assets and the incurring of liabilities on behalf of the facility;
43 and (iv) the adoption and enforcement of policies regarding the opera-
44 tion of the facility. The criteria set forth in this paragraph shall not
45 be the sole determining factors, but indicators to be considered with
46 such other factors that may be pertinent in particular instances.
47 Professional expertise shall be exercised in the utilization of the
48 criteria. All of the listed indicia need not be present in a given
49 instance for there to be an improper delegation of authority.

50 2. (a) In the event that: (i) a facility seeks extraordinary financial
51 assistance [~~and~~] or the commissioner finds that the facility is experi-
52 encing serious financial instability that is jeopardizing existing or
53 continued access to essential services within the community[~~7~~], or (ii)
54 the commissioner finds that there are conditions within the facility
55 that seriously endanger the life, health or safety of residents or
56 patients[~~, the commissioner may appoint a temporary operator to assume~~

1 ~~sole control and sole responsibility for the operations of that facili-~~
2 ~~ty,];~~ or (iii) the commissioner finds that there has been an improper
3 delegation of management authority by the governing authority or opera-
4 tor of a general hospital[~~r~~]; the commissioner [~~shall~~] may appoint a
5 temporary operator to assume sole control and sole responsibility for
6 the operations of that facility. The appointment of the temporary opera-
7 tor shall be effectuated pursuant to this section and shall be in addi-
8 tion to any other remedies provided by law.

9 (b) The established operator of a facility may at any time request the
10 commissioner to appoint a temporary operator. Upon receiving such a
11 request, the commissioner may, if [~~he or she determines~~] they determine
12 that such an action is necessary to restore or maintain the provision of
13 quality care to the residents or patients, or alleviate the facility's
14 financial instability, enter into an agreement with the established
15 operator for the appointment of a temporary operator to assume sole
16 control and sole responsibility for the operations of that facility.

17 3. (a) A temporary operator appointed pursuant to this section shall,
18 prior to [~~his or her~~] their appointment as temporary operator, provide
19 the commissioner with a work plan satisfactory to the commissioner to
20 address the facility's deficiencies and serious financial instability
21 and a schedule for implementation of such plan. [~~A work plan shall not~~
22 ~~be required prior to the appointment of the temporary operator pursuant~~
23 ~~to clause (ii) of paragraph (a) of subdivision two of this section if~~
24 ~~the commissioner has determined that the immediate appointment of a~~
25 ~~temporary operator is necessary because public health or safety is in~~
26 ~~imminent danger or there exists any condition or practice or a continu-~~
27 ~~ing pattern of conditions or practices which poses imminent danger to~~
28 ~~the health or safety of any patient or resident of the facility. Where~~
29 ~~such immediate appointment has been found to be necessary, the temporary~~
30 ~~operator shall provide the commissioner with a work plan satisfactory to~~
31 ~~the commissioner as soon as practicable.~~]

32 (b) The temporary operator shall use [~~his or her~~] their best efforts
33 to implement the work plan provided to the commissioner, if applicable,
34 and to correct or eliminate any deficiencies or financial instability in
35 the facility and to promote the quality and accessibility of health care
36 services in the community served by the facility. Notwithstanding any
37 other provision of law, the temporary operator's authority shall
38 include, but not be limited to, hiring or firing of the facility admin-
39 istrator and other key management employees; maintenance and control of
40 the books and records; authority over the disposition of assets and the
41 incurring of liabilities on behalf of the facility; and the adoption and
42 enforcement of policies regarding the operation of the facility. Such
43 correction or elimination of deficiencies or serious financial instabil-
44 ity shall not include major alterations of the physical structure of the
45 facility. During the term of [~~his or her~~] their appointment, the tempo-
46 rary operator shall have the sole authority to direct the management of
47 the facility in all aspects of operation and shall be afforded full
48 access to the accounts and records of the facility. The temporary opera-
49 tor shall, during this period, operate the facility in such a manner as
50 to promote safety and the quality and accessibility of health care
51 services or residential care in the community served by the facility.
52 The temporary operator shall have the power to let contracts therefor or
53 incur expenses on behalf of the facility, provided that where individual
54 items of repairs, improvements or supplies exceed ten thousand dollars,
55 the temporary operator shall obtain price quotations from at least three
56 reputable sources. The temporary operator shall not be required to file

1 any bond. No security interest in any real or personal property
2 comprising the facility or contained within the facility, or in any
3 fixture of the facility, shall be impaired or diminished in priority by
4 the temporary operator. Neither the temporary operator nor the depart-
5 ment shall engage in any activity that constitutes a confiscation of
6 property without the payment of fair compensation.

7 4. The temporary operator shall be entitled to a reasonable fee, as
8 determined by the commissioner, and necessary expenses incurred during
9 ~~[his or her]~~ their performance as temporary operator, to be paid from
10 the revenue of the facility. The temporary operator shall collect incom-
11 ing payments from all sources and apply them to the reasonable fee and
12 to costs incurred in the performance of ~~[his or her]~~ their functions as
13 temporary operator in correcting deficiencies and causes of serious
14 financial instability. The temporary operator shall be liable only in
15 ~~[his or her]~~ their capacity as temporary operator for injury to person
16 and property by reason of conditions of the facility in a case where an
17 established operator would have been liable; ~~[he or she]~~ they shall not
18 have any liability in ~~[his or her]~~ their personal capacity, except for
19 gross negligence and intentional acts.

20 5. (a) The initial term of the appointment of the temporary operator
21 shall not exceed one hundred eighty days. After one hundred eighty days,
22 if the commissioner determines that termination of the temporary opera-
23 tor would cause significant deterioration of the quality of, or access
24 to, health care or residential care in the community or that reappoint-
25 ment is necessary to correct the conditions within the facility that
26 seriously endanger the life, health or safety of residents or patients,
27 or the financial instability that required the appointment of the tempo-
28 rary operator, the commissioner may authorize up to two additional
29 ~~[ninety-day]~~ initial or additional terms.

30 (b) Upon the completion of the ~~[two ninety-day]~~ initial or additional
31 terms referenced in paragraph (a) of this subdivision,

32 (i) if the established operator is the debtor in a bankruptcy proceed-
33 ing, and the commissioner determines that the temporary operator
34 requires additional terms to operate the facility during the pendency of
35 the bankruptcy proceeding and to carry out any plan resulting from the
36 proceeding, the commissioner may reappoint the temporary operator for
37 additional ninety-day terms until the termination of the bankruptcy
38 proceeding, provided that the commissioner shall provide for notice and
39 a hearing as set forth in subdivision six of this section; or

40 (ii) if the established operator requests the reappointment of the
41 temporary operator, the commissioner may reappoint the temporary opera-
42 tor for one additional ninety-day term, pursuant to an agreement between
43 the established operator, the temporary operator and the department.

44 (c) ~~[Within fourteen]~~ No sooner than sixty days and no later than
45 thirty days prior to the termination of each term of the appointment of
46 the temporary operator, the temporary operator shall submit to the
47 commissioner and to the established operator a report describing:

48 (i) the actions taken during the appointment to address ~~[such]~~ the
49 deficiencies and financial instability that led to appointment of the
50 temporary operator,

51 (ii) objectives for the continuation of the temporary operatorship if
52 necessary and a schedule for satisfaction of such objectives,

53 (iii) recommended actions for the ongoing operation of the facility
54 subsequent to the term of the temporary operator including recommenda-
55 tions regarding the proper management of the facility and ongoing agree-

1 ments with individuals or entities with proper delegation of management
2 authority; and

3 (iv) [~~with respect to the first ninety-day term referenced in para-~~
4 ~~graph (a) of this subdivision,~~] a plan and timeline for sustainable
5 operation to avoid closure, or for the transformation of the facility
6 which may include any option permissible under this chapter or the
7 social services law and implementing regulations thereof; and, where
8 applicable, a recommendation with rationale for an additional temporary
9 operator term. The report shall reflect best efforts to produce a full
10 and complete accounting.

11 Each report pursuant to this paragraph shall be reviewed by the commis-
12 sioner, who may consult with the temporary operator and the established
13 operator and make corrections if necessary. Prior to expiration of the
14 temporary operator's final term, a final report shall be submitted by
15 the temporary operator and approved by the commissioner. The estab-
16 lished operator shall implement the recommended actions according to the
17 final report. If the established operator at any time demonstrates
18 unwillingness to make or implement changes identified in the final
19 report, the commissioner may extend the term of, or reinstate, the
20 temporary operator, and/or the commissioner may move to amend or revoke
21 the established operator's operating certificate.

22 (d) The term of the initial appointment and of any subsequent reap-
23 pointment may be terminated prior to the expiration of the designated
24 term, if the established operator and the commissioner agree on a plan
25 of correction and the implementation of such plan.

26 6. (a) The commissioner, upon making a determination to appoint a
27 temporary operator pursuant to paragraph (a) of subdivision two of this
28 section shall, prior to the commencement of the appointment, cause the
29 established operator of the facility to be notified of the determination
30 by registered or certified mail addressed to the principal office of the
31 established operator. Such notification shall include a detailed
32 description of the findings underlying the determination to appoint a
33 temporary operator, and the date and time of a required meeting with the
34 commissioner and/or [~~his or her~~] their designee within ten business days
35 of the date of such notice. At such meeting, the established operator
36 shall have the opportunity to review and discuss all relevant findings.
37 At such meeting [~~or within ten additional business days,~~] the commis-
38 sioner and the established operator shall attempt to develop a mutually
39 satisfactory plan of correction and schedule for implementation. In the
40 event such plan of correction is agreed upon, the commissioner shall
41 notify the established operator that the commissioner no longer intends
42 to appoint a temporary operator. A meeting shall not be required prior
43 to the appointment of the temporary operator pursuant to clause (ii) of
44 paragraph (a) of subdivision two of this section if the commissioner has
45 determined that the immediate appointment of a temporary operator is
46 necessary because public health or safety is in imminent danger or there
47 exists any condition or practice or a continuing pattern of conditions
48 or practices which poses imminent danger to the health or safety of any
49 patient or resident of the facility. Where such immediate appointment
50 has been found to be necessary, the commissioner shall provide the
51 established operator with a notice as required under this paragraph on
52 the date of the appointment of the temporary operator.

53 (b) Should the commissioner and the established operator be unable to
54 establish a plan of correction pursuant to paragraph (a) of this subdivi-
55 sion, or should the established operator fail to respond to the
56 commissioner's initial notification, a temporary operator shall be

1 appointed as soon as is practicable and shall operate pursuant to the
2 provisions of this section.

3 (c) The established operator shall be afforded an opportunity for an
4 administrative hearing on the commissioner's determination to appoint a
5 temporary operator. Such administrative hearing shall occur prior to
6 such appointment, except that the hearing shall not be required prior to
7 the appointment of the temporary operator pursuant to clause (ii) of
8 paragraph (a) of subdivision two of this section if the commissioner has
9 determined that the immediate appointment of a temporary operator is
10 necessary because public health or safety is in imminent danger or there
11 exists any condition or practice or a continuing pattern of conditions
12 or practices which poses imminent danger to the health or safety of any
13 patient or resident of the facility. An administrative hearing as
14 provided for under this paragraph shall begin no later than [~~sixty~~]
15 thirty days from the date [~~of the notice to the established operator~~]
16 the temporary operator is appointed and shall not be extended without
17 the consent of both parties. Any such hearing shall be strictly limited
18 to the issue of whether the determination of the commissioner to appoint
19 a temporary operator is supported by substantial evidence. A [~~copy of~~
20 ~~the~~] decision shall be made and sent to the [~~established operator~~]
21 parties no later than ten business days after completion of the hearing.

22 (d) The commissioner shall, upon making a determination to reappoint a
23 temporary operator for the first of an additional [~~ninety-day~~] one
24 hundred eighty-day term pursuant to paragraph (a) of subdivision five of
25 this section, cause the established operator of the facility to be noti-
26 fied of the determination by registered or certified mail addressed to
27 the principal office of the established operator. If the commissioner
28 determines that additional reappointments pursuant to subparagraph (i)
29 of paragraph (b) of subdivision five of this section are required, the
30 commissioner shall again cause the established operator of the facility
31 to be notified of such determination by registered or certified mail
32 addressed to the principal office of the established operator at the
33 commencement of the first of every two additional terms. Upon receipt of
34 such notification at the principal office of the established operator
35 and before the expiration of ten days thereafter, the established opera-
36 tor may request an administrative hearing on the determination, to begin
37 no later than [~~sixty~~] thirty days from the date of the reappointment of
38 the temporary operator. Any such hearing shall be strictly limited to
39 the issue of whether the determination of the commissioner to reappoint
40 the temporary operator is supported by substantial evidence.

41 § 2. This act shall take effect immediately; provided, however, that
42 the amendments to section 2806-a of the public health law made by
43 section one of this act shall not affect the repeal of such section and
44 shall be deemed repealed therewith.

45 PART L

46 Intentionally Omitted

47 PART M

48 Section 1. Subdivision 4 of section 2805-a of the public health law,
49 as renumbered by chapter 2 of the laws of 1988, is renumbered subdivi-
50 sion 5 and a new subdivision 4 is added to read as follows:

1 4. Every general hospital operating under the provisions of this arti-
 2 cle shall file with the commissioner and provide a copy to the attorney
 3 general, in a format prescribed by the department, within one hundred
 4 eighty days after the end of its fiscal year, a certified report, to be
 5 conspicuously posted on the department's website, showing how the hospi-
 6 tal spent community benefit expenses, including specific mention of any
 7 community benefit expenses supporting the hospital's local community, as
 8 well as, but not limited to:

9 (a) Financial assistance at cost, which shall include any free or
 10 discounted services for those who cannot afford to pay and meet the
 11 hospital's financial assistance criteria;

12 (b) Unreimbursed costs from Medicaid;

13 (c) Unreimbursed costs from the children's health insurance program or
 14 other means-tested government programs;

15 (d) Community health improvement services and community benefit oper-
 16 ations, which shall include costs associated with planning or operating
 17 community benefit programs, but shall not include activities or programs
 18 if they are provided primarily for marketing purposes or if they are
 19 more beneficial to the hospital than to the community;

20 (e) Health professions education programs that result in a degree or
 21 certificate or training necessary for residents or interns to be certi-
 22 fied;

23 (f) Subsidized health services, which shall include services with a
 24 negative margin, services that meet an identifiable community need and
 25 services that if no longer offered would be unavailable or fall to the
 26 responsibility of another nonprofit or government agency;

27 (g) Research that produces generalizable knowledge and is funded by
 28 tax-exempt sources;

29 (h) Cash and in-kind contributions for community benefit, for which
 30 in-kind donations may include the indirect cost of space donated to
 31 community groups and the direct cost of donated food or supplies; and

32 (i) How such community benefit expenses support the priorities of New
 33 York state, as outlined in guidance, including but not limited to the
 34 New York state prevention agenda as developed by the department.

35 § 2. This act shall take effect October 1, 2025. Effective immediate-
 36 ly, the addition, amendment and/or repeal of any rule or regulation
 37 necessary for the implementation of this act on its effective date are
 38 authorized to be made and completed on or before such effective date.

39 PART N

40 Section 1. Subdivision 1 of section 250 of the public health law, as
 41 added by chapter 338 of the laws of 1998, is amended to read as follows:

42 1. A spinal cord injury research board is hereby created within the
 43 department for the purpose of administering spinal cord injury research
 44 projects and administering the spinal cord injury research trust fund
 45 created pursuant to section ninety-nine-f of the state finance law. The
 46 purpose of research projects administered by the board shall be [~~neuro-~~
 47 ~~logical~~] research towards treatment and a cure for such injuries and
 48 their effects including, but not limited to, health-related quality of
 49 life improvements and cases where there is spinal cord injury as a
 50 result of a traffic or vehicle accident. The members of the spinal cord
 51 injury research board shall include but not be limited to represen-
 52 tatives of the following fields: neuroscience, neurology, neuro-surgery,
 53 neuro-pharmacology, and spinal cord rehabilitative medicine. The board
 54 shall be composed of thirteen members, seven of whom shall be appointed

1 by the governor, two of whom shall be appointed by the temporary presi-
2 dent of the senate, two of whom shall be appointed by the speaker of the
3 assembly, one of whom shall be appointed by the minority leader of the
4 senate, and one of whom shall be appointed by the minority leader of the
5 assembly.

6 § 2. Subdivision 2 of section 251 of the public health law, as added
7 by chapter 338 of the laws of 1998, is amended to read as follows:

8 2. Solicit, receive, and review applications from public and private
9 agencies and organizations and qualified research institutions for
10 grants from the spinal cord injury research trust fund, created pursuant
11 to section ninety-nine-f of the state finance law, to conduct research
12 programs which focus on the treatment and cure of spinal cord [~~injury~~
13 injuries and their effects]. The board shall make recommendations to the
14 commissioner, and the commissioner shall, in [~~his or her~~] their
15 discretion, grant approval of applications for grants from those appli-
16 cations recommended by the board.

17 § 2-a. Subdivision 2 of section 99-f of the state finance law, as
18 amended by chapter 565 of the laws of 2024, is amended to read as
19 follows:

20 2. The fund shall consist of all monies appropriated for its purpose,
21 all monies required by this section or any other provision of law to be
22 paid into or credited to such fund, and monies of at least [~~eight~~] twen-
23 ty million [~~five hundred thousand~~] dollars collected by the mandatory
24 surcharges imposed pursuant to subdivision one of section eighteen
25 hundred nine of the vehicle and traffic law. Nothing contained herein
26 shall prevent the department of health from receiving grants, gifts or
27 bequests for the purposes of the fund as defined in this section and
28 depositing them into the fund according to law.

29 § 3. This act shall take effect immediately.

30 PART O

31 Section 1. Intentionally omitted.

32 § 2. Intentionally omitted.

33 § 3. Intentionally omitted.

34 § 4. Intentionally omitted.

35 § 5. Intentionally omitted.

36 § 6. Intentionally omitted.

37 § 7. Intentionally omitted.

38 § 8. Intentionally omitted.

39 § 9. Intentionally omitted.

40 § 10. Intentionally omitted.

41 § 11. Intentionally omitted.

42 § 12. Intentionally omitted.

43 § 13. Intentionally omitted.

44 § 14. Intentionally omitted.

45 § 15. Intentionally omitted.

46 § 16. Intentionally omitted.

47 § 17. Intentionally omitted.

48 § 18. Intentionally omitted.

49 § 19. Intentionally omitted.

50 § 20. Subdivision 2 of section 3342 of the public health law, as
51 amended by chapter 466 of the laws of 2024, is amended and a new subdi-
52 vision 2-a is added to read as follows:

53 2. An institutional dispenser may dispense controlled substances for
54 use off its premises only pursuant to a prescription, prepared and filed

1 in conformity with this title, provided, however, that, in an emergency
2 situation as defined by rule or regulation of the department, a practi-
3 tioner in a hospital without a full-time pharmacy may dispense
4 controlled substances to a patient in a hospital emergency room for use
5 off the premises of the institutional dispenser for a period not to
6 exceed twenty-four hours [~~, unless the federal drug enforcement adminis-~~
7 ~~tration has authorized a longer time period for the purpose of initiat-~~
8 ~~ing maintenance treatment, detoxification treatment, or both~~].

9 2-a. A practitioner in any institutional dispenser may dispense
10 controlled substances as emergency treatment to a patient for use off
11 the premises of the institutional dispenser as authorized by the federal
12 drug enforcement administration for the purpose of initiating mainte-
13 nance treatment, detoxification treatment, or both.

14 § 20-a. Paragraph a of subdivision 1 of section 35 of the judiciary
15 law, as amended by chapter 479 of the laws of 2022, is amended to read
16 as follows:

17 a. When a court orders a hearing in a proceeding upon a writ of habeas
18 corpus to inquire into the cause of detention of a person in custody in
19 a state institution, or when it orders a hearing in a civil proceeding
20 to commit or transfer a person to or retain [~~him~~] a person in a state
21 institution when such person is alleged to be mentally ill, mentally
22 defective or a [~~narcotic addict~~] person with substance use disorder, or
23 when it orders a hearing for the commitment of the guardianship and
24 custody of a child to an authorized agency by reason of the mental
25 illness or developmental disability of a parent, or when it orders a
26 hearing to determine whether consent to the adoption of a child shall be
27 required of a parent who is alleged to be mentally ill or develop-
28 mentally disabled, or when it orders a hearing to determine the best
29 interests of a child when the parent of the child revokes a consent to
30 the adoption of such child and such revocation is opposed or in any
31 adoption or custody proceeding if it determines that assignment of coun-
32 sel in such cases is mandated by the constitution of this state or of
33 the United States, the court may assign counsel to represent such person
34 if it is satisfied that [~~he~~] such person is financially unable to obtain
35 counsel. Upon an appeal taken from an order entered in any such proceed-
36 ing, the appellate court may assign counsel to represent such person
37 upon the appeal if it is satisfied that [~~he~~] such person is financially
38 unable to obtain counsel.

39 § 20-b. Subdivision 4 of section 35 of the judiciary law, as amended
40 by section 3 of part GG of chapter 56 of the laws of 2023, is amended to
41 read as follows:

42 4. In any proceeding described in paragraph a of subdivision one of
43 this section, when a person is alleged to be mentally ill, mentally
44 defective or a [~~narcotic addict~~] person with substance use disorder, the
45 court which ordered the hearing may appoint no more than two psychia-
46 trists, certified psychologists or physicians to examine and testify at
47 the hearing upon the condition of such person. A psychiatrist, psychol-
48 ogist or physician so appointed shall, upon completion of their
49 services, receive reimbursement for expenses reasonably incurred and
50 reasonable compensation for such services, to be fixed by the court.
51 Such compensation shall not exceed three thousand dollars, except that
52 in extraordinary circumstances the court may provide for compensation in
53 excess of the foregoing limits.

54 § 20-c. Paragraph (i) of subdivision (b) of section 32.05 of the
55 mental hygiene law, as amended by section 3 of part Z of chapter 57 of
56 the laws of 2019, is amended to read as follows:

1 (i) Methadone, or such other controlled substance designated by the
 2 commissioner of health as appropriate for such use, may be administered
 3 to [~~an addict~~] a person with substance use disorder, as defined in
 4 section thirty-three hundred two of the public health law, by individual
 5 physicians, groups of physicians and public or private medical facili-
 6 ties certified pursuant to article twenty-eight or thirty-three of the
 7 public health law as part of a chemical dependence program which has
 8 been issued an operating certificate by the commissioner pursuant to
 9 subdivision (b) of section 32.09 of this article, provided, however,
 10 that such administration must be done in accordance with all applicable
 11 federal and state laws and regulations. Individual physicians or groups
 12 of physicians who have obtained authorization from the federal govern-
 13 ment to administer buprenorphine to [~~addicts~~] people with substance use
 14 disorder may do so without obtaining an operating certificate from the
 15 commissioner.

16 § 20-d. Paragraph 5 of subdivision (b) of section 32.09 of the mental
 17 hygiene law, as added by chapter 558 of the laws of 1999, is amended to
 18 read as follows:

19 5. the applicant will establish procedures to effectively implement a
 20 detoxification program to further relieve [~~addicts~~] people with
 21 substance use disorder from dependence upon methadone or such other
 22 controlled substances prescribed for treatment in subject maintenance
 23 programs.

24 § 21. Subdivision 1 of section 3302 of the public health law, as
 25 amended by chapter 92 of the laws of 2021, is amended to read as
 26 follows:

27 1. [~~"Addict"~~] "Person with substance use disorder" means a person who
 28 habitually uses a controlled substance for a non-legitimate or unlawful
 29 use, and who by reason of such use is dependent thereon.

30 § 22. Subdivision 1 of section 3331 of the public health law, as added
 31 by chapter 878 of the laws of 1972, is amended to read as follows:

32 1. Except as provided in titles III or V of this article, no substance
 33 in schedules II, III, IV, or V may be prescribed for or dispensed or
 34 administered to [~~an addict~~] a person with substance use disorder or
 35 habitual user.

36 § 23. The title heading of title V of article 33 of the public health
 37 law, as added by chapter 878 of the laws of 1972, is amended to read as
 38 follows:

39 DISPENSING TO [~~ADDICTS~~] PERSONS WITH SUBSTANCE USE
 40 DISORDER AND HABITUAL USERS

41 § 24. Section 3350 of the public health law, as added by chapter 878
 42 of the laws of 1972, is amended to read as follows:

43 § 3350. Dispensing prohibition. Controlled substances may not be
 44 prescribed for, or administered or dispensed to [~~addicts~~] persons with
 45 substance use disorder or habitual users of controlled substances,
 46 except as provided by this title or title III of this article.

47 § 25. Section 3351 of the public health law, as added by chapter 878
 48 of the laws of 1972, subdivision 5 as amended by chapter 558 of the laws
 49 of 1999, is amended to read as follows:

50 § 3351. Dispensing for medical use. 1. Controlled substances may be
 51 prescribed for, or administered or dispensed to [~~an addict~~] a person
 52 with substance use disorder or habitual user:

53 (a) during emergency medical treatment unrelated to [~~abuse~~] such
 54 substance use disorder or habitual use of controlled substances;

1 (b) who is a bona fide patient suffering from an incurable and fatal
2 disease such as cancer or advanced tuberculosis; or

3 (c) who is aged, infirm, or suffering from serious injury or illness
4 and the withdrawal from controlled substances would endanger the life or
5 impede or inhibit the recovery of such person.

6 1-a. A practitioner may prescribe, administer and dispense any sched-
7 ule III, IV, or V narcotic drug approved by the federal food and drug
8 administration specifically for use in maintenance or detoxification
9 treatment to a person with a substance use disorder or habitual user.

10 2. Controlled substances may be ordered for use by [~~an addict~~] a
11 person with substance use disorder or habitual user by a practitioner
12 and administered by a practitioner [~~ex~~], registered nurse, or emergency
13 medical technician-paramedic, acting within their scope of practice, to
14 relieve acute withdrawal symptoms.

15 3. Methadone, or such other controlled substance designated by the
16 commissioner as appropriate for such use, may be ordered for use [~~of an~~
17 ~~addict~~] by a person with substance use disorder by a practitioner and
18 dispensed or administered by a practitioner or [~~his~~] their designated
19 agent as interim treatment for [~~an addict~~] a person with substance use
20 disorder on a waiting list for admission to an authorized maintenance
21 program or while arrangements are being made for referral to treatment
22 for such substance use disorder.

23 4. Methadone, or such other controlled substance designated by the
24 commissioner as appropriate for such use, may be administered to [~~an~~
25 ~~addict~~] a person with substance use disorder by a practitioner or by
26 [~~his~~] their designated agent acting under the direction and supervision
27 of a practitioner, as part of a [~~regime~~] regimen designed and intended
28 as maintenance or detoxification treatment or to withdraw a patient from
29 addiction to controlled substances.

30 5. [~~Methadone~~] Notwithstanding any other law and consistent with
31 federal requirements, methadone, or such other controlled substance
32 designated by the commissioner as appropriate for such use, may be
33 administered or dispensed directly to [~~an addict~~] a person with
34 substance use disorder by a practitioner or by [~~his~~] their designated
35 agent acting under the direction and supervision of a practitioner, as
36 part of a substance [~~abuse~~] use or chemical dependence program approved
37 pursuant to article [~~twenty-three or~~] thirty-two of the mental hygiene
38 law.

39 § 26. Section 3372 of the public health law, as amended by chapter 195
40 of the laws of 1973, is amended to read as follows:

41 § 3372. Practitioner patient reporting. It shall be the duty of every
42 attending practitioner and every consulting practitioner to report
43 promptly to the commissioner, or [~~his~~] the commissioner's duly desig-
44 nated agent, the name and, if possible, the address of, and such other
45 data as may be required by the commissioner with respect to, any person
46 under treatment if [~~he~~] the practitioner finds that such person is [~~an~~
47 ~~addict~~] a person with substance use disorder or a habitual user [~~of any~~
48 ~~narcotic drug~~]. Such report shall be kept confidential and may be
49 utilized only for statistical, epidemiological or research purposes,
50 except that those reports which originate in the course of a criminal
51 proceeding other than under section 81.25 of the mental hygiene law
52 shall be subject only to the confidentiality requirements of section
53 thirty-three hundred seventy-one of this article.

54 § 26-a. Subdivisions 2 and 3 of section 396-h of the county law, as
55 added by chapter 818 of the laws of 1971, are amended to read as
56 follows:

1 2. To establish in-patient and out-patient treatment facilities for
2 persons [~~addicted to the use of drugs and drug abusers~~] with substance
3 use disorders. Such facilities shall include, but shall not be limited
4 to:

5 a. detoxification centers and clinics for the out-patient treatment of
6 [~~drug abusers and addicts~~] persons with substance use disorders;

7 b. a treatment center where [~~drug abusers and addicts~~] persons with
8 substance use disorders may obtain professional counseling from physi-
9 cians, psychologists, psychiatrists and where possible, [~~former drug~~
10 ~~abusers and addicts~~] other persons with substance use disorders;

11 c. half-way houses to provide continuing treatment for [~~drug abusers~~
12 ~~and addicts~~] persons with substance use disorders.

13 3. To create a referral program whereby [~~drug abusers, addicts~~]
14 persons with substance use disorders and persons and agencies concerned
15 with their treatment will make use of the aforementioned treatment
16 facilities;

17 § 26-b. Subdivisions 2 and 3 of section 121 of the general city law,
18 as added by chapter 820 of the laws of 1971, are amended to read as
19 follows:

20 2. To establish in-patient and out-patient treatment facilities for
21 persons [~~addicted to the use of drugs and drug abusers~~] with substance
22 use disorders. Such facilities shall include, but shall not be limited
23 to:

24 a. detoxification centers and clinics for the out-patient treatment of
25 [~~drug abusers and addicts~~] persons with substance use disorders;

26 b. a treatment center where [~~addicts~~] persons with substance use
27 disorders may obtain professional counseling from physicians, psychol-
28 ogists, psychiatrists and where possible, [~~former drug abusers and~~
29 ~~addicts~~] other persons with substance use disorders;

30 c. half-way houses to provide continuing treatment for [~~drug abusers~~
31 ~~and addicts~~] persons with substance use disorders.

32 3. To create a referral program whereby [~~drug abusers, addicts~~]
33 persons with substance use disorders and persons and agencies concerned
34 with their treatment will make use of the aforementioned treatment
35 facilities;

36 § 27. This act shall take effect immediately.

37 PART P

38 Section 1. Legislative findings. The legislature finds that for nearly
39 40 years, the federal Emergency Medical Treatment and Labor Act (EMTALA)
40 has required emergency rooms to provide stabilizing treatment to
41 patients in emergency situations. Moreover, for decades the federal
42 government has consistently recognized that EMTALA requires hospitals to
43 provide emergency care, including abortion care, for pregnant patients
44 in need.

45 However, the legislature finds that in the wake of the overturning of
46 Roe v. Wade, states hostile to reproductive freedom have banned or
47 severely restricted abortion care and asserted that EMTALA protections
48 do not apply to emergent pregnancy complications, leading to hospitals
49 delaying or denying care, forcing pregnant people to experience life and
50 health-altering complications. The judiciary's support for such inter-
51 pretations of EMTALA has made it clear that New York State can no longer
52 rely on federal protections, and it is incumbent on the state to encode
53 the obligation of all hospitals to provide stabilizing care, including

1 abortion, to all individuals in need in order to safeguard the health of
2 pregnant New Yorkers.

3 § 2. Section 2805-b of the public health law, as amended by chapter
4 787 of the laws of 1983, subdivision 1 as amended by chapter 121 of the
5 laws of 1987, subdivision 3 as amended by chapter 723 of the laws of
6 1989, and subdivision 5 as amended by section 77 of part PP of chapter
7 56 of the laws of 2022, is amended to read as follows:

8 § 2805-b. Admission of patients and emergency treatment of nonadmitted
9 patients. 1. For purposes of this section, the following terms shall
10 have the following meanings:

11 (a)(i) "Emergency medical condition" shall mean:

12 (1) a medical condition manifesting itself by acute symptoms of suffi-
13 cient severity (including severe pain) such that the absence of immedi-
14 ate medical attention could reasonably be expected to result in:

15 (A) serious injury or illness;

16 (B) placing the health of the individual in serious jeopardy;

17 (C) serious impairment to bodily functions, including risks to future
18 fertility;

19 (D) serious dysfunction of any bodily organ or part; or

20 (2) with respect to a pregnant person who is in active labor:

21 (A) that there is inadequate time to effect a safe transfer to another
22 hospital before delivery; or

23 (B) that transfer poses a threat to the health or safety of the preg-
24 nant person or the pregnancy.

25 (ii) "Emergency medical condition" includes, but is not limited to,
26 ectopic pregnancy; complications of or resulting from pregnancy, preg-
27 nancy loss, or attempted termination of pregnancy; risks of infection;
28 risks to future fertility; sepsis; acute blood loss; previsible preterm
29 premature rupture of membranes (PPROM) or cervical insufficiency;
30 placenta abnormalities; acute mental illness; acute or emergent hyper-
31 tensive disorders, such as preeclampsia, or any other condition a health
32 care practitioner licensed, certified, or authorized under title eight
33 of the education law, acting within their lawful scope of practice
34 determines, in the practitioner's reasonable medical judgment, to be an
35 emergency, as defined in this paragraph.

36 (b) "Stabilize" shall mean, with respect to an emergency medical
37 condition described in clause one of subparagraph (i) of paragraph (a)
38 of this subdivision, to provide such medical treatment of the condition
39 as may be necessary to assure, within reasonable medical probability,
40 that no material deterioration of the condition is likely to result from
41 or occur during the transfer of the individual from a facility, or, with
42 respect to an emergency medical condition described in clause two of
43 subparagraph (i) of paragraph (a) of this subdivision, to deliver,
44 including the placenta. "Stabilizing treatment" includes abortion pursu-
45 ant to section twenty-five hundred ninety-nine-bb of this article when
46 failure to provide an abortion will, within reasonable probability,
47 result in material deterioration of the patient's condition upon or
48 during transfer of the patient from the facility.

49 (c) "Transfer" shall mean the movement (including the discharge) of an
50 individual outside of a general hospital's facilities at the direction
51 of any person employed by, or affiliated or associated, directly or
52 indirectly, with, the general hospital, but does not include such a
53 movement of an individual who (i) has been declared dead, or (ii) leaves
54 the facility without the permission of any such person.

55 (d) "Appropriate transfer" shall mean a transfer to a medical facili-
56 ty:

1 (i) in which the transferring general hospital provides the medical
2 treatment within its capacity which minimizes the risks to the individ-
3 ual's health;

4 (ii) in which the receiving facility:

5 (1) has available space and qualified personnel for the treatment of
6 the individual; and

7 (2) has agreed to accept transfer of the individual and to provide
8 appropriate medical treatment;

9 (iii) in which the transferring general hospital sends to the receiv-
10 ing facility all medical records related to the emergency condition for
11 which the individual has presented available at the time of the trans-
12 fer, including records related to the individual's emergency medical
13 condition, observations of signs or symptoms, preliminary diagnosis,
14 treatment provided, results of any tests and the informed written
15 consent or certification or copy thereof provided under paragraph (d) of
16 subdivision three of this section, unless the patient objects;

17 (iv) in which the transfer is effected through qualified personnel and
18 transportation equipment, as required, including the use of necessary
19 and medically appropriate life support measures during the transfer; and

20 (v) in which prior to the transfer, the emergency medical technician
21 or paramedic assigned to accompany the patient in the ambulance shall be
22 provided with a completed form which shall include at least the follow-
23 ing information and such additional information as the commissioner may
24 require:

25 (1) the patient's name;

26 (2) the diagnosed condition of the patient;

27 (3) any treatment administered to the patient;

28 (4) any medication given to the patient;

29 (5) the name of the health care practitioner ordering the transfer;

30 (6) the name of the hospital from which the patient is being trans-
31 ferred;

32 (7) the name of the health care practitioner or practitioners who is
33 or are willing and authorized to receive the patient at the new
34 location;

35 (8) the name of the hospital or other facility that is to receive the
36 patient;

37 (9) the date and time of transfer; and

38 (10) the signature of the health care practitioner ordering the trans-
39 fer. The form for this purpose shall be promulgated by the commissioner
40 and distributed to all general hospitals. The completed form shall be
41 given to the receiving facility upon completion of the ambulance trip
42 for use by the receiving health care practitioner.

43 2. Every general hospital as defined in this article shall admit any
44 person who is in need of immediate hospitalization with all convenient
45 speed and shall not before admission question the patient or any member
46 of [~~his or her~~] the patient's family concerning insurance, credit or
47 payment of charges, provided, however, that the patient or a member of
48 [~~his or her~~] the patient's family shall agree to supply such information
49 promptly after the patient's admission. However, no general hospital
50 shall require any patient or member of [~~his or her~~] the patient's family
51 to write or to sign during those times when the religious tenets of such
52 person temporarily prohibit [~~him or her~~] such person's from performing
53 such acts. No general hospital shall transfer any patient to another
54 hospital or health care facility on the grounds that the patient is
55 unable to pay or guarantee payment for services rendered. Every general
56 hospital which maintains facilities for providing out-patient emergency

1 medical care must provide such care to any person who, in the opinion of
2 a [~~physician~~] health care practitioner licensed, certified, or author-
3 ized under title eight of the education law, acting within their lawful
4 scope of practice, requires such care.

5 ~~[2. In cities with a population of one million or more, (a) a general~~
6 ~~hospital shall provide emergency medical care and treatment to all~~
7 ~~persons in need of such care and treatment who arrive at the entrance to~~
8 ~~such hospital therefor. Any general hospital which fails to provide such~~
9 ~~treatment shall be guilty of a misdemeanor. However, the commissioner~~
10 ~~may exempt a general hospital from the provisions of this paragraph if~~
11 ~~he determines such general hospital is structured to provide specialized~~
12 ~~or limited treatment.~~

13 ~~(b) Any licensed medical practitioner who refuses to treat a person~~
14 ~~arriving at a general hospital to receive emergency medical treatment~~
15 ~~who is in need of such treatment; or any person who in any manner~~
16 ~~excludes, obstructs or interferes with the ingress of another person~~
17 ~~into a general hospital who appears there for the purpose of being exam-~~
18 ~~ined or diagnosed or treated; or any person who obstructs or prevents~~
19 ~~such other person from being examined or diagnosed or treated by an~~
20 ~~attending physician thereat shall be guilty of a misdemeanor and subject~~
21 ~~to a term of imprisonment not to exceed one year and a fine not to~~
22 ~~exceed one thousand dollars. Any emergency medical technician, paramedic~~
23 ~~or ambulance driver who transports a person to a general hospital where~~
24 ~~such person is refused entrance by anyone or is refused examination,~~
25 ~~diagnosis or treatment by an attending physician thereat shall report~~
26 ~~all such incidents to the state commissioner of health or his designee,~~
27 ~~on a form which shall be promulgated by such commissioner. After exam-~~
28 ~~ination, diagnosis and treatment by an attending physician and where, in~~
29 ~~the opinion of such physician, the patient has been stabilized suffi-~~
30 ~~ciently to permit it, subsequent medical care may be provided or~~
31 ~~procured by the general hospital at a location other than the general~~
32 ~~hospital if, in the opinion of the attending physician, it is in the~~
33 ~~best interest of the patient because the general hospital does not have~~
34 ~~the proper equipment or personnel at hand to deal with the particular~~
35 ~~medical emergency or because all appropriate beds are filled and none~~
36 ~~are likely to become available within a reasonable time after the~~
37 ~~patient has been stabilized.~~

38 ~~(c) Whenever a previously stabilized emergency room patient is there-~~
39 ~~after transferred for medical care to another location by means of an~~
40 ~~ambulance, the attending physician authorizing the transfer in the~~
41 ~~general hospital from which the patient is transferred shall determine~~
42 ~~that a receiving hospital is available and willing to receive such~~
43 ~~patient and that an attending physician thereat is available and willing~~
44 ~~to admit such patient. Just prior to the transfer, the emergency medical~~
45 ~~technician or paramedic assigned to accompany the patient in the ambu-~~
46 ~~lance shall be provided with a completed form which shall include at~~
47 ~~least the following information and such additional information as the~~
48 ~~commissioner may require:~~

49 ~~(i) the patient's name;~~
50 ~~(ii) the diagnosed condition of the patient;~~
51 ~~(iii) any treatment administered to the patient;~~
52 ~~(iv) any medication given to the patient;~~
53 ~~(v) the name of the physician ordering the transfer;~~
54 ~~(vi) the name of the hospital from which the patient is being trans-~~
55 ~~ferred;~~

~~(vii) the name of the physician or physicians who is or are willing and authorized to receive the patient at the new location;~~
~~(viii) the name of the hospital or other facility that is to receive the patient;~~
~~(ix) the date and time of transfer; and~~
~~(x) the signature of the physician ordering the transfer.~~

~~The form for this purpose shall be promulgated by the commissioner and distributed to all general hospitals in any such city. The completed form shall be given to the receiving facility upon completion of the ambulance trip for use by the receiving physician.]~~

3. (a) Medical screening required. Every general hospital must provide appropriate medical screening examination within the capability of the general hospital's emergency department, including ancillary services routinely available to the emergency department when a request is made by an individual or on the individual's behalf for examination or treatment for a medical condition to determine whether an emergency medical condition exists. With respect to a pregnant person, such medical screening examination must include a determination by a health care practitioner licensed, certified, or authorized under title eight of the education law, acting within their lawful scope of practice as to whether the individual is in active labor. A general hospital may not delay provision of an appropriate medical screening examination or further medical examination, and treatment required under paragraph (b) of this subdivision in order to inquire about the individual's method of payment or insurance status.

(b) Necessary stabilizing treatment for emergency medical conditions and labor. If any individual comes to a general hospital and the general hospital determines that the individual has an emergency medical condition, the general hospital must provide either:

(i) within the staff and facilities available at the general hospital, for such further medical examination and such treatment as may be required to stabilize the medical condition; or

(ii) for transfer of the individual to another medical facility in accordance with paragraph (e) of this subdivision.

(c) Obligation to provide certain treatment. Admission of an individual experiencing an emergency medical condition does not relieve a general hospital of the obligation to provide any such treatment that, within reasonable probability, will prevent material deterioration of the patient's condition.

(d) Refusal to consent to treatment. A general hospital is deemed to meet the requirements of paragraph (b) of this subdivision with respect to an individual if the general hospital offers the individual the further medical examination and treatment described in such paragraph and informs the individual, or a person legally authorized to make health care decisions on behalf of the individual, of the risks and benefits to the individual of such examination and treatment, but the individual, or a person legally authorized to make health care decisions on behalf of the individual, refuses to consent to the examination and treatment. The general hospital shall take all reasonable steps to secure the individual's written informed consent, or that of an individual legally authorized to make health care decisions on behalf of the individual, to refuse such examination and treatment.

(e) Restricting transfers until individual stabilized. (i) If an individual at a general hospital has an emergency medical condition which has not been stabilized, the general hospital may not transfer the individual unless:

1 (1) the individual, or a person legally authorized to make health care
2 decisions on behalf of the individual, after being informed of the
3 general hospital's obligations under this section and of the risk of
4 transfer, in writing requests transfer to another medical facility; and

5 (2) a health care practitioner licensed, certified, or authorized
6 under title eight of the education law, acting within their lawful scope
7 of practice has signed a certification that:

8 (A) based upon the information available at the time of transfer, the
9 medical benefits reasonably expected from the provision of appropriate
10 medical treatment at another medical facility outweigh the increased
11 risks to the individual; and

12 (B) the transfer is an appropriate transfer to that facility;

13 (ii) A certification described in clauses one and two of subparagraph
14 (i) of this paragraph shall include a summary of the risks and benefits
15 upon which the certification is based.

16 (f) Acceptance of transfer. A general hospital shall not refuse to
17 accept an appropriate transfer of an individual who requires such
18 specialized capabilities or facilities if the general hospital has the
19 capacity to treat the individual.

20 (g) No delay in examination or treatment. A general hospital may not
21 delay provision of an appropriate medical screening examination required
22 under paragraph (a) of this subdivision or further medical examination
23 and treatment required under paragraph (b) of this subdivision in order
24 to inquire about the individual's method of payment or insurance status.

25 (h) Retaliation prohibited. A general hospital may not penalize,
26 retaliate, discriminate or otherwise take an adverse action against a
27 health care practitioner, because the practitioner refuses to authorize
28 the transfer of an individual with an emergency medical condition that
29 has not been stabilized or because the practitioner provides treatment
30 necessary to stabilize a patient who is, in the practitioner's reason-
31 able medical judgment, experiencing an emergency medical condition. A
32 general hospital may not penalize, retaliate, discriminate or otherwise
33 take an adverse action against any individual because the individual
34 reports a violation of a requirement of this subdivision.

35 4. General hospitals shall adopt, implement, and periodically update
36 standard protocols for the management of emergency medical conditions,
37 including diagnosis, stabilization, treatment, or transfer to another
38 medical unit or facility.

39 5. A general hospital within a city with a population of one million
40 or more may request the emergency medical service of such city's health
41 and hospitals corporation or any person, firm, organization or corpo-
42 ration providing ambulance service to divert ambulances to another
43 hospital only under the following circumstances:

44 A request for diversion of emergency patients with life threatening
45 conditions shall only be made by a hospital when acceptance of an addi-
46 tional critical patient may endanger the life of that patient or the
47 life of another patient. A request for the diversion of other emergency
48 patients shall only be made when all appropriate beds are filled and
49 shall be withdrawn as soon as a bed is available. Notwithstanding the
50 foregoing, all requests for diversion must be renewed at the beginning
51 of each tour of duty as designated by the emergency medical service of
52 such city's health and hospitals corporation.

53 Diversion of patients with certain medical conditions which, in the
54 best interest of the patients, require their transport directly to
55 specialty referral centers shall be permitted following the designation
56 of such specialty referral centers. Diversion of patients with psychiat-

1 ric conditions to comprehensive psychiatric emergency programs, as such
2 term is defined in section 1.03 of the mental hygiene law, and subject
3 to the provisions of section 31.27 of such law, shall only be permitted
4 following the designation of the programs by the commissioners of health
5 and mental health to receive such patients.

6 ~~[4.]~~ 6. Nothing in this section shall be construed to deny to [~~the~~
7 ~~attending physician~~] a health care practitioner licensed, certified, or
8 authorized under title eight of the education law, acting within their
9 lawful scope of practice the right to evaluate the medical needs of
10 persons arriving at the hospital for emergency treatment and to delay or
11 deny medical treatment where, in the opinion of the [~~attending physi-~~
12 ~~cian~~] health care practitioner, no [~~actual medical~~] emergency medical
13 condition exists. [~~However, no person actually in need of emergency~~
14 ~~treatment, as determined by the attending physician, shall be denied~~
15 ~~such treatment by a general hospital in cities with a population of one~~
16 ~~million or more for any reason whatsoever.~~]

17 ~~[5.]~~ 7. The staff of a general hospital shall: (a) inquire whether or
18 not the person admitted has served in the United States armed forces.
19 Such information shall be listed on the admissions form; (b) notify any
20 admittee who is a veteran of the possible availability of services at a
21 hospital operated by the United States veterans health administration,
22 and, upon request by the admittee, such staff shall make arrangements
23 for the individual's transfer to a United States veterans health admin-
24 istration hospital, provided, however, that transfers shall be author-
25 ized only after it has been determined, according to accepted clinical
26 and medical standards, that the patient's condition has stabilized and
27 transfer can be accomplished safely and without complication; and (c)
28 provide any admittee who has served in the United States armed forces
29 with a copy of the "Information for Veterans concerning Health Care
30 Options" fact sheet, maintained by the department of veterans' services
31 pursuant to subdivision twenty-nine of section four of the veterans'
32 services law prior to discharging or transferring the patient. The
33 commissioner shall promulgate rules and regulations for notifying such
34 admittees of possible available services and for arranging a requested
35 transfer.

36 8. (a) Whenever it appears to the attorney general, either upon
37 complaint or otherwise, that any person or persons has acts or practices
38 stated to be unlawful under this section, the attorney general may bring
39 an action or special proceeding in the name and on behalf of the people
40 of the state of New York to enjoin any violation of this section and to
41 obtain civil penalties of not more than fifty thousand dollars per
42 violation and to obtain any such other and further relief as the court
43 may deem proper, including preliminary relief.

44 (b) The remedies provided by this section shall be in addition to any
45 other lawful remedy available.

46 (c) Any action or special proceeding brought by the attorney general
47 pursuant to this section must be commenced within six years of the date
48 on which the attorney general became aware of the violation.

49 (d) In connection with any proposed action or special proceeding under
50 this section, the attorney general is authorized to take proof and make
51 a determination of the relevant facts, and to issue subpoenas in accord-
52 ance with the civil practice law and rules. The attorney general may
53 also require such other data and information as they may deem relevant
54 and may require written responses to questions under oath. Such power of
55 subpoena and examination shall not abate or terminate by reason of any

1 action or special proceeding brought by the attorney general under this
2 article.

3 (e) This section shall apply to all acts declared to be unlawful in
4 this section, whether or not subject to any other law of this state, and
5 shall not supersede, amend or repeal any other law of this state.

6 (f) The attorney general may assess civil penalties under this section
7 only if there are no fines assessed for the violation by the federal
8 government.

9 9. The commissioner shall revise and repeal conflicting regulations as
10 may be necessary and proper to carry out effectively the provisions of
11 this section.

12 § 3. Subdivision 3 of section 2805-b of the public health law, as
13 added by chapter 787 of the laws of 1983, is renumbered subdivision 5.

14 § 4. Section 2803-o-1 of the public health law is REPEALED.

15 § 5. The public health law is amended by adding a new section 2832 to
16 read as follows:

17 § 2832. Interference with care; prohibited. 1. If a health care prac-
18 itioner licensed pursuant to title eight of the education law is acting
19 in good faith, within the practitioner's scope of practice, and within
20 the relevant standard of care, a hospital may not limit the health care
21 practitioner's provision of medically accurate and comprehensive infor-
22 mation and resources to a patient regarding the patient's health status
23 including, but not limited to, diagnosis, prognosis, recommended treat-
24 ment, treatment alternatives, information about available services and
25 where and how to obtain them, and any potential risks to the patient's
26 health or life.

27 2. A health care entity shall not penalize, retaliate, discriminate or
28 otherwise take adverse action against a health care practitioner engag-
29 ing in communications consistent with this section.

30 3. The department shall design, prepare and make available online
31 written materials to clearly inform health care practitioners and staff
32 of the provisions of this section.

33 § 6. Conflict of laws. To the extent that any laws in the state of New
34 York conflict with this act, this act shall govern. If any part of this
35 section is found to be in conflict with federal requirements that are a
36 prescribed condition to the allocation of federal funds to the state,
37 the conflicting part of this act is inoperative solely to the extent of
38 the conflict and with respect to the agencies directly affected, and
39 this finding does not affect the operation of the remainder of this act
40 in its application to the agencies concerned. Rules adopted under this
41 act must meet federal requirements that are a necessary condition to the
42 receipt of federal funds by the state.

43 § 7. Severability. If any clause, sentence, paragraph, section or part
44 of this act be adjudged by any court of competent jurisdiction to be
45 invalid, such judgment shall not affect, impair or invalidate the
46 remainder hereof but shall be applied in its operation to the clause,
47 sentence, paragraph, section or part hereof directly involved in the
48 controversy in which such judgment shall have been rendered.

49 § 8. This act shall take effect immediately; provided, however, that
50 the amendments to subdivision 3 of section 2805-b of the public health
51 law made by section two of this act shall be subject to the expiration
52 and reversion of such subdivision pursuant to section 21 of chapter 723
53 of the laws of 1989, as amended, when upon such date the provisions of
54 section three of this act shall take effect.

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

3 (nn) (i) Medical assistance shall include the coverage of the follow-
4 ing services for individuals with infertility, including iatrogenic
5 infertility directly or indirectly caused by medical treatment and
6 infertility with an underlying diagnosis:

7 (1) standard fertility preservation services to prevent or treat
8 infertility, which shall include medically necessary collection, freez-
9 ing, preservation and storage of oocytes or sperm, and such other stand-
10 ard services that are not experimental or investigational; together with
11 prescription drugs, which shall be limited to federal food and drug
12 administration approved medications and subject to medical assistance
13 program coverage requirements;

14 (2) coverage of the costs of storage of oocytes or sperm shall be
15 subject to continued medical assistance program eligibility of the indi-
16 vidual with iatrogenic infertility, and shall terminate upon any discon-
17 tinuance of medical assistance eligibility; and

18 (3) three cycles of in-vitro fertilization used in the treatment of
19 infertility.

20 (ii) In the event that federal financial participation for such
21 fertility preservation services is not available, medical assistance
22 shall not include coverage of these services.

23 (iii) For purposes of this paragraph, "iatrogenic infertility" means
24 an impairment of fertility resulting from surgery, radiation,
25 chemotherapy, sickle cell treatment, or other medical treatment affect-
26 ing reproductive organs or processes; and a "cycle" is defined as
27 either all treatment that starts when: preparatory medications are
28 administered for ovarian stimulation for oocyte retrieval with the
29 intent of undergoing in-vitro fertilization using a fresh embryo trans-
30 fer; or medications are administered for endometrial preparation with
31 the intent of undergoing in-vitro fertilization using a frozen embryo
32 transfer.

33 § 2. Section 4 of part K of chapter 82 of the laws of 2002 amending
34 the insurance law and the public health law relating to coverage for the
35 diagnosis and treatment of infertility, is REPEALED.

36 § 3. The public health law is amended by adding a new section
37 2599-bb-2 to read as follows:

38 § 2599-bb-2. Improved access to infertility health care services grant
39 program. 1. The commissioner, subject to the availability of funds
40 pursuant to section twenty-eight hundred seven-v of this chapter, shall
41 establish a program to provide grants to health care providers for the
42 purpose of improving access to and expanding health care services
43 related to the range of care for infertility. Such program shall fund
44 uncompensated health care services related to the range of care for
45 infertility, to ensure the affordability of and access to care for indi-
46 viduals who lack the ability to pay for care, lack insurance coverage,
47 are underinsured, or whose insurance is deemed unusable by the rendering
48 provider. Notwithstanding sections one hundred twelve and one hundred
49 sixty-three of the state finance law, grants provided pursuant to such
50 program may be made without competitive bid or request for proposal.

51 2. Services, treatments, and procedures paid for pursuant to the grant
52 program shall be made available only in accordance with standards,
53 protocols, and other parameters established by the commissioner, which
54 shall incorporate but not be limited to the American Society for Repro-
55 ductive Medicine (ASRM) and the American College of Obstetricians and

1 Gynecologists (ACOG) standards for the appropriateness of individuals,
2 providers, treatments, and procedures.

3 3. At least one such provider shall be located in the city of New York
4 and one such provider shall be located in an upstate region. Any organ-
5 ization or provider receiving funds from the program shall take all
6 necessary steps to ensure the confidentiality of the individuals receiv-
7 ing services, treatments or procedures paid for pursuant to the grant
8 program pursuant to state and federal laws.

9 § 3-a. Under the authority of state plan amendment #17-0058, as
10 amended by state plan amendment #23-0050, the department of health shall
11 establish an alternative payment methodology (APM) for federally quali-
12 fied health centers to preserve and improve patient access to fertility
13 care. Such payments shall be in addition to any prospective payment
14 system (PPS) or any other alternative payment methodology for eligible
15 federally qualified health centers. The APM shall be determined by the
16 department and shall equal the difference between what the eligible
17 provider would have been paid for certain classes of fertility drugs
18 under section 340B of the federal public health services act between
19 January 1, 2024 and December 31, 2024 and the amount that the eligible
20 provider would have been reimbursed for such drugs by a managed care
21 organization, if covered by such managed care organization. For purposes
22 of this section, eligible fertility drugs shall be limited to gondo-
23 pion, GNRH antagonists, and GNRH agonists.

24 § 4. This act shall take effect immediately and shall be deemed to
25 have been in full force and effect on and after April 1, 2025; provided,
26 however, that section one of this act shall take effect October 1, 2025.
27 Effective immediately, the addition, amendment and/or repeal of any rule
28 or regulation necessary for the implementation of this act on its effec-
29 tive date are authorized to be made and completed on or before such
30 date.

31 PART R

32 Section 1. The opening paragraph of subdivision 1 of section 122-b of
33 the general municipal law, as amended by chapter 471 of the laws of
34 2011, is amended and a new paragraph (g) is added to read as follows:

35 ~~[Any]~~ General ambulance services are an essential service. Every
36 county, city, town ~~[or]~~ and village, acting individually or jointly or
37 in conjunction with a special district, ~~[may provide]~~ shall ensure that
38 an emergency medical service, a general ambulance service or a combina-
39 tion of such services are provided for the purpose of providing prehos-
40 pital emergency medical treatment or transporting sick or injured
41 persons found within the boundaries of the municipality or the munici-
42 palities acting jointly to a hospital, clinic, sanatorium or other place
43 for treatment of such illness or injury, ~~[and for]~~ provided, however,
44 that the provisions of this subdivision shall not apply to a city with a
45 population of one million or more. In furtherance of that purpose, a
46 county, city, town or village may:

47 (g) Establish a special district for the financing and operation of
48 general ambulance services, including support for agencies currently
49 providing EMS services, as set forth by this section, whereby any coun-
50 ty, city, town or village, acting individually, or jointly with any
51 other county, city, town and/or village, through its governing body or
52 bodies, following applicable procedures as are required for the estab-
53 lishment of fire districts in article eleven of the town law or follow-
54 ing applicable procedures as are required for the establishment of joint

1 fire districts in article eleven-A of the town law, with such special
2 district being authorized by this section to be established in all or
3 any part of any such participating county or counties, town or towns,
4 city or cities and/or village or villages. Notwithstanding any
5 provision of this article, rule or regulation to the contrary, any
6 special district created under this section shall not overlap with a
7 pre-existing city, town or village ambulance district unless such exist-
8 ing district is merged into the newly created district. No city, town
9 or village shall eliminate or dissolve a pre-existing ambulance district
10 without express approval and consent by the county to assume responsi-
11 bility for the emergency medical services previously provided by such
12 district. When a special district is established pursuant to this arti-
13 cle, the cities, towns, or villages contained within the county shall
14 not reduce current ambulance funding without such changes being incorpo-
15 rated into the comprehensive county emergency medical system plan.

16 § 2. Section 3000 of the public health law, as amended by chapter 804
17 of the laws of 1992, is amended to read as follows:

18 § 3000. Declaration of policy and statement of purpose. The furnishing
19 of medical assistance in an emergency is a matter of vital concern
20 affecting the public health, safety and welfare. Emergency medical
21 services and ambulance services are essential services and shall be
22 available to every person in the state of New York in a reliable manner.
23 Prehospital emergency medical care, other emergency medical services,
24 the provision of prompt and effective communication among ambulances and
25 hospitals and safe and effective care and transportation of the sick and
26 injured are essential public health services and shall be available to
27 every person in the state of New York in a reliable manner.

28 It is the purpose of this article to promote the public health, safety
29 and welfare by providing for certification of all advanced life support
30 first response services and ambulance services; the creation of regional
31 emergency medical services councils; and a New York state emergency
32 medical services council to develop minimum training standards for
33 certified first responders, emergency medical technicians and advanced
34 emergency medical technicians and minimum equipment and communication
35 standards for advanced life support first response services and ambu-
36 lance services.

37 § 3. Subdivision 1 of section 3001 of the public health law, as
38 amended by chapter 804 of the laws of 1992, is amended to read as
39 follows:

40 1. "Emergency medical service" means [~~initial emergency medical~~
41 ~~assistance including, but not limited to, the treatment of trauma,~~
42 ~~burns, respiratory, circulatory and obstetrical emergencies] a coordi-
43 nated system of interoperable healthcare response, assessment, treat-
44 ment, transportation, emergency medical dispatch, medical direction,
45 research, and practitioner education that provides essential emergency
46 and non-emergency care and transportation for the ill and injured and
47 enhances preparedness and mitigates risks to the public.~~

48 § 4. The public health law is amended by adding a new section 3019 to
49 read as follows:

50 § 3019. Statewide comprehensive emergency medical system plan. 1. The
51 state emergency medical services council, in collaboration and with
52 final approval of the department, shall develop and maintain a statewide
53 comprehensive emergency medical system plan that shall provide for a
54 coordinated emergency medical system within the state, which shall
55 include but not be limited to:

1 (a) establishing a comprehensive statewide emergency medical system,
2 consisting of facilities, transportation, workforce, communications, and
3 other components to improve the delivery of emergency medical service
4 and thereby decrease morbidity, hospitalization, disability, and mortal-
5 ity;

6 (b) improving the accessibility of high-quality emergency medical
7 service;

8 (c) coordinating professional medical organizations, hospitals, and
9 other public and private agencies in developing alternative delivery
10 models for persons who are presently using emergency departments for
11 routine, nonurgent and primary medical care to be served appropriately
12 and economically, provided, however, that the provisions of this subdi-
13 vision shall not apply to a city with a population of one million or
14 more; and

15 (d) conducting, promoting, and encouraging programs of education and
16 training designed to upgrade the knowledge and skills of emergency
17 medical service practitioners throughout the state with emphasis on
18 regions underserved by or with limited access to emergency medical
19 services.

20 2. The statewide comprehensive emergency medical system plan shall be
21 reviewed, updated if necessary, and published every five years on the
22 department's website, or at such earlier times as may be necessary to
23 improve the effectiveness and efficiency of the state's emergency
24 medical service system.

25 3. Each regional emergency medical services council shall develop and
26 maintain a comprehensive regional emergency medical system plan or adopt
27 the statewide comprehensive emergency medical service system plan, to
28 provide for a coordinated emergency medical system within the region.
29 Such plans shall incorporate all ambulance services with a current EMS
30 operating certificate for response to calls in their designated operat-
31 ing territory and shall be subject to review by the state emergency
32 medical services council and final approval by the department. Any
33 proposed permanent changes to the regional emergency medical system
34 plan, including the dissolution of an ambulance services district or
35 other significant modification of existing coverage shall be submitted
36 in writing to the department no later than one hundred eighty days
37 before the change shall take effect. Such changes shall not be made
38 until receipt of the appropriate departmental approvals.

39 4. Each county shall develop and maintain a comprehensive county emer-
40 gency medical system plan that shall provide for a coordinated emergency
41 medical system within the county, to provide essential emergency medical
42 services for all residents within the county. The county office of emer-
43 gency medical services shall be responsible for the development, imple-
44 mentation, and maintenance of the comprehensive county emergency medical
45 system plan. Such plans may require review and approval, as determined
46 by the state emergency medical services council, by such council, the
47 regional emergency medical services council and approval by the depart-
48 ment. Such plan shall incorporate all ambulance services with a current
49 EMS operating certificate for response to calls in their designated
50 operating territory and shall outline the primary responding agency for
51 requests for service for each part of the county. Any proposed perma-
52 nent changes to the county emergency medical system plan, including the
53 dissolution of an ambulance services district or other significant
54 modification of existing coverage shall be submitted in writing to the
55 department no later than one hundred eighty days before the change shall
56 take effect. Such changes shall not be made until receipt of the appro-

1 priate approvals. No county shall remove or reassign an area served by
2 an existing medical emergency response agency where such agency is
3 compliant with all statutory and regulatory requirements, and has agreed
4 to the provision of the approved plan.

5 § 5. The public health law is amended by adding a new section 3019-a
6 to read as follows:

7 § 3019-a. Emergency medical systems training program. 1. The state
8 emergency medical services council shall make recommendations to the
9 department for the department to implement standards related to the
10 establishment of training programs for emergency medical systems that
11 include but are not limited to students, emergency medical service prac-
12 titioners, emergency medical services agencies, approved educational
13 institutions, geographic areas, facilities, and personnel, and the
14 commissioner shall fund such training programs in full or in part based
15 on state appropriations. Until such time as the department announces
16 the training program established pursuant to this section is in effect,
17 all current standards, curricula, and requirements for students, emer-
18 gency medical service practitioners, agencies, facilities, and personnel
19 shall remain in effect.

20 2. The state emergency medical services council, with final approval
21 of the department, shall establish minimum education standards, curric-
22 ula, and requirements for all emergency medical system educational
23 institutions. No person or educational institution shall profess to
24 provide emergency medical system training without meeting the require-
25 ments set forth in regulation and only after approval of the department.

26 3. The department is authorized to provide, either directly or through
27 contract, for local or statewide initiatives, emergency medical system
28 training for emergency medical service practitioners and emergency
29 medical system agency personnel, using funding including but not limited
30 to allocations to aid to localities for emergency medical services
31 training.

32 4. Notwithstanding any other provisions of this section, the regional
33 emergency medical services council with jurisdiction over the city of
34 New York shall have authority to establish, subject to the approval of
35 the commissioner, training and educational requirements which shall
36 apply to all emergency medical practitioners working in the 911 system
37 of the city of New York and to determine protocols for the delivery of
38 emergency medical care, including those related to staffing, in the 911
39 system of the city of New York. Such training and educational require-
40 ments and protocols for the delivery of care shall be at least equal or
41 comparable to those applicable to emergency medical service practition-
42 ers in other areas of the state.

43 5. The department may visit and inspect any emergency medical system
44 training program or training center operating under this article to
45 ensure compliance. The department may request the state or regional
46 emergency medical services council's assistance to ensure the compli-
47 ance, maintenance, and coordination of training programs. Emergency
48 medical services institutions that fail to meet applicable standards and
49 regulations may be subject to enforcement action, including but not
50 limited to revocation, suspension, performance improvement plans, or
51 restriction from specific types of education.

52 § 6. Section 3020 of the public health law is amended by adding three
53 new subdivisions 3, 4 and 5 to read as follows:

54 3. The department, with the approval of the state emergency medical
55 services council, may create or adopt additional standards, training and
56 criteria to become an emergency medical service practitioner credent-

1 ialled to provide specialized, advanced, or other services that further
 2 support or advance the emergency medical system. The department, with
 3 approval of the state emergency medical services council may also set
 4 standards and requirements to require specialized credentials to perform
 5 certain functions in the emergency medical services system.

6 4. The department, with approval of the state emergency medical
 7 services council may also set standards for emergency medical system
 8 agencies to become accredited in a specific area to increase system
 9 performance and agency recognition.

10 5. Notwithstanding any other provisions of this section, the regional
 11 emergency medical services council with jurisdiction over the city of
 12 New York shall have authority to establish, subject to the approval of
 13 the commissioner, training and educational requirements which shall
 14 apply to all emergency medical practitioners working in the 911 system
 15 of the city of New York and to determine protocols for the delivery of
 16 emergency medical care, including those related to staffing, in the 911
 17 system of the city of New York. Such training and educational require-
 18 ments and protocols for the delivery of care shall be at least equal or
 19 comparable to those applicable to emergency medical service practition-
 20 ers in other areas of the state.

21 § 7. This act shall take effect six months after it shall have become
 22 a law.

23 PART S

24 Section 1. Section 4552 of the public health law, as added by section
 25 1 of part M of chapter 57 of the laws of 2023, is amended to read as
 26 follows:

27 § 4552. Notice of material transactions; requirements. 1. A health
 28 care entity shall submit to the department written notice, with support-
 29 ing documentation as described below and further defined in regulation
 30 developed by the department, which the department shall be in receipt of
 31 at least [~~thirty~~] ~~sixty~~ days before the closing date of the transaction,
 32 in the form and manner prescribed by the department. Immediately upon
 33 the submission to the department, the department shall submit electronic
 34 copies of such notice with supporting documentation to the antitrust,
 35 health care and charities bureaus of the office of the New York attorney
 36 general. Such written notice shall include, but not be limited to:

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

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

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

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

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

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

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

52 (ii) any commitments by the health care entity to address anticipated
 53 impacts[~~];~~

1 (g) A statement as to whether any party to the transaction, or a
2 controlling person or parent company of such party, owns any other
3 health care entity which, in the past three years has closed operations,
4 is in the process of closing operations, or has experienced a substan-
5 tial reduction in services provided. The parties shall specifically
6 identify the health care entity or entities subject to such closure or
7 substantial service reduction and detail the circumstances of such;

8 (h) A statement as to whether a sale-leaseback agreement or mortgage
9 or lease payments or other payments associated with real estate are a
10 component of the proposed transaction and if so, the parties shall
11 provide the proposed sale-leaseback agreement or mortgage, lease, or
12 real estate documents with the notice; and

13 (i) A statement as to whether any direct financial interest or mate-
14 rially indirect financial interest in the ownership or operation of the
15 health care entity, aside from those interests outlined in paragraph (h)
16 of this subdivision, are a component of the proposed transaction and if
17 so, the parties shall provide details of the financial interest as
18 determined necessary by the commissioner.

19 ~~2. [(a) Except as provided in paragraph (b) of this subdivision,~~
20 ~~supporting documentation as described in subdivision one of this section~~
21 ~~shall not be subject to disclosure under article six of the public offi-~~
22 ~~cers law.~~

23 ~~(b)]~~ During such [~~thirty-day~~] sixty-day period prior to the closing
24 date, the department shall post on its website:

25 [~~i~~] (a) a summary of the proposed transaction;

26 [~~ii~~] (b) an explanation of the groups or individuals likely to be
27 impacted by the transaction;

28 [~~iii~~] (c) information about services currently provided by the
29 health care entity, commitments by the health care entity to continue
30 such services and any services that will be reduced or eliminated; and

31 [~~iv~~] (d) details about how to submit comments, in a format that is
32 easy to find and easy to read.

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

36 (b) Annually, for a five-year period following closing of the trans-
37 action and on the date of such anniversary, parties to a material trans-
38 action shall notify the department, in the form and manner prescribed by
39 the department, of factors and metrics to assess the impacts of the
40 transaction on cost, quality, access, health equity, and competition.
41 The department may require that any party to a transaction, including
42 any parents or subsidiaries thereof, submit additional documents and
43 information in connection with the annual report required under this
44 paragraph, to the extent such additional information is necessary to
45 assess the impacts of the transaction on cost, quality, access, health
46 equity, and competition or to verify or clarify information submitted in
47 support or as part of the annual report required under this paragraph.
48 Parties shall submit such information within twenty-one days of request.

49 4. (a) The department shall conduct a preliminary review of all
50 proposed transactions. Review of a material transaction notice may also,
51 at the discretion of the department, consist of a full cost and market
52 impact review. The department shall notify the parties if and when it
53 determines that a full cost and market impact review is required and, if
54 so, the date that the preliminary review is completed.

55 (b) In the event the department determines that a full cost and market
56 impact review is required, the department shall have discretion to

1 require parties to delay the proposed transaction closing until such
2 cost and market impact review is completed, but in no event shall the
3 closing be delayed more than one hundred eighty days from the date the
4 department completes its preliminary review of the proposed transaction.

5 (c) The department may assess on parties to a material transaction all
6 actual, reasonable, and direct costs incurred in reviewing and evaluat-
7 ing the notice. Any such fees shall be payable to the department within
8 fourteen days of notice of such assessment.

9 5. (a) The department may require that any party to a transaction,
10 including any parents or subsidiaries thereof, submit additional docu-
11 ments and information in connection with a material transaction notice
12 or a full cost and market impact review required under this section, to
13 the extent such additional information is necessary to conduct a prelim-
14 inary review of the transaction; to assess the impacts of the trans-
15 action on cost, quality, access, health equity, and competition; or to
16 verify or clarify information submitted pursuant to subdivision one of
17 this section. Parties shall submit such information within twenty-one
18 days of request.

19 (b) The department shall keep confidential all nonpublic information
20 and documents obtained under this subdivision and shall not disclose the
21 information or documents to any person without the consent of the
22 parties to the proposed transaction, except as set forth in paragraph
23 (c) of this subdivision.

24 (c) Any data reported to the department pursuant to subdivision three
25 of this section, any information obtained pursuant to paragraph (a) of
26 this subdivision, and any cost and market impact review findings made
27 pursuant to subdivision four of this section may be used as evidence in
28 investigations, reviews, or other actions by the department or the
29 office of the attorney general, including but not limited to use by the
30 department in assessing certificate of need applications submitted by
31 the same healthcare entities involved in the reported material trans-
32 action or unrelated parties which are located in the same market area
33 identified in the cost and market impact review.

34 6. Except as provided in subdivision two of this section, documenta-
35 tion, data, and information submitted to the department as described in
36 subdivisions one, three, and five of this section shall not be subject
37 to disclosure under article six of the public officers law.

38 7. The commissioner shall promulgate regulations to effectuate this
39 section.

40 8. Failure to [~~notify the department of a material transaction under~~
41 comply with any requirement of this section shall be subject to civil
42 penalties under section twelve of this chapter. Each day in which the
43 violation continues shall constitute a separate violation.

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

49

PART T

50 Section 1. Paragraphs (a), (b), (c) and (d) of subdivision 1 of
51 section 2805-i of the public health law are relettered paragraphs (d),
52 (e), (f) and (g) and three new paragraphs (a), (b) and (c) are added to
53 read as follows:

1 (a) Maintaining the following full-time, part-time, contracted, or
2 on-call staff:

3 (1) One or more hospital sexual violence response coordinators who are
4 designated to ensure that the hospital's sexual violence response is
5 integrated within the hospital's clinical oversight and quality improve-
6 ment structure and to ensure chain of custody is maintained;

7 (2) Sexual assault forensic examiners sufficient to meet hospital
8 needs. Such individuals shall:

9 (i) be a registered professional nurse, certified nurse practitioner,
10 licensed physician assistant or licensed physician acting within their
11 lawful scope of practice and specially trained in forensic examination
12 of sexual offense victims and the preservation of forensic evidence in
13 such cases and certified as qualified to provide such services, pursuant
14 to regulations promulgated by the commissioner; and

15 (ii) have successfully completed a didactic and clinical training
16 course and post course preceptorship as appropriate to scope of practice
17 that aligns with guidance released by the commissioner, provided that
18 the commissioner is authorized to develop regulations allowing individ-
19 uals to satisfy the requirements of this subparagraph in limited cases,
20 pending the completion of a post course preceptorship.

21 (b) Ensuring that such sexual assault forensic examiners are on-call
22 and available on a twenty-four hour a day basis every day of the year;

23 (c) Ensuring that such sexual assault forensic examiners maintain
24 competency in providing sexual assault examinations;

25 § 2. Paragraph (a) of subdivision 13 of section 631 of the executive
26 law, as amended by section 3 of subpart S of part XX of chapter 55 of
27 the laws of 2020, is amended to read as follows:

28 (a) Notwithstanding any other provision of law, rule, or regulation to
29 the contrary, when any New York state accredited hospital, accredited
30 sexual assault examiner program, or licensed health care provider
31 furnishes services to any sexual assault survivor, including but not
32 limited to a health care forensic examination in accordance with the sex
33 offense evidence collection protocol and standards established by the
34 department of health, such hospital, sexual assault examiner program, or
35 licensed healthcare provider shall provide such services to the person
36 without charge and shall bill the office directly. The office, in
37 consultation with the department of health, shall define the specific
38 services to be covered by the sexual assault forensic exam reimbursement
39 fee, which must include at a minimum forensic examiner services, hospi-
40 tal or healthcare facility services related to the exam, and any neces-
41 sary related laboratory tests or pharmaceuticals; including but not
42 limited to HIV post-exposure prophylaxis provided by a hospital emergen-
43 cy room at the time of the forensic rape examination pursuant to para-
44 graph [~~(e)~~] (f) of subdivision one of section twenty-eight hundred
45 five-i of the public health law. For a person eighteen years of age or
46 older, follow-up HIV post-exposure prophylaxis costs shall continue to
47 be reimbursed according to established office procedure. The office, in
48 consultation with the department of health, shall also generate the
49 necessary regulations and forms for the direct reimbursement procedure.

50 § 3. Paragraph (d) of subdivision 1 and paragraph (c) of subdivision 2
51 of section 2805-p of the public health law, as added by chapter 625 of
52 the laws of 2003, are amended to read as follows:

53 (d) "Rape survivor" or "survivor" shall mean any [~~female~~] person who
54 alleges or is alleged to have been raped and who presents as a patient.

1 (c) provide emergency contraception to such survivor, unless contrain-
2 dicated, upon [~~her~~] such survivor's request. No hospital may be required
3 to provide emergency contraception to a rape survivor who is pregnant.

4 § 4. This act shall take effect immediately; provided, however, that
5 subparagraph 2 of paragraph (a) of subdivision 1 of section 2805-i of
6 the public health law, as added by section one of this act, shall take
7 effect two years after this act shall have become a law.

8 PART U

9 Intentionally Omitted

10 PART V

11 Intentionally Omitted

12 PART W

13 Intentionally Omitted

14 PART X

15 Intentionally Omitted

16 PART Y

17 Section 1. Section 2803 of the public health law is amended by adding
18 a new subdivision 15 to read as follows:

19 15. Subject to the availability of federal financial participation and
20 notwithstanding any provision of this article, or any rule or regulation
21 to the contrary, the commissioner may allow general hospitals to provide
22 off-site acute care medical services, that are:

23 (a) not home care services as defined in subdivision one of section
24 thirty-six hundred two of this chapter or the professional services
25 enumerated in subdivision two of section thirty-six hundred two of this
26 chapter; provided, however, that nothing shall preclude a hospital from
27 offering hospital services as defined in subdivision four of section
28 twenty-eight hundred one of this article;

29 (b) provided by a medical professional, including a physician, regis-
30 tered nurse, nurse practitioner, or physician assistant, to a patient
31 with a preexisting clinical relationship with the general hospital, or
32 with the health care professional providing the service;

33 (c) provided to a patient for whom a medical professional has deter-
34 mined is appropriate to receive acute medical services at their resi-
35 dence; and

36 (d) consistent with all applicable federal, state, and local laws, the
37 general hospital has appropriate discharge planning in place to coordi-
38 nate discharge to a home care agency where medically necessary and
39 consented to by the patient after the patient's acute care episode ends.

40 (e) Nothing in this subdivision shall preclude off-site services from
41 being provided in accordance with subdivision eleven of this section and
42 department regulations.

1 (f) The department is authorized to establish medical assistance
 2 program rates to effectuate this subdivision. For the purposes of the
 3 department determining the applicable rates pursuant to such authority,
 4 any general hospital approved pursuant to this subdivision shall report
 5 to the department, in the form and format required by the department,
 6 its annual operating costs and statistics, specifically for such off-
 7 site acute services. Failure to timely submit such cost data to the
 8 department may result in revocation of authority to participate in a
 9 program under this section due to the inability to establish appropriate
 10 reimbursement rates.

11 § 2. This act shall take effect immediately and shall be deemed to
 12 have been in full force and effect on and after April 1, 2025 and shall
 13 expire and be deemed repealed on April 1, 2027.

14 PART Z

15 Section 1. Section 4 of chapter 565 of the laws of 2022 amending the
 16 state finance law relating to preferred source status for entities that
 17 provide employment to certain persons, is amended to read as follows:

18 § 4. This act shall take effect immediately; provided that section one
 19 of this act shall expire and be deemed repealed [~~three~~] **five** years after
 20 such effective date; and provided further that this act shall not apply
 21 to any contracts or requests for proposals issued by government entities
 22 before such date.

23 § 2. Section 2 of chapter 91 of the laws of 2023 amending the state
 24 finance law relating to establishing a threshold for the amount of work
 25 needed to be performed by a preferred source which is an approved chari-
 26 table non-profit-making agency for the blind, is amended to read as
 27 follows:

28 § 2. This act shall take effect on the same date and in the same
 29 manner as a chapter of the laws of 2022, amending the state finance law
 30 relating to preferred source status for entities that provide employment
 31 to certain persons, as proposed in legislative bills numbers S. 7578-C
 32 and A. 8549-C, takes effect, and shall expire and be deemed repealed
 33 [~~three~~] **five** years after such effective date.

34 § 3. This act shall take effect immediately.

35 PART AA

36 Section 1. Section 2 of part NN of chapter 58 of the laws of 2015,
 37 amending the mental hygiene law relating to clarifying the authority of
 38 the commissioners in the department of mental hygiene to design and
 39 implement time-limited demonstration programs, as amended by section 1
 40 of part Z of chapter 57 of the laws of 2024, is amended to read as
 41 follows:

42 § 2. This act shall take effect immediately and shall expire and be
 43 deemed repealed March 31, [~~2025~~] **2027**.

44 § 2. This act shall take effect immediately.

45 PART BB

46 Section 1. Section 4 of part L of chapter 59 of the laws of 2016,
 47 amending the mental hygiene law relating to the appointment of temporary
 48 operators for the continued operation of programs and the provision of
 49 services for persons with serious mental illness and/or developmental

1 disabilities and/or chemical dependence, as amended by section 1 of part
2 00 of chapter 57 of the laws of 2022, is amended to read as follows:

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, 2016; provided,
5 however, that sections one and two of this act shall expire and be
6 deemed repealed on March 31, ~~2025~~ 2027.

7 § 2. This act shall take effect immediately.

8 PART CC

9 Section 1. Subdivision 1-a of section 84 of part A of chapter 56 of
10 the laws of 2013, amending the social services law and other laws relat-
11 ing to enacting the major components of legislation necessary to imple-
12 ment the health and mental hygiene budget for the 2013-2014 state fiscal
13 year, as amended by section 1 of part EE of chapter 57 of the laws of
14 2023, is amended to read as follows:

15 1-a. sections seventy-three through eighty-a shall expire and be
16 deemed repealed December 31, ~~2025~~ 2027;

17 § 2. This act shall take effect immediately and shall be deemed to
18 have been in full force and effect on and after April 1, 2025.

19 PART DD

20 Section 1. Subdivision (a) of section 22.11 of the mental hygiene law,
21 as added by chapter 558 of the laws of 1999, is amended to read as
22 follows:

23 (a) For the purposes of this section, the word "minor" shall mean a
24 person under eighteen years of age, but does not include a person who is
25 the parent of a child or has married or who is emancipated, or is a
26 homeless youth, as defined in section five hundred thirty-two-a of the
27 executive law, or receives services at an approved runaway and homeless
28 youth crisis services program or a transitional independent living
29 support program as defined in section five hundred thirty-two-a of the
30 executive law.

31 § 2. Paragraph 1 of subdivision (a) of section 33.21 of the mental
32 hygiene law, as amended by chapter 461 of the laws of 1994, is amended
33 to read as follows:

34 (1) "minor" shall mean a person under eighteen years of age, but shall
35 not include a person who is the parent of a child, emancipated, has
36 married or is on voluntary status on ~~[his or her]~~ their own application
37 pursuant to section 9.13 of this chapter, or is a homeless youth, as
38 defined in section five hundred thirty-two-a of the executive law, or
39 receives services at an approved runaway and homeless youth crisis
40 services program or a transitional independent living support program as
41 defined in section five hundred thirty-two-a of the executive law;

42 § 3. Subdivision 1 of section 2504 of the public health law, as
43 amended by chapter 107 of the laws of 2023, is amended to read as
44 follows:

45 1. Any person who is eighteen years of age or older, or is the parent
46 of a child or has married, or is a homeless youth as defined in section
47 five hundred thirty-two-a of the executive law, or receives services at
48 an approved runaway and homeless youth crisis services program or a
49 transitional independent living support program as defined in section
50 five hundred thirty-two-a of the executive law, may give effective
51 consent for medical, dental, health and hospital services, and behav-
52 ioral health services, including mental health care and substance use

1 treatment, for themselves, and the consent of no other person shall be
2 necessary.

3 § 4. This act shall take effect on the ninetieth day after it shall
4 have become a law.

5 PART EE

6 Section 1. Intentionally omitted.

7 § 2. Intentionally omitted.

8 § 3. Intentionally omitted.

9 § 4. Intentionally omitted.

10 § 5. Intentionally omitted.

11 § 6. Intentionally omitted.

12 § 7. Intentionally omitted.

13 § 8. The mental hygiene law is amended by adding a new section 9.64 to
14 read as follows:

15 § 9.64 Notice of admission determination to community provider.

16 Upon an admission to a hospital or received as a patient in a compre-
17 hensive psychiatric emergency program pursuant to the provisions of this
18 article, the director of such hospital or program shall ensure that
19 reasonable efforts are made to identify and promptly notify of such
20 determination any community provider of mental health services that
21 maintains such person on its caseload.

22 § 9. Subdivision (f) of section 29.15 of the mental hygiene law, as
23 amended by chapter 135 of the laws of 1993, is amended to read as
24 follows:

25 (f) The discharge or conditional release of all clients at develop-
26 mental centers, patients at psychiatric centers or patients at psychiat-
27 ric inpatient services subject to licensure by the office of mental
28 health shall be in accordance with a written service plan prepared by
29 staff familiar with the case history of the client or patient to be
30 discharged or conditionally released and in cooperation with appropriate
31 social services officials and directors of local governmental units. In
32 causing such plan to be prepared, the director of the facility shall
33 take steps to assure that the following persons are interviewed,
34 provided an opportunity to actively participate in the development of
35 such plan and advised of whatever services might be available to the
36 patient through the mental hygiene legal service: the patient to be
37 discharged or conditionally released; a representative of a community
38 provider of mental health services, including a provider of case manage-
39 ment services, that maintains the patient on its caseload; an authorized
40 representative of the patient, to include the parent or parents if the
41 patient is a minor, unless such minor sixteen years of age or older
42 objects to the participation of the parent or parents and there has been
43 a clinical determination by a physician that the involvement of the
44 parent or parents is not clinically appropriate and such determination
45 is documented in the clinical record and there is no plan to discharge
46 or release the minor to the home of such parent or parents; and upon the
47 request of the patient sixteen years of age or older, [~~a significant~~] an
48 individual significant to the patient including any relative, close
49 friend or individual otherwise concerned with the welfare of the
50 patient, other than an employee of the facility.

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

53 PART FF

1 Section 1. 1. Subject to available appropriations and approval of the
2 director of the budget, the commissioners and directors of the office of
3 mental health, office for people with developmental disabilities, office
4 of addiction services and supports, office of temporary and disability
5 assistance, office of children and family services, office of victim
6 services, department of health, and the state office for the aging
7 (hereinafter "the commissioners") shall establish a state fiscal year
8 2025-2026 targeted inflationary increase (TII), effective April 1, 2025,
9 for projecting for the effects of inflation upon rates of payments,
10 contracts, or any other form of reimbursement for the programs and
11 services listed in subdivision five of this section. The TII established
12 herein shall be applied to the appropriate portion of reimbursable costs
13 or contract amounts. Where appropriate, transfers to the department of
14 health (DOH) shall be made as reimbursement for the state share of
15 medical assistance.

16 2. Notwithstanding any inconsistent provision of law, subject to the
17 approval of the director of the budget and available appropriations
18 therefore, for the period of April 1, 2025, through March 31, 2026, the
19 commissioners and directors shall provide funding to support a seven and
20 eight-tenths percent (7.8%) targeted inflationary increase under this
21 section for all eligible programs and services as determined pursuant to
22 subdivision five of this section.

23 3. Notwithstanding any inconsistent provision of law, and as approved
24 by the director of the budget, the 7.8 percent targeted inflationary
25 increase (TII) established herein shall be inclusive of all other cost
26 of living type increases, inflation factors, or trend factors that are
27 newly applied effective April 1, 2025. Except for the 7.8 percent
28 targeted inflationary increase (TII) established herein, for the period
29 commencing on April 1, 2025, and ending March 31, 2026 the commissioners
30 and directors shall not apply any other new cost of living adjustments
31 for the purpose of establishing rates of payments, contracts or any
32 other form of reimbursement. The phrase "all other cost of living type
33 increases, inflation factors, or trend factors" as defined in this
34 subdivision shall not include payments made pursuant to the American
35 Rescue Plan Act or other federal relief programs related to the Corona-
36 virus Disease 2019 (COVID-19) pandemic public health emergency. This
37 subdivision shall not prevent the office of children and family services
38 from applying additional trend factors or staff retention factors to
39 eligible programs and services under paragraph (v) of subdivision five
40 of this section.

41 4. Each local government unit or direct contract provider receiving
42 the targeted inflationary increase established herein shall use such
43 funding to provide a targeted salary increase of at least four percent
44 (4.0%) to eligible individuals in accordance with subdivision six of
45 this section. Notwithstanding any inconsistent provision of law, the
46 commissioners and directors shall develop guidelines for local govern-
47 ment units and direct contract providers on implementation of such
48 targeted salary increase.

49 5. Eligible programs and services. (i) Programs and services funded,
50 licensed, or certified by the office of mental health (OMH) eligible for
51 the targeted inflationary increase established herein, pending federal
52 approval where applicable, include: office of mental health licensed
53 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of
54 the office of mental health regulations including clinic, continuing day
55 treatment, day treatment, intensive outpatient programs and partial
56 hospitalization; outreach; crisis residence; crisis stabilization,

1 crisis/respice beds; mobile crisis, part 590 comprehensive psychiatric
2 emergency program services; crisis intervention; home based crisis
3 intervention; family care; supported single room occupancy; supported
4 housing; supported housing community services; treatment congregate;
5 supported congregate; community residence - children and youth;
6 treatment/apartment; supported apartment; community residence single
7 room occupancy; on-site rehabilitation; employment programs; recreation;
8 respice care; transportation; psychosocial club; assertive community
9 treatment; case management; care coordination, including health home
10 plus services; local government unit administration; monitoring and
11 evaluation; children and youth vocational services; single point of
12 access; school-based mental health program; family support children and
13 youth; advocacy/support services; drop in centers; recovery centers;
14 transition management services; bridger; home and community based waiver
15 services; behavioral health waiver services authorized pursuant to the
16 section 1115 MRT waiver; self-help programs; consumer service dollars;
17 conference of local mental hygiene directors; multicultural initiative;
18 ongoing integrated supported employment services; supported education;
19 mentally ill/chemical abuse (MICA) network; personalized recovery
20 oriented services; children and family treatment and support services;
21 residential treatment facilities operating pursuant to part 584 of title
22 14-NYCRR; geriatric demonstration programs; community-based mental
23 health family treatment and support; coordinated children's service
24 initiative; homeless services; and promises zone.

25 (ii) Programs and services funded, licensed, or certified by the
26 office for people with developmental disabilities (OPWDD) eligible for
27 the targeted inflationary increase established herein, pending federal
28 approval where applicable, include: local/unified services; chapter 620
29 services; voluntary operated community residential services; article 16
30 clinics; day treatment services; family support services; 100% day
31 training; epilepsy services; traumatic brain injury services; hepatitis
32 B services; independent practitioner services for individuals with
33 intellectual and/or developmental disabilities; crisis services for
34 individuals with intellectual and/or developmental disabilities; family
35 care residential habilitation; supervised residential habilitation;
36 supportive residential habilitation; respice; day habilitation; prevoca-
37 tional services; supported employment; community habilitation; interme-
38 diate care facility day and residential services; specialty hospital;
39 pathways to employment; intensive behavioral services; community transi-
40 tion services; family education and training; fiscal intermediary;
41 support broker; and personal resource accounts. The office, in collab-
42 oration with the education department, shall also provide a comparable
43 targeted inflationary increase to the independent living centers
44 program.

45 (iii) Programs and services funded, licensed, or certified by the
46 office of addiction services and supports (OASAS) eligible for the
47 targeted inflationary increase established herein, pending federal
48 approval where applicable, include: medically supervised withdrawal
49 services - residential; medically supervised withdrawal services -
50 outpatient; medically managed detoxification; medically monitored with-
51 drawal; inpatient rehabilitation services; outpatient opioid treatment;
52 residential opioid treatment; KEEP units outpatient; residential opioid
53 treatment to abstinence; problem gambling treatment; medically super-
54 vised outpatient; outpatient rehabilitation; specialized services
55 substance abuse programs; home and community based waiver services
56 pursuant to subdivision 9 of section 366 of the social services law;

1 children and family treatment and support services; continuum of care
2 rental assistance case management; NY/NY III post-treatment housing;
3 NY/NY III housing for persons at risk for homelessness; permanent
4 supported housing; youth clubhouse; recovery community centers; recovery
5 community organizing initiative; residential rehabilitation services for
6 youth (RRSY); intensive residential; community residential; supportive
7 living; residential services; job placement initiative; case management;
8 family support navigator; local government unit administration; peer
9 engagement; vocational rehabilitation; support services; HIV early
10 intervention services; dual diagnosis coordinator; problem gambling
11 resource centers; problem gambling prevention; prevention resource
12 centers; primary prevention services; other prevention services; commu-
13 nity services; and addiction treatment centers.

14 (iv) Programs and services funded, licensed, or certified by the
15 office of temporary and disability assistance (OTDA) eligible for the
16 targeted inflationary increase established herein, pending federal
17 approval where applicable, include: nutrition outreach and education
18 program (NOEP); New York state supportive housing program; solutions to
19 end homelessness program; and state supplemental nutrition assistance
20 program outreach program.

21 (v) Programs and services funded, licensed, or certified by the office
22 of children and family services (OCFS) eligible for the targeted infla-
23 tionary increase established herein, pending federal approval where
24 applicable, include: programs for which the office of children and fami-
25 ly services establishes maximum state aid rates pursuant to section
26 398-a of the social services law and section 4003 of the education law;
27 emergency foster homes; foster family boarding homes and therapeutic
28 foster homes; supervised settings as defined by subdivision twenty-two
29 of section 371 of the social services law; adoptive parents receiving
30 adoption subsidy pursuant to section 453 of the social services law;
31 congregate and scattered supportive housing programs and supportive
32 services provided under the NY/NY III supportive housing agreement to
33 young adults leaving or having recently left foster care; child care
34 resource and referral agencies; healthy families New York; maternal,
35 infant, and early childhood home visiting (MIECHV) initiative; New York
36 state learning and enrichment after-school program supports (LEAPS); New
37 York state commission for the blind; residential and non-residential
38 domestic violence services and preventative services as defined by
39 section 409 of the social services law.

40 (vi) Programs and services funded, licensed, or certified by the state
41 office for the aging (SOFA) eligible for the targeted inflationary
42 increase established herein, pending federal approval where applicable,
43 include: community services for the elderly; expanded in-home services
44 for the elderly; wellness in nutrition program; New York connects
45 program; long term ombudsman program; naturally occurring retirement
46 communities (NORCs); neighborhood naturally occurring retirement commu-
47 nities (NNORCs); and social adult day services program.

48 (vii) Programs and services funded, licensed, or certified by the
49 department of health eligible for the targeted inflationary increase
50 established herein, pending federal approval where applicable, include:
51 health home care management agencies authorized under section 365-1 of
52 the social services law; rape crisis programs; and medicaid transporta-
53 tion program.

54 (viii) Programs and services funded, licensed, or certified by the
55 office of victim services eligible for the targeted inflationary
56 increase established herein, pending federal approval where applicable,

1 include: crime victim service programs as defined by section 631-a of
2 the executive law.

3 6. Eligible individuals. Support staff, direct care staff, clinical
4 staff, and non-executive administrative staff in programs and services
5 listed in subdivision five of this section shall be eligible for the
6 4.0% targeted salary increase established pursuant to subdivision four
7 of this section.

8 (a) For the office of mental health, office for people with develop-
9 mental disabilities, and office of addiction services and supports,
10 support staff shall mean individuals employed in consolidated fiscal
11 report position title codes ranging from 100 to 199; direct care staff
12 shall mean individuals employed in consolidated fiscal report position
13 title codes ranging from 200 to 299; clinical staff shall mean individ-
14 uals employed in consolidated fiscal report position title codes ranging
15 from 300 to 399; and non-executive administrative staff shall mean indi-
16 viduals employed in consolidated fiscal report position title codes 400,
17 500 to 599, 605 to 699, and 703 to 799. Individuals employed in consol-
18 idated fiscal report position title codes 601 to 604, 701 and 702 shall
19 be ineligible for the 4.0% targeted salary increase established herein.

20 (b) For the office of temporary and disability assistance, office of
21 children and family services, and the state office for the aging, eligi-
22 ble support staff, direct care staff, clinical staff, and non-executive
23 administrative staff titles shall be determined by each agency's commis-
24 sioner.

25 7. Each local government unit or direct contract provider receiving
26 funding for the targeted inflationary increase established herein shall
27 submit a written certification, in such form and at such time as each
28 commissioner shall prescribe, attesting how such funding will be or was
29 used to first promote the recruitment and retention of support staff,
30 direct care staff, clinical staff, non-executive administrative staff,
31 or respond to other critical non-personal service costs prior to
32 supporting any salary increases or other compensation for executive
33 level job titles.

34 8. Notwithstanding any inconsistent provision of law to the contrary,
35 agency commissioners and directors shall be authorized to recoup funding
36 from a local governmental unit or direct contract provider for the
37 targeted inflationary increase established herein determined to have
38 been used in a manner inconsistent with the appropriation, or any other
39 provision of this section. Such agency commissioners and directors shall
40 be authorized to employ any legal mechanism to recoup such funds,
41 including an offset of other funds that are owed to such local govern-
42 mental unit or direct contract provider.

43 § 2. This act shall take effect immediately and shall be deemed to
44 have been in full force and effect on and after April 1, 2025.

45

PART GG

46 Section 1. Subdivisions 1 and 3 of section 368-d of the social
47 services law, as amended by section 54 of part B of chapter 58 of the
48 laws of 2009, are amended to read as follows:

49 1. The department of health shall review claims for expenditures made
50 by or on behalf of local public school districts, and state
51 operated/state supported schools which operate pursuant to article
52 eighty-five, eighty-seven or eighty-eight of the education law, for
53 medical care, services and supplies which are furnished to children with
54 handicapping conditions or such children suspected of having handicap-

1 ping conditions, as such children are defined in the education law. The
2 department of health shall also review claims for expenditures for early
3 and periodic screening, diagnosis and treatment and other health
4 services, care and supplies which are furnished to eligible children
5 regardless of whether the children have handicapping conditions, are
6 suspected of having handicapping conditions or have an individualized
7 education plan. If approved by the department, payment for such medical
8 care, services and supplies which would otherwise qualify for reimburse-
9 ment under this title and which are furnished in accordance with this
10 title and the regulations of the department to such children, shall be
11 made in accordance with the department's approved medical assistance fee
12 schedules by payment to such local public school district, and state
13 operated/state supported schools which operate pursuant to article
14 eighty-five, eighty-seven or eighty-eight of the education law, which
15 furnished the care, services or supplies either directly or by contract.

16 3. The department of health shall apply for all necessary federal
17 approvals to implement the provisions of this section. The provisions of
18 this section shall be of no force and effect unless all necessary
19 approvals under federal law and regulation have been obtained to receive
20 federal financial participation in the costs of health care services
21 provided pursuant to this section.

22 § 2. Subdivision 1 and the closing paragraph of section 368-e of the
23 social services law, as amended by section 55 of part B of chapter 58 of
24 the laws of 2009, are amended to read as follows:

25 1. The department of health shall review claims for expenditures made
26 by counties and the city of New York for medical care, services and
27 supplies which are furnished to preschool children with handicapping
28 conditions or such preschool children suspected of having handicapping
29 conditions, as such children are defined in the education law. The
30 department of health shall also review claims for expenditures for early
31 and periodic screening, diagnosis and treatment and other health
32 services, care and supplies which are furnished to eligible pre-school
33 children regardless of whether the pre-school children have handicapping
34 conditions, are suspected of having handicapping conditions or have an
35 individualized education plan. If approved by the department, payment
36 for such medical care, services and supplies which would otherwise qual-
37 ify for reimbursement under this title and which are furnished in
38 accordance with this title and the regulations of the department to such
39 children, shall be made in accordance with the department's approved
40 medical assistance fee schedules by payment to such county or city which
41 furnished the care, services or supplies either directly or by contract.
42 Notwithstanding any provisions of law, rule or regulation to the contra-
43 ry, any clinic or diagnostic and treatment center licensed under article
44 twenty-eight of the public health law, which as determined by the state
45 education department, in conjunction with the department of health, has
46 a less than arms length relationship with the provider approved under
47 section forty-four hundred ten of the education law shall, subject to
48 the approval of the department and based on standards developed by the
49 department, be authorized to directly submit such claims for medical
50 assistance, services or supplies so furnished for any period beginning
51 on or after July first, nineteen hundred ninety-seven. The actual full
52 cost of the individualized education program (IEP) related services
53 incurred by the clinic shall be reported on the New York State Consol-
54 idated Fiscal Report in the education law section forty-four hundred ten
55 program cost center in which the student is placed and the associated
56 medical assistance revenue shall be reported in the same manner.

1 6. The department of health shall apply for all necessary federal
2 approvals to implement the provisions of this section. The provisions of
3 this section shall be of no force and effect unless all necessary
4 approvals under federal law and regulation have been obtained to receive
5 federal financial participation in the costs of health care services
6 provided pursuant to this section.

7 § 3. This act shall take effect immediately, and shall be deemed to
8 have been in full force and effect on and after April 1, 2025.

9

PART HH

10 Section 1. Section 30-a of the public health law is amended by adding
11 three new subdivisions 4, 5 and 6 to read as follows:

12 4. "Overpayment" shall mean any amount not authorized to be paid under
13 the medical assistance program, whether paid as the result of inaccurate
14 or improper cost reporting, improper claiming, unacceptable practices,
15 fraud, abuse or mistake.

16 5. "Applicable standards" shall mean the state laws, regulations and
17 duly promulgated policies, guidelines, protocols and interpretations of
18 state agencies with jurisdiction in effect at the time the provider
19 engaged in the regulated conduct or provision of services that the
20 inspector general is auditing or reviewing.

21 6. "Clerical or minor error or omission" shall include mathematical or
22 computational mistakes; transposed procedure or diagnostic codes; inac-
23 curate data entry; computer errors; duplicate claims; and incorrect data
24 items, such as provider number, use of a modifier or date of service.

25 § 2. The public health law is amended by adding a new section 37 to
26 read as follows:

27 § 37. Audit and recovery of medical assistance payments to providers.
28 Any audit or review of any provider contracts, cost reports, claims,
29 bills, or medical assistance payments by the inspector, anyone desig-
30 nated by the inspector to conduct such audit or review, shall comply
31 with the following standards:

32 1. Any reviews or audits of provider contracts, cost reports, claims,
33 bills or medical assistance payments shall apply the applicable stand-
34 ard. Prior to commencing an audit or review, the inspector shall provide
35 to the provider access to any applicable standards. For the purpose of
36 this subdivision, an applicable standard shall not be deemed in effect
37 if federal governmental approval was pending or denied at the time the
38 provider engaged in the regulated conduct or provision of services.

39 2. The inspector shall publish the most current version of protocols
40 applicable to and governing any audit or review of a provider or provid-
41 er contracts, cost reports, claims, bills or medical assistance payments
42 on the office of the Medicaid inspector general website in advance of
43 commencing such audit or review, which protocols shall include any and
44 all applicable standards.

45 3. In determining the amount of an overpayment a provider must repay
46 following an audit or review, consistent with subdivision six of section
47 thirty-two of this title, the inspector must consider the following
48 factors:

49 (a) Whether the findings suggest a sustained or high level of payment
50 error;

51 (b) Whether the nature of the error is a clerical or minor error or
52 omission;

53 (c) Impacts to the provider's financial solvency; and

1 (d) The potential for the repayment, if ordered, to negatively impact
2 access to services.

3 4. Any sampling and extrapolation methodologies utilized by the
4 inspector shall be consistent with accepted standards of sound auditing
5 practice and statistical analysis.

6 5. If the inspector determines that the basis of an overpayment is a
7 clerical or minor error or omission, and if the inspector further deter-
8 mines such clerical or minor error or omission are isolated occurrences,
9 limited to three or less, then the inspector shall not apply extrap-
10 olation in those cases and recoupment will be limited to each such
11 affected audited claim.

12 6. The draft audit report given to the provider shall include the
13 inspector's findings and a detailed written explanation of the extrap-
14 olation method if used, including the size of the sample, the sampling
15 methodology, the defined universe of claims, the specific claims
16 included in the sample, the results of the sample, the assumptions made
17 about the accuracy and reliability of the sample and the level of confi-
18 dence in the sample results, and the steps undertaken to calculate the
19 alleged overpayment and any applicable offset based on the sample
20 results.

21 7. The inspector shall consider any supporting documentation that the
22 provider submits prior to the issuance of the final audit report that
23 the provider thinks is relevant to the audit, including, but not limited
24 to attestations addressing missing documentation and/or signatures. The
25 inspector shall use the totality of the record to determine if the
26 documentation or signature requirement, as outlined in statute or regu-
27 lation, is met, and/or consider submitted attestations to resolve the
28 issue. If the inspector rejects such supporting documentation, an expla-
29 nation for such rejection shall be provided in writing.

30 8. The inspector's final audit report or final notice of agency action
31 shall include a specific explanation of the inspector's consideration of
32 the factors described in paragraphs (a) through (d) of subdivision three
33 of this section.

34 9. The inspector shall not foreclose or prohibit the provider from
35 settling through repayment at the lower confidence limit plus applicable
36 interest, even if the provider requests a hearing, up until the hearing
37 determination is issued.

38 10. Neither recoupment by the inspector nor repayment by the provider
39 of overpayments shall commence earlier than sixty days from the issuance
40 date of the final audit report or, if the provider requests a hearing,
41 then sixty days from the issuance date of the hearing determination.

42 11. Nothing in this section shall prevent the inspector from complying
43 with Medicaid audit requirements established by federal law, rules and
44 regulations, or binding federal agency guidance and directives.

45 § 3. The opening paragraph of subdivision 1 of section 35 of the
46 public health law, as added by chapter 442 of the laws of 2006, is
47 amended to read as follows:

48 The inspector shall, no later than October first of each year,
49 [~~submit~~] consult with the commissioner on the preparation of an annual
50 report, to be made and filed by the inspector and submitted to the
51 governor, the temporary president of the senate, the speaker of the
52 assembly, the minority leader of the senate, the minority leader of the
53 assembly, the commissioner, the commissioner of the office of addiction
54 services and supports, and the commissioner of the office of mental
55 health, the commissioner of the office of persons with developmental
56 disabilities, the state comptroller and the attorney general[~~, a report~~

1 ~~summarizing the activities of the office during the preceding calendar~~
2 ~~year~~]. Such report shall include:

3 § 4. Paragraphs (b), (f) and (g) of subdivision 1 of section 35 of the
4 public health law, paragraph (b) as added by chapter 442 of the laws of
5 2006, paragraph (f) as amended and paragraph (g) as added by section 111
6 of part E of chapter 56 of the laws of 2013, are amended and a new para-
7 graph (h) is added to read as follows:

8 (b) the number, subject and other relevant characteristics of audits
9 initiated, and those completed, including but not limited to outcome,
10 region, reason for audit and the total dollar value identified for
11 recovery ~~[and]~~, the actual recovery from such audits and how many audits
12 where overpayments were recovered used extrapolation;

13 (f) a narrative that evaluates the office's performance, describes any
14 specific problems and connection with the procedures and agreements
15 required under this section, discusses any other matters that may have
16 impaired its effectiveness and summarizes the total savings to the
17 state's medical assistance program; ~~[and]~~

18 (g) a narrative, provided by the department in its annual report
19 pursuant to paragraph (t) of subdivision one of section two hundred six
20 of this chapter that summarizes the department's activities to mitigate
21 fraud, waste and abuse during the preceding calendar year~~[-]~~; and

22 (h) a narrative that describes the steps taken by the office in the
23 past year to comply with subdivision six of section thirty-two of this
24 title, which requires consideration of quality and availability of
25 medical and long term care and services and the best interest of both
26 the medical assistance program and recipients, in the pursuit of civil
27 and administrative enforcement actions.

28 § 5. This act shall take effect April 1, 2026.

29 PART II

30 Section 1. Legislative findings. The legislature finds that since 2003
31 more than 40 community hospitals in New York state have closed.

32 The legislature additionally finds that as a result of hospital
33 consolidation, large health care systems now control more than 70
34 percent of acute hospital beds in the state and that these systems some-
35 times remove categories of care from local hospitals, leaving patients
36 in regions of the state without access to particular types of care,
37 including some types of emergency care.

38 The legislature further finds that patients do not have the ability to
39 determine whether health care facilities in their area provide the care
40 they seek, because information about how facility restrictions impact
41 options for care is too difficult to obtain.

42 The legislature also finds that denials and poor access to care can
43 lead to serious adverse health impacts that jeopardize individuals'
44 lives and wellbeing and that New York needs to understand health care
45 gaps and their impact statewide.

46 Finally, the legislature finds that some denials of care violate state
47 and federal law.

48 § 2. The public health law is amended by adding a new section 2803-bb
49 to read as follows:

50 § 2803-bb. Hospital rule-based exclusions. 1. As used in this
51 section, "hospital rule-based exclusions" means any criteria, rules, or
52 policies, whether written or unwritten, formally adopted or drafted,
53 endorsed by the general hospital or followed from an external source,
54 that restrict a general hospital from providing types of care that the

1 general hospital is licensed to provide or that restrict the provision
2 of care to categories of patients on the basis of any characteristic
3 protected under section two hundred ninety-six of the executive law that
4 the general hospital is licensed to provide. "Hospital rule-based
5 exclusions" shall include, but not be limited to, objections under
6 section twenty-nine hundred eighty-four or twenty-nine hundred ninety-
7 four-n of this chapter. "Hospital rule-based exclusions" shall not
8 include restrictions based on lack of equipment, available bed space in
9 the facility, or insurance denial.

10 2. (a) The commissioner shall collect from each general hospital a
11 list of its hospital rule-based exclusions on an annual basis. Each
12 general hospital shall furnish a list of hospital rule-based exclusions
13 to the department, immediately upon request.

14 (b) The commissioner shall publish on the department's website a
15 current list of all of the general hospitals with hospital rule-based
16 exclusions and the hospital rule-based exclusions for each general
17 hospital not later than six months after the effective date of this
18 section. The commissioner shall update this list on an annual basis. The
19 commissioner, in consultation with experts in health care access,
20 patient advocacy, types of health care that are frequently inaccessible,
21 and hospital administration shall promulgate rules and regulations
22 creating standardized language for this list to ensure that it is readi-
23 ly understandable to patients, prospective patients, and members of the
24 public.

25 (c) Within one year of the effective date of this section and every
26 five years thereafter, the commissioner shall submit a report to the
27 temporary president of the senate and the speaker of the assembly
28 regarding hospital rule-based exclusions in the state and the impact of
29 such hospital rule-based exclusions on patients' ability to access qual-
30 ity, comprehensive, affordable care near their residences and whether
31 and how access to care varies by community, as well as by race, gender,
32 ethnicity, sexual orientation, gender identity or gender expression, and
33 socioeconomic status, across the state. The report shall be made public-
34 ly available on the department's website.

35 (d) The commissioner may promulgate rules and regulations as may be
36 necessary and proper to carry out effectively the provisions of this
37 section.

38 § 3. Subdivision 1 of section 2803 of the public health law is amended
39 by adding a new paragraph (m) to read as follows:

40 (m) The statement regarding patient rights and responsibilities,
41 required pursuant to paragraph (g) of this subdivision, shall include an
42 explanation of hospital rule-based exclusions and a link to the section
43 of the department's website required in paragraph (b) of subdivision two
44 of section twenty-eight hundred three-bb of this article. Each general
45 hospital's website shall prominently link to the department's website
46 required in paragraph (b) of subdivision two of section twenty-eight
47 hundred three-bb of this article. The commissioner may promulgate rules
48 and regulations as may be necessary and proper to carry out effectively
49 the provisions of this paragraph.

50 § 4. Subsection (a) of section 3217-a of the insurance law is amended
51 by adding a new paragraph 22 to read as follows:

52 (22)(A) an explanation of hospital rule-based exclusions and the fact
53 that some general hospitals may have hospital rule-based exclusions,
54 along with a link to the website required pursuant to subdivision two of
55 section twenty-eight hundred three-bb of the public health law.

1 (B) for the purposes of this paragraph, "hospital rule-based exclu-
2 sions" shall have the same meaning as in section twenty-eight hundred
3 three-bb of the public health law.

4 § 5. Subsection (a) of section 4324 of the insurance law is amended by
5 adding a new paragraph 23 to read as follows:

6 (23)(A) an explanation of hospital rule-based exclusions and the fact
7 that some general hospitals may have hospital rule-based exclusions,
8 along with a link to the website required pursuant to subdivision two of
9 section twenty-eight hundred three-bb of the public health law.

10 (B) for the purposes of this paragraph, "hospital rule-based exclu-
11 sions" shall have the same meaning as in section twenty-eight hundred
12 three-bb of the public health law.

13 § 6. Subdivision 1 of section 4408 of the public health law is amended
14 by adding a new paragraph (w) to read as follows:

15 (w) (i) An explanation of hospital rule-based exclusions and the fact
16 that some general hospitals may have hospital rule-based exclusions,
17 along with a link to the website required pursuant to subdivision two of
18 section twenty-eight hundred three-bb of this chapter.

19 (ii) For the purposes of this paragraph, "hospital rule-based exclu-
20 sions" shall have the same meaning as in section twenty-eight hundred
21 three-bb of this chapter.

22 § 7. Nothing in this act shall be construed to permit or authorize
23 denials of care or discrimination in the provision of health care or
24 health insurance. Compliance with this act does not reduce or limit any
25 liability for general hospitals in connection with hospital rule-based
26 exclusions, including violations of state or federal law.

27 § 8. Severability clause. If any provision of this act, or any appli-
28 cation of any provision of this act, is held to be invalid, or ruled to
29 violate or be inconsistent with any applicable federal law or regu-
30 lation, that shall not affect the validity or effectiveness of any other
31 provision of this act, or of any other application of any provision of
32 this act. It is hereby declared to be the intent of the legislature
33 that this act would have been enacted even if such invalid provisions
34 had not been included herein.

35 § 9. This act shall take effect eighteen months after it shall have
36 become a law. Effective immediately, the addition, amendment and/or
37 repeal of any rule or regulation necessary for the implementation of
38 this act on its effective date are authorized to be made and completed
39 on or before such effective date.

40 PART JJ

41 Section 1. Short title. This act shall be known and may be cited as
42 the "Sickle Cell Treatment Act".

43 § 2. The public health law is amended by adding a new section 2807-bb
44 to read as follows:

45 § 2807-bb. Sickle cell centers for excellence and outpatient treatment
46 centers. 1. Centers for sickle cell care excellence. The commissioner
47 shall designate five general hospitals or hospices with a minimum of two
48 centers north of Putnam and Orange counties under article forty of this
49 chapter, upon successful application, as centers for sickle cell care
50 excellence. The designations shall be made through an application
51 designed by the department, and based on service, staffing and other
52 criteria as developed by the commissioner. The centers of excellence
53 shall provide specialized sickle cell disease care, treatment, pallia-
54 tive care, education and related services and shall conduct specialized

1 research into the care, treatment and management of sickle cell disease.
 2 Designation as a center for sickle cell care excellence shall not enti-
 3 tle a center to enhanced reimbursement, but may be utilized in outreach
 4 and other promotional activities. Each center for sickle cell care
 5 excellence shall affiliate and cooperate with major centers of higher
 6 learning, including medical colleges, and life science research insti-
 7 tutes in the state. The state university shall enter into appropriate
 8 legal agreements to enable this cooperation. Each center for sickle cell
 9 care excellence shall receive five hundred thousand dollars per year
 10 from the department, from amounts appropriated for that purpose, to be
 11 used on sickle cell disease research.

12 2. Outpatient treatment centers. The commissioner shall designate ten
 13 hospitals, distributed based on sickle cell patient population concen-
 14 trations, as sickle cell outpatient treatment centers which shall
 15 provide patients treatment for sickle cell disease as an outpatient.
 16 Each sickle cell outpatient treatment center shall receive two hundred
 17 fifty thousand dollars per year from the department, from amounts appro-
 18 priated for that purpose, to be used to ensure the proper management and
 19 equipping of the centers to care for sickle cell patients.

20 § 3. Subdivision 8 of section 3331 of the public health law, as added
 21 by section 7-a of part D of chapter 57 of the laws of 2018, is amended
 22 to read as follows:

23 8. No opioids shall be prescribed to a patient initiating or being
 24 maintained on opioid treatment for pain which has lasted more than three
 25 months or past the time of normal tissue healing, unless the medical
 26 record contains a written treatment plan that follows generally accepted
 27 national professional or governmental guidelines. The requirements of
 28 this [paragraph] subdivision shall not apply in the case of patients who
 29 are being treated for sickle cell disease or cancer that is not in
 30 remission, who are in hospice or other end-of-life care, or whose pain
 31 is being treated as part of palliative care practices.

32 § 4. This act shall take effect immediately and shall be deemed to be
 33 in full force and effect on and after April 1, 2025.

34 PART KK

35 Section 1. Article 2-A of the public health law is amended by adding a
 36 new title IV to read as follows:

37 TITLE IV

38 PRESERVING ACCESS TO AFFORDABLE DRUGS

39 Section 282. Definitions.

40 283. Preserving access to affordable drugs.

41 § 282. Definitions. For the purposes of this title, the following
 42 terms shall have the following meanings:

43 1. "ANDA" shall mean abbreviated new drug application as described by
 44 505(j) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 335(j).

45 2. "ANDA filer" shall mean a party that owns or controls an ANDA filed
 46 with the federal food and drug administration or has the exclusive
 47 rights under that ANDA to distribute the ANDA product.

48 3. "Agreement" shall mean anything that would constitute an agreement
 49 under state law.

50 4. "Agreement resolving or settling a patent infringement claim"
 51 includes any agreement that is entered into within thirty days of the
 52 resolution or the settlement of the claim, or any other agreement that
 53 is contingent upon, provides a contingent condition for, or is otherwise

1 related to the resolution or settlement of the claim. This shall
2 include, but is not limited to, the following:

3 (a) Any agreement required to be provided to the federal trade commis-
4 sion or the antitrust division of the United States Department of
5 Justice under the Medicare Prescription Drug, Improvement, and Modern-
6 ization Act of 2003, Pub. L. No. 108-173;

7 (b) Any agreement between a biosimilar or interchangeable product
8 applicant and a reference product sponsor under the Biologics Price
9 Competition and Innovation Act of 2009, Pub. L. No. 111-148, that
10 resolves patent claims between the applicant and sponsor.

11 5. "Biosimilar biological product application filer" shall mean a
12 party that owns or controls a biosimilar biological product application
13 filed with the federal food and drug administration pursuant to section
14 351(k) of the Public Health Service Act, 42 U.S.C. 262(k), for licensure
15 of a biological product as biosimilar to, or interchangeable with, a
16 reference product, or that has the exclusive rights under the applica-
17 tion to distribute the biosimilar biological product.

18 6. "NDA" shall mean a new drug application.

19 7. "Nonreference drug filer" shall mean either:

20 (a) An ANDA filer;

21 (b) A company that seeks an abbreviated approval pathway for its drug
22 product under 505(b)(2) of the Federal Food, Drug, and Cosmetic Act, 21
23 U.S.C. 355(b)(2); or

24 (c) A biosimilar biological product application filer, or company
25 seeking FDA approval for a biosimilar under 42 U.S.C. 262.

26 8. "Nonreference drug product" shall mean the product to be manufac-
27 tured under an ANDA or an application filed under section 505(b)(2) of
28 the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 355(b), that is the
29 subject of the patent infringement claim, a biosimilar biological prod-
30 uct that is the product to be manufactured under the biosimilar biolog-
31 ical product application that is the subject of the patent infringement
32 claim, or both.

33 9. "Patent infringement" shall mean infringement of any patent or of
34 any filed patent application, extension, reissue, renewal, division,
35 continuation, continuation in part, reexamination, patent term restora-
36 tion, patents of addition, and extensions thereof.

37 10. "Patent infringement claim" shall mean any allegation made to a
38 nonreference drug filer, whether or not included in a complaint filed
39 with a court of law, that its nonreference drug product or application
40 infringes any patent held by, or exclusively licensed to, the reference
41 drug holder.

42 11. "Reference drug holder" shall mean either:

43 (a) A brand holder that is any of the following:

44 (i) The holder of an approved NDA for a drug product application filed
45 under section 505(b) of the Federal Food, Drug, and Cosmetic Act, 21
46 U.S.C. 355(b);

47 (ii) A person owning or controlling enforcement of the patent listed
48 in the approved drug products with therapeutic equivalence evaluations
49 in connection with the NDA; or

50 (iii) The predecessors, subsidiaries, divisions, groups, and affil-
51 iates controlled by, controlling, or under common control with, any of
52 the entities described in subparagraph (i) or (ii) of this paragraph,
53 with control to be presumed by direct or indirect share ownership of
54 fifty percent or greater, as well as the licensees, licensors, succes-
55 sors, and assigns of each of those entities; or

1 (b) A biological product license holder, which shall mean any of the
2 following:

3 (i) The holder of an approved biological product license application
4 for a biological drug product under section 351(a) of the Public Health
5 Service Act, 42 U.S.C. 262(a);

6 (ii) A person owning or controlling enforcement of any patents that
7 claim the biological product that is the subject of the approved biolog-
8 ical patent license application; or

9 (iii) The predecessors, subsidiaries, divisions, groups, and affil-
10 iates controlled by, controlling, or under common control with, any of
11 the entities described in subparagraph (i) or (ii) of this paragraph,
12 with control to be presumed by direct or indirect share ownership of
13 fifty percent or greater, as well as the licensees, licensors, succes-
14 sors, and assigns of each of those entities.

15 12. "Reference drug product" shall mean the product to be manufactured
16 by the reference drug holder and includes both branded drugs of the NDA
17 holder and the biologic drug product of the biologic product license
18 applicant.

19 13. "Statutory exclusivity" shall mean those prohibitions on the
20 approval of drug applications under clauses (ii) through (iv) of section
21 505(c)(3)(E), section 527 or section 505A of the Federal Food, Drug, and
22 Cosmetic Act, 21 U.S.C. 355(c)(3)(E), on the licensing of biological
23 product applications under section 262(k)(7) of Title 42 of the United
24 States Code or section 262(m)(2) or (3) of Title 42 of the United States
25 Code.

26 § 283. Preserving access to affordable drugs. 1. (a) Except as
27 provided in paragraph (c) of this subdivision, an agreement resolving or
28 settling, on a final or interim basis, a patent infringement claim, in
29 connection with the sale of a pharmaceutical product, shall be presumed
30 to have anticompetitive effects and shall be a violation of this section
31 if both of the following apply:

32 (i) A nonreference drug filer receives anything of value from another
33 company asserting patent infringement, including, but not limited to, an
34 exclusive license or a promise that the brand company will not launch an
35 authorized generic version of its brand drug; and

36 (ii) The nonreference drug filer agrees to limit or forego research,
37 development, manufacturing, marketing, or sales of the nonreference drug
38 filer's product for any period of time.

39 (b) As used in subparagraph (i) of paragraph (a) of this subdivision,
40 "anything of value" shall be interpreted broadly to include any type of
41 consideration, value or benefit a reference drug holder or nonreference
42 drug filer could possibly obtain from the agreement. "Anything of value"
43 shall not include a settlement of patent infringement claims in which
44 the consideration granted by the reference drug holder to the nonrefer-
45 ence drug filer as part of the resolution or settlement consists of only
46 one or more of the following:

47 (i) The right to market the competing product in the United States
48 before the expiration of either:

49 (A) A patent that is the basis for the patent infringement claim; or

50 (B) A patent right or other statutory exclusivity that would prevent
51 the marketing of the drug;

52 (ii) A covenant not to sue on a claim that the nonreference drug prod-
53 uct infringes a United States patent;

54 (iii) Compensation for saved reasonable future litigation expenses of
55 the reference drug holder but only if both of the following are true:

1 (A) The total compensation for saved litigation expenses is reflected
2 in budgets that the reference drug holder documented and adopted at
3 least six months before the settlement; and

4 (B) The compensation shall not exceed the lower of the following:

5 (1) Seven million five hundred thousand dollars; or

6 (2) Five percent of the revenue that the nonreference drug filer
7 projected or forecasted it would receive in the first three years of
8 sales of its version of the reference drug documented at least twelve
9 months before the settlement. If no projections or forecasts are avail-
10 able, the compensation shall not exceed two hundred fifty thousand
11 dollars;

12 (iv) An agreement by the reference drug holder not to interfere with
13 the nonreference drug filer's ability to secure and maintain regulatory
14 approval to market the nonreference drug product or an agreement to
15 facilitate the nonreference drug filer's ability to secure and maintain
16 regulatory approval to market the nonreference drug product; or

17 (v) An agreement resolving a patent infringement claim in which the
18 reference drug holder forgives the potential damages accrued by a
19 nonreference drug filer for an at-risk launch of the nonreference drug
20 product that is the subject of that claim.

21 (c) Parties to an agreement are not in violation of paragraph (a) of
22 this subdivision if they can demonstrate by clear and convincing
23 evidence that either of the following are met:

24 (i) The value received by the nonreference drug filer described in
25 subparagraph (i) of paragraph (a) of this subdivision is a fair and
26 reasonable compensation solely for other goods or services that the
27 nonreference drug filer has promised to provide; or

28 (ii) The agreement has directly generated procompetitive benefits and
29 the procompetitive benefits of the agreement outweigh the anticompet-
30 itive effects of the agreement.

31 2. In determining whether the parties to the agreement have met their
32 burden under paragraph (c) of subdivision one of this section, a court
33 of competent jurisdiction shall not consider any of the following:

34 (a) That entry into the marketplace could not have occurred until the
35 expiration of the relevant patent exclusivity or that the agreement's
36 provision for entry of the nonreference drug product before the expira-
37 tion of any patent exclusivity means that the agreement is procompet-
38 itive within the meaning of subparagraph (ii) of paragraph (c) of subdivi-
39 vision one of this section;

40 (b) That any patent is enforceable and infringed by the nonreference
41 drug filer in the absence of a final adjudication binding on the filer
42 of those issues;

43 (c) That the agreement caused no delay in entry of the nonreference
44 drug filer's drug product because of the lack of Federal Food and Drug
45 Administration (FDA) approval of that or of another nonreference drug
46 product; or

47 (d) That the agreement caused no harm or delay due to the possibility
48 that the nonreference drug filer's drug product might infringe some
49 patent that has not been asserted against the nonreference drug filer or
50 that is not subject to a final and binding adjudication on that filer as
51 to the patent's scope, enforceability, and infringement.

52 3. In determining whether the parties to the agreement have met their
53 burden under paragraph (c) of subdivision one of this section, a court
54 of competent jurisdiction shall presume that the relevant product market
55 is that market consisting of the reference drug of the company alleging
56 patent infringement and the drug product of the nonreference drug filer

1 accused of infringement and any other biological product that is
2 licensed as biosimilar or is an AB-rated generic to the reference prod-
3 uct.

4 4. (a) This section shall not modify, impair, limit, or supersede the
5 applicability of the antitrust laws of the state pursuant to article
6 twenty-two of the general business law, unfair competition laws of the
7 state pursuant to article twenty-two-A of the general business law or
8 the availability of damages or remedies provided therein. This section
9 shall not modify, impair, limit, or supersede the right of any drug
10 company applicant to assert claims or counterclaims against any person,
11 under the antitrust laws or other laws relating to unfair competition of
12 the federal antitrust law or state law.

13 (b) If any provision of this subdivision, an amendment made to this
14 subdivision, or the application of any provision or amendment to any
15 person or circumstance is held to be unconstitutional, the remainder of
16 this subdivision, the amendments made to this subdivision, and the
17 application of the provisions of this subdivision or amendments to any
18 person or circumstance shall not be affected.

19 5. (a)(i) Each person that violates or assists in the violation of
20 this section shall forfeit and pay to the state a civil penalty suffi-
21 cient to deter violations of this section, as follows:

22 (A) If the person who violated this section received any value due to
23 that violation, an amount up to three times the value received by the
24 party that is reasonably attributable to the violation of this section,
25 or twenty million dollars, whichever is greater; or

26 (B) If the violator has not received anything of value as described in
27 this subparagraph, an amount up to three times the value given to other
28 parties to the agreement reasonably attributable to the violation of
29 this section, or twenty million dollars.

30 (C) For purposes of this subdivision, "reasonably attributable to the
31 violation" shall be determined by the state's share of the market for
32 the brand drug at issue in the agreement.

33 (ii) Any penalty described in subparagraph (i) of this paragraph shall
34 accrue only to the state and shall be recovered in a civil action
35 brought by the attorney general in its own name, or by any of its attor-
36 neys designated by it for that purpose, against any party to an agree-
37 ment that violates this section.

38 (b) Each party that violates or assists in the violation of this
39 section shall be liable for any damages, penalties, costs, fees, injunc-
40 tions, or other equitable or legal remedies, including, but not limited
41 to, restitution and disgorgement, that may be just and reasonable. Such
42 remedies shall include, but not be limited to, any remedy available
43 under articles twenty-two or twenty-two-A of the general business law
44 and section sixty-three of the executive law.

45 (c) If the state is awarded penalties under subparagraph (i) of para-
46 graph (a) of this subdivision, it shall not recover penalties pursuant
47 to another law identified in paragraph (b) of this subdivision. This
48 section shall not be construed to foreclose the state's ability to claim
49 any equitable or legal remedy available in paragraph (b) of this subdivi-
50 vision.

51 (d) An action to enforce a cause of action for a violation of this
52 section shall be commenced within six years after the cause of action
53 accrued.

54 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
55 sion, section or part of this act shall be adjudged by any court of
56 competent jurisdiction to be invalid or unenforceable, such judgment

1 shall not affect, impair, or invalidate the remainder thereof, but shall
 2 be confined in its operation to the clause, sentence, paragraph, subdi-
 3 vision, section or part thereof directly involved in the controversy in
 4 which such judgment shall have been rendered. It is hereby declared to
 5 be the intent of the legislature that this act would have been enacted
 6 even if such invalid provisions had not been included herein.

7 § 3. This act shall take effect on the sixtieth day after it shall
 8 have become a law.

9

PART LL

10 Section 1. Short title. This act shall be known and may be cited as
 11 "Daniel's law".

12 § 2. Legislative findings and intent. It is the purpose of this act to
 13 promote the public health, safety and welfare of all citizens by broadly
 14 ensuring a public health-based response to anyone in New York experienc-
 15 ing a mental health, alcohol use or substance use crisis; to offer and
 16 ensure the most appropriate response to, and treatment of, individuals
 17 experiencing crisis due to mental health conditions, alcohol use or
 18 substance use conditions; and to deescalate crisis situations so that as
 19 few New Yorkers as possible experience nonconsensual transport, use of
 20 force, or criminal consequences as a result of mental health, alcohol
 21 use or substance abuse crises. The necessity to establish a defined
 22 response protocol for behavioral health and substance use crises has
 23 never been more urgent.

24 § 3. Section 41.01 of the mental hygiene law, as amended by chapter 37
 25 of the laws of 2011, is amended to read as follows:

26 § 41.01 Declaration of purpose.

27 (a) This article is designed to enable and encourage local governments
 28 to develop in the community preventive, rehabilitative, crisis response,
 29 and treatment services offering continuity of care; to improve and to
 30 expand existing community programs for persons with mental illness, and
 31 developmental disabilities, and those [~~suffering from the diseases of~~
 32 ~~alcoholism~~] with alcohol use disorder and substance [~~abuse~~] use
 33 disorder; to plan for the integration of community and state services
 34 and facilities for individuals with mental disabilities, alcohol use
 35 disorders, and substance use disorders; and to cooperate with other
 36 local governments and with the state in the provision of joint services
 37 and sharing of [~~manpower~~] personnel resources.

38 (b) Effective implementation of this article requires the [~~direction~~]
 39 establishment and administration, by each local governmental unit, of a
 40 local comprehensive planning process for its geographic area in which
 41 all providers of services shall participate and cooperate in the
 42 provision of all necessary information. [~~It~~] This article also initiates
 43 a planning effort involving the state, local governments and other
 44 providers of service for the purpose of promoting continuity of care
 45 through the development of integrated systems of care and treatment for
 46 individuals with mental illness, developmental disabilities, and for
 47 those [~~suffering from the diseases of alcoholism~~] with alcohol use
 48 disorder and substance [~~abuse~~] use disorder.

49 (c) Such planning effort must also specifically address the develop-
 50 ment of an effective crisis response system that includes the use of
 51 non-police, community-run crisis first responder teams utilizing peers
 52 and independent emergency medical technicians as first responders. To
 53 ensure the development of a comprehensive and inclusive plan, the crisis
 54 services planning effort must include at least fifty-one percent peers

1 and family peers, and the remaining forty-nine percent must be family
2 members and emergency medical response providers who shall be independ-
3 ent of any local government's emergency services department, and oper-
4 ated by a non-governmental organization via a contract with the local
5 government providers of crisis services, 9-8-8 personnel, and other
6 non-governmental community agencies which may come in contact with a
7 person experiencing a mental health or alcohol use or substance use
8 crisis.

9 § 4. Section 41.03 of the mental hygiene law is amended by adding six
10 new subdivisions 14, 15, 16, 17, 18 and 19 to read as follows:

11 14. "emergency and crisis services plan" means a plan which is part
12 of, and submitted with, the local services plan, but is planned and
13 developed specifically to ensure that all services, policies, training,
14 procedures, expenditures and contracts for services and processes used
15 to assist people experiencing mental health or alcohol use or substance
16 use crises are peer-focused, designed to decrease contact with police
17 and centered on increased access to care of the highest quality.

18 15. "eligible emergency and crisis response services" means services
19 eligible for funding under section 41.18 of this article, including but
20 not limited to, crisis response teams, crisis stabilization services and
21 centers, peer living rooms, peer support centers, mobile crisis teams
22 not utilizing law enforcement as part of the team, crisis collabora-
23 tives, peer crisis services, and crisis system oversight and management,
24 which are included in an emergency and crisis services plan.

25 16. "crisis response team" means one extensively-trained peer acting
26 as a crisis worker and one emergency medical technician independent of
27 any local government's emergency services department, and operated by a
28 non-governmental agency via a contract with the local government.

29 17. "peer" means an individual with lived mental health experience
30 and/or alcohol use or substance use disorder experience, who has experi-
31 ence navigating systems such as the healthcare, mental health, judicial,
32 criminal legal, housing, education, and employment systems.

33 18. "family peer" means an individual with lived experience as the
34 biological, foster, or adoptive parent, or the primary caregiver, of
35 children/youth with social, emotional, behavioral, mental health or
36 alcohol use or substance use disorders, who have experience navigating
37 systems such as the healthcare, mental health, judicial, criminal legal,
38 housing, education, and employment systems.

39 19. "statewide emergency and crisis response council" means the coun-
40 cil created pursuant to section 5.08 of this chapter.

41 § 5. Section 41.07 of the mental hygiene law is amended by adding a
42 new subdivision (d) to read as follows:

43 (d) In developing the emergency and crisis services plan defined by
44 subdivision fourteen of section 41.03 of this article and mandated by
45 paragraph seventeen of subdivision (a) of section 41.13 of this article,
46 local governments are encouraged to develop joint plans for a regional
47 or sub-regional service area to maximize the use and availability of
48 crisis and emergency services for all persons experiencing a mental
49 health or alcohol use or substance use crisis in that region or sub-re-
50 gion.

51 § 6. Subdivision (a) of section 41.13 of the mental hygiene law is
52 amended by adding a new paragraph 17 to read as follows:

53 17. submit an emergency and crisis services plan, either alone or with
54 other local governments in a region or sub-region, as required by subdi-
55 vision fourteen of section 41.03 of this article to comprehensively plan
56 for emergency and crisis services as is required by this chapter.

1 (i) The emergency and crisis services planning process shall include
2 peers, family peers, family members, emergency medical response provid-
3 ers, 9-8-8 personnel and personnel of other community agencies which may
4 come in contact with a person experiencing a mental health or alco-
5 hol use or substance use crisis. Peers and family peers shall constitute
6 at least fifty-one percent of the planning group.

7 (ii) The emergency and crisis services plan shall be consistent with
8 the commissioner's regulations for crisis services plans, developed
9 pursuant to subdivision (f) of section 5.05 of this chapter after
10 consultation with the statewide emergency and crisis response council.

11 § 7. Subdivision (b) of section 41.18 of the mental hygiene law is
12 amended by adding a new paragraph (vi) to read as follows:

13 (vi) Notwithstanding any other provision of this subdivision, local
14 governments, individually or jointly, shall be granted state aid of one
15 hundred percent of the net operating costs expended by such local
16 governments, and by voluntary agencies which have contracted with such
17 local governments, for eligible emergency and crisis services as defined
18 by subdivision fifteen of section 41.03 of this article that are
19 included in an approved emergency and crisis services plan. Funding
20 provided pursuant to this paragraph shall be authorized only for
21 services that have a non-police, non-law enforcement, or non-criminal
22 legal component and include peers.

23 § 8. Section 5.05 of the mental hygiene law is amended by adding five
24 new subdivisions (f), (g), (h), (i) and (j) to read as follows:

25 (f) The commissioner of mental health and the commissioner of the
26 office of addiction services and supports shall be jointly responsible
27 for developing and revising as necessary, in regulation, specific stand-
28 ards and procedures for the operation and financing of crisis and emer-
29 gency services, after consultation with the statewide emergency and
30 crisis response council. Such standards and procedures shall require
31 that the emergency and crisis services plans include a comprehensive
32 approach to oversee and measure the approved plan's effectiveness in
33 delivering high-quality, peer-focused crisis services, including
34 response time standards, and periodic reporting requirements. The
35 commissioners shall require specific metrics that approved plans shall
36 utilize to evaluate system progress, effectiveness, and appropriate
37 response times to crises, which shall be the same as or less than
38 current response times for other health crises.

39 (g) The commissioner of mental health and the commissioner of the
40 office of addiction services and supports shall be jointly responsible
41 to ensure that:

42 (1) a non-police, community-run public health-based response that
43 utilizes trained peer and independent emergency medical technician
44 crisis response teams for anyone experiencing a mental health,
45 alcohol use or substance use crisis is established. Any crisis response
46 team may request that a peace officer as defined by section 2.10 of
47 the criminal procedure law, or police officer as defined by section 1.20
48 of the criminal procedure law, transport a person in distress due to
49 mental health conditions or alcohol use or substance use, when such
50 team has exhausted alternative methods for obtaining consent from such
51 person, such person refuses treatment or transport from the crisis
52 response team; and:

53 (i) such person poses a substantial risk of physical harm to other
54 persons as manifested by homicidal or other violent behavior by
55 which others are placed in reasonable fear of imminent serious physical
56 harm; or

1 (ii) such crisis response team makes an assessment, in light
2 of the totality of the circumstances, that the crisis response team is
3 at risk of imminent physical violence due to the person's actions;

4 (2) the crisis response teams operate twenty-four hours a day, three
5 hundred sixty-five days a year;

6 (3) the crisis response teams receive culturally competent, trauma-in-
7 formed, experientially-based, and peer-led training;

8 (4) the average response time for the crisis response teams is the
9 same as or less than the current response time for other health crises;

10 (5) the crisis response teams de-escalate any situation involving
11 individuals experiencing crisis due to mental health conditions,
12 alcohol use, or substance use and avoid the use of nonconsensual treat-
13 ment, transport, or force wherever possible;

14 (6) the most appropriate treatment is provided to individuals experi-
15 encing a mental health, alcohol use or substance use crisis;

16 (7) voluntary assessment and referral of individuals experiencing a
17 mental health, alcohol use or substance use crisis are maximized;

18 (8) arrest, detention, and contact with the criminal legal system of
19 individuals experiencing a mental health, alcohol use or substance use
20 crisis are minimized;

21 (9) the number of individuals who experience physical harm and/or
22 trauma as a result of a mental health, alcohol use or substance use
23 crisis are minimized;

24 (10) 9-8-8 personnel respond to individuals experiencing a mental
25 health, alcohol use or substance use crisis and are optimally utilized
26 and integrated in the emergency and crisis services plan;

27 (11) a detailed plan to manage, oversee, monitor and regularly report
28 on the operation of the proposed crisis response system which meets the
29 requirements for these activities as required by subdivision (i) of this
30 section is established;

31 (12) whenever an emergency hotline in New York state, such as 911 or
32 311, receives a call regarding an individual experiencing a mental
33 health, alcohol use or substance use crisis, such hotline will refer
34 such call to the crisis response team for the relevant geographic area;
35 and

36 (13) the crisis response teams effectively respond to all individuals
37 experiencing a mental health, alcohol use or substance use crisis with
38 culturally competent, trauma-informed care and without regard to source
39 of funding.

40 (h) (1) Within twelve months after the effective date of this subdivi-
41 sion, the commissioner of mental health and the commissioner of the
42 office of addiction services and supports shall select an independent
43 organization to conduct an evaluation of the statewide impact of the
44 emergency and crisis response services mandated by this section on:

45 (i) the number of calls to, and responses sent by, dispatch services
46 including 311, 911, and 988 in response to people experiencing mental
47 health, alcohol use, or substance use crises;

48 (ii) the types of crises responded to;

49 (iii) the disposition and brief description of the result of each such
50 call, anonymized to protect individuals' privacy;

51 (iv) demographic information including the race, ethnicity, gender,
52 disability, and age of any individual who is the subject of any dispatch
53 call or interaction by a local crisis response team;

54 (v) the details and destination of transport of any person experienc-
55 ing a mental health, alcohol use or substance use crisis;

56 (vi) the services provided to such individuals;

1 (vii) the impact of emergency and crisis response services mandated by
2 this section on emergency room visits, use of ambulatory services,
3 hospitals as defined in article twenty-eight of the public health law
4 and/or mental health facilities as defined in section 1.03 of the mental
5 hygiene law; and

6 (viii) the involvement of law enforcement in mental health, alcohol
7 use or substance use crises, including any use of force or restraint
8 tactics or devices.

9 (2) The commissioner of mental health and the commissioner of the
10 office of addiction services and supports shall direct the organization
11 selected under paragraph one of this subdivision to issue its evaluation
12 within six months of the first operating date of any approved regional
13 emergency and crisis services plan, and shall include data from any
14 regional plan then approved and operating in the state. Such evaluation
15 shall be made publicly available and posted on the department's website
16 upon receipt by such commissioners. In addition to the reporting
17 requirements established pursuant to paragraph one of this subdivision,
18 the commissioner of mental health and the commissioner of addiction
19 services and supports shall collect all data listed under paragraph one
20 of this subdivision, and shall report such data in a form and manner
21 that is accessible to the public via the department's website. The
22 first data report required by this paragraph, after the effective date
23 of this subdivision, shall be made public within ninety days of the
24 approval of any regional emergency and crisis response plan, and shall
25 be made public in an ongoing manner every ninety days thereafter and
26 include data from every active regional emergency and crisis response
27 plan approved by the commissioners of mental health and the commissioner
28 of addiction services and supports.

29 (3) No later than twelve months after the approval by the commissioner
30 of mental health and the commissioner of the office of addiction
31 services and supports of any regional emergency and crisis response
32 plan, the commissioner of mental health and the commissioner of the
33 office of addiction services and supports shall prepare a comprehensive
34 report to the governor and the legislature specifying:

35 (i) the results of the evaluation carried out under paragraph one of
36 this subdivision;

37 (ii) the number of individuals who received qualifying community-based
38 crisis response services;

39 (iii) demographic information regarding such individuals when avail-
40 able, including the race, ethnicity, age, disability, sex, sexual orien-
41 tation, gender identity, and geographic location of such individuals;

42 (iv) the processes and models developed by local governments in their
43 emergency and crisis services plans to provide community-based crisis
44 response services, including the processes developed to provide refer-
45 als for, or coordination with, follow-up care and services;

46 (v) the diversion of individuals from jails, incarceration, or similar
47 settings;

48 (vi) the diversion of individuals from psychiatric hospitals, commit-
49 ments under chapter four hundred eight of the laws of nineteen hundred
50 ninety-nine, constituting Kendra's law, and other involuntary services;

51 (vii) the experiences of individuals who receive community-based
52 crisis response services;

53 (viii) the successful connection of individuals with follow-up
54 services;

1 (ix) the utilization of services by underserved and historically
2 excluded communities, including black, indigenous and people of color
3 (BIPOC) populations;

4 (x) the cost or cost savings attributable to such emergency and crisis
5 response services;

6 (xi) other relevant outcomes identified by the commissioner of mental
7 health and the commissioner of addiction services and supports and the
8 statewide advisory emergency and crisis response council;

9 (xii) how all on-going aspects of assessment compare with the histor-
10 ical measures of such assessments; and

11 (xiii) recommendations for improvements to the emergency and crisis
12 services systems throughout the state.

13 (4) All reports and evaluations conducted by the commissioner of
14 mental health and the commissioner of the office of addiction services
15 and supports shall be made publicly available, including on the website
16 of the department.

17 (i) The commissioners of mental health and the commissioner of the
18 office of addiction services and supports and the council created pursu-
19 ant to section 5.08 of this article, shall be jointly responsible for
20 approval of the emergency and crisis services plan component of a local
21 services plan submitted by one or more local governmental units. Each
22 plan shall have an attestation that such plan was developed as
23 prescribed in paragraph seventeen of subdivision (a) of section 41.13 of
24 this chapter to be considered for approval. Such approval shall serve
25 as the basis for funding eligible emergency and crisis services pursuant
26 to paragraph (vi) of subdivision (b) of section 41.18 of this chapter.

27 (j) The commissioner of mental health and the commissioner of the
28 office of addiction services and supports, shall establish a statewide
29 behavioral health crisis technical assistance center within the office
30 of mental health. The commissioners of mental health and the office of
31 addiction services and supports shall be responsible for the structure
32 and operation of the statewide behavioral health crisis technical
33 assistance center. This statewide behavioral health crisis technical
34 assistance center will assist local government units in their emergency
35 and crisis services planning process under paragraph seventeen of subdivi-
36 vision (a) of section 41.13 of this chapter. The statewide behavioral
37 health crisis technical assistance center will provide continuing
38 support to local government units and their crisis response teams as
39 they provide a non-police, community-run public health-based response
40 operating under an approved emergency and crisis services plan.

41 § 9. The mental hygiene law is amended by adding a new section 5.08 to
42 read as follows:

43 § 5.08 Statewide emergency and crisis response council.

44 (a) There is hereby created in the department the statewide emergency
45 and crisis response council to work in conjunction with the commissioner
46 of mental health and the commissioner of the office of addiction
47 services and supports to jointly approve emergency and crisis services
48 plans submitted by one or more local government units, and provide
49 supports on matters regarding the operation and financing of high-quali-
50 ty emergency and crisis services provided to persons experiencing a
51 mental health, alcohol use or substance use crisis.

52 (b) Four members of the state council shall be appointed by the gover-
53 nor. Sixteen members of the council shall be appointed by the state
54 legislature, as follows: (1) four members shall be appointed by the
55 speaker of the assembly; (2) four members shall be appointed by the
56 temporary president of the senate; (3) one member shall be appointed by

1 the minority leader of the assembly; (4) one member shall be
2 appointed by the minority leader of the senate; (5) two members shall be
3 appointed by the chairperson of the assembly committee on mental health;
4 (6) two members shall be appointed by the chairperson of the senate
5 committee on mental health; (7) one member shall be appointed by the
6 ranking minority member of the assembly committee on mental health;
7 and (8) one member shall be appointed by the ranking minority member of
8 the senate committee on mental health. The membership shall consist of
9 at least fifty-one percent peers and family peers. The entire statewide
10 emergency and crisis response council shall reflect the state's diversi-
11 ty of race, age, language, national origin, ethnicity, geography, and
12 disability. At least one-third of the council shall have demonstrated
13 certification, training, or employment in culturally competent responses
14 to mental health, alcohol use or substance use crises. Every person
15 appointed to the council shall have demonstrated knowledge of, and
16 skills in, culturally competent provision of trauma-informed mental
17 health, alcohol use, and substance use crisis response services. Each
18 member of the council shall be a family peer; licensed mental health or
19 addiction clinician; a licensed mental health or addiction counselor; a
20 licensed physician, nurse, or mental health or addiction provider; a
21 mental health or addiction counselor; a representative of a not-for-pro-
22 fit disability justice organization; an emergency medical technician; or
23 a crisis health care worker.

24 (c) The members of the council, upon securing a quorum, shall elect a
25 chairperson from among the members of the council by a majority vote of
26 those council members present.

27 (d) The term of office of members of the council shall be four years,
28 except that of those members first appointed, at least one-half but not
29 more than two-thirds shall be for terms not to exceed two years. Vacan-
30 cies shall be filled by appointment for the remainder of an unexpired
31 term. The council members shall continue in office until the expiration
32 of their terms and until their successors are appointed. No council
33 member shall be appointed to the council for more than four consecutive
34 terms.

35 (e) The council shall advise, oversee, assist and make recommendations
36 to the commissioners on specific policies and procedures regarding the
37 operation and financing of emergency and crisis services which:

38 (1) ensure a non-police, trauma-informed, and public health-based
39 response to anyone in the state experiencing a mental health, alcohol
40 use, or substance use crisis;

41 (2) are designed to de-escalate any situation involving individuals
42 experiencing a mental health, alcohol use, or substance use crisis, and
43 which eliminate the use of non-consensual treatment, non-consensual
44 transport, and force;

45 (3) ensure the most appropriate treatment of individuals experiencing
46 a mental health, alcohol use or substance use crisis;

47 (4) maximize the use of voluntary assessment and voluntary referral of
48 individuals experiencing a mental health, alcohol use or substance use
49 crisis;

50 (5) minimize arrest and detention by law enforcement and minimize
51 contact with the criminal legal system for individuals experiencing a
52 mental health, alcohol use, or substance use crisis;

53 (6) minimize physical harm and trauma for individuals who experience a
54 mental health, alcohol use, or substance use crisis; and

1 (7) effectively respond to all individuals experiencing a mental
 2 health, alcohol use, or substance use crisis with culturally competent
 3 care and without regard to source of funding.

4 (f) The council shall also review emergency and crisis services
 5 programs and systems operating within the state or nationally, which
 6 could be deployed in this state as model crisis and emergency services
 7 systems.

8 (g) The council shall meet as frequently as its business may require,
 9 but no less frequently than four times per year during the first four
 10 years of the council's creation, and two times per year subsequently
 11 after the first four years. At least one of such meetings per year
 12 shall be held in a manner and at a time designed to maximize partic-
 13 ipation of working members of the public. Meetings of the council shall
 14 be governed by the provisions of article seven of the public officers
 15 law, and shall be open to and accessible by the public including by
 16 video conference or computer to the greatest extent possible.

17 (h) The presence of twelve voting members of the council, consist-
 18 ing of at least fifty-one percent of peers and family peers, shall
 19 constitute a quorum.

20 (i) The members of the council shall receive no compensation for their
 21 services as members, but each shall be allowed the necessary and
 22 actual expenses incurred in the performance of their duties under this
 23 section, including a reasonable reimbursement rate for travel, lodg-
 24 ing, and meals while attending meetings of the council.

25 § 10. Subdivision (a) of section 9.41 of the mental hygiene law, as
 26 amended by section 4 of part AA of chapter 57 of the laws of 2021, is
 27 amended to read as follows:

28 (a) Any peace officer, when acting pursuant to [~~his or her~~] such peace
 29 officer's special duties, or police officer who is a member of the state
 30 police or of an authorized police department or force or of a sheriff's
 31 department may take into custody any person who appears to be [~~mentally~~
 32 ~~ill—and~~] experiencing a mental health, alcohol use or substance use
 33 crisis in the following circumstances:

34 1. Such person is conducting [~~himself or herself~~] themselves in a manner
 35 which is likely to result in [~~serious~~] an imminent risk of serious phys-
 36 ical harm to [~~the person or~~] other persons as manifested by homicidal or
 37 other violent behavior by which others are placed in reasonable fear of
 38 serious physical harm. Such officer may direct the removal of such
 39 person or remove [~~him or her~~] such person to any hospital specified in
 40 subdivision (a) of section 9.39 of this article, or any comprehensive
 41 psychiatric emergency program specified in subdivision (a) of section
 42 9.40 of this article, or pending [~~his or her~~] such person's examination
 43 or admission to any such hospital or comprehensive psychiatric emergency
 44 program, [~~program,~~] temporarily detain any such person in another safe
 45 and comfortable place, in which event, such officer shall immediately
 46 notify:

47 (i) the appropriate local crisis response team established pursuant to
 48 paragraph sixteen of subdivision (a) of section 41.03 of this chapter,
 49 if any, and the director of community services or, if there be none, the
 50 health officer of the city or county of such action[+];

51 (ii) the state police, or the department or force of which the officer
 52 is a member and has been requested or directed to respond by a crisis
 53 response team under subdivision sixteen of section 41.03 of this chap-
 54 ter;

1 (iii) a crisis response team which is present on the scene with the
 2 officer and is incapacitated or otherwise unable to communicate a
 3 request that the officer take custody of the individual; or

4 2. Such person is conducting themselves in a manner which is likely to
 5 result in imminent serious physical harm to themselves as manifested by
 6 threats of or attempts at suicide or serious bodily harm, and either:

7 (i) no crisis response team has been established in the region where
 8 the person is; or

9 (ii) the crisis response team has not arrived to the place where the
 10 person is located, and taking the person is necessary to prevent such
 11 person from experiencing serious physical injury or death.

12 3. If a peace officer, when acting pursuant to such peace officer's
 13 special duties, or a police officer who is a member of the state police
 14 or of an authorized police department or force or of a sheriff's depart-
 15 ment comes upon an individual experiencing a mental health, alcohol or
 16 substance use crisis and the circumstances under this section have not
 17 been met, the proper crisis response team shall be notified.

18 § 11. Section 9.41 of the mental hygiene law, as amended by chapter
 19 843 of the laws of 1980, is amended to read as follows:

20 § 9.41 Emergency admissions for immediate observation, care, and treat-
 21 ment; powers of certain peace officers and police officers.

22 (a) Any peace officer, when acting pursuant to [his] such peace offi-
 23 cer's special duties, or a police officer who is a member of the state
 24 police or of an authorized police department or force or of a sheriff's
 25 department may take into custody any person who appears to be [mentally
 26 ill and] experiencing a mental health, alcohol or substance use crisis
 27 in the following circumstances:

28 1. Such person is conducting [himself] themselves in a manner which is
 29 likely to result in [serious harm to himself or others. "Likelihood to
 30 result in serious harm" shall mean (1) substantial risk of physical harm
 31 to himself as manifested by threats of or attempts at suicide or serious
 32 bodily harm or other conduct demonstrating that he is dangerous to
 33 himself, or (2) a substantial] an imminent risk of serious physical harm
 34 to other persons as manifested by homicidal or other violent behavior by
 35 which others are placed in reasonable fear of serious physical harm.
 36 Such officer may direct the removal of such person or remove [him] such
 37 person to any hospital specified in subdivision (a) of section 9.39 of
 38 this article or, comprehensive psychiatric emergency program specified
 39 in subdivision (a) of section 9.40 of this article, or pending [his]
 40 their examination or admission to any such hospital or comprehensive
 41 psychiatric emergency program, temporarily detain any such person in
 42 another safe and comfortable place, in which event, such officer shall
 43 immediately notify:

44 (i) the appropriate local crisis response team established pursuant to
 45 paragraph sixteen of subdivision (a) of section 41.03 of this chapter,
 46 if any, and the director of community services or, if there be none, the
 47 health officer of the city or county of such action[+];

48 (ii) the state police, department, or force of which the officer is a
 49 member has been requested or directed to respond by a crisis response
 50 team as set forth in subdivision sixteen of section 41.03 of this chap-
 51 ter;

52 (iii) a crisis response team which is present on the scene with the
 53 officer is incapacitated or otherwise unable to communicate a request
 54 that the officer take custody of the individual; or

1 2. Such person is conducting themselves in a manner which is likely to
 2 result in imminent serious physical harm to themselves as manifested by
 3 threats of or attempts at suicide or serious bodily harm, and either:

4 (i) no crisis response team has been established in the region where
 5 the person is; or

6 (ii) the crisis response team did not arrive to the place where the
 7 person is located, and taking the person is necessary to prevent such
 8 person from experiencing serious physical injury or death.

9 (b) Such officer may direct the removal of such person or remove such
 10 person to any hospital specified in subdivision (a) of section 9.39 of
 11 this article or, pending their examination or admission to any such
 12 hospital, temporarily detain any such person in another safe and
 13 comfortable place, in which event, such officer shall immediately notify
 14 appropriate emergency and crisis response services and the director of
 15 community services or, if there be none, the health officer of the city
 16 or county of such action.

17 3. If a peace officer, when acting pursuant to such peace officer's
 18 special duties, or a police officer who is a member of the state police
 19 or of an authorized police department or force or of a sheriff's depart-
 20 ment comes upon an individual experiencing a mental health, alcohol or
 21 substance use crisis and the circumstances under this section have not
 22 been met, the proper crisis response team shall be notified.

23 § 12. This act shall take effect immediately and shall be deemed to
 24 have been in full force and effect on and after April 1, 2025; provided,
 25 however, that the amendments to subdivision (a) of section 9.41 of the
 26 mental hygiene law made by section ten of this act shall be subject to
 27 the expiration and reversion of such section pursuant to section 21 of
 28 chapter 723 of the laws of 1989, as amended, when upon such date the
 29 provisions of section eleven of this act shall take effect. Effective
 30 immediately, the addition, amendment and/or repeal of any rule or regu-
 31 lation necessary for the implementation of this act on its effective
 32 date are authorized to be made and completed on or before such effective
 33 date.

34 PART MM

35 Section 1. The title heading of title 5 of article 41 of the public
 36 health law, as amended by chapter 436 of the laws of 1967, is amended to
 37 read as follows:

38 ~~[REGISTRATION OF FETAL DEATHS]~~ REPORTING OF PREGNANCY LOSS

39 § 2. Section 4160 of the public health law, as amended by chapter 436
 40 of the laws of 1967, subdivision 2 as amended and subdivisions 4 and 5
 41 as added by chapter 809 of the laws of 1987 and subdivision 3 as amended
 42 by chapter 552 of the laws of 2011, is amended to read as follows:

43 § 4160. ~~[Fetal deaths; registration]~~ Pregnancy loss; reporting. 1.
 44 ~~[Fetal death]~~ Pregnancy loss is defined as ~~[death prior to the complete~~
 45 ~~expulsion or extraction from its mother of a product of conception; the~~
 46 ~~death is indicated by the fact that after such separation, the fetus~~
 47 ~~does not breathe or show any other evidence of life such as beating of~~
 48 ~~the heart, pulsation of the umbilical cord, or definite movement of~~
 49 ~~voluntary muscles]~~ the loss of a pregnancy at any gestation, as
 50 confirmed by a health care provider licensed pursuant to title eight of
 51 the education law and acting within such health care provider's scope of
 52 practice, including spontaneous miscarriage, still birth, or any termi-
 53 nation of pregnancy which is consistent with the requirements of article
 54 twenty-five-A of this chapter.

1 2. A pregnancy loss caused by spontaneous miscarriage or still birth
 2 shall be registered within seventy-two hours of the pregnancy loss by
 3 electronically filing directly with the department of health, a report
 4 of such loss.

5 3. A [~~fetal death~~] pregnancy loss due to an induced termination of
 6 pregnancy shall be registered within seventy-two hours [~~after expulsion~~
 7 ~~of such fetus~~] of such pregnancy loss if the individual experiencing the
 8 pregnancy loss requests such registration to facilitate disposition of
 9 the products of conception in accordance with section forty-one hundred
 10 sixty-two of this title, by filing directly with the [~~commissioner~~]
 11 department of health, a [certificate] report of such [death] loss. [~~In~~
 12 ~~addition, a~~] Such report [of fetal death] shall be [reported] limited to
 13 the [registrar in the district in which the fetal death occurred] infor-
 14 mation strictly necessary to facilitate disposition.

15 [~~3. For the purposes of this article, a fetal death shall be consid-~~
 16 ~~ered as a birth and as a death except that, for a fetal death, separate~~
 17 ~~birth and death certificates shall not be required to be prepared and~~
 18 ~~recorded, except as provided in section forty-one hundred sixty-a of~~
 19 ~~this title.~~

20 4. ~~Local registrars of each district in which fetal death certificates~~
 21 ~~were filed prior to the effective date of this subdivision shall dispose~~
 22 ~~of such certificates in the manner prescribed by the commissioner.~~

23 5.] 4. Notwithstanding any other provision of this chapter, the
 24 disclosure of information filed pursuant to this section shall be limit-
 25 ed to the [~~mother~~] individual who experienced the pregnancy loss, [~~her~~]
 26 such individual's lawful representative and to authorized personnel of
 27 the department. Nothing in this section shall prohibit disclosure of
 28 deidentified information in compliance with federal reporting require-
 29 ments.

30 § 3. Subdivision 3 of section 4160 of the public health law, as
 31 amended by section two of this act, is amended to read as follows:

32 3. A pregnancy loss due to an induced termination of pregnancy shall
 33 be registered within seventy-two hours of such pregnancy loss if the
 34 individual experiencing the pregnancy loss requests such registration to
 35 facilitate disposition of the products of conception in accordance with
 36 section forty-one hundred sixty-two of this title, by electronically
 37 filing directly with the department of health, a report of such loss.
 38 Such report shall be limited to the information strictly necessary to
 39 facilitate disposition.

40 § 4. Section 4160-a of the public health law, as added by chapter 552
 41 of the laws of 2011, is amended to read as follows:

42 § 4160-a. Certificate of still birth. 1. The department, or in the
 43 city of New York, the [~~board~~] New York city department of health and
 44 mental hygiene, shall establish a certificate of still birth. [~~The~~
 45 ~~registrar with whom a fetal death certificate is filed]~~ The department,
 46 or in the city of New York, the New York city department of health and
 47 mental hygiene, shall issue a certificate of still birth [~~to the parent~~
 48 ~~or parents named on a fetal death certificate issued in the case of a~~
 49 ~~stillbirth,~~] upon the request of such parent or parents who experienced
 50 the still birth. If both parents are deceased at the time of the
 51 [~~stillbirth~~] still birth, the [~~registrar~~] department, or in the city of
 52 New York, the New York city department of health and mental hygiene
 53 shall issue the certificate to, and upon the request of, the lawful
 54 estate representative, the sibling, parent, or parents of the [~~birth~~]
 55 parents.

1 2. A certificate issued pursuant to this section shall include such
2 appropriate information as shall be determined by the department or if
3 the stillbirth occurred in the city of New York, by the ~~[board]~~ New York
4 city department of health and mental hygiene, and shall be on a form
5 established by the department or ~~[city-of]~~ New York ~~[board]~~ city depart-
6 ment of health and mental hygiene which is similar, as applicable, to
7 the form of a certificate prescribed by section forty-one hundred thirty
8 of this article relating to a live birth. The department, or in the
9 city of New York, the New York city department of health and mental
10 hygiene, shall provide for the submission of such form through electron-
11 ic means.

12 3. ~~[A person who prepares a fetal death certificate pursuant to~~
13 ~~section forty one hundred sixty of this title or, if the stillbirth~~
14 ~~occurred in the city of New York, pursuant to the New York City health~~
15 ~~code, or their designee, shall inform,]~~ The provider attending the still
16 birth or such provider's designee shall inform the parents in writing,
17 ~~[the parent or parents of a stillborn fetus]~~ of the right to receive a
18 certificate of still birth. Provided, however that if both parents are
19 deceased at the time of such stillbirth, then the person shall so inform
20 the lawful estate representative, sibling, parent or parents of the
21 ~~[birth]~~ parent or parents.

22 4. The person who prepares a request for a certificate pursuant to
23 this section shall include thereon the name given to the stillborn fetus
24 by the parents, if the parent or parents wish to include such name on
25 such certificate.

26 5. A certificate issued pursuant to this section shall not constitute
27 proof of a live birth. Furthermore, such certificate shall not be used
28 to calculate live birth statistics.

29 6. Notwithstanding any other provision of this chapter, the parent or
30 parents may elect to have the disclosure of and access to the informa-
31 tion included on such certificate limited to the parents named on the
32 certificate, their lawful representatives, to authorized personnel of
33 the department, ~~[and to the registrar]~~ or, in the city of New York,
34 personnel of the New York city department of health and mental hygiene.

35 7. For the purposes of this section, the term "stillbirth" shall mean
36 the ~~[unintended]~~ intrauterine death of a fetus that occurs after the
37 clinical estimate of the twentieth week of gestation.

38 8. A certificate of still birth may be requested and issued regardless
39 of the date on which the ~~[fetal death]~~ pregnancy loss certificate was
40 issued.

41 9. The ~~[registrar]~~ department, or in the city of New York, the New
42 York city department of health and mental hygiene may charge a fee for
43 the issuance of a certificate under this section equal to the fee
44 authorized by law for the certification of a birth or death.

45 10. This section shall apply to the city of New York, notwithstanding
46 section forty-one hundred four of this article. ~~[For the purposes of~~
47 ~~this section, in relation to the city of New York, the term "registrar"~~
48 ~~shall mean the official of the city of New York with whom fetal death~~
49 ~~certificates are filed.]~~

50 § 5. Section 4161 of the public health law, as amended by chapter 436
51 of the laws of 1967, the section heading and subdivisions 2 and 3 as
52 amended by chapter 153 of the laws of 2011, subdivisions 1 and 4 as
53 amended by chapter 352 of the laws of 2013, is amended to read as
54 follows:

55 § 4161. ~~[Fetal death]~~ Pregnancy loss certificates; form and content;
56 ~~[physicians, nurse practitioners, midwives, and hospital administrators]~~

1 health care professionals and hospital administrators. 1. The certifi-
2 cate of [~~fetal death~~] on; pregnancy loss and the report of [~~fetal death~~]
3 pregnancy loss shall contain such information and be in such form as the
4 commissioner may prescribe; provided however that commencing on or after
5 the implementation date under section forty-one hundred forty-eight of
6 this article, information and signatures required by this subdivision
7 shall be obtained and made in accordance with section forty-one hundred
8 forty-eight of this article, except that unless requested by the [~~woman~~]
9 individual who experienced the pregnancy loss neither the certificate
10 nor the report of [~~fetal death~~] pregnancy loss shall contain the name of
11 the [~~woman~~] individual, [~~her~~] such individual's social security number
12 or any other information, alone or in combination, which would permit
13 [~~her~~] such individual to be identified except as provided in this subdi-
14 vision. The report shall state that a certificate of [~~fetal death~~] preg-
15 nancy loss was filed with the commissioner and the date of such filing.
16 [~~The commissioner shall develop a unique, confidential identifier to be~~
17 ~~used on the certificate of fetal death to be used in connection with the~~
18 ~~exercise of the commissioner's authority to monitor the quality of care~~
19 ~~provided by any individual or entity licensed to perform an abortion in~~
20 ~~this state and to permit coordination of data concerning the medical~~
21 ~~history of the woman for purposes of conducting surveillance scientific~~
22 ~~studies and research pursuant to the provisions of paragraph (j) of~~
23 ~~subdivision one of section two hundred six of this chapter.~~]

24 2. In each case where a [~~physician or nurse practitioner~~] health care
25 provider licensed pursuant to title eight of the education law and
26 acting within the scope of such health care provider's practice was in
27 attendance at or after a [~~fetal death~~] pregnancy loss, it is the duty of
28 such [~~physician or nurse practitioner~~] health care provider to certify
29 [~~to~~] the [~~birth and to the cause of death on the fetal death~~] pregnancy
30 loss certificate. [~~Where a nurse-midwife was in attendance at a fetal~~
31 ~~death it is the duty of such nurse-midwife to certify to the birth but,~~
32 ~~he or she shall not certify to the cause of death on the fetal death~~
33 ~~certificate.~~]

34 3. [~~Fetal deaths~~] Pregnancy losses occurring without the attendance of
35 a [~~physician or nurse practitioner~~] health care provider as provided in
36 subdivision two of this section shall be treated as [~~deaths~~] occurring
37 without medical attendance, as provided in this article.

38 4. When a [~~fetal death~~] pregnancy loss occurs in a hospital, except in
39 those cases where certificates are issued by coroners or medical examin-
40 ers, the person in charge of such hospital or [~~his or her~~] such person's
41 designated representative shall ensure that the certificate is promptly
42 [~~present the certificate to the physician or nurse practitioner in~~
43 ~~attendance, or a physician or nurse practitioner acting in his or her~~
44 ~~behalf, who shall promptly certify to the facts of birth and of fetal~~
45 ~~death, provide the medical information required by the certificate, sign~~
46 ~~the medical certificate of birth and death, and thereupon return such~~
47 ~~certificate to such person, so that the seventy-two hour registration~~
48 ~~time limit prescribed in section four thousand one hundred sixty of this~~
49 ~~title can be met; provided, however that commencing on or after the~~
50 ~~implementation date under section forty-one hundred forty-eight of this~~
51 ~~article, information and signatures required by this subdivision shall~~
52 ~~be obtained and made in accordance with section forty-one hundred~~
53 ~~forty-eight of this article] prepared in accordance with the provisions
54 of this article and regulations as promulgated by the commissioner.~~

55 § 6. Section 4163 of the public health law, as added by chapter 589 of
56 the laws of 1991, is amended to read as follows:

1 § 4163. Penalties. Any person who shall release information which
 2 might disclose the identity of the [~~woman~~] pregnant person in connection
 3 with a certificate of [~~fetal death~~] pregnancy loss or report of [~~fetal~~
 4 ~~death~~] pregnancy loss in violation of the provisions of this title shall
 5 be subject to a civil penalty not to exceed five thousand dollars for
 6 each such release. Such penalty may be recovered in the same manner as
 7 the penalty provided in section twelve of this chapter.

8 § 7. Section 4162 of the public health law, as amended by chapter 809
 9 of the laws of 1987, is amended to read as follows:

10 § 4162. [~~Fetal deaths~~] Products of conception; burial and removal;
 11 permits. 1. [~~A~~] Upon request a permit shall be [~~required~~] issued for
 12 the removal, transportation, burial or other disposition of [~~remains~~
 13 ~~resulting from a fetal death, other than fetal tissue, hydatidiform mole~~
 14 ~~or other evidence of pregnancy recovered by curettage or operative~~
 15 ~~procedures or other products of conception of under twenty weeks utero-~~
 16 ~~estation~~] products of conception.

17 2. Such permit shall be issued by the local registrar of the district
 18 in which the [~~fetal death~~] pregnancy loss occurred upon [~~presentation~~
 19 request] by the funeral director [~~of a report of fetal death~~] seeking to
 20 take possession of the products of conception, on the form prescribed by
 21 the commissioner. The issuance of such permit shall be subject to the
 22 provisions of title IV of this article.

23 § 8. This act shall take effect immediately and shall be deemed to
 24 have been in full force and effect on and after April 1, 2025; provided,
 25 however that the amendments to subdivision 2 of section 4160 of the
 26 public health law made by section two of this act shall expire and be
 27 deemed repealed September 30, 2026, when upon such date the provisions
 28 of section three of this act shall take effect.

29 PART NN

30 Section 1. The public health law is amended by adding a new article
 31 25-AA to read as follows:

32 ARTICLE 25-AA

33 NEW YORK STATE ABORTION CLINICAL TRAINING PROGRAM ACT

34 Section 2599-bb-10. Policy and purpose.

35 2599-bb-11. Definitions.

36 2599-bb-12. Establishment of the New York state abortion clin- 37 ical training program.

38 2599-bb-13. Reporting.

39 § 2599-bb-10. Policy and purpose. 1. New York has long held that
 40 comprehensive reproductive health care is a fundamental component of
 41 every individual's health, privacy and equality, and that access to
 42 reproductive health care services is integral to their ability to choose
 43 to carry a pregnancy to term, to give birth to a child, or to have an
 44 abortion.

45 2. Abortion care is provided in hospitals, clinics, and private
 46 medical practices across the state, with a majority of this care deliv-
 47 ered by community-based providers. However, growing maternal health care
 48 deserts have made it difficult for individuals to access this vital form
 49 of care. The need for abortion care continues to increase while the
 50 number of providers trained to perform these services is declining.
 51 Although there are community-based abortion facilities in every region
 52 of the state, only seven out of ten regions have community-based facili-
 53 ties that perform abortion care beyond fifteen weeks of pregnancy. In
 54 three regions, only two facilities provide abortion care up to twenty

1 weeks of pregnancy. This has resulted in pregnant people having to trav-
2 el further, and in some cases out of state, to access care, especially
3 later in pregnancy.

4 3. While any physician and health care practitioner licensed by the
5 state with abortion in their scope of practice is authorized to provide
6 this care under law, there is no structured training program available
7 to them for this purpose.

8 4. New York is in a strong position to address the training needs of
9 these individuals by establishing a statewide abortion clinical training
10 program. There are multiple abortion providers who are experienced,
11 utilize innovative abortion care procedures, and interested in training
12 their peers but require funding to do so.

13 5. It is the purpose of this article to create new training opportu-
14 nities for New York health care practitioners in the delivery of
15 abortion care through such a program, thereby protecting every individ-
16 ual's right to health, privacy and equality.

17 § 2599-bb-11. Definitions. As used in this article, the following
18 terms shall have the following meanings:

19 1. "Abortion" shall mean the termination of a pregnancy pursuant to
20 section twenty-five hundred ninety-nine-bb of this chapter.

21 2. "Health care services" shall mean the range of care related to the
22 provision of abortion pursuant to section twenty-five hundred ninety-
23 nine-bb of this chapter.

24 3. "Health care practitioner" shall mean any health care practitioner
25 authorized to provide health care services pursuant to section twenty-
26 five hundred ninety-nine-bb of this chapter or an intern or resident who
27 is employed by a hospital or otherwise enrolled in an accredited gradu-
28 ate medical education program.

29 4. "Professional educators" shall mean organizations providing repro-
30 ductive health care, continuing education programs for qualified provid-
31 ers through professional associations or clinical education programs
32 that meet professionally recognized training standards.

33 § 2599-bb-12. Establishment of the New York state abortion clinical
34 training program. 1. (a) There is hereby established within the depart-
35 ment the New York state abortion clinical training program for the
36 purpose of training health care practitioners in the performance of
37 abortion and related reproductive health care services. The commissioner
38 in consultation with the state education department, shall adopt a
39 comprehensive curriculum and competency based-standards for the training
40 of health care practitioners in the performance of a full range of
41 abortion and related reproductive health care services. Such curriculum
42 and standards shall be consistent with evidence-based training methods
43 and shall include, but not be limited to:

44 (i) counseling and informed consent;

45 (ii) miscarriage management;

46 (iii) patient-centered care;

47 (iv) pre-abortion evaluation;

48 (v) contraception and aftercare;

49 (vi) telehealth delivery;

50 (vii) procedural abortion;

51 (viii) medication abortion; and

52 (ix) potential complications and required care.

53 (b) The commissioner shall update the adopted curriculum and standards
54 at least every five years.

55 (c) The commissioner shall consult a range of experts, including, but
56 not limited to, individuals and entities providing abortion care,

1 abortion funds, and other organizations whose mission is to expand
2 access to abortion care, to ensure the program structure reflects the
3 needs of abortion providers, abortion funds and consumers in developing
4 the initial curriculum and standards and all subsequent updates.

5 (d) For professional educators currently operating an abortion clin-
6 ical training program within the state and selected by the department to
7 facilitate training through the program, the commissioner shall approve
8 the existing curriculum for use in the New York state abortion clinical
9 training program so long as the curriculum meets adopted statewide stan-
10 dards.

11 3. (a) The commissioner is authorized to enter into agreements with
12 professional educators to facilitate clinical training related to
13 abortion care and other related reproductive health services at a mini-
14 imum of four sites across the state. In entering such agreements, the
15 commissioner shall consider organizations that:

16 (i) comply with applicable state laws and regulations;

17 (ii) are capable of providing culturally congruent care and implicit
18 bias training;

19 (iii) have demonstrated experience in coordinating abortion care
20 training programs; and

21 (iv) have sufficient patient volume to accommodate training need.

22 (b) Professional educators shall not be required to provide training
23 in all areas of the approved curriculum, provided, however, special
24 consideration shall be given to professional educators who have the
25 capability to provide the full range of abortion care and related repro-
26 ductive health care services.

27 (c) The commissioner may engage the services of a consultant on a
28 contract basis to support the administration and operation of the
29 program. Such consultant shall be a professional educator that has the
30 demonstrated ability to provide programmatic oversight on a statewide
31 level including, but not limited to candidate selection and screening,
32 and adherence to the approved curriculum and clinical standards.

33 (d) Each professional educator receiving funding pursuant to this
34 paragraph shall submit a written certification in such form and at such
35 time as the commissioner shall prescribe, attesting how any award made
36 was used to support training health care practitioners in the perform-
37 ance of abortion and related reproductive health care services includ-
38 ing, but not limited to the number of health care practitioners selected
39 for training; the number of health care practitioners completing the
40 training; and the areas of the state served by the health care practi-
41 tioners selected.

42 (e) Notwithstanding any inconsistent provision of law to the contrary,
43 the commissioner shall be authorized to recoup any award made and deter-
44 mined to have been used in a manner inconsistent with the purposes of
45 the abortion clinical training program. The commissioner is authorized
46 to employ any legal mechanism to recoup such funds, including an offset
47 of other funds that are owed to such professional educator.

48 4. The commissioner shall prioritize eligible health care practition-
49 ers who will provide abortion and related reproductive health care
50 services to underserved communities in the state to receive training.

51 5. The commissioner shall award and distribute grants to address prac-
52 tical support needs of eligible health care providers. Funds may be
53 awarded to support an eligible health care practitioner in obtaining
54 clinical education on abortion care and other reproductive health
55 services, including, but not limited to, financial support for travel
56 and lodging associated with attending the program.

1 6. The commissioner shall promulgate rules and regulations as are
2 necessary to carry out the provisions of this section.

3 7. Nothing in this article shall be construed to limit or restrict
4 abortion training that occurs within New York state separate and apart
5 from the New York state abortion clinical training program.

6 § 2599-bb-13. Reporting. The commissioner shall submit a report no
7 later than twelve months after the effective date of this section and
8 annually thereafter, to the governor, the temporary president of the
9 senate and the speaker of the assembly, which shall include, but not be
10 limited to, the total amount of grants issued, the number of eligible
11 participants, the number of eligible providers, and the region of the
12 state where the eligible providers are located. Notwithstanding any
13 other provision of law, the commissioner shall not report any identify-
14 ing information of eligible participants in the program.

15 § 2. This act shall take effect immediately and shall be deemed to
16 have been in full force and effect on and after April 1, 2025.

17 PART 00

18 Section 1. The insurance law is amended by adding a new section 3217-k
19 to read as follows:

20 § 3217-k. Primary care spending. (a) Definitions. As used in this
21 section, the following terms shall have the following meanings:

22 (1) "Overall healthcare spending" means the total cost of care for the
23 patient population of a payor or provider entity for a given calendar
24 year, where cost is calculated for such year as the sum of (A) all
25 claims-based spending paid to providers by public and private payors and
26 (B) all non-claim payments for such year, including, but not limited to,
27 incentive payments and care coordination payments.

28 (2) "Plan or payor" means every insurance entity providing managed
29 care products, individual comprehensive accident and health insurance or
30 group or blanket comprehensive accident and health insurance, as defined
31 in this chapter, corporation organized under article forty-three of this
32 chapter providing comprehensive health insurance, entity licensed under
33 article forty-four of this chapter providing comprehensive health insur-
34 ance, every other plan over which the department has jurisdiction, and
35 every third-party payor providing health coverage.

36 (3) "Primary care" means integrated, accessible healthcare, provided
37 by clinicians accountable for addressing most of a patient's healthcare
38 needs including (A) developing a sustained partnership with patients;
39 (B) practicing in the context of family and community; and (C) coordi-
40 nating patients' care, which for the purposes of this section shall only
41 include care coordination efforts undertaken by the clinicians rendering
42 healthcare services to a patient and shall not include separate care
43 coordination activities undertaken by a payor.

44 (4) "Primary care services" means services provided in an outpatient,
45 non-emergency setting by or under the supervision of a physician, nurse
46 practitioner, physician assistant, or midwife, who is practicing general
47 primary care in the following fields, including as evidenced by billing
48 and reporting codes: family practice; general pediatrics; primary care
49 internal medicine; primary care obstetrics; or primary care gynecology.
50 Behavioral or mental health and substance use disorder services are
51 included in primary care services when integrated into a primary care
52 setting, including when provided by a behavioral healthcare psychia-
53 trist, social worker or psychologist. Primary care services shall not
54 include inpatient services, emergency department services, ambulatory

1 surgical center services, or services provided in an urgent care setting
2 that are billed with non-primary care billing and reporting codes.

3 (5) "Primary care spending" means any expenditure of funds made by
4 third party payors, public entities, or the state, for the purpose of
5 paying for primary care services directly or paying to improve the
6 delivery of primary care. Primary care spending includes all payment
7 methods, such as fee-for-service, capitation, incentives, value-based
8 payments or other methodologies, and all non-claim payments including
9 but not limited to incentive payments and care coordination payments.
10 For payees that own and/or operate facilities, entities, or other
11 providers, such as health systems or hospital systems, that provide
12 other medical services in addition to primary care, only those funds
13 that are separately documented as funds designated for primary care
14 services shall be considered primary care spending. Any spending shall
15 be adjusted appropriately to exclude any portion of the expenditure that
16 is reasonably attributed to inpatient services or other non-primary care
17 services.

18 (b) Reporting. (1) Beginning on April first, two thousand twenty-six,
19 each plan or payor as defined in this section shall annually report to
20 the department the percentage of the plan or payor's overall annual
21 healthcare spending that constituted primary care spending.

22 (2) Nothing herein shall require any plan or payor to report or
23 publicly disclose any specific rates of reimbursement for any specific
24 primary care services.

25 (3) No plan or payor shall require any healthcare provider to provide
26 additional data or information in order to fulfill this reporting
27 requirement.

28 (c) Regulation and publication. (1) The commissioner of health and the
29 superintendent shall each promulgate consistent regulations to carry out
30 the provisions of this section, including but not limited to setting
31 deadlines for the reporting required in this section, and adopting
32 further specific definitions of the primary care services for which
33 costs must be reported under this section, including specific billing
34 and reporting codes.

35 (2) The department of health and the department shall together provide
36 an annual report to the legislature with a summary of the primary care
37 spending data required in this section, and shall also make the report
38 publicly available on both agencies' websites, no later than three
39 months after the data has been collected. The first annual report shall
40 provide the spending information without identifying any individual
41 payor or plan's primary care spending. Each year thereafter, the report
42 spending data shall be published including information specific to each
43 plan or payor.

44 (d) Primary care spending. (1) Beginning on April first, two thousand
45 twenty-seven, each plan or payor that reports less than twelve and one-
46 half percent of its total expenditures on physical and mental health is
47 primary care spending, as defined by this section, shall additionally
48 submit to the superintendent a plan to increase primary care spending as
49 a percentage of its total overall healthcare spending by at least one
50 percent each year. Beginning on April first, two thousand twenty-eight
51 and on April first of every subsequent year after such plan has been
52 submitted, and until such time as the plan or payor's reported primary
53 care spending is equal to or more than twelve and one-half percent of
54 that plan or payor's overall healthcare spending, the plan or payor's
55 annual reporting shall include information regarding steps that have
56 been taken to increase its proportion of primary care spending.

1 (2) The commissioner of health and the superintendent may jointly
2 issue guidelines or promulgate regulations regarding the areas on which
3 primary care spending could be increased, including but not limited to:

4 (A) reimbursement;

5 (B) capacity-building, technical assistance and training;

6 (C) upgrading technology, including electronic health record systems
7 and telehealth capabilities;

8 (D) incentive payments, including but not limited to per-member-per-
9 month, value-based-payment arrangements, shared savings, quality-based
10 payments, risk-based payments; and

11 (E) transitioning to value-based-payment arrangements.

12 (e) Limits on premium increases. Plans or payors shall adopt strate-
13 gies that improve value and quality of care and shift current spending
14 without increasing total medical expenditures. Spending shifts resulting
15 from compliance with this section shall not result in higher premiums or
16 cost-sharing requirements for insured individuals.

17 § 2. The social services law is amended by adding a new section 368-g
18 to read as follows:

19 § 368-g. Primary care spending. 1. Definitions. As used in this
20 section the terms "overall healthcare spending", "plan or payor",
21 "primary care", "primary care services" and "primary care spending"
22 shall have the same meanings as such terms are defined in section thir-
23 ty-two hundred seventeen-k of the insurance law.

24 2. Reporting. (a) Beginning on April first, two thousand twenty-six,
25 each Medicaid managed care provider under section three hundred sixty-
26 four-j of this title and any payor that provides coverage through Medi-
27 caid fee-for-service, as such term is defined in paragraph (e) of subdivi-
28 sion thirty-eight of section two of this chapter, shall annually
29 report to the department the percentage of the provider's overall annual
30 healthcare spending that constituted primary care spending.

31 (b) Nothing herein shall require any Medicaid managed care provider to
32 report or publicly disclose any specific rates of reimbursement for any
33 specific primary care services.

34 (c) No Medicaid managed care provider shall require any healthcare
35 provider to provide additional data or information in order to fulfill
36 this reporting requirement.

37 3. Primary care spending. (a) Beginning on April first, two thousand
38 twenty-seven, and in each subsequent year, each Medicaid managed care
39 provider under section three hundred sixty-four-j of this title and any
40 payor that provides coverage through Medicaid fee-for-service, as such
41 term is defined in paragraph (e) of subdivision thirty-eight of section
42 two of this chapter, that reports less than twelve and one-half percent
43 of its total expenditures on physical and mental health are on primary
44 care spending shall additionally submit to the commissioner a plan to
45 increase primary care spending as a percentage of its total overall
46 healthcare spending by at least one percent each year. Beginning on
47 April first, two thousand twenty-eight, and in each subsequent year
48 thereafter, until twelve and one-half percent of that provider or
49 payor's expenditures are on primary care spending, the payor or provid-
50 er's annual reporting under this section shall include information on
51 steps that have been taken to increase their proportion of primary care
52 spending.

53 (b) The commissioner and the superintendent of financial services may
54 jointly issue guidelines or promulgate regulations regarding the areas
55 on which spending could be increased, including but not limited to:

56 (i) reimbursement;

1 (ii) capacity-building, technical assistance and training;
 2 (iii) upgrading technology, including electronic health record systems
 3 and telehealth capabilities;
 4 (iv) incentive payments, including but not limited to per-member-per-
 5 month, value-based-payment arrangements, shared savings, quality-based
 6 payments, risk-based payments; and
 7 (v) transitioning to value-based-payment arrangements.

8 (c) The provisions of this section are subject to compliance with all
 9 applicable federal and state laws and regulations, including the Centers
 10 for Medicare and Medicaid Services approved Medicaid state plan. To the
 11 extent required by federal law, the commissioner shall seek any federal
 12 approvals necessary to implement this section, including, but not limit-
 13 ed to, any state-directed payments, permissions, state plan amendments
 14 or federal waivers by the federal Centers for Medicare and Medicaid
 15 Services. The commissioner may also apply for appropriate waivers or
 16 state directed payments under federal law and regulation or take other
 17 actions to secure federal financial participation to assist in promoting
 18 the objectives of this section.

19 4. Limits on cost increases. Plans or payors shall adopt strategies
 20 that improve value and quality of care and shift current spending with-
 21 out increasing total medical expenditures.

22 § 3. This act shall take effect immediately and shall be deemed to
 23 have been in full force and effect on and after April 1, 2025.

24 PART PP

25 Section 1. Paragraph (c) of subdivision 2 of section 365-a of the
 26 social services law, as amended by section 12-a of part C of chapter 60
 27 of the laws of 2014, is amended to read as follows:

28 (c) out-patient hospital or clinic services in facilities operated in
 29 compliance with applicable provisions of this chapter, the public health
 30 law, the mental hygiene law and other laws, including any provisions
 31 thereof requiring an operating certificate or license, including facili-
 32 ties authorized by the appropriate licensing authority to provide inte-
 33 grated mental health services, and/or [~~alcoholism and~~] substance [~~abuse~~]
 34 use disorder services, and/or physical health services, and/or services
 35 to persons with developmental disabilities, when such services are
 36 provided at a single location or service site, or where such facilities
 37 are not conveniently accessible, in any hospital located within the
 38 state and care and services in a day treatment program operated by the
 39 department of mental hygiene or by a voluntary agency under an agreement
 40 with such department in that part of a public institution operated and
 41 approved pursuant to law as an intermediate care facility for persons
 42 with developmental disabilities; and provided, that the commissioners of
 43 health, mental health, [~~alcoholism~~] addiction services and [~~substance~~
 44 ~~abuse—services~~] supports and the office for people with developmental
 45 disabilities may issue regulations, including emergency regulations
 46 promulgated prior to October first, two thousand fifteen that are
 47 required to facilitate the establishment of integrated services clinics.
 48 Any such regulations promulgated under this paragraph shall be described
 49 in the annual report required pursuant to section forty-five-c of part A
 50 of chapter fifty-six of the laws of two thousand thirteen. Such
 51 services shall include those provided by certified recovery peer advo-
 52 cates when provided by programs certified, licensed or otherwise author-
 53 ized by the office of addiction services and supports;

1 § 2. Paragraph (n) of subdivision 2 of section 365-a of the social
2 services law, as amended by chapter 558 of the laws of 1999, is relet-
3 tered paragraph (n-1) and amended to read as follows:

4 (n-1) care, treatment, maintenance and rehabilitation services that
5 would otherwise qualify for reimbursement pursuant to this chapter to
6 persons suffering from [~~alcoholism in alcoholism facilities or chemical~~
7 ~~dependence~~] substance use disorder, as such term is defined in section
8 1.03 of the mental hygiene law, in inpatient [~~chemical dependence~~]
9 facilities, services, or programs operated in compliance with applicable
10 provisions of this chapter and the mental hygiene law, and certified by
11 the office of [~~alcoholism~~] addiction services and [~~substance abuse~~
12 ~~services~~] supports, provided however that such services shall be limited
13 to such periods of time as may be determined necessary in accordance
14 with a utilization review procedure established by the commissioner of
15 the office of [~~alcoholism~~] addiction services and [~~substance abuse~~
16 ~~services~~] supports and provided further, that this paragraph shall not
17 apply to any hospital or part of a hospital as defined in section two
18 thousand eight hundred one of the public health law. Such services
19 shall include those provided by certified recovery peer advocates when
20 provided by programs certified, licensed or otherwise authorized by the
21 office of addiction services and supports.

22 § 3. This act shall take effect immediately and shall be deemed to
23 have been in full force and effect on and after April 1, 2025.

24 PART QQ

25 Section 1. The public health law is amended by adding a new section
26 507 to read as follows:

27 § 507. Drug checking services program. 1. For purposes of this
28 section, the following terms shall have the following meanings:

29 (a) "Enhanced drug checking services" means the utilization of all
30 forms of drug testing equipment including complex technology or equip-
31 ment designed to analyze substances and provide results at point of
32 testing or point of care, which may include but is not limited to, chem-
33 ical screening devices such as infrared spectrophotometers, raman spec-
34 trophotometers, or ion mobility spectrometers.

35 (b) "Public health surveillance" means the continuous and systematic
36 collection, analysis, and interpretation of data needed for the plan-
37 ning, implementation, and evaluation of public health initiatives.
38 Public health surveillance may be used for the following purposes:

39 (i) as an early warning system for impending public health emergen-
40 cies;

41 (ii) to document the impact of an intervention;

42 (iii) to track progress towards specific goals;

43 (iv) to monitor and clarify the epidemiology of health outcomes; and

44 (v) to inform the public health policy and practices.

45 2. The department shall:

46 (a) establish a program to authorize a county or municipality or other
47 entity to provide enhanced drug checking services to assist individuals
48 in determining whether a drug or controlled substance contains contam-
49 inants, toxic substances, or hazardous compounds; and

50 (b) establish public health surveillance of the unregulated drug
51 supply to monitor trends and the impact on health outcomes and increase
52 public awareness of new substances in the unregulated drug supply.

1 3. Enhanced drug checking services programs shall follow all policies
2 established by the department and submit data in accordance with poli-
3 cies established by the department.

4 4. The department shall develop policies and procedures to:

5 (a) authorize enhanced drug checking service delivery;

6 (b) utilize enhanced drug checking technology for public health
7 surveillance;

8 (c) develop requirements for technician training to ensure accurate
9 point-of-testing and point-of-care results;

10 (d) identify appropriate equipment to use; and

11 (e) establish reporting processes.

12 5. Employees, contractors, and volunteers of the department, direc-
13 tors, managers, employees, contractors, and volunteers of an entity
14 providing drug checking services, owners of properties where drug check-
15 ing services occur, counties, municipalities, or other entities author-
16 ized by the department, and individuals presenting drugs or substances
17 for checking, acting in the course and scope of employment or engaged in
18 good faith in the provision of enhanced drug checking services, in
19 accordance with established protocols, shall not be subject to:

20 (a) arrest, charges, or prosecution pursuant to article thirty-three
21 of this chapter or any violation or misdemeanor, including for attempt-
22 ing, aiding and abetting, or conspiracy to commit a violation or misde-
23 manner pursuant to article two hundred twenty of the penal law; or

24 (b) a civil or administrative penalty or liability of any kind, or
25 disciplinary action by a professional licensing board, for conduct
26 relating to the provision of authorized drug checking services unless
27 such conduct was performed in a negligent manner or in bad faith.

28 6. The department and entities authorized by the department shall not
29 collect, maintain, use, or disclose any personal information relating to
30 an individual from whom the department or other authorized entity
31 receives any drug or substance for checking or disposal.

32 7. The result of any test carried out by the department or an author-
33 ized entity in relation to any drug or substance presented for checking
34 shall not be admissible as evidence in any criminal or civil proceedings
35 against the individual from whom the drug or substance was received,
36 unless submitted by such individual.

37 8. The commissioner shall promulgate such rules and regulations as are
38 necessary to effectuate the provisions of this section.

39 § 2. Paragraph (c) of subdivision 1 of section 3305 of the public
40 health law, as amended by chapter 547 of the laws of 1981, is amended,
41 paragraph (d) is relettered paragraph (e), and a new paragraph (d) is
42 added to read as follows:

43 (c) to temporary incidental possession by employees or agents of
44 persons lawfully entitled to possession, or by persons whose possession
45 is for the purpose of aiding public officers in performing their offi-
46 cial duties[-]; or

47 (d) to employees, contractors, and volunteers of the department,
48 directors, managers, employees, contractors, and volunteers of an entity
49 providing drug checking services authorized under section five hundred
50 seven of this chapter, owners of properties where such authorized drug
51 checking services occur, counties, municipalities, or other entities
52 authorized by the department, and individuals presenting drugs or
53 substances for checking, acting in the course and scope of employment or
54 engaged in good faith in the provision of authorized drug checking
55 services, in accordance with established protocols; or

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

6 PART RR

7 Section 1. The public health law is amended by adding a new section
8 2557-a to read as follows:

9 § 2557-a. Early intervention program review. 1. The commissioner shall
10 conduct a comprehensive study and review of the early intervention
11 program including the models of service delivery and the rates of
12 reimbursement for each such service and model made through the early
13 intervention program for efficacy, adequacy and effectiveness of service
14 delivery and the full implementation of individualized family service
15 plans. The review shall include:

16 (a) a comprehensive assessment of the existing methodology used to
17 determine payment for early intervention screenings, evaluations,
18 services and service coordination, including but not limited to:

19 (i) analysis of early intervention rules, regulations, and policies,
20 including policies, processes, and revenue sources;

21 (ii) analysis of costs to providers participating in the early inter-
22 vention program, including time and cost of travel, service provision,
23 and administrative activities; and

24 (iii) analysis by discipline and labor region of salary levels for
25 individuals providing early intervention services compared to the salary
26 levels for individuals in the same disciplines and labor regions provid-
27 ing services other than in the early intervention program;

28 (b) recommendations for maintaining or changing reimbursement method-
29 ologies. Recommendations under this paragraph shall be consistent with
30 federal law and shall include recommendations for appropriate changes in
31 state law and regulations. The recommendations shall consider appropri-
32 ate payment methodologies and rates for in-person and telehealth early
33 intervention evaluations and services to address barriers in timely
34 service provision as well as racial and socioeconomic disparities in
35 access, with consideration of factors including, but not limited to,
36 payment for bilingual services, travel time, geographic variability,
37 access to and cost of technology, cost of living, and other barriers to
38 timely service provision;

39 (c) the projected number of children who will need early intervention
40 services in the next five years disaggregated by county;

41 (d) the workforce needed to provide services in the next five years to
42 all children eligible for early intervention services, disaggregated by
43 county; and

44 (e) opportunities for stakeholder input on current rate methodologies.

45 2. Such review shall also include an assessment of the efficacy of
46 program models for the provision of early intervention services, includ-
47 ing, but not limited to group services, individual services, facility
48 based services and home-based services and the configurations of such
49 service models. Such review shall include a comprehensive assessment of
50 the utilization of each model and configuration, including barriers to
51 fuller utilizations, and utilization disaggregated by clinical service.

52 3. Within one year after the effective date of this section, the
53 commissioner shall submit a report of the findings and recommendations
54 under this section to the governor, the temporary president of the

1 senate, the speaker of the assembly, and the chairs of the senate and
 2 assembly committees on health, and shall post the report on the depart-
 3 ment's website.

4 § 2. This act shall take effect immediately and shall be deemed to
 5 have been in full force and effect on and after April 1, 2025.

6 PART SS

7 Section 1. Paragraph (gg) of subdivision 2 of section 365-a of the
 8 social services law, as amended by chapter 97 of the laws of 2022, is
 9 amended to read as follows:

10 (gg) care and services provided by mental health counselors [~~and~~],
 11 marriage and family therapists, and creative arts therapists licensed
 12 pursuant to article one hundred sixty-three of the education law acting
 13 within their scope of practice, where such services would otherwise be
 14 covered under this title. Nothing in this paragraph shall be construed
 15 to modify or expand the scope of practice of a mental health counselor
 16 [~~or~~], marriage and family therapist, or creative arts therapist licensed
 17 pursuant to article one hundred sixty-three of the education law.

18 § 2. This act shall take effect on the ninetieth day after it shall
 19 have become a law.

20 PART TT

21 Section 1. The public health law is amended by adding two new sections
 22 2999-k and 2999-l to read as follows:

23 § 2999-k. Medical indemnity fund ombudsperson. 1. There is hereby
 24 established an office of the state medical indemnity fund ombudsperson
 25 for the purpose of receiving and resolving complaints affecting quali-
 26 fied plaintiffs, where appropriate, referring such complaints to the
 27 appropriate agencies and acting in concert with such agencies. The
 28 commissioner shall appoint a full-time medical indemnity fund ombudsper-
 29 son to administer and supervise the office of the state medical indem-
 30 nity fund ombudsperson. The medical indemnity fund ombudsperson shall
 31 be selected from among individuals with expertise and experience in the
 32 field of neurological injuries and advocacy, and with such other quali-
 33 fications as shall be determined by the commissioner. Such ombudsperson
 34 may, with approval of the commissioner, appoint one or more authorized
 35 deputies to assist in their duties pursuant to this section; provided,
 36 however, that no such deputy shall have any conflict of interest, or be
 37 employed by the fund administrator or other party involved in the
 38 management of the fund. The medical indemnity fund ombudsperson shall,
 39 personally or through authorized deputies:

40 (a) identify, investigate and resolve complaints that are made by or
 41 on behalf of qualified plaintiffs, and that relate to actions, inactions
 42 or decisions that may adversely affect the health, safety, welfare or
 43 rights of qualified plaintiffs;

44 (b) provide services to assist qualified plaintiffs, or their repre-
 45 sentatives, in navigating the fund and understanding the fund's regu-
 46 lations, guidelines and procedures;

47 (c) inform qualified plaintiffs, or their representatives, of their
 48 rights and means of obtaining the services, supplies and modifications
 49 to which they are entitled;

50 (d) analyze and monitor implementation of the laws and regulations
 51 relating to the fund; and

1 (e) carry out other such activities as the commissioner shall deter-
2 mine appropriate.

3 2. Neither the medical indemnity fund ombudsperson, nor any of their
4 deputies shall disclose to any person outside the office of the state
5 medical indemnity fund ombudsperson any information obtained from a
6 qualified plaintiff's records without the consent of the qualified
7 plaintiff or their representative.

8 3. Within one year of the effective date of this section, and annually
9 thereafter, the medical indemnity fund ombudsperson shall submit to the
10 commissioner, the speaker of the assembly and the temporary president of
11 the senate, a report which shall include, but not be limited to, a
12 detailed summary of the activities of the office of the state medical
13 indemnity fund ombudsperson, data regarding the complaints and issues
14 within the fund, the process used in resolving issues, and recommenda-
15 tions for legislative or regulatory amendments to improve the fund.

16 § 2999-1. Medical indemnity fund advisory panel. There is hereby
17 established an advisory panel to be comprised of the commissioner, qual-
18 ified plaintiffs or representatives of qualified plaintiffs, physicians,
19 medical suppliers, advocates and other interested parties. The advisory
20 panel shall be chaired by the commissioner and shall be composed of not
21 less than nine additional members appointed by the governor, of which
22 two shall be appointed upon recommendation of the temporary president of
23 the senate and two shall be appointed upon the recommendation of the
24 speaker of the assembly. The advisory panel shall meet biannually, with
25 the first meeting occurring within one hundred eighty days of the effec-
26 tive date of this section, to discuss the functioning of the fund and
27 any relevant issues. The commissioner shall consider the input and
28 comments of the advisory panel in drafting and amending regulations,
29 guidelines or policies pertaining to the fund administration.

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

35 PART UU

36 Section 1. Subdivision 1 of section 2999-dd of the public health law,
37 as amended by section 2 of part V of chapter 57 of the laws of 2022, is
38 amended to read as follows:

39 1. Health care services delivered by means of telehealth shall be
40 entitled to reimbursement under section three hundred sixty-seven-u of
41 the social services law on the same basis, at the same rate, and to the
42 same extent the equivalent services, as may be defined in regulations
43 promulgated by the commissioner, are reimbursed when delivered in
44 person; provided, however, that health care services delivered by means
45 of telehealth shall not require reimbursement to a telehealth provider
46 for certain costs, including but not limited to facility fees or costs
47 reimbursed through ambulatory patient groups or other clinic reimburse-
48 ment methodologies set forth in section twenty-eight hundred seven of
49 this chapter, if such costs were not incurred in the provision of tele-
50 health services due to neither the originating site nor the distant site
51 occurring within a facility or other clinic setting; and further
52 provided, however, reimbursement for additional modalities, provider
53 categories and originating sites specified in accordance with section
54 twenty-nine hundred ninety-nine-ee of this article, and audio-only tele-

1 phone communication defined in regulations promulgated pursuant to
2 subdivision four of section twenty-nine hundred ninety-nine-cc of this
3 article, shall be contingent upon federal financial participation.
4 Notwithstanding the provisions of this subdivision, for services
5 licensed, certified or otherwise authorized pursuant to article sixteen,
6 article thirty-one or article thirty-two of the mental hygiene law, and
7 for any services delivered through a facility licensed under article
8 twenty-eight of this chapter that is eligible to be designated or has
9 received a designation as a federally qualified health center in accord-
10 ance with 42 USC § 1396a(aa), as amended, or any successor law thereto,
11 including those facilities that are also licensed under article thirty-
12 one or article thirty-two of the mental hygiene law, such services
13 provided by telehealth[~~, as deemed appropriate by the relevant commis-~~
14 ~~sioner,~~] shall be reimbursed at the applicable in person rates or fees
15 established by law, or otherwise established or certified by the office
16 for people with developmental disabilities, office of mental health, or
17 the office of addiction services and supports pursuant to article
18 forty-three of the mental hygiene law.

19 § 2. Section 7 of part V of chapter 57 of the laws of 2022, amending
20 the public health law and the insurance law relating to reimbursement
21 for commercial and Medicaid services provided via telehealth, as amended
22 by section 5 of part B of chapter 57 of the laws of 2024, is amended to
23 read as follows:

24 § 7. This act shall take effect immediately and shall be deemed to
25 have been in full force and effect on and after April 1, 2022; provided,
26 however, this act shall expire and be deemed repealed on and after April
27 1, [2026] 2028.

28 § 3. This act shall take effect immediately; provided however, that
29 the provisions of section one of this act shall take effect April 1,
30 2026; provided further, however, that the amendments to subdivision 1 of
31 section 2999-dd of the public health law made by section one of this act
32 shall not affect the expiration of such subdivision and shall expire and
33 be deemed repealed therewith.

34 PART VV

35 Section 1. Subdivision 3 of section 364-j of the social services law
36 is amended by adding a new paragraph (d-4) to read as follows:

37 (d-4) Services provided in school-based health centers shall not be
38 provided to medical assistance recipients through managed care programs
39 established pursuant to this section and shall continue to be provided
40 outside of managed care programs.

41 § 2. This act shall take effect immediately and shall be deemed to
42 have been in full force and effect on and after April 1, 2025; provided,
43 however, that the amendments to section 364-j of the social services law
44 made by this act shall not affect the repeal of such section and shall
45 be deemed repealed therewith.

46 PART WW

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

49 (f-1) including but not limited to dental implants, implant-related
50 services, dental prosthetic appliances, replacement dental prosthetic
51 appliances, crowns and root canals for posterior and anterior teeth,

1 crowns lengthening when associated with a covered crown and/or root canal
2 if a qualified dentist authorizes the procedures;

3 § 2. This act shall take effect on the ninetieth day after it shall
4 have become a law.

PART XX

5
6 Section 1. Section 2 of chapter 769 of the laws of 2023, amending the
7 public health law relating to the adult cystic fibrosis assistance
8 program, as amended by section 14 of part B of chapter 57 of the laws of
9 2024, is amended to read as follows:

10 § 2. This act shall take effect immediately and shall expire March 31,
11 [~~2025~~] 2030 when upon such date the provisions of this act shall be
12 deemed repealed.

13 § 2. This act shall take effect immediately.

PART YY

14
15 Section 1. Paragraph (c) of subdivision 5-a of section 2807-m of the
16 public health law, as amended by section 6 of part C of chapter 57 of
17 the laws of 2023, is amended to read as follows:

18 (c) Physician and dentist loan repayment program. One million nine
19 hundred sixty thousand dollars for the period January first, two thou-
20 sand eight through December thirty-first, two thousand eight, one
21 million nine hundred sixty thousand dollars for the period January
22 first, two thousand nine through December thirty-first, two thousand
23 nine, one million nine hundred sixty thousand dollars for the period
24 January first, two thousand ten through December thirty-first, two thou-
25 sand ten, four hundred ninety thousand dollars for the period January
26 first, two thousand eleven through March thirty-first, two thousand
27 eleven, one million seven hundred thousand dollars each state fiscal
28 year for the period April first, two thousand eleven through March thir-
29 ty-first, two thousand fourteen, up to one million seven hundred five
30 thousand dollars each state fiscal year for the period April first, two
31 thousand fourteen through March thirty-first, two thousand seventeen, up
32 to one million seven hundred five thousand dollars each state fiscal
33 year for the period April first, two thousand seventeen through March
34 thirty-first, two thousand twenty, up to one million seven hundred five
35 thousand dollars each state fiscal year for the period April first, two
36 thousand twenty through March thirty-first, two thousand twenty-three,
37 and up to one million seven hundred five thousand dollars each state
38 fiscal year for the period April first, two thousand twenty-three
39 through March thirty-first, two thousand twenty-six, shall be set aside
40 and reserved by the commissioner from the regional pools established
41 pursuant to subdivision two of this section and shall be available for
42 purposes of physician and dentist loan repayment in accordance with
43 subdivision ten of this section. Notwithstanding any contrary provision
44 of this section, sections one hundred twelve and one hundred sixty-three
45 of the state finance law, or any other contrary provision of law, such
46 funding shall be allocated regionally with one-third of available funds
47 going to New York city and two-thirds of available funds going to the
48 rest of the state and shall be distributed in a manner to be determined
49 by the commissioner without a competitive bid or request for proposal
50 process as follows:

51 (i) Funding shall first be awarded to repay loans of up to twenty-five
52 physicians who train in primary care or specialty tracks in teaching

1 general hospitals, and who enter and remain in primary care or specialty
2 practices in underserved communities, as determined by the commissioner.

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

9 (iii) In no case shall less than fifty percent of the funds available
10 pursuant to this paragraph be distributed in accordance with subpara-
11 graphs (i) and (ii) of this paragraph to physicians or dentists identi-
12 fied by general hospitals.

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

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

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

26 § 2. Paragraph (d) of subdivision 5-a of section 2807-m of the public
27 health law, as amended by section 6 of part C of chapter 57 of the laws
28 of 2023, is amended to read as follows:

29 (d) Physician and dentist practice support. Four million nine hundred
30 thousand dollars for the period January first, two thousand eight
31 through December thirty-first, two thousand eight, four million nine
32 hundred thousand dollars annually for the period January first, two
33 thousand nine through December thirty-first, two thousand ten, one
34 million two hundred twenty-five thousand dollars for the period January
35 first, two thousand eleven through March thirty-first, two thousand
36 eleven, four million three hundred thousand dollars each state fiscal
37 year for the period April first, two thousand eleven through March thir-
38 ty-first, two thousand fourteen, up to four million three hundred sixty
39 thousand dollars each state fiscal year for the period April first, two
40 thousand fourteen through March thirty-first, two thousand seventeen, up
41 to four million three hundred sixty thousand dollars for each state
42 fiscal year for the period April first, two thousand seventeen through
43 March thirty-first, two thousand twenty, up to four million three
44 hundred sixty thousand dollars for each fiscal year for the period April
45 first, two thousand twenty through March thirty-first, two thousand
46 twenty-three, and up to four million three hundred sixty thousand
47 dollars for each fiscal year for the period April first, two thousand
48 twenty-three through March thirty-first, two thousand twenty-six, shall
49 be set aside and reserved by the commissioner from the regional pools
50 established pursuant to subdivision two of this section and shall be
51 available for purposes of physician and dentist practice support.
52 Notwithstanding any contrary provision of this section, sections one
53 hundred twelve and one hundred sixty-three of the state finance law, or
54 any other contrary provision of law, such funding shall be allocated
55 regionally with one-third of available funds going to New York city and
56 two-thirds of available funds going to the rest of the state and shall

1 be distributed in a manner to be determined by the commissioner without
2 a competitive bid or request for proposal process as follows:

3 (i) Preference in funding shall first be accorded to teaching general
4 hospitals for up to twenty-five awards, to support costs incurred by
5 physicians or dentists trained in primary or specialty tracks who there-
6 after establish or join practices in underserved communities, as deter-
7 mined by the commissioner.

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

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

18 § 3. Subdivision 10 of section 2807-m of the public health law, as
19 added by section 75-e of part C of chapter 58 of the laws of 2008, para-
20 graphs (a) and (c) as amended by section 13 of part B of chapter 58 of
21 the laws of 2010, is amended to read as follows:

22 10. Physician and dentist loan repayment program. (a) Beginning Janu-
23 ary first, two thousand eight, the commissioner is authorized, within
24 amounts available pursuant to subdivision five-a of this section, to
25 make loan repayment awards to primary care physicians and dentists or
26 other physician and dentist specialties determined by the commissioner
27 to be in short supply, licensed to practice medicine or dentistry in New
28 York state, who agree to practice for at least five years in an under-
29 served area, as determined by the commissioner. Such physician or
30 dentist shall be eligible for a loan repayment award of up to one
31 hundred fifty thousand dollars over a five year period distributed as
32 follows: fifteen percent of total loan debt not to exceed twenty thou-
33 sand dollars for the first year; fifteen percent of total loan debt not
34 to exceed twenty-five thousand dollars for the second year; twenty
35 percent of total loan debt not to exceed thirty-five thousand dollars
36 for the third year; and twenty-five percent of total loan debt not to
37 exceed thirty-five thousand dollars per year for the fourth year; and
38 any unpaid balance of the total loan debt not to exceed the maximum
39 award amount for the fifth year of practice in such area.

40 (b) Loan repayment awards made to a physician or dentist pursuant to
41 paragraph (a) of this subdivision shall not exceed the total qualifying
42 outstanding debt of the physician or dentist from student loans to cover
43 tuition and other related educational expenses, made by or guaranteed by
44 the federal or state government, or made by a lending or educational
45 institution approved under title IV of the federal higher education act.
46 Loan repayment awards shall be used solely to repay such outstanding
47 debt.

48 (c) In the event that a five-year commitment pursuant to the agreement
49 referenced in paragraph (a) of this subdivision is not fulfilled, the
50 recipient shall be responsible for repayment in amounts which shall be
51 calculated in accordance with the formula set forth in subdivision (b)
52 of section two hundred fifty-four-o of title forty-two of the United
53 States Code, as amended.

54 (d) The commissioner is authorized to apply any funds available for
55 purposes of paragraph (a) of this subdivision for use as matching funds
56 for federal grants for the purpose of assisting states in operating loan

1 repayment programs pursuant to section three hundred thirty-eight I of
2 the public health service act.

3 (e) The commissioner may postpone, change or waive the service obli-
4 gation and repayment amounts set forth in paragraphs (a) and (c),
5 respectively of this subdivision in individual circumstances where there
6 is compelling need or hardship.

7 (f)(i) When a physician or dentist is not actually practicing in an
8 underserved area, [~~he or she~~] such physician or dentist shall be deemed
9 to be practicing in an underserved area if [~~he or she practices~~] they
10 practice in a facility or physician's or dentist's office that primarily
11 serves an underserved population as determined by the commissioner,
12 without regard to whether the population or the facility or physician's
13 or dentist's office is located in an underserved area.

14 (ii) In making criteria and determinations as to whether an area is an
15 underserved area or whether a facility or physician's or dentist's
16 office primarily serves an underserved population, the commissioner may
17 make separate criteria and determinations for different specialties.

18 § 4. This act shall take effect immediately.

19

PART ZZ

20 Section 1. Subparagraph 4 of paragraph (a) of subdivision 2 of
21 section 366 of the social services law, as amended by section 3 of part
22 AAA of chapter 56 of the laws of 2022, is amended to read as follows:

23 (4) savings in amounts equal to [~~one hundred fifty percent of the~~
24 ~~income amount permitted under subparagraph seven of this paragraph,~~
25 ~~provided, however, that the amounts for one and two person households~~
26 ~~shall not be less than the amounts permitted to be retained by house-~~
27 ~~holds of the same size in order to qualify for benefits under the feder-~~
28 ~~al supplemental security income program] three hundred thousand dollars;~~

29 § 2. Subparagraph 5 of paragraph (c) of subdivision 1 of section 366
30 of the social services law, as amended by chapter 583 of the laws of
31 2023, is amended to read as follows:

32 (5) A disabled individual at least sixteen years of age, but under the
33 age of sixty-five, who: would be eligible for benefits under the supple-
34 mental security income program but for earnings in excess of the allow-
35 able limit; has net available income that does not exceed two hundred
36 fifty percent of the applicable federal income official poverty line, as
37 defined and updated by the United States department of health and human
38 services, for a one-person or two-person household, as defined by the
39 commissioner in regulation; has household resources, as defined in para-
40 graph (e) of subdivision two of section three hundred sixty-six-c of
41 this title, other than retirement accounts, that do not exceed [~~one~~
42 ~~hundred fifty percent of the income amount permitted under subparagraph~~
43 ~~seven of paragraph (a) of subdivision two of this section, for a one-~~
44 ~~person or two person household] three hundred thousand dollars, as
45 defined by the commissioner in regulation; and contributes to the cost
46 of medical assistance provided pursuant to this subparagraph in accord-
47 ance with subdivision twelve of section three hundred sixty-seven-a of
48 this title; for purposes of this subparagraph, disabled means having a
49 medically determinable impairment of sufficient severity and duration to
50 qualify for benefits under section 1902(a)(10)(A)(ii)(xv) of the social
51 security act.~~

52 § 3. This act shall take effect January 1, 2026; provided, however,
53 that the effectiveness of sections one and two of this act shall be
54 subject to federal financial participation; provided, further, however,

1 that the commissioner of health shall notify the legislative bill draft-
2 ing commission upon the occurrence of federal financial participation in
3 order that the commission may maintain an accurate and timely effective
4 data base of the official text of the laws of the state of New York in
5 furtherance of effectuating the provisions of section 44 of the legisla-
6 tive law and section 70-b of the public officers law. Effective imme-
7 diately, the addition, amendment and/or repeal of any rule or regulation
8 necessary for the implementation of this act on its effective date are
9 authorized to be made and completed on or before such effective date.

10

PART AAA

11 Section 1. The public health law is amended by adding a new section
12 207-b to read as follows:

13 § 207-b. Tick-borne illnesses; reports. 1. The department, in conjunc-
14 tion with the tick-borne disease institute and the department of envi-
15 ronmental conservation, shall publish a report on its website containing
16 information related to the incidence of tick-borne illnesses in the
17 state. Such report shall include, but not be limited to:

18 (a) the number of diagnosed cases of tick-borne illnesses;

19 (b) the incidence of tick-borne illness in each county; and

20 (c) the estimated tick population in the state and whether such popu-
21 lation is expected to increase, decrease, or remain constant at the
22 state and county level.

23 2. On or before April first annually, the department, in conjunction
24 with the tick-borne disease institute and the department of environ-
25 mental conservation, shall submit a report to the governor, the tempo-
26 rary president of the senate, the speaker of the assembly, the minority
27 leader of the senate and the minority leader of the assembly. Such
28 report shall summarize the statistics required to be reported pursuant
29 to subdivision one of this section for the previous year and include any
30 other information deemed relevant to tick-borne illnesses for the coming
31 year.

32 § 2. (a) The superintendent of financial services, in consultation
33 with the commissioner of health, shall review the status of health
34 insurance coverage for the treatment of Lyme disease and other tick-
35 borne related diseases, and make recommendations regarding potential
36 changes to insurance coverage requirements and parameters. Such review
37 shall include, but not be limited to:

38 (i) The current range of insurance coverage for the treatment of Lyme
39 and other tick-borne related diseases within New York state;

40 (ii) Reasons for insurer denial of coverage for the treatment of Lyme
41 and other tick-borne related diseases;

42 (iii) Insurance coverage required by other states for the treatment of
43 symptoms related to Lyme and other tick-borne diseases and their esti-
44 mated costs and payment models; and

45 (iv) The estimated cost of expanding coverage for the treatment of
46 symptoms related to Lyme disease and other tick-borne related diseases.

47 (b) Within one hundred eighty days of the effective date of this act,
48 the superintendent of financial services shall submit a report to the
49 governor, the temporary president of the senate, and the speaker of the
50 assembly of the findings, conclusions and recommendations of the depart-
51 ment of financial services.

52 § 3. This act shall take effect immediately and shall be deemed to
53 have been in full force and effect on and after April 1, 2025.

1

PART BBB

2 Section 1. Direct support wage enhancement. 1. Notwithstanding any
 3 other inconsistent provision of law, effective April 1, 2025, providers
 4 licensed, funded, approved and/or certified by the office for people
 5 with developmental disabilities to provide treatment, services and care
 6 for individuals with developmental disabilities shall receive supple-
 7 mental funding to enhance wages of employees that provide direct care
 8 support or any other form of treatment, to individuals with develop-
 9 mental disabilities and whose income is less than one hundred twenty-
 10 five thousand dollars.

11 2. The commissioner of the office for people with developmental disa-
 12 bilities, in consultation with the division of the budget, shall estab-
 13 lish a list of eligible employee titles for such wage enhancement based
 14 on the application of direct care to individuals with intellectual
 15 and/or developmental disabilities.

16 3. Using the forms and processes developed by the commissioner of the
 17 office for people with developmental disabilities under this section,
 18 employers shall indicate the number of eligible employees based on the
 19 list of eligible titles pursuant to subdivision two of this section.

20 4. The commissioner of the office for people with developmental disa-
 21 bilities shall distribute an allocation to each eligible provider equiv-
 22 alent to four thousand dollars per eligible employee based on the forms
 23 developed pursuant to subdivision three of this section.

24 5. The funds distributed pursuant to this section must be used to
 25 enhance base wages and benefits of eligible employees.

26 § 2. This act shall take effect April 1, 2025.

27

PART CCC

28 Section 1. Section 3 of part KK of chapter 57 of the laws of 2024
 29 amending the public health law relating to the creation of a community
 30 doula expansion grant program, and repealing such program upon expira-
 31 tion thereof, is amended to read as follows:

32 § 3. This act shall take effect immediately and shall be deemed to
 33 have been in full force and effect on and after April 1, 2024[
 34 ~~provided, however, that the provisions of section two of this act shall~~
 35 ~~expire March 31, 2025 when upon such date the provisions of such section~~
 36 ~~shall be deemed repealed].~~

37 § 2. This act shall take effect immediately.

38

PART DDD

39 Section 1. Paragraph 10 of subdivision (c) of section 25.18 of the
 40 mental hygiene law, as amended by chapter 171 of the laws of 2022, is
 41 amended to read as follows:

42 10. On or before November first of each year, beginning one year after
 43 the initial deposit of monies in the opioid settlement fund, the rele-
 44 vant commissioners[~~r~~] shall provide a written report to the governor,
 45 temporary president of the senate, speaker of the assembly, chair of the
 46 senate finance committee, chair of the assembly ways and means commit-
 47 tee, chair of the senate alcoholism and substance [~~abuse~~] use disorders
 48 committee, chair of the assembly alcoholism and drug abuse committee,
 49 and the opioid settlement advisory board. Such report shall be presented
 50 as a consolidated dashboard and be made publicly available on the
 51 respective offices' websites. The report shall, to the extent practica-

1 ble after making all diligent efforts to obtain such information,
2 include the following: (i) the baseline funding for any entity that
3 receives funding from the opioid settlement fund or other funds received
4 pursuant to a New York opioid settlement sharing agreement, prior to the
5 receipt of such [~~opioid settlement~~] funds; (ii) how funds deposited in
6 the opioid settlement fund and other funds received pursuant to a New
7 York opioid settlement sharing agreement had been utilized in the
8 preceding calendar year, including but not limited to: (A) the amount of
9 money disbursed [~~from the fund~~] and the award process used for such
10 disbursement, if applicable; (B) the names of the recipients, the
11 amounts awarded to such recipient and details about the purpose such
12 funds were awarded for, including what specific services and programs
13 the funds were used on and what populations such services or programs
14 served; (C) the main criteria utilized to determine the award, including
15 how the program or service assists to reduce the effects of substance
16 use disorders; (D) an analysis of the effectiveness of the services
17 and/or programs that received opioid settlement funding or other funds
18 received pursuant to a New York opioid settlement sharing agreement in
19 their efforts to reduce the effects of the overdose and substance use
20 disorder epidemic. Such analysis shall utilize evidence-based uniform
21 metrics when reviewing the effects the service and/or program had on
22 prevention, harm reduction, treatment, and recovery advancements; (E)
23 any relevant information provided by the New York subdivisions pursuant
24 to this section; and (F) any other information the commissioner deems
25 necessary to help inform future appropriations and funding decisions,
26 and ensure such funding is not being used to supplant local, state, or
27 federal funding.

28 § 2. Subdivision (d) of section 25.18 of the mental hygiene law, as
29 amended by chapter 171 of the laws of 2022, is amended to read as
30 follows:

31 (d) Limitation on authority of government entities to bring lawsuits.
32 No government entity shall have the authority to assert released claims
33 against entities released by the department of law in a statewide opioid
34 settlement agreement executed by the department of law and the released
35 party on or after June first, two thousand twenty-one. Any action filed
36 by a government entity after June thirtieth, two thousand nineteen
37 asserting released claims against a manufacturer, distributor, [~~or~~]
38 dispenser, consultant, or related party thereof, of opioid products
39 shall be extinguished by operation of law upon being released pursuant
40 to such statewide opioid settlement agreement.

41 § 3. Section 97-aaaaa of the state finance law is amended by adding a
42 new subdivision 8 to read as follows:

43 8. (a) On or before November first of each year, beginning one year
44 after the effective date of this subdivision, the commissioner of the
45 office of addiction services and supports, in conjunction with the
46 commissioner of health, shall provide a written report to the governor,
47 temporary president of the senate, speaker of the assembly, chair of the
48 senate finance committee, chair of the assembly ways and means commit-
49 tee, chair of the senate alcoholism and substance use disorders commit-
50 tee, and chair of the assembly alcoholism and drug abuse committee.

51 (b) Such report shall be presented as a consolidated dashboard and be
52 made publicly available on the office of addiction services and
53 supports' and the department of health's websites. Such report shall, to
54 the extent practicable after making all diligent efforts to obtain such
55 information, include the following:

1 (i) the baseline funding for any entity that receives funding from the
 2 opioid stewardship fund, prior to the receipt of such funds; and

3 (ii) how funds deposited in the opioid stewardship fund have been
 4 utilized in the preceding calendar year, including but not limited to:

5 (A) the amount of money disbursed from the fund and the award process
 6 used for such disbursement, if applicable;

7 (B) the names of the recipients, the amounts awarded to such recipient
 8 and details about the purpose such funds were awarded for, including
 9 what specific services and programs the funds were used on and what
 10 populations such services or programs served;

11 (C) the main criteria utilized to determine the award, including how
 12 the program or service assists to reduce the effects of substance use
 13 disorders;

14 (D) an analysis of the effectiveness of the services and/or programs
 15 that received opioid stewardship funding in their efforts to reduce the
 16 effects of the overdose and substance use disorder epidemic. Such analy-
 17 sis shall utilize evidence-based uniform metrics when reviewing the
 18 effects the service and/or program had on prevention, harm reduction,
 19 treatment, and recovery advancements;

20 (E) any relevant information provided by any state agency; and

21 (F) any other information the commissioner deems necessary to help
 22 inform future appropriations and funding decisions, and ensure such
 23 funding is not being used to supplant local, state, or federal funding.

24 § 4. This act shall take effect immediately; provided, however that
 25 the amendments to section 97-aaaaa of the state finance law made by
 26 section three of this act shall not affect the repeal of such section
 27 and shall be deemed repealed therewith.

28 PART EEE

29 Section 1. Subparagraph (i) of paragraph (c) of subdivision 1 of
 30 section 2828 of the public health law, as amended by chapter 747 of the
 31 laws of 2023, is amended to read as follows:

32 (i) Except as provided in subparagraph (ii) of this paragraph, such
 33 regulations shall further include at a minimum that any residential
 34 health care facility for which the calculation of total operating reven-
 35 ue, as such term is limited by subparagraph (iii) of paragraph (a) of
 36 subdivision two of this section, exceeds total operating and non-operat-
 37 ing expenses by more than five percent of total operating and non-oper-
 38 ating expenses or that fails to spend the minimum amount necessary to
 39 comply with the minimum spending standards for resident-facing staffing
 40 or direct resident care, calculated on an annual basis, or for the year
 41 two thousand twenty-two, on a pro-rata basis for only that portion of
 42 the year during which the failure of a residential health care facility
 43 to spend a minimum of seventy percent of revenue on direct resident
 44 care, and forty percent of revenue on resident-facing staffing, may be
 45 held to be a violation of this chapter, shall remit such excess revenue,
 46 or the difference between the minimum spending requirement and the actu-
 47 al amount of spending on resident-facing staffing or direct care staff-
 48 ing, as the case may be, to the state, with such excess revenue which
 49 shall be payable, in a manner to be determined by such regulations, by
 50 November first in the year following the year in which the expenses are
 51 incurred. The department shall collect such payments by methods includ-
 52 ing, but not limited to, bringing suit in a court of competent jurisdic-
 53 tion on its own behalf after giving notice of such suit to the attorney
 54 general, deductions or offsets from payments made pursuant to the Medi-

1 caid program, and shall deposit such recouped funds into the nursing
2 home quality pool, as set forth in paragraph (d) of subdivision two-c of
3 section twenty-eight hundred eight of this article. Provided further
4 that such payments of excess revenue shall be in addition to and shall
5 not affect a residential health care facility's obligations to make any
6 other payments required by state or federal law into the nursing home
7 quality pool, including but not limited to medicaid rate reductions
8 required pursuant to paragraph (g) of subdivision two-c of section twen-
9 ty-eight hundred eight of this article and department regulations
10 promulgated pursuant thereto. The commissioner or their designees shall
11 have authority to audit the residential health care facilities' reports
12 for compliance in accordance with this section.

13 § 2. Paragraph (a) of subdivision 2 of section 2828 of the public
14 health law, as amended by chapter 27 of the laws of 2024, is amended to
15 read as follows:

16 (a) "Revenue" shall mean the total operating revenue from or on behalf
17 of residents of the residential health care facility, government payers,
18 or third-party payers, to pay for a resident's occupancy of the residen-
19 tial health care facility, resident care, and the operation of the resi-
20 dential health care facility as reported in the residential health care
21 facility cost reports submitted to the department; provided, however,
22 that total operating revenue shall exclude:

23 (i) the capital portion of the Medicaid reimbursement rate;

24 (ii) funding received as reimbursement for the assessment under
25 subparagraph (vi) of paragraph (b) of subdivision two of section twen-
26 ty-eight hundred seven-d of this article, as reconciled pursuant to
27 paragraph (c) of subdivision ten of section twenty-eight hundred seven-d
28 of this article; and

29 (iii) any grant funds from the federal government for reimbursement of
30 COVID-19 pandemic-related expenses, including but not limited to funds
31 received from the federal emergency management agency or health
32 resources and services administration and such other one-time federal
33 financial assistance.

34 § 3. This act shall take effect immediately; provided, however, for
35 purposes of distribution of the supplemental payment to qualified not-
36 for-profit facilities authorized by chapter 53 of the laws of 2022,
37 enacting the aid to localities budget, and pursuant to the Medicaid
38 State Plan Amendment 22-0007, this act shall be deemed to have been in
39 full force and effect on and after January 1, 2020.

40

PART FFF

41 Section 1. Subparagraph (iii) of paragraph (e) of subdivision 6 of
42 section 4403-f of the public health law, as added by section 5 of part
43 MM of chapter 56 of the laws of 2020, is amended to read as follows:

44 (iii) The commissioner may not establish an annual cap on total
45 enrollment under this paragraph for managed long term care rate regions
46 of the state where the ratio of long term service and support utilizers
47 per ten thousand relevant population is less than one thousand, for
48 plans' lines of business operating under the PACE (Program of All-Inclu-
49 sive Care for the Elderly) model as authorized by federal public law
50 105-33, subtitle I of title IV of the Balanced Budget Act of 1997, or
51 that serve individuals dually eligible for services and benefits under
52 titles XVIII and XIX of the federal social security act in conjunction
53 with an affiliated Medicare Dual Eligible Special Needs Plan.

1 § 2. This act shall take effect immediately; provided, however, that
2 the amendments to section 4403-f of the public health law made by
3 section one of this act shall not affect the repeal of such section and
4 shall be deemed repealed therewith.

5 PART GGG

6 Section 1. Section 2826 of the public health law is amended by adding
7 a new subdivision (h) to read as follows:

8 (h) Notwithstanding any provision of law to the contrary, within funds
9 appropriated and subject to the availability of federal financial
10 participation, the commissioner shall, subject to the provisions of this
11 subdivision, grant approval of a temporary adjustment to the non-capital
12 components of rates to eligible not for profit and public skilled nurs-
13 ing facilities in three designated regions in upstate New York, one of
14 which is the greater Rochester area region, who demonstrate to the
15 commissioner a collaborative demonstration program designed to improve
16 nursing home efficiency and quality of care. In addition to the greater
17 Rochester region, which has an established quality collaborative, the
18 commissioner shall select two other regions which apply for such desig-
19 nation and prove, to the satisfaction of the commissioner, that the
20 regions present a collaborative program designed to improve the quality
21 of nursing home care and services.

22 (i) The commissioner is authorized to make payments pursuant to this
23 subdivision only after approval of criteria for the distribution of
24 funds, to be submitted on behalf of such providers by an independent
25 practice association which will coordinate the distribution of funds
26 under this program. The criteria shall provide for metrics which measure
27 collaboration, financial efficiencies, quality of care, the development
28 of common clinical practices, and enhancement of workplace safety, well-
29 ness and effectiveness. The submission shall include a methodology for
30 distribution of funds to the participating nursing facilities, based on
31 meeting the criteria.

32 (ii) Upon approval by the commissioner of the designated regions, such
33 written criteria shall be submitted to the commissioner at least sixty
34 days prior to the requested effective date of the temporary rate adjust-
35 ment and shall include a proposed budget to achieve the goals of the
36 program. No less than thirty million dollars shall be allocated annually
37 to providers described in this subdivision. Should federal financial
38 participation not be available for any eligible provider, then payments
39 pursuant to this subdivision may be made as lump sum medicaid payments
40 or grants.

41 (iii) The department shall provide a report on an annual basis to the
42 chairs of the senate finance committee and the assembly ways and means
43 committee, and the senate health and the assembly health committees,
44 which shall include the payment made pursuant to this subdivision and an
45 assessment of the effectiveness of this demonstration program.

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

51 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
52 sion, section or part of this act shall be adjudged by any court of
53 competent jurisdiction to be invalid, such judgment shall not affect,
54 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 GGG of this act shall
8 be as specifically set forth in the last section of such Parts.