

STATE OF NEW YORK

S. 9007

A. 10007

SENATE - ASSEMBLY

January 21, 2026

IN SENATE -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read twice and ordered printed, and when printed to be committed to the Committee on Finance

IN ASSEMBLY -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read once and referred to the Committee on Ways and Means

AN ACT to amend part H of chapter 59 of the laws of 2011 amending the public health law and other laws relating to general hospital reimbursement for annual rates, in relation to quarterly assessment of known and projected department of health state fund medicaid expenditures (Part A); to amend chapter 165 of the laws of 1991, amending the public health law and other laws relating to establishing payments for medical assistance, in relation to the effectiveness thereof; to amend chapter 710 of the laws of 1988, amending the social services law and the education law relating to medical assistance eligibility of certain persons and providing for managed medical care demonstration programs, in relation to the effectiveness thereof; to amend chapter 904 of the laws of 1984, amending the public health law and the social services law relating to encouraging comprehensive health services, in relation to the effectiveness thereof; to amend part X2 of chapter 62 of the laws of 2003, amending the public health law relating to allowing for the use of funds of the office of professional medical conduct for activities of the patient health information and quality improvement act of 2000, in relation to the effectiveness thereof; to amend part H of chapter 59 of the laws of 2011, amending the public health law relating to the statewide health information network of New York and the statewide planning and research cooperative system and general powers and duties, in relation to the effectiveness thereof; to amend part A of chapter 58 of the laws of 2008, amending the elder law and other laws relating to reimbursement to participating provider pharmacies and prescription drug coverage, in relation to the effectiveness thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to the effectiveness thereof; to amend the social services law, in relation to the effectiveness of certain provisions relating to negotiation of

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

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supplemental rebates relating to medication assisted treatment; to amend part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates, in relation to the effectiveness thereof; to amend part KK of chapter 56 of the laws of 2020, amending the public health law relating to the designation of statewide general hospital quality and sole community pools and the reduction of capital related inpatient expenses, in relation to the effectiveness thereof; to amend chapter 779 of the laws of 1986, amending the social services law relating to authorizing services for non-residents in adult homes, residences for adults and enriched housing programs, in relation to the effectiveness thereof; to amend part R of chapter 59 of the laws of 2016, amending the public health law and the education law relating to electronic prescriptions, in relation to the effectiveness thereof; to amend the public health law, in relation to amending and extending the voluntary indigent care pool; to amend part H of chapter 57 of the laws of 2019, amending the public health law relating to waiver of certain regulations, in relation to the effectiveness thereof; to amend part C of chapter 57 of the laws of 2022, amending the public health law and the education law relating to allowing pharmacists to direct limited service laboratories and order and administer COVID-19 and influenza tests and modernizing nurse practitioners, in relation to the effectiveness thereof; to amend chapter 21 of the laws of 2011, amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, in relation to the effectiveness thereof; to amend chapter 520 of the laws of 2024, amending the education law and the public health law relating to amending physician assistant practice standards, in relation to the effectiveness thereof; 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; and to amend part II of chapter 54 of the laws of 2016 amending part C of chapter 58 of the laws of 2005 relating to authorizing reimbursements for expenditures made by or on behalf of social services districts for medical assistance for needy persons and administration thereof, in relation to the effectiveness thereof; and to amend part C of chapter 57 of the laws of 2018, amending the social services law and the public health law relating to health homes and the penalties for managed care providers, in relation to the effectiveness thereof (Part B); to amend the public health law, in relation to extending certain provisions relating to the distribution of pool allocations; to amend part A3 of chapter 62 of the laws of 2003 amending the public health law and other laws relating to enacting major components necessary to implement the state fiscal plan for the 2003-04 state fiscal year, in relation to extending the effectiveness of provisions thereof; to amend the New York Health Care Reform Act of 1996, in relation to extending certain provisions relating thereto; to amend the New York Health Care Reform Act of 2000, in relation to extending the effectiveness of provisions thereof; to amend the public health law and the state finance law, in relation to making technical corrections; to amend the public health law, in relation to extending certain provisions relating to health care initiative pool distributions; to amend the social services law, in relation to extending payment provisions for general hospitals; to amend the public health law, in relation to extending certain provisions relating to the assessments

on covered lives; and to repeal certain provisions of section 2807-m of the public health law, relating to the distribution of the professional education pools (Part C); 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 insurance coverage paid for by funds from the hospital excess liability pool and 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 D); to repeal certain provisions of the social services law relating to adult living programs for adult care facilities and enriched housing in adult care facilities; and to repeal certain provisions of the public health law relating to the tick-borne disease institute; and to repeal certain provisions of such law relating to compliance plans regarding the working conditions and hours for certain employees and trainees in general hospitals (Part E); to amend the state finance law, in relation to approval to spend moneys of the Percy T. Phillips educational foundation of the Dental Society of the state of New York fund; to amend part JJ of chapter 57 of the laws of 2025 amending the public health law relating to reporting pregnancy losses and clarifying which agencies are responsible for such reports, in relation to the effectiveness thereof; to amend part P of chapter 57 of the laws of 2025 amending the public health law relating to requiring hospitals to provide stabilizing care to pregnant individuals, in relation to the effectiveness thereof; to amend the public health law, in relation to making technical corrections thereto; to amend the social services law, in relation to the look-back period for medical assistance; and to amend the insurance law, in relation to referencing the continuing care retirement community council (Part F); to amend the public health law, in relation to modifying definitions related to automated external defibrillators (AEDs), designating the department of health as the entity that may authorize the acquisition of AEDs, modifying requirements for public access defibrillation providers, and establishing requirements that providers of AEDs notify the receivers of their responsibilities (Part G); to amend the public health law, in relation to requirements for notices of material transactions (Part H); to amend the public health law, in relation to Medical Indemnity Fund reimbursement rates (Part I); to amend the public health law, in relation to temporary health care services agencies (Part J); to amend the public health law, in relation to approval to operate a mobile integrated and community paramedicine program; to amend chapter 137 of the laws of 2023 amending the public health law relating to establishing a community-based paramedicine demonstration program, in relation to the effectiveness thereof; to amend the public health law, in relation to the definition of "emergency medical service"; to amend the education law, in relation to authorizing certified nurse practitioners and licensed physicians to prescribe and order a non-patient specific regimen for administering immunizations to an emergency medical services practitioner; and to amend the public health law, in relation to extending hospital services outside the facility and into

patients' residences (Part K); to amend the public health law, in relation to restoring prior enacted nursing home capital rate reductions; and to amend the social services law, in relation to premiums for the Medicaid buy-in for working persons with disabilities (Part L); to amend the social services law, in relation to the amount payable for certain services provided to eligible persons who are also eligible for medical assistance or are also qualified medicare beneficiaries; to amend the public health law, in relation to extending the cooling off period for health maintenance organization plan contracts with hospitals from two months to one hundred twenty days; to amend the social services law, in relation to clarifying Medicaid requirements for biomarker testing; and to repeal certain provisions of such laws relating thereto (Part M); to amend education law and the public health law, in relation to the scope and practice of medical assistants (Subpart A); to amend the education law and the public health law, in relation to the scope of practice of certified nurse aides; and providing for the repeal of such provisions upon the expiration thereof (Subpart B); to amend the education law, the vehicle and traffic law, and the judiciary law, in relation to authorizing qualified health care providers acting in their scope of practice to evaluate certain health issues (Subpart C); to amend the education law and the public health law, in relation to transferring all functions, powers, duties, obligations and appropriations relating to the governance of certain healthcare professions; to amend the business corporation law, the limited liability company law, the partnership law, the social services law, and the administrative code of the city of New York, in relation to making conforming changes; to repeal article 131-A of the education law and certain provisions of such law and the public health law relating thereto (Subpart D); and to amend the education law and the public health law, in relation to the performance of medical services by physician assistants (Subpart E) (Part N); to amend 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 hospital and nursing home fee-for-service reimbursement rates (Part O); establishing a state fiscal year 2026-2027 targeted inflationary increase to be applied to certain portions of reimbursable costs or contract amounts for certain programs and services (Part P); to amend the mental hygiene law, the social services law and the public health law, in relation to integrated behavioral health services (Part Q); to amend the insurance law and the public health law, in relation to substance-related and addictive disorder services (Part R); and to repeal subdivision 10 of section 553 of the executive law, relating to the requirement that the justice center administer an adult home and residence for adults resident advocacy program (Part S)

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 2026-2027 state fiscal year. Each component is wholly contained
4 within a Part identified as Parts A through S. 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-

1 ence to a section "of this act", when used in connection with that
2 particular component, shall be deemed to mean and refer to the corre-
3 sponding section of the Part in which it is found. Section three of this
4 act sets forth the general effective date of this act.

5 PART A

6 Section 1. Paragraph (a) of subdivision 1 of section 92 of part H of
7 chapter 59 of the laws of 2011, amending the public health law and other
8 laws relating to general hospital reimbursement for annual rates, as
9 amended by section 1 of part A of chapter 57 of the laws of 2025, is
10 amended to read as follows:

11 (a) For state fiscal years 2011-12 through [~~2026-27~~] ~~2027-28~~, the
12 director of the budget, in consultation with the commissioner of health
13 referenced as "commissioner" for purposes of this section, shall assess
14 on a quarterly basis, as reflected in quarterly reports pursuant to
15 subdivision five of this section known and projected department of
16 health state funds medicaid expenditures by category of service and by
17 geographic regions, as defined by the commissioner.

18 § 2. This act shall take effect immediately and shall be deemed to
19 have been in full force and effect on and after April 1, 2026.

20 PART B

21 Section 1. Subdivision (c) of section 62 of chapter 165 of the laws of
22 1991, amending the public health law and other laws relating to estab-
23 lishing payments for medical assistance, as amended by section 9 of part
24 GG of chapter 56 of the laws of 2020, is amended to read as follows:

25 (c) section 364-j of the social services law, as amended by section
26 eight of this act and subdivision 6 of section 367-a of the social
27 services law as added by section twelve of this act shall expire and be
28 deemed repealed on March 31, [~~2026~~] ~~2032~~ and provided further, that the
29 amendments to the provisions of section 364-j of the social services law
30 made by section eight of this act shall only apply to managed care
31 programs approved on or after the effective date of this act;

32 § 2. Section 11 of chapter 710 of the laws of 1988, amending the
33 social services law and the education law relating to medical assistance
34 eligibility of certain persons and providing for managed medical care
35 demonstration programs, as amended by section 10 of part GG of chapter
36 56 of the laws of 2020, is amended to read as follows:

37 § 11. This act shall take effect immediately; except that the
38 provisions of sections one, two, three, four, eight and ten of this act
39 shall take effect on the ninetieth day after it shall have become a law;
40 and except that the provisions of sections five, six and seven of this
41 act shall take effect January 1, 1989; and except that effective imme-
42 diately, the addition, amendment and/or repeal of any rule or regulation
43 necessary for the implementation of this act on its effective date are
44 authorized and directed to be made and completed on or before such
45 effective date; provided, however, that the provisions of section 364-j
46 of the social services law, as added by section one of this act shall
47 expire and be deemed repealed on and after March 31, [~~2026~~] ~~2032~~, the
48 provisions of section 364-k of the social services law, as added by
49 section two of this act, except subdivision 10 of such section, shall
50 expire and be deemed repealed on and after January 1, 1994, and the
51 provisions of subdivision 10 of section 364-k of the social services

1 law, as added by section two of this act, shall expire and be deemed
2 repealed on January 1, 1995.

3 § 3. Section 18 of chapter 904 of the laws of 1984, amending the
4 public health law and the social services law relating to encouraging
5 comprehensive health services, as amended by section 16 of part B of
6 chapter 57 of the laws of 2023, is amended to read as follows:

7 § 18. This act shall take effect immediately, except that sections
8 six, nine, ten and eleven of this act shall take effect on the sixtieth
9 day after it shall have become a law, sections two, three, four and nine
10 of this act shall expire and be of no further force or effect on or
11 after March 31, ~~2026~~ 2029, section two of this act shall take effect
12 on April 1, 1985 or seventy-five days following the submission of the
13 report required by section one of this act, whichever is later, and
14 sections eleven and thirteen of this act shall expire and be of no
15 further force or effect on or after March 31, 1988.

16 § 4. Section 4 of part X2 of chapter 62 of the laws of 2003, amending
17 the public health law relating to allowing for the use of funds of the
18 office of professional medical conduct for activities of the patient
19 health information and quality improvement act of 2000, as amended by
20 section 17 of part B of chapter 57 of the laws of 2023, is amended to
21 read as follows:

22 § 4. This act shall take effect immediately~~;~~ ~~provided that the~~
23 ~~provisions of section one of this act shall be deemed to have been in~~
24 ~~full force and effect on and after April 1, 2003, and shall expire March~~
25 ~~31, 2026 when upon such date the provisions of such section shall be~~
26 ~~deemed repealed~~].

27 § 5. Subdivision (o) of section 111 of part H of chapter 59 of the
28 laws of 2011, amending the public health law relating to the statewide
29 health information network of New York and the statewide planning and
30 research cooperative system and general powers and duties, as amended by
31 section 18 of part B of chapter 57 of the laws of 2023, is amended to
32 read as follows:

33 (o) sections thirty-eight and thirty-eight-a of this act shall expire
34 and be deemed repealed March 31, ~~2026~~ 2029;

35 § 6. Section 32 of part A of chapter 58 of the laws of 2008, amending
36 the elder law and other laws relating to reimbursement to participating
37 provider pharmacies and prescription drug coverage, as amended by
38 section 19 of part B of chapter 57 of the laws of 2023, is amended to
39 read as follows:

40 § 32. This act shall take effect immediately and shall be deemed to
41 have been in full force and effect on and after April 1, 2008; provided
42 however, that sections one, six-a, nineteen, twenty, twenty-four, and
43 twenty-five of this act shall take effect July 1, 2008; provided however
44 that sections sixteen, seventeen and eighteen of this act shall expire
45 April 1, ~~2026~~ 2029; provided, however, that the amendments made by
46 section twenty-eight of this act shall take effect on the same date as
47 section 1 of chapter 281 of the laws of 2007 takes effect; provided
48 further, that sections twenty-nine, thirty, and thirty-one of this act
49 shall take effect October 1, 2008; provided further, that section twen-
50 ty-seven of this act shall take effect January 1, 2009; and provided
51 further, that section twenty-seven of this act shall expire and be
52 deemed repealed March 31, ~~2026~~ 2029; and provided, further, however,
53 that the amendments to subdivision 1 of section 241 of the education law
54 made by section twenty-nine of this act shall not affect the expiration
55 of such subdivision and shall be deemed to expire therewith and provided
56 that the amendments to section 272 of the public health law made by

1 section thirty of this act shall not affect the repeal of such section
2 and shall be deemed repealed therewith.

3 § 7. Paragraph (f) of subdivision 1 of section 64 of chapter 81 of the
4 laws of 1995, amending the public health law and other laws relating to
5 medical reimbursement and welfare reform, as amended by section 21 of
6 part B of chapter 57 of the laws of 2023, is amended to read as follows:

7 (f) Prior to February 1, 2001, February 1, 2002, February 1, 2003,
8 February 1, 2004, February 1, 2005, February 1, 2006, February 1, 2007,
9 February 1, 2008, February 1, 2009, February 1, 2010, February 1, 2011,
10 February 1, 2012, February 1, 2013, February 1, 2014, February 1, 2015,
11 February 1, 2016, February 1, 2017, February 1, 2018, February 1, 2019,
12 February 1, 2020, February 1, 2021, February 1, 2022, February 1, 2023,
13 February 1, 2024, February 1, 2025 [and], February 1, 2026, and for each
14 year thereafter, prior to February 1, the commissioner of health shall
15 calculate the result of the statewide total of residential health care
16 facility days of care provided to beneficiaries of title XVIII of the
17 federal social security act (medicare), divided by the sum of such days
18 of care plus days of care provided to residents eligible for payments
19 pursuant to title 11 of article 5 of the social services law minus the
20 number of days provided to residents receiving hospice care, expressed
21 as a percentage, for the period commencing January 1, through November
22 30, of the prior year respectively, based on such data for such period.
23 This value shall be called the 2000, 2001, 2002, 2003, 2004, 2005, 2006,
24 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018,
25 2019, 2020, 2021, 2022, 2023, 2024, 2025 [and], 2026, and for each year
26 thereafter, the corresponding year's statewide target percentage respec-
27 tively.

28 § 8. Subparagraph (ii) of paragraph (b) of subdivision 3 of section 64
29 of chapter 81 of the laws of 1995, amending the public health law and
30 other laws relating to medical reimbursement and welfare reform, as
31 amended by section 22 of part B of chapter 57 of the laws of 2023, is
32 amended to read as follows:

33 (ii) If the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
34 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018,
35 2019, 2020, 2021, 2022, 2023, 2024, 2025 [and], 2026, and corresponding
36 year statewide target percentages for each year thereafter are not for
37 each year at least three percentage points higher than the statewide
38 base percentage, the commissioner of health shall determine the percent-
39 age by which the statewide target percentage for each year is not at
40 least three percentage points higher than the statewide base percentage.
41 The percentage calculated pursuant to this paragraph shall be called the
42 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009,
43 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021,
44 2022, 2023, 2024, 2025 [and], 2026, and for each year thereafter, the
45 statewide reduction percentage for the corresponding year, respectively.
46 If the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008,
47 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020,
48 2021, 2022, 2023, 2024, 2025 [and], 2026, and for each year thereafter
49 statewide target percentage for the respective year is at least three
50 percentage points higher than the statewide base percentage, the state-
51 wide reduction percentage for the respective year shall be zero.

52 § 9. Subparagraph (iii) of paragraph (b) of subdivision 4 of section
53 64 of chapter 81 of the laws of 1995, amending the public health law and
54 other laws relating to medical reimbursement and welfare reform, as
55 amended by section 23 of part B of chapter 57 of the laws of 2023, is
56 amended to read as follows:

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

§ 10. The opening paragraph of paragraph (e) of subdivision 7 of section 367-a of the social services law, as amended by section 5 of part I of chapter 57 of the laws of 2024, is amended to read as follows:

During the period from April first, two thousand fifteen through March thirty-first, two thousand [~~twenty-six~~] twenty-nine, the commissioner may, in lieu of a managed care provider or pharmacy benefit manager, negotiate directly and enter into an arrangement with a pharmaceutical manufacturer for the provision of supplemental rebates relating to pharmaceutical utilization by enrollees of managed care providers pursuant to section three hundred sixty-four-j of this title and may also negotiate directly and enter into such an agreement relating to pharmaceutical utilization by medical assistance recipients not so enrolled. Such rebate arrangements shall be limited to the following: antiretrovirals approved by the FDA for the treatment of HIV/AIDS, accelerated approval drugs established pursuant to this paragraph, opioid dependence agents and opioid antagonists listed in a statewide formulary established pursuant to subparagraph (vii) of this paragraph, hepatitis C agents, high cost drugs as provided for in subparagraph (viii) of this paragraph, gene therapies as provided for in subparagraph (ix) of this paragraph, and any other class or drug designated by the commissioner for which the pharmaceutical manufacturer has in effect a rebate arrangement with the federal secretary of health and human services pursuant to 42 U.S.C. § 1396r-8, and for which the state has established standard clinical criteria. No agreement entered into pursuant to this paragraph shall have an initial term or be extended beyond the expiration or repeal of this paragraph. For purposes of this paragraph, an "accelerated approval" is a drug or labeled indication of a drug authorized by the Federal Food, Drug and Cosmetic Act for drugs approved under Subpart H of 21 CFR Part 314 and Subpart E of 21 CFR Part 601 for serious conditions that fill an unmet medical need based on whether the drug has an effect on a surrogate clinical endpoint, and is pending verification of clinical benefit in confirmatory trials.

§ 11. Subdivision 1 of section 60 of part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates, as amended by section 25 of part B of chapter 57 of the laws of 2023, is amended to read as follows:

1. section one of this act shall expire and be deemed repealed March 31, [~~2029~~] 2032;

§ 12. Section 8 of part KK of chapter 56 of the laws of 2020, amending the public health law relating to the designation of statewide general

1 hospital quality and sole community pools and the reduction of capital
2 related inpatient expenses, as amended by section 26 of part B of chap-
3 ter 57 of the laws of 2023, is amended to read as follows:

4 § 8. This act shall take effect immediately and shall be deemed to
5 have been in full force and effect on and after April 1, 2020, provided,
6 further that sections four through seven of this act shall expire and be
7 deemed repealed March 31, ~~2026~~ 2029; provided further, however, that
8 the director of the budget may, in consultation with the commissioner of
9 health, delay the effective dates prescribed herein for a period of time
10 which shall not exceed ninety days following the conclusion or termi-
11 nation of an executive order issued pursuant to section 28 of the execu-
12 tive law declaring a state disaster emergency for the entire state of
13 New York, upon such delay the director of budget shall notify the chairs
14 of the assembly ways and means committee and senate finance committee
15 and the chairs of the assembly and senate health committee; provided
16 further, however, that the director of the budget shall notify the
17 legislative bill drafting commission upon the occurrence of a delay in
18 the effective date of this act in order that the commission may maintain
19 an accurate and timely effective data base of the official text of the
20 laws of the state of New York in furtherance of effectuating the
21 provisions of section 44 of the legislative law and section 70-b of the
22 public officers law.

23 § 13. Section 4 of chapter 779 of the laws of 1986, amending the
24 social services law relating to authorizing services for non-residents
25 in adult homes, residences for adults and enriched housing programs, as
26 amended by section 28 of part B of chapter 57 of the laws of 2023, is
27 amended to read as follows:

28 § 4. This act shall take effect on the one hundred twentieth day after
29 it shall have become a law and shall remain in full force and effect
30 until July 1, ~~2026~~ 2029, provided however, that effective immediately,
31 the addition, amendment and/or repeal of any rules or regulations neces-
32 sary for the implementation of the foregoing sections of this act on its
33 effective date are authorized and directed to be made and completed on
34 or before such effective date.

35 § 14. Section 9 of part R of chapter 59 of the laws of 2016, amending
36 the public health law and the education law relating to electronic
37 prescriptions, as amended by section 35-b of part B of chapter 57 of the
38 laws of 2023, is amended to read as follows:

39 § 9. This act shall take effect immediately; provided however, that
40 sections one and two of this act shall take effect on the first of June
41 next succeeding the date on which it shall have become a law and shall
42 expire and be deemed repealed June 1, ~~2026~~ 2029.

43 § 15. Subdivision 5-d of section 2807-k of the public health law, as
44 amended by section 1 of part E of chapter 57 of the laws of 2023, clause
45 (A) of subparagraph (ii) of paragraph (b) as amended by section 2 of
46 part D of chapter 57 of the laws of 2025, is amended to read as follows:

47 5-d. (a) Notwithstanding any inconsistent provision of this section,
48 section twenty-eight hundred seven-w of this article or any other
49 contrary provision of law, and subject to the availability of federal
50 financial participation, for periods on and after January first, two
51 thousand twenty, through ~~March~~ December thirty-first, two thousand
52 ~~twenty-six~~ twenty-nine, all funds available for distribution pursuant
53 to this section, except for funds distributed pursuant to paragraph (b)
54 of subdivision five-b of this section, and all funds available for
55 distribution pursuant to section twenty-eight hundred seven-w of this

1 article, shall be reserved and set aside and distributed in accordance
2 with the provisions of this subdivision.

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

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

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

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

23 (2) for the calendar years two thousand twenty-five and thereafter,
24 the total distributions to major public general hospitals shall be
25 subject to an aggregate reduction of one hundred thirteen million four
26 hundred thousand dollars annually, provided that general hospitals oper-
27 ated by the New York city health and hospitals corporation as estab-
28 lished by chapter one thousand sixteen of the laws of nineteen hundred
29 sixty-nine, as amended, shall not receive distributions pursuant to this
30 subdivision; and

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

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

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

51 Such reductions shall be determined by a methodology to be established
52 by the commissioner. Such methodologies may take into account the payor
53 mix of each non-public general hospital, including the percentage of
54 inpatient days paid by Medicaid.

55 (iii) For calendar years two thousand twenty through two thousand
56 [~~twenty-five~~] twenty-nine, sixty-four million six hundred thousand

dollars shall be distributed to eligible general hospitals, other than major public general hospitals, that experience a reduction in indigent care pool payments pursuant to this subdivision, and that qualify as enhanced safety net hospitals under section two thousand eight hundred seven-c of this article as of April first, two thousand twenty. Such distribution shall be established pursuant to regulations promulgated by the commissioner and shall be proportional to the reduction experienced by the facility.

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

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

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

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

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

§ 16. Section 7 of part H of chapter 57 of the laws of 2019, amending the public health law relating to waiver of certain regulations, as amended by section 10 of part B of chapter 57 of the laws of 2024, is amended to read as follows:

§ 7. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2019, provided, however, that section two of this act shall expire on April 1, ~~2026~~ 2028.

§ 17. Section 8 of part C of chapter 57 of the laws of 2022, amending the public health law and the education law relating to allowing pharmacists to direct limited service laboratories and order and administer COVID-19 and influenza tests and modernizing nurse practitioners, as amended by section 1 of part P of chapter 57 of the laws of 2024, is amended to read as follows:

§ 8. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2022[~~;~~ provided, however, that sections one, two, three, four, six and seven of this act shall expire and be deemed repealed July 1, 2026].

§ 18. Section 5 of chapter 21 of the laws of 2011, amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, as amended by section 2 of part P of chapter 57 of the laws of 2024, is amended to read as follows:

§ 5. This act shall take effect on the one hundred twentieth day after it shall have become a law[~~;~~ provided, however, that the provisions of sections two, three, and four of this act shall expire and be deemed repealed July 1, 2026]; provided, however, that the amendments to subdivision 1 of section 6801 of the education law made by section one of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 8 of chapter 563 of the laws of 2008, when

1 upon such date the provisions of section one-a of this act shall take
2 effect; provided, further, that effective immediately, the addition,
3 amendment and/or repeal of any rule or regulation necessary for the
4 implementation of this act on its effective date are authorized and
5 directed to be made and completed on or before such effective date.

6 § 19. Section 4 of chapter 520 of the laws of 2024, amending the
7 education law and the public health law relating to amending physician
8 assistant practice standards, is amended to read as follows:

9 § 4. This act shall take effect three months after it shall have
10 become a law[~~; provided, however, that paragraph (1) of subdivision 7 of~~
11 ~~section 6542 of the education law, as added by section one of this act,~~
12 ~~shall expire and be deemed repealed July 1, 2026~~]. Effective immediate-
13 ly, the state education department and the department of health are
14 authorized to promulgate, amend and/or repeal any rule or regulation
15 necessary for the implementation of section one of this act on or before
16 such effective date.

17 § 20. Section 7 of part V of chapter 57 of the laws of 2022, amending
18 the public health law and the insurance law relating to reimbursement
19 for commercial and Medicaid services provided via telehealth, as amended
20 by section 5 of part B of chapter 57 of the laws of 2024, is amended to
21 read as follows:

22 § 7. This act shall take effect immediately and shall be deemed to
23 have been in full force and effect on and after April 1, 2022; provided,
24 however, this act shall expire and be deemed repealed on and after April
25 1, ~~[2026]~~ 2028.

26 § 21. Section 2 of part II of chapter 54 of the laws of 2016 amending
27 part C of chapter 58 of the laws of 2005 relating to authorizing
28 reimbursements for expenditures made by or on behalf of social services
29 districts for medical assistance for needy persons and administration
30 thereof, as amended by section 8 of part B of chapter 57 of the laws of
31 2024, is amended to read as follows:

32 § 2. This act shall take effect immediately and shall expire and be
33 deemed repealed March 31, ~~[2026]~~ 2028.

34 § 22. Section 8 of part C of chapter 57 of the laws of 2018, amending
35 the social services law and the public health law relating to health
36 homes and penalties for managed care providers, as amended by section 2
37 of part QQ of chapter 57 of the laws of 2022, is amended to read as
38 follows:

39 § 8. Notwithstanding any inconsistent provision of sections 112 and
40 163 of the state finance law, or sections 142 and 143 of the economic
41 development law, or any other contrary provision of law, excepting the
42 13 responsible vendor requirements of the state finance law, including,
43 but not limited to, sections 163 and 139-k of the state finance law, the
44 commissioner of health is authorized to amend or otherwise extend the
45 terms of a contract awarded prior to the effective date and entered into
46 pursuant to subdivision 24 of section 206 of the public health law, as
47 added by section 39 of part C of chapter 58 of the laws of 2008, without
48 a competitive bid or request for proposal process, upon determination
49 that the existing contractor is qualified to continue to provide such
50 services, and provided that efficiency savings are achieved during the
51 period of extension; and provided, further, that the department of
52 health shall submit a request for applications for such contract during
53 the time period specified in this section and may terminate the contract
54 identified herein prior to expiration of the extension authorized by
55 this section. Contracts entered into, amended, or extended pursuant to
56 this section shall not remain in force beyond August 19, ~~[2026]~~ 2027.

1 funds allocated pursuant to paragraph (j) of subdivision 1 of section
2 2807-v of the public health law for the purpose of payment for adminis-
3 trative costs of the department of health related to administration of
4 the state's tobacco control programs and cancer services provided pursu-
5 ant to sections 2807-r and 1399-ii of the public health law into such
6 accounts established within the department of health for such purposes.

7 (6) Notwithstanding any inconsistent provision of law, rule or regu-
8 lation and effective April 1, 2008 through March 31, ~~2026~~ 2029, the
9 commissioner of health is authorized to transfer and the comptroller is
10 authorized to deposit, within amounts appropriated each year, the funds
11 authorized for distribution in accordance with the provisions of section
12 2807-l of the public health law for the purposes of payment for adminis-
13 trative costs of the department of health related to the programs funded
14 pursuant to section 2807-l of the public health law into the special
15 revenue funds - other, health care reform act (HCRA) resources fund -
16 061, pilot health insurance account, established within the department
17 of health.

18 (7) Notwithstanding any inconsistent provision of law, rule or regu-
19 lation and effective April 1, 2008 through March 31, ~~2026~~ 2029, the
20 commissioner of health is authorized to transfer and the comptroller is
21 authorized to deposit, within amounts appropriated each year, those
22 funds authorized for distribution in accordance with the provisions of
23 subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c
24 of the public health law from monies accumulated and interest earned in
25 the bad debt and charity care and capital statewide pools through an
26 assessment charged to general hospitals pursuant to the provisions of
27 subdivision 18 of section 2807-c of the public health law and those
28 funds authorized for distribution in accordance with the provisions of
29 section 2807-l of the public health law for the purposes of payment for
30 administrative costs of the department of health related to programs
31 funded under section 2807-l of the public health law into the special
32 revenue funds - other, health care reform act (HCRA) resources fund -
33 061, primary care initiatives account, established within the department
34 of health.

35 (8) Notwithstanding any inconsistent provision of law, rule or regu-
36 lation and effective April 1, 2008 through March 31, ~~2026~~ 2029, the
37 commissioner of health is authorized to transfer and the comptroller is
38 authorized to deposit, within amounts appropriated each year, those
39 funds authorized for distribution in accordance with section 2807-l of
40 the public health law for the purposes of payment for administrative
41 costs of the department of health related to programs funded under
42 section 2807-l of the public health law into the special revenue funds -
43 other, health care reform act (HCRA) resources fund - 061, health care
44 delivery administration account, established within the department of
45 health.

46 (9) Notwithstanding any inconsistent provision of law, rule or regu-
47 lation and effective April 1, 2008 through March 31, ~~2026~~ 2029, the
48 commissioner of health is authorized to transfer and the comptroller is
49 authorized to deposit, within amounts appropriated each year, those
50 funds authorized pursuant to sections 2807-d, 3614-a and 3614-b of the
51 public health law and section 367-i of the social services law and for
52 distribution in accordance with the provisions of subdivision 9 of
53 section 2807-j of the public health law for the purpose of payment for
54 administration of statutory duties for the collections and distributions
55 authorized by sections 2807-c, 2807-d, 2807-j, 2807-k, 2807-l, 3614-a
56 and 3614-b of the public health law and section 367-i of the social

1 services law into the special revenue funds - other, health care reform
2 act (HCRA) resources fund - 061, provider collection monitoring account,
3 established within the department of health.

4 § 2. Subparagraphs (iv) and (v) of paragraph (a) of subdivision 9 of
5 section 2807-j of the public health law, as amended by section 2 of part
6 C of chapter 57 of the laws of 2023, are amended to read as follows:

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

10 (v) one hundred ninety-one million two hundred fifty thousand dollars
11 of the funds accumulated for the period January first, two thousand
12 [~~twenty-six~~] twenty-nine through March thirty-first, two thousand [~~twen-~~
13 ~~ty-six~~] twenty-nine.

14 § 3. Subdivision 5 of section 168 of chapter 639 of the laws of 1996,
15 constituting the New York Health Care Reform Act of 1996, as amended by
16 section 3 of part C of chapter 57 of the laws of 2023, is amended to
17 read as follows:

18 5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health
19 law, as amended or as added by this act, shall expire on December 31,
20 [~~2026~~] 2029, and shall be thereafter effective only in respect to any
21 act done on or before such date or action or proceeding arising out of
22 such act including continued collections of funds from assessments and
23 allowances and surcharges established pursuant to sections 2807-c,
24 2807-j, 2807-s and 2807-t of the public health law, and administration
25 and distributions of funds from pools established pursuant to sections
26 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s and 2807-t of the public
27 health law related to patient services provided before December 31,
28 [~~2026~~] 2029, and continued expenditure of funds authorized for programs
29 and grants until the exhaustion of funds therefor;

30 § 4. Subdivision 1 of section 138 of chapter 1 of the laws of 1999,
31 constituting the New York Health Care Reform Act of 2000, as amended by
32 section 4 of part C of chapter 57 of the laws of 2023, is amended to
33 read as follows:

34 1. sections 2807-c, 2807-j, 2807-s, and 2807-t of the public health
35 law, as amended by this act, shall expire on December 31, [~~2026~~] 2029,
36 and shall be thereafter effective only in respect to any act done before
37 such date or action or proceeding arising out of such act including
38 continued collections of funds from assessments and allowances and
39 surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and
40 2807-t of the public health law, and administration and distributions of
41 funds from pools established pursuant to sections 2807-c, 2807-j,
42 2807-k, 2807-l, 2807-m, 2807-s, 2807-t, 2807-v and 2807-w of the public
43 health law, as amended or added by this act, related to patient services
44 provided before December 31, [~~2026~~] 2029, and continued expenditure of
45 funds authorized for programs and grants until the exhaustion of funds
46 therefor;

47 § 5. Section 2807-l of the public health law, as amended by section 5
48 of part C of chapter 57 of the laws of 2023, is amended to read as
49 follows:

50 § 2807-l. Health care initiatives pool distributions. 1. Funds accumu-
51 lated in the health care initiatives pools pursuant to paragraph (b) of
52 subdivision nine of section twenty-eight hundred seven-j of this arti-
53 cle, or the health care reform act (HCRA) resources fund established
54 pursuant to section ninety-two-dd of the state finance law, whichever is
55 applicable, including income from invested funds, shall be distributed

1 or retained by the commissioner or by the state comptroller, as applica-
2 ble, in accordance with the following.

3 (a) Funds shall be reserved and accumulated from year to year and
4 shall be available, including income from invested funds, for purposes
5 of distributions to programs to provide health care coverage for unin-
6 sured or underinsured children pursuant to sections twenty-five hundred
7 ten and twenty-five hundred eleven of this chapter from the respective
8 health care initiatives pools established for the following periods in
9 the following amounts:

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

13 (ii) from the pool for the period January first, nineteen hundred
14 ninety-eight through December thirty-first, nineteen hundred ninety-
15 eight, up to one hundred sixty-four million five hundred thousand
16 dollars;

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

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

22 (v) from the pool for the period January first, two thousand one
23 through December thirty-first, two thousand one, two hundred thirty-five
24 million dollars;

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

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

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

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

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

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

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

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

54 (xiv) from the health care reform act (HCRA) resources fund for the
55 period April first, two thousand eleven, through March thirty-first, two

1 thousand twelve, up to three hundred twenty-four million seven hundred
2 forty-four thousand dollars;

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

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

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

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

22 (i) (A) an amount not to exceed six million dollars on an annualized
23 basis for the periods January first, nineteen hundred ninety-seven
24 through December thirty-first, nineteen hundred ninety-nine; up to six
25 million dollars for the period January first, two thousand through
26 December thirty-first, two thousand; up to five million dollars for the
27 period January first, two thousand one through December thirty-first,
28 two thousand one; up to four million dollars for the period January
29 first, two thousand two through December thirty-first, two thousand two;
30 up to two million six hundred thousand dollars for the period January
31 first, two thousand three through December thirty-first, two thousand
32 three; up to one million three hundred thousand dollars for the period
33 January first, two thousand four through December thirty-first, two
34 thousand four; up to six hundred seventy thousand dollars for the period
35 January first, two thousand five through June thirtieth, two thousand
36 five; up to one million three hundred thousand dollars for the period
37 April first, two thousand six through March thirty-first, two thousand
38 seven; and up to one million three hundred thousand dollars annually for
39 the period April first, two thousand seven through March thirty-first,
40 two thousand nine, shall be allocated to individual subsidy programs;
41 and

42 (B) an amount not to exceed seven million dollars on an annualized
43 basis for the periods during the period January first, nineteen hundred
44 ninety-seven through December thirty-first, nineteen hundred ninety-nine
45 and four million dollars annually for the periods January first, two
46 thousand through December thirty-first, two thousand two, and three
47 million dollars for the period January first, two thousand three through
48 December thirty-first, two thousand three, and two million dollars for
49 the period January first, two thousand four through December thirty-
50 first, two thousand four, and two million dollars for the period January
51 first, two thousand five through June thirtieth, two thousand five shall
52 be allocated to the catastrophic health care expense program.

53 (ii) Notwithstanding any law to the contrary, the characterizations of
54 the New York state small business health insurance partnership program
55 as in effect prior to June thirtieth, two thousand three, voucher
56 program as in effect prior to December thirty-first, two thousand one,

1 individual subsidy program as in effect prior to June thirtieth, two
2 thousand five, and catastrophic health care expense program, as in
3 effect prior to June thirtieth, two thousand five, may, for the purposes
4 of identifying matching funds for the community health care conversion
5 demonstration project described in a waiver of the provisions of title
6 XIX of the federal social security act granted to the state of New York
7 and dated July fifteenth, nineteen hundred ninety-seven, may continue to
8 be used to characterize the insurance programs in sections four thousand
9 three hundred twenty-one-a, four thousand three hundred twenty-two-a,
10 four thousand three hundred twenty-six and four thousand three hundred
11 twenty-seven of the insurance law, which are successor programs to these
12 programs.

13 (c) Up to seventy-eight million dollars shall be reserved and accumu-
14 lated from year to year from the pool for the period January first,
15 nineteen hundred ninety-seven through December thirty-first, nineteen
16 hundred ninety-seven, for purposes of public health programs, up to
17 seventy-six million dollars shall be reserved and accumulated from year
18 to year from the pools for the periods January first, nineteen hundred
19 ninety-eight through December thirty-first, nineteen hundred ninety-
20 eight and January first, nineteen hundred ninety-nine through December
21 thirty-first, nineteen hundred ninety-nine, up to eighty-four million
22 dollars shall be reserved and accumulated from year to year from the
23 pools for the period January first, two thousand through December thir-
24 ty-first, two thousand, up to eighty-five million dollars shall be
25 reserved and accumulated from year to year from the pools for the period
26 January first, two thousand one through December thirty-first, two thou-
27 sand one, up to eighty-six million dollars shall be reserved and accumu-
28 lated from year to year from the pools for the period January first, two
29 thousand two through December thirty-first, two thousand two, up to
30 eighty-six million one hundred fifty thousand dollars shall be reserved
31 and accumulated from year to year from the pools for the period January
32 first, two thousand three through December thirty-first, two thousand
33 three, up to fifty-eight million seven hundred eighty thousand dollars
34 shall be reserved and accumulated from year to year from the pools for
35 the period January first, two thousand four through December thirty-
36 first, two thousand four, up to sixty-eight million seven hundred thirty
37 thousand dollars shall be reserved and accumulated from year to year
38 from the pools or the health care reform act (HCRA) resources fund,
39 whichever is applicable, for the period January first, two thousand five
40 through December thirty-first, two thousand five, up to ninety-four
41 million three hundred fifty thousand dollars shall be reserved and accu-
42 mulated from year to year from the health care reform act (HCRA)
43 resources fund for the period January first, two thousand six through
44 December thirty-first, two thousand six, up to seventy million nine
45 hundred thirty-nine thousand dollars shall be reserved and accumulated
46 from year to year from the health care reform act (HCRA) resources fund
47 for the period January first, two thousand seven through December thir-
48 ty-first, two thousand seven, up to fifty-five million six hundred
49 eighty-nine thousand dollars annually shall be reserved and accumulated
50 from year to year from the health care reform act (HCRA) resources fund
51 for the period January first, two thousand eight through December thir-
52 ty-first, two thousand ten, up to thirteen million nine hundred twenty-
53 two thousand dollars shall be reserved and accumulated from year to year
54 from the health care reform act (HCRA) resources fund for the period
55 January first, two thousand eleven through March thirty-first, two thou-
56 sand eleven, and for periods on and after April first, two thousand

eleven, up to funding amounts specified below and shall be available, including income from invested funds, for:

(i) deposit by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to, to the credit of the department of health's special revenue fund - other, hospital based grants program account or the health care reform act (HCRA) resources fund, whichever is applicable, for purposes of services and expenses related to general hospital based grant programs, up to twenty-two million dollars annually from the nineteen hundred ninety-seven pool, nineteen hundred ninety-eight pool, nineteen hundred ninety-nine pool, two thousand pool, two thousand one pool and two thousand two pool, respectively, up to twenty-two million dollars from the two thousand three pool, up to ten million dollars for the period January first, two thousand four through December thirty-first, two thousand four, up to eleven million dollars for the period January first, two thousand five through December thirty-first, two thousand five, up to twenty-two million dollars for the period January first, two thousand six through December thirty-first, two thousand six, up to twenty-two million ninety-seven thousand dollars annually for the period January first, two thousand seven through December thirty-first, two thousand ten, up to five million five hundred twenty-four thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to thirteen million four hundred forty-five thousand dollars for the period April first, two thousand eleven through March thirty-first, two thousand twelve, and up to thirteen million three hundred seventy-five thousand dollars each state fiscal year for the period April first, two thousand twelve through March thirty-first, two thousand fourteen;

(ii) deposit by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to, to the credit of the emergency medical services training account established in section ninety-seven-q of the state finance law or the health care reform act (HCRA) resources fund, whichever is applicable, up to sixteen million dollars on an annualized basis for the periods January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-nine, up to twenty million dollars for the period January first, two thousand through December thirty-first, two thousand, up to twenty-one million dollars for the period January first, two thousand one through December thirty-first, two thousand one, up to twenty-two million dollars for the period January first, two thousand two through December thirty-first, two thousand two, up to twenty-two million five hundred fifty thousand dollars for the period January first, two thousand three through December thirty-first, two thousand three, up to nine million six hundred eighty thousand dollars for the period January first, two thousand four through December thirty-first, two thousand four, up to twelve million one hundred thirty thousand dollars for the period January first, two thousand five through December thirty-first, two thousand five, up to twenty-four million two hundred fifty thousand dollars for the period January first, two thousand six through December thirty-first, two thousand six, up to twenty million four hundred ninety-two thousand dollars annually for the period January first, two thousand seven through December thirty-first, two thousand ten, up to five million one hundred twenty-three thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, up to eighteen million three hundred fifty thousand dollars for the period April first, two thousand eleven

1 through March thirty-first, two thousand twelve, up to eighteen million
2 nine hundred fifty thousand dollars for the period April first, two
3 thousand twelve through March thirty-first, two thousand thirteen, up to
4 nineteen million four hundred nineteen thousand dollars for the period
5 April first, two thousand thirteen through March thirty-first, two thou-
6 sand fourteen, and up to nineteen million six hundred fifty-nine thou-
7 sand seven hundred dollars each state fiscal year for the period of
8 April first, two thousand fourteen through March thirty-first, two thou-
9 sand [~~twenty-six~~] twenty-nine;

10 (iii) priority distributions by the commissioner up to thirty-two
11 million dollars on an annualized basis for the period January first, two
12 thousand through December thirty-first, two thousand four, up to thir-
13 ty-eight million dollars on an annualized basis for the period January
14 first, two thousand five through December thirty-first, two thousand
15 six, up to eighteen million two hundred fifty thousand dollars for the
16 period January first, two thousand seven through December thirty-first,
17 two thousand seven, up to three million dollars annually for the period
18 January first, two thousand eight through December thirty-first, two
19 thousand ten, up to seven hundred fifty thousand dollars for the period
20 January first, two thousand eleven through March thirty-first, two thou-
21 sand eleven, up to two million nine hundred thousand dollars each state
22 fiscal year for the period April first, two thousand eleven through
23 March thirty-first, two thousand fourteen, and up to two million nine
24 hundred thousand dollars each state fiscal year for the period April
25 first, two thousand fourteen through March thirty-first, two thousand
26 [~~twenty-six~~] twenty-nine to be allocated (A) for the purposes estab-
27 lished pursuant to subparagraph (ii) of paragraph (f) of subdivision
28 nineteen of section twenty-eight hundred seven-c of this article as in
29 effect on December thirty-first, nineteen hundred ninety-six and as may
30 thereafter be amended, up to fifteen million dollars annually for the
31 periods January first, two thousand through December thirty-first, two
32 thousand four, up to twenty-one million dollars annually for the period
33 January first, two thousand five through December thirty-first, two
34 thousand six, and up to seven million five hundred thousand dollars for
35 the period January first, two thousand seven through March thirty-first,
36 two thousand seven;

37 (B) pursuant to a memorandum of understanding entered into by the
38 commissioner, the majority leader of the senate and the speaker of the
39 assembly, for the purposes outlined in such memorandum upon the recom-
40 mendation of the majority leader of the senate, up to eight million
41 five hundred thousand dollars annually for the period January first, two
42 thousand through December thirty-first, two thousand six, and up to four
43 million two hundred fifty thousand dollars for the period January first,
44 two thousand seven through June thirtieth, two thousand seven, and for
45 the purposes outlined in such memorandum upon the recommendation of the
46 speaker of the assembly, up to eight million five hundred thousand
47 dollars annually for the periods January first, two thousand through
48 December thirty-first, two thousand six, and up to four million two
49 hundred fifty thousand dollars for the period January first, two thou-
50 sand seven through June thirtieth, two thousand seven; and

51 (C) for services and expenses, including grants, related to emergency
52 assistance distributions as designated by the commissioner. Notwith-
53 standing section one hundred twelve or one hundred sixty-three of the
54 state finance law or any other contrary provision of law, such distrib-
55 utions shall be limited to providers or programs where, as determined by
56 the commissioner, emergency assistance is vital to protect the life or

1 safety of patients, to ensure the retention of facility caregivers or
2 other staff, or in instances where health facility operations are jeop-
3 ardized, or where the public health is jeopardized or other emergency
4 situations exist, up to three million dollars annually for the period
5 April first, two thousand seven through March thirty-first, two thousand
6 eleven, up to two million nine hundred thousand dollars each state
7 fiscal year for the period April first, two thousand eleven through
8 March thirty-first, two thousand fourteen, up to two million nine
9 hundred thousand dollars each state fiscal year for the period April
10 first, two thousand fourteen through March thirty-first, two thousand
11 seventeen, up to two million nine hundred thousand dollars each state
12 fiscal year for the period April first, two thousand seventeen through
13 March thirty-first, two thousand twenty, up to two million nine hundred
14 thousand dollars each state fiscal year for the period April first, two
15 thousand twenty through March thirty-first, two thousand twenty-three,
16 [and] up to two million nine hundred thousand dollars each state fiscal
17 year for the period April first, two thousand twenty-three through March
18 thirty-first, two thousand twenty-six, and up to two million nine
19 hundred thousand dollars each state fiscal year for the period April
20 first, two thousand twenty-six through March thirty-first, two thousand
21 twenty-nine. Upon any distribution of such funds, the commissioner shall
22 immediately notify the chair and ranking minority member of the senate
23 finance committee, the assembly ways and means committee, the senate
24 committee on health, and the assembly committee on health;

25 (iv) distributions by the commissioner related to poison control
26 centers pursuant to subdivision seven of section twenty-five hundred-d
27 of this chapter, up to five million dollars for the period January
28 first, nineteen hundred ninety-seven through December thirty-first,
29 nineteen hundred ninety-seven, up to three million dollars on an annual-
30 ized basis for the periods during the period January first, nineteen
31 hundred ninety-eight through December thirty-first, nineteen hundred
32 ninety-nine, up to five million dollars annually for the periods January
33 first, two thousand through December thirty-first, two thousand two, up
34 to four million six hundred thousand dollars annually for the periods
35 January first, two thousand three through December thirty-first, two
36 thousand four, up to five million one hundred thousand dollars for the
37 period January first, two thousand five through December thirty-first,
38 two thousand six annually, up to five million one hundred thousand
39 dollars annually for the period January first, two thousand seven
40 through December thirty-first, two thousand nine, up to three million
41 six hundred thousand dollars for the period January first, two thousand
42 ten through December thirty-first, two thousand ten, up to seven hundred
43 seventy-five thousand dollars for the period January first, two thousand
44 eleven through March thirty-first, two thousand eleven, up to two
45 million five hundred thousand dollars each state fiscal year for the
46 period April first, two thousand eleven through March thirty-first, two
47 thousand fourteen, up to three million dollars each state fiscal year
48 for the period April first, two thousand fourteen through March thirty-
49 first, two thousand seventeen, up to three million dollars each state
50 fiscal year for the period April first, two thousand seventeen through
51 March thirty-first, two thousand twenty, up to three million dollars
52 each state fiscal year for the period April first, two thousand twenty
53 through March thirty-first, two thousand twenty-three, [and] up to three
54 million dollars each state fiscal year for the period April first, two
55 thousand twenty-three through March thirty-first, two thousand twenty-
56 six, and up to three million dollars each state fiscal year for the

1 period April first, two thousand twenty-six through March thirty-first,
2 two thousand twenty-nine; and

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

27 (d) (i) An amount of up to twenty million dollars annually for the
28 period January first, two thousand through December thirty-first, two
29 thousand six, up to ten million dollars for the period January first,
30 two thousand seven through June thirtieth, two thousand seven, up to
31 twenty million dollars annually for the period January first, two thou-
32 sand eight through December thirty-first, two thousand ten, up to five
33 million dollars for the period January first, two thousand eleven
34 through March thirty-first, two thousand eleven, up to nineteen million
35 six hundred thousand dollars each state fiscal year for the period April
36 first, two thousand eleven through March thirty-first, two thousand
37 fourteen, up to nineteen million six hundred thousand dollars each state
38 fiscal year for the period April first, two thousand fourteen through
39 March thirty-first, two thousand seventeen, up to nineteen million six
40 hundred thousand dollars each state fiscal year for the period of April
41 first, two thousand seventeen through March thirty-first, two thousand
42 twenty, up to nineteen million six hundred thousand dollars each state
43 fiscal year for the period of April first, two thousand twenty through
44 March thirty-first, two thousand twenty-three, [and] up to nineteen
45 million six hundred thousand dollars each state fiscal year for the
46 period of April first, two thousand twenty-three through March thirty-
47 first, two thousand twenty-six, and up to nineteen million six hundred
48 thousand dollars each state fiscal year for the period of April first,
49 two thousand twenty-six through March thirty-first, two thousand twen-
50 ty-nine, shall be transferred to the health facility restructuring pool
51 established pursuant to section twenty-eight hundred fifteen of this
52 article;

53 (ii) provided, however, amounts transferred pursuant to subparagraph
54 (i) of this paragraph may be reduced in an amount to be approved by the
55 director of the budget to reflect the amount received from the federal

1 government under the state's 1115 waiver which is directed under its
2 terms and conditions to the health facility restructuring program.

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

4 (i) from the pool for the period January first, nineteen hundred nine-
5 ty-seven through December thirty-first, nineteen hundred ninety-seven,
6 (A) thirty-four million six hundred thousand dollars shall be trans-
7 ferred to funds reserved and accumulated pursuant to paragraph (b) of
8 subdivision nineteen of section twenty-eight hundred seven-c of this
9 article, and (B) eighty-two million dollars shall be transferred and
10 deposited and credited to the credit of the state general fund medical
11 assistance local assistance account;

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

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

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

37 (v) from the health care reform act (HCRA) resources fund for the
38 period January first, two thousand nine through December thirty-first,
39 two thousand nine, one hundred eight million nine hundred seventy-five
40 thousand dollars, and for the period January first, two thousand ten
41 through December thirty-first, two thousand ten, one hundred twenty-six
42 million one hundred thousand dollars, for the period January first, two
43 thousand eleven through March thirty-first, two thousand eleven, twenty
44 million five hundred thousand dollars, and for each state fiscal year
45 for the period April first, two thousand eleven through March thirty-
46 first, two thousand fourteen, one hundred forty-six million four hundred
47 thousand dollars, shall be deposited by the commissioner, and the state
48 comptroller is hereby authorized and directed to receive for deposit, to
49 the credit of the state special revenue fund - other, HCRA transfer
50 fund, medical assistance account.

51 (g) Funds shall be transferred to primary health care services pools
52 created by the commissioner, and shall be available, including income
53 from invested funds, for distributions in accordance with former section
54 twenty-eight hundred seven-bb of this article from the respective health
55 care initiatives pools for the following periods in the following

1 percentage amounts of funds remaining after allocations in accordance
2 with paragraphs (a) through (f) of this subdivision:

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

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

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

12 (h) Funds shall be reserved and accumulated from year to year by the
13 commissioner and shall be available, including income from invested
14 funds, for purposes of primary care education and training pursuant to
15 article nine of this chapter from the respective health care initiatives
16 pools established for the following periods in the following percentage
17 amounts of funds remaining after allocations in accordance with para-
18 graphs (a) through (f) of this subdivision and shall be available for
19 distributions as follows:

20 (i) funds shall be reserved and accumulated:

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

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

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

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

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

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

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

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

45 (i) Funds shall be reserved and accumulated from year to year and
46 shall be available, including income from invested funds, for distrib-
47 utions in accordance with section twenty-nine hundred fifty-two and
48 section twenty-nine hundred fifty-eight of this chapter for rural health
49 care delivery development and rural health care access development,
50 respectively, from the respective health care initiatives pools or the
51 health care reform act (HCRA) resources fund, whichever is applicable,
52 for the following periods in the following percentage amounts of funds
53 remaining after allocations in accordance with paragraphs (a) through
54 (f) of this subdivision, and for periods on and after January first, two
55 thousand, in the following amounts:

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

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

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

(iv) from the pool for the periods January first, two thousand through December thirty-first, two thousand two, seventeen million dollars annually, and for the period January first, two thousand three through December thirty-first, two thousand three, up to fifteen million eight hundred fifty thousand dollars;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

54 (v) from the pool or the health care reform act (HCRA) resources fund,
55 whichever is applicable, for the periods January first, two thousand
56 four through December thirty-first, two thousand four, up to fifty-six

1 million dollars, for the period January first, two thousand five through
2 December thirty-first, two thousand six, up to sixty million dollars
3 annually, for the period January first, two thousand seven through
4 December thirty-first, two thousand ten, up to sixty million dollars
5 annually, for the period January first, two thousand eleven through
6 March thirty-first, two thousand eleven, up to fifteen million dollars,
7 each state fiscal year for the period April first, two thousand eleven
8 through March thirty-first, two thousand fourteen, up to forty-two
9 million three hundred thousand dollars and up to forty-one million fifty
10 thousand dollars each state fiscal year for the period April first, two
11 thousand fourteen through March thirty-first, two thousand [~~twenty-six~~]
12 twenty-nine.

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

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

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

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

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

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

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

46 (n) Funds shall be accumulated and transferred from the health care
47 reform act (HCRA) resources fund as follows: for the period April first,
48 two thousand seven through March thirty-first, two thousand eight, and
49 on an annual basis for the periods April first, two thousand eight
50 through November thirtieth, two thousand nine, funds within amounts
51 appropriated shall be transferred and deposited and credited to the
52 credit of the state special revenue funds - other, HCRA transfer fund,
53 medical assistance account, for purposes of funding the state share of
54 rate adjustments made to public and voluntary hospitals in accordance
55 with paragraphs (i) and (j) of subdivision one of section twenty-eight
56 hundred seven-c of this article.

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

3. Revenue from distributions pursuant to this section shall not be included in gross revenue received for purposes of the assessments pursuant to subdivision eighteen of section twenty-eight hundred seven-c of this article, subject to the provisions of paragraph (e) of subdivision eighteen of section twenty-eight hundred seven-c of this article, and shall not be included in gross revenue received for purposes of the assessments pursuant to section twenty-eight hundred seven-d of this article, subject to the provisions of subdivision twelve of section twenty-eight hundred seven-d of this article.

§ 6. Paragraphs (a), (b), (c) and (p) of subdivision 1 of section 2807-m of the public health law are REPEALED and paragraphs (d), (e), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (q), (r), (s), (t) and (u) are relettered paragraphs (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (p) and (q).

§ 7. Subparagraph (iv) of paragraph (o) and paragraphs (p) and (q) of subdivision 1 of section 2807-m of the public health law, as amended by section 6 of part Y of chapter 56 of the laws of 2020 and such paragraphs as relettered by section six of this act, are amended to read as follows:

(iv) further reducing each of the amounts determined in subparagraph (iii) of this paragraph by the amounts specified in paragraph ~~[(t)]~~ (p) of this subdivision; and

(p) "Extra reduction amount" shall mean an amount determined for a teaching hospital for which an adjustment amount is calculated pursuant to paragraph ~~[(s)]~~ (o) of this subdivision that is the hospital's proportionate share of the sum of the amounts specified in paragraph ~~[(u)]~~ (q) of this subdivision determined based upon a comparison of the hospital's remaining liability calculated pursuant to paragraph ~~[(s)]~~ (o) of this subdivision to the sum of all such hospital's remaining liabilities.

(q) "Allotment amount" shall mean an amount determined for teaching hospitals as follows:

(i) for a hospital for which an adjustment amount pursuant to paragraph ~~[(s)]~~ (o) of this subdivision does not apply, the amount received

1 by the hospital pursuant to paragraph (a) of subdivision five of this
2 section attributable to the period January first, two thousand three
3 through December thirty-first, two thousand three, or

4 (ii) for a hospital for which an adjustment amount pursuant to para-
5 graph ~~[(s)]~~ (o) of this subdivision applies and which received a
6 distribution pursuant to paragraph (a) of subdivision five of this
7 section attributable to the period January first, two thousand three
8 through December thirty-first, two thousand three that is greater than
9 the hospital's adjustment amount, the difference between the distrib-
10 ution amount and the adjustment amount.

11 § 8. Paragraph (f) of subdivision 3, paragraphs (a) and (d) of subdivi-
12 sion 5 and the opening paragraph of subdivision 12 of section 2807-m
13 of the public health law, paragraph (f) of subdivision 3, paragraph (a)
14 of subdivision 5 and the opening paragraph of subdivision 12 as amended
15 and paragraph (d) of subdivision 5 as added by section 6 of part Y of
16 chapter 56 of the laws of 2020, are amended to read as follows:

17 (f) Effective January first, two thousand five through December thir-
18 ty-first, two thousand eight, each teaching general hospital shall
19 receive a distribution from the applicable regional pool based on its
20 distribution amount determined under paragraphs (c), (d) and (e) of this
21 subdivision and reduced by its adjustment amount calculated pursuant to
22 paragraph ~~[(s)]~~ (o) of subdivision one of this section and, for distrib-
23 utions for the period January first, two thousand five through December
24 thirty-first, two thousand five, further reduced by its extra reduction
25 amount calculated pursuant to paragraph ~~[(t)]~~ (p) of subdivision one of
26 this section.

27 (a) Up to thirty-one million dollars annually for the periods January
28 first, two thousand through December thirty-first, two thousand three,
29 and up to twenty-five million dollars plus the sum of the amounts speci-
30 fied in paragraph ~~[(n)]~~ (k) of subdivision one of this section for the
31 period January first, two thousand five through December thirty-first,
32 two thousand five, and up to thirty-one million dollars annually for the
33 period January first, two thousand six through December thirty-first,
34 two thousand seven, shall be set aside and reserved by the commissioner
35 from the regional pools established pursuant to subdivision two of this
36 section for supplemental distributions in each such region to be made by
37 the commissioner to consortia and teaching general hospitals in accord-
38 ance with a distribution methodology developed in consultation with the
39 council and specified in rules and regulations adopted by the commis-
40 sioner.

41 (d) Notwithstanding any other provision of law or regulation, for the
42 period January first, two thousand five through December thirty-first,
43 two thousand five, the commissioner shall distribute as supplemental
44 payments the allotment specified in paragraph ~~[(n)]~~ (k) of subdivision
45 one of this section.

46 Notwithstanding any provision of law to the contrary, applications
47 submitted on or after April first, two thousand sixteen, for the physi-
48 cian loan repayment program pursuant to paragraph ~~[(e)]~~ (b) of subdivi-
49 sion five-a of this section and subdivision ten of this section or the
50 physician practice support program pursuant to paragraph ~~[(d)]~~ (c) of
51 subdivision five-a of this section, shall be subject to the following
52 changes:

53 § 9. Paragraph (b) of subdivision 5-a of section 2807-m of the public
54 health law is REPEALED and paragraphs (c), (d), (e), (f), (g) and (h)
55 are relettered paragraphs (b), (c), (d), (e), (f) and (g).

§ 10. Paragraphs (a), (b), (c), (d), (e) and (f) of subdivision 5-a of section 2807-m of the public health law, as amended by section 6 of part C of chapter 57 of the laws of 2023 and paragraphs (b), (c), (d), (e) and (f) as relettered by section nine of this act, are amended to read as follows:

(a) Supplemental distributions. (i) Thirty-one million dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section and shall be available for distributions pursuant to subdivision five of this section and in accordance with section 86-1.89 of title 10 of the codes, rules and regulations of the state of New York as in effect on January first, two thousand eight[; ~~provided, however, for purposes of funding the empire clinical research investigation program (ECRIP) in accordance with paragraph eight of subdivision (e) and paragraph two of subdivision (f) of section 86-1.89 of title 10 of the codes, rules and regulations of the state of New York, distributions shall be made using two regions defined as New York city and the rest of the state and the dollar amount set forth in subparagraph (i) of paragraph two of subdivision (f) of section 86-1.89 of title 10 of the codes, rules and regulations of the state of New York shall be increased from sixty thousand dollars to seventy five thousand dollars~~].

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

(b) Physician loan repayment program. One million nine hundred sixty thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, one million nine hundred sixty thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, one million nine hundred sixty thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, four hundred ninety thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, one million seven hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, [and] up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty-three through March thirty-first, two thousand twenty-six, and up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty-six through March thirty-first, two thousand twenty-nine, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section and shall be available for purposes of physician loan repayment in accordance with subdivision ten of this section. Notwithstanding any

contrary provision of this section, sections one hundred twelve and one hundred sixty-three of the state finance law, or any other contrary provision of law, such funding shall be allocated regionally with one-third of available funds going to New York city and two-thirds of available funds going to the rest of the state and shall be distributed in a manner to be determined by the commissioner without a competitive bid or request for proposal process as follows:

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

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

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

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

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

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

(c) Physician practice support. Four million nine hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, four million nine hundred thousand dollars annually for the period January first, two thousand nine through December thirty-first, two thousand ten, one million two hundred twenty-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, four million three hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to four million three hundred sixty thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to four million three hundred sixty thousand dollars for each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, up to four million three hundred sixty thousand dollars for each fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, ~~and~~ up to four million three hundred sixty thousand dollars for each fiscal year for the period April first, two thousand twenty-three through March thirty-first, two thousand twenty-six, and up to four million three hundred sixty thousand dollars for each fiscal year for the period April first, two thousand twenty-six through March thirty-first, two thousand

1 twenty-nine, shall be set aside and reserved by the commissioner from
2 the regional pools established pursuant to subdivision two of this
3 section and shall be available for purposes of physician practice
4 support. Notwithstanding any contrary provision of this section,
5 sections one hundred twelve and one hundred sixty-three of the state
6 finance law, or any other contrary provision of law, such funding shall
7 be allocated regionally with one-third of available funds going to New
8 York city and two-thirds of available funds going to the rest of the
9 state and shall be distributed in a manner to be determined by the
10 commissioner without a competitive bid or request for proposal process
11 as follows:

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

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

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

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

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

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

40 (e) Study on physician workforce. Five hundred ninety thousand dollars
41 annually for the period January first, two thousand eight through Decem-
42 ber thirty-first, two thousand ten, one hundred forty-eight thousand
43 dollars for the period January first, two thousand eleven through March
44 thirty-first, two thousand eleven, five hundred sixteen thousand dollars
45 each state fiscal year for the period April first, two thousand eleven
46 through March thirty-first, two thousand fourteen, up to four hundred
47 eighty-seven thousand dollars each state fiscal year for the period
48 April first, two thousand fourteen through March thirty-first, two thou-
49 sand seventeen, up to four hundred eighty-seven thousand dollars for
50 each state fiscal year for the period April first, two thousand seven-
51 teen through March thirty-first, two thousand twenty, up to four hundred
52 eighty-seven thousand dollars each state fiscal year for the period
53 April first, two thousand twenty through March thirty-first, two thou-
54 sand twenty-three, ~~and~~ up to four hundred eighty-seven thousand
55 dollars each state fiscal year for the period April first, two thousand
56 twenty-three through March thirty-first, two thousand twenty-six, and up

1 to four hundred eighty-seven thousand dollars each state fiscal year for
2 the period April first, two thousand twenty-six through March thirty-
3 first, two thousand twenty-nine, shall be set aside and reserved by the
4 commissioner from the regional pools established pursuant to subdivision
5 two of this section and shall be available to fund a study of physician
6 workforce needs and solutions including, but not limited to, an analysis
7 of residency programs and projected physician workforce and community
8 needs. The commissioner shall enter into agreements with one or more
9 organizations to conduct such study based on a request for proposal
10 process.

11 (f) [~~Diversity in medicine/post-baccalaureate program~~] Scholars in
12 medicine and science and scholarships in medicine programs. Notwith-
13 standing any inconsistent provision of section one hundred twelve or one
14 hundred sixty-three of the state finance law or any other law, one
15 million nine hundred sixty thousand dollars annually for the period
16 January first, two thousand eight through December thirty-first, two
17 thousand ten, four hundred ninety thousand dollars for the period Janu-
18 ary first, two thousand eleven through March thirty-first, two thousand
19 eleven, one million seven hundred thousand dollars each state fiscal
20 year for the period April first, two thousand eleven through March thir-
21 ty-first, two thousand fourteen, up to one million six hundred five
22 thousand dollars each state fiscal year for the period April first, two
23 thousand fourteen through March thirty-first, two thousand seventeen, up
24 to one million six hundred five thousand dollars each state fiscal year
25 for the period April first, two thousand seventeen through March thir-
26 ty-first, two thousand twenty, up to one million six hundred five thou-
27 sand dollars each state fiscal year for the period April first, two
28 thousand twenty through March thirty-first, two thousand twenty-three,
29 [~~and~~] up to one million six hundred five thousand dollars each state
30 fiscal year for the period April first, two thousand twenty-three
31 through March thirty-first, two thousand twenty-six, and up to one
32 million six hundred five thousand dollars each state fiscal year for the
33 period April first, two thousand twenty-six through March thirty-first,
34 two thousand twenty-nine, shall be set aside and reserved by the commis-
35 sioner from the regional pools established pursuant to subdivision two
36 of this section and shall be available for distributions to the Associ-
37 ated Medical Schools of New York to fund its [~~diversity program~~] schol-
38 ars in medicine and science and scholarships in medicine programs
39 including existing and new post-baccalaureate programs for minority and
40 economically disadvantaged students and encourage participation from all
41 medical schools in New York. The associated medical schools of New York
42 shall report to the commissioner on an annual basis regarding the use of
43 funds for such purpose in such form and manner as specified by the
44 commissioner.

45 § 11. Subparagraph (xvi) of paragraph (a) of subdivision 7 of section
46 2807-s of the public health law, as amended by section 8 of part Y of
47 chapter 56 of the laws of 2020, is amended to read as follows:

48 (xvi) provided further, however, for periods prior to July first, two
49 thousand nine, amounts set forth in this paragraph shall be reduced by
50 an amount equal to the actual distribution reductions for all facilities
51 pursuant to paragraph [~~(s)~~] (o) of subdivision one of section twenty-
52 eight hundred seven-m of this article.

53 § 12. Subdivision (c) of section 92-dd of the state finance law, as
54 amended by section 9 of part Y of chapter 56 of the laws of 2020, is
55 amended to read as follows:

(c) The pool administrator shall, from appropriated funds transferred to the pool administrator from the comptroller, continue to make payments as required pursuant to sections twenty-eight hundred seven-k, twenty-eight hundred seven-m (not including payments made pursuant to subdivision five-b and paragraphs (b), (c) ~~[(d)],~~ and (f) ~~[and (g)]~~ of subdivision five-a of section twenty-eight hundred seven-m), and twenty-eight hundred seven-w of the public health law, paragraph (e) of subdivision twenty-five of section twenty-eight hundred seven-c of the public health law, paragraphs (b) and (c) of subdivision thirty of section twenty-eight hundred seven-c of the public health law, paragraph (b) of subdivision eighteen of section twenty-eight hundred eight of the public health law, subdivision seven of section twenty-five hundred-d of the public health law and section eighty-eight of chapter one of the laws of nineteen hundred ninety-nine.

§ 13. Subdivision 4-c of section 2807-p of the public health law, as amended by section 7 of part C of chapter 57 of the laws of 2023, is amended to read as follows:

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

December thirty-first, two thousand twenty-two, seven million five hundred thousand dollars, for the period January first, two thousand twenty-three through December thirty-first, two thousand twenty-three, seven million five hundred thousand dollars, for the period January first, two thousand twenty-four through December thirty-first, two thousand twenty-four, seven million five hundred thousand dollars, for the period January first, two thousand twenty-five through December thirty-first, two thousand twenty-five, seven million five hundred thousand dollars, for the period January first, two thousand twenty-six through December thirty-first, two thousand twenty-six, seven million five hundred thousand dollars, for the period January first, two thousand twenty-seven through December thirty-first, two thousand twenty-seven, seven million five hundred thousand dollars, for the period January first, two thousand twenty-eight through December thirty-first, two thousand twenty-eight, seven million five hundred thousand dollars, and for the period January first, two thousand ~~[twenty-six]~~ twenty-nine through March thirty-first, two thousand ~~[twenty-six]~~ twenty-nine, in the amount of one million six hundred thousand dollars, provided, however, that for periods on and after January first, two thousand eight, such additional payments shall be distributed to voluntary, non-profit diagnostic and treatment centers and to public diagnostic and treatment centers in accordance with paragraph (g) of subdivision four of this section. In the event that federal financial participation is available for rate adjustments pursuant to this section, the commissioner shall make such payments as additional adjustments to rates of payment for voluntary non-profit diagnostic and treatment centers that are eligible for distributions under subdivision four-a of this section in the following amounts: for the period June first, two thousand six through December thirty-first, two thousand six, fifteen million dollars in the aggregate, and for the period January first, two thousand seven through June thirtieth, two thousand seven, seven million five hundred thousand dollars in the aggregate. The amounts allocated pursuant to this paragraph shall be aggregated with and distributed pursuant to the same methodology applicable to the amounts allocated to such diagnostic and treatment centers for such periods pursuant to subdivision four of this section if federal financial participation is not available, or pursuant to subdivision four-a of this section if federal financial participation is available. Notwithstanding section three hundred sixty-eight-a of the social services law, there shall be no local share in a medical assistance payment adjustment under this subdivision.

§ 14. Paragraph (a) of subdivision 6 of section 2807-s of the public health law is amended by adding a new subparagraph (xvii) to read as follows:

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

§ 15. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section 2807-s of the public health law, as amended by section 10 of part C of chapter 57 of the laws of 2023, is amended to read as follows:

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

§ 16. Paragraph (b) of subdivision 6 of section 2807-t of the public health law, as amended by section 11 of part C of chapter 57 of the laws of 2023, is amended to read as follows:

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

§ 17. Section 2807-v of the public health law, as amended by section 12 of part C of chapter 57 of the laws of 2023, is amended to read as follows:

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

(a) Funds shall be deposited by the commissioner, within amounts appropriated, and the state comptroller is hereby authorized and directed to receive for deposit to the credit of the state special revenue funds - other, HCRA transfer fund, medicaid fraud hotline and medicaid administration account, or any successor fund or account, for purposes of services and expenses related to the toll-free medicaid fraud hotline established pursuant to section one hundred eight of chapter one of the laws of nineteen hundred ninety-nine from the tobacco control and insurance initiatives pool established for the following

1 periods in the following amounts: four hundred thousand dollars annually
2 for the periods January first, two thousand through December thirty-
3 first, two thousand two, up to four hundred thousand dollars for the
4 period January first, two thousand three through December thirty-first,
5 two thousand three, up to four hundred thousand dollars for the period
6 January first, two thousand four through December thirty-first, two
7 thousand four, up to four hundred thousand dollars for the period Janu-
8 ary first, two thousand five through December thirty-first, two thousand
9 five, up to four hundred thousand dollars for the period January first,
10 two thousand six through December thirty-first, two thousand six, up to
11 four hundred thousand dollars for the period January first, two thousand
12 seven through December thirty-first, two thousand seven, up to four
13 hundred thousand dollars for the period January first, two thousand
14 eight through December thirty-first, two thousand eight, up to four
15 hundred thousand dollars for the period January first, two thousand nine
16 through December thirty-first, two thousand nine, up to four hundred
17 thousand dollars for the period January first, two thousand ten through
18 December thirty-first, two thousand ten, up to one hundred thousand
19 dollars for the period January first, two thousand eleven through March
20 thirty-first, two thousand eleven and within amounts appropriated on and
21 after April first, two thousand eleven.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

52 (iv) up to forty million dollars for the period January first, two
53 thousand three through December thirty-first, two thousand three of
54 which fifty percentum shall be allocated to the program pursuant to
55 section four thousand three hundred twenty-one-a of the insurance law

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i-1) Notwithstanding the provisions of paragraphs (h) and (i) of this subdivision, the commissioner shall reserve and accumulate up to two million five hundred thousand dollars annually for the periods January first, two thousand four through December thirty-first, two thousand six, one million four hundred thousand dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, two million dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, from funds otherwise available for distribution under such paragraphs for the services and expenses related to the pilot program for entertainment industry employees included in subsection (b) of section one thousand one hundred twenty-two of the insurance law, and an additional seven hundred thousand dollars annually for the periods January first, two thousand four through December thirty-first, two thousand six, an additional three hundred thousand dollars for the period January first, two thousand seven through June thirtieth, two thousand seven for services and expenses related to the pilot program for displaced workers included in subsection (c) of section one thousand one hundred twenty-two of the insurance law.

(j) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes

1 of services and expenses related to the tobacco use prevention and
2 control program established pursuant to sections thirteen hundred nine-
3 ty-nine-ii and thirteen hundred ninety-nine-jj of this chapter, from the
4 tobacco control and insurance initiatives pool established for the
5 following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

50 (xv) up to six million dollars each state fiscal year for the period
51 April first, two thousand seventeen through March thirty-first, two
52 thousand twenty;

53 (xvi) up to six million dollars each state fiscal year for the period
54 April first, two thousand twenty through March thirty-first, two thou-
55 sand twenty-three; [and]

(xvii) up to six million dollars each state fiscal year for the period April first, two thousand twenty-three through March thirty-first, two thousand twenty-six[-]; and

(xviii) up to six million dollars each state fiscal year for the period April first, two thousand twenty-six through March thirty-first, two thousand twenty-nine.

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

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

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

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

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

(v) one hundred eight million five hundred seventy-five thousand dollars, plus an additional five hundred thousand dollars, for the period January first, two thousand four through December thirty-first, two thousand four;

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

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

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

(ix) one hundred sixteen million nine hundred forty-nine thousand dollars, plus an additional five hundred thousand dollars, for the period January first, two thousand eight through December thirty-first, two thousand eight;

(x) one hundred sixteen million nine hundred forty-nine thousand dollars, plus an additional five hundred thousand dollars, for the period January first, two thousand nine through December thirty-first, two thousand nine;

(xi) one hundred sixteen million nine hundred forty-nine thousand dollars, plus an additional five hundred thousand dollars, for the period January first, two thousand ten through December thirty-first, two thousand ten;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

34 (xx) one hundred twenty-seven million four hundred sixteen thousand
35 dollars each state fiscal year for the period April first, two thousand
36 twenty-six through March thirty-first, two thousand twenty-nine.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24 (xvii) up to ninety-six million six hundred thousand dollars each
25 state fiscal year for the period April first, two thousand twenty-three
26 through March thirty-first, two thousand twenty-six~~[-]; and~~

27 (xviii) up to ninety-six million six hundred thousand dollars each
28 state fiscal year for the period April first, two thousand twenty-six
29 through March thirty-first, two thousand twenty-nine.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 fund or account, for purposes of providing distributions for supplemen-
2 tary medical insurance for Medicare part B premiums, physicians
3 services, outpatient services, medical equipment, supplies and other
4 health services, from the tobacco control and insurance initiatives pool
5 established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(v) Funds shall be transferred by the commissioner and shall be deposited to the credit of the hospital excess liability pool created pursuant to section eighteen of chapter two hundred sixty-six of the laws of nineteen hundred eighty-six, or any successor fund or account, for purposes of expenses related to the purchase of excess medical malprac-

1 tice insurance and the cost of administrating the pool, including costs
2 associated with the risk management program established pursuant to
3 section forty-two of part A of chapter one of the laws of two thousand
4 two required by paragraph (a) of subdivision one of section eighteen of
5 chapter two hundred sixty-six of the laws of nineteen hundred eighty-six
6 as may be amended from time to time, from the tobacco control and insur-
7 ance initiatives pool established for the following periods in the
8 following amounts:

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

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

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

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

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

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

25 (vii) up to one hundred thirty million dollars for the period January
26 first, two thousand eight through December thirty-first, two thousand
27 eight;

28 (viii) up to one hundred thirty million dollars for the period January
29 first, two thousand nine through December thirty-first, two thousand
30 nine;

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

33 (x) up to thirty-two million five hundred thousand dollars for the
34 period January first, two thousand eleven through March thirty-first,
35 two thousand eleven;

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

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

42 (xiii) up to one hundred twenty-seven million four hundred thousand
43 dollars each state fiscal year for the period April first, two thousand
44 seventeen through March thirty-first, two thousand twenty;

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

48 (xv) up to one hundred twenty-seven million four hundred thousand
49 dollars each state fiscal year for the period April first, two thousand
50 twenty-three through March thirty-first, two thousand twenty-six~~[-]; and~~

51 (xvi) up to one hundred twenty-seven million four hundred thousand
52 dollars each state fiscal year for the period April first, two thousand
53 twenty-six through March thirty-first, two thousand twenty-nine.

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

1 revenue funds - other, HCRA transfer fund, medical assistance account,
2 or any successor fund or account, for purposes of funding the state
3 share of the treatment of breast and cervical cancer pursuant to para-
4 graph (d) of subdivision four of section three hundred sixty-six of the
5 social services law, from the tobacco control and insurance initiatives
6 pool established for the following periods in the following amounts:

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

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

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

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

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

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

24 (vii) up to two million one hundred thousand dollars for the period
25 January first, two thousand eight through December thirty-first, two
26 thousand eight;

27 (viii) up to two million one hundred thousand dollars for the period
28 January first, two thousand nine through December thirty-first, two
29 thousand nine;

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

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

36 (xi) up to two million one 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;

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

42 (xiii) up to two million one hundred thousand dollars each state
43 fiscal year for the period April first, two thousand seventeen through
44 March thirty-first, two thousand twenty;

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

48 (xv) up to two million one hundred thousand dollars each state fiscal
49 year for the period April first, two thousand twenty-three through March
50 thirty-first, two thousand twenty-six~~-~~; and

51 (xvi) up to two million one hundred thousand dollars each state fiscal
52 year for the period April first, two thousand twenty-six through March
53 thirty-first, two thousand twenty-nine.

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

1 revenue funds - other, HCRA transfer fund, medical assistance account,
2 or any successor fund or account, for purposes of funding the state
3 share of the non-public general hospital rates increases for recruitment
4 and retention of health care workers from the tobacco control and insur-
5 ance initiatives pool established for the following periods in the
6 following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 (iv) sixteen million two hundred thousand dollars for the period Janu-
11 ary first, two thousand five through December thirty-first, two thousand
12 five;

13 (v) sixteen million two hundred thousand dollars for the period Janu-
14 ary first, two thousand six through December thirty-first, two thousand
15 six;

16 (vi) ten million eight hundred thousand dollars for the period January
17 first, two thousand seven through December thirty-first, two thousand
18 seven;

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

22 (viii) one million three hundred fifty thousand dollars for the period
23 January first, two thousand nine through December thirty-first, two
24 thousand nine.

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

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

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

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

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

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

1 (F) one hundred thirty-six million dollars for the period January
2 first, two thousand seven through December thirty-first, two thousand
3 seven;
4 (G) one hundred thirty-six million dollars for the period January
5 first, two thousand eight through December thirty-first, two thousand
6 eight;
7 (H) one hundred thirty-six million dollars for the period January
8 first, two thousand nine through December thirty-first, two thousand
9 nine;
10 (I) one hundred thirty-six million dollars for the period January
11 first, two thousand ten through December thirty-first, two thousand ten;
12 (J) thirty-four million dollars for the period January first, two
13 thousand eleven through March thirty-first, two thousand eleven;
14 (K) up to one hundred thirty-six million dollars each state fiscal
15 year for the period April first, two thousand eleven through March thir-
16 ty-first, two thousand fourteen;
17 (L) up to one hundred thirty-six million dollars each state fiscal
18 year for the period March thirty-first, two thousand fourteen through
19 April first, two thousand seventeen;
20 (M) up to one hundred thirty-six million dollars each state fiscal
21 year for the period April first, two thousand seventeen through March
22 thirty-first, two thousand twenty;
23 (N) up to one hundred thirty-six million dollars each state fiscal
24 year for the period April first, two thousand twenty through March thir-
25 ty-first, two thousand twenty-three; ~~and~~
26 (O) up to one hundred thirty-six million dollars each state fiscal
27 year for the period April first, two thousand twenty-three through March
28 thirty-first, two thousand twenty-six~~[-]; and~~
29 (P) up to one hundred thirty-six million dollars each state fiscal
30 year for the period April first, two thousand twenty-six through March
31 thirty-first, two thousand twenty-nine.
32 (ii) Adjustments to Medicaid rates made pursuant to this paragraph
33 shall not, in aggregate, exceed the following amounts for the following
34 periods:
35 (A) for the period April first, two thousand two through December
36 thirty-first, two thousand two, one hundred ten million dollars;
37 (B) for the period January first, two thousand three through December
38 thirty-first, two thousand three, one hundred eighty-five million
39 dollars;
40 (C) for the period January first, two thousand four through December
41 thirty-first, two thousand four, two hundred sixty million dollars;
42 (D) for the period January first, two thousand five through December
43 thirty-first, two thousand five, three hundred forty million dollars;
44 (E) for the period January first, two thousand six through December
45 thirty-first, two thousand six, three hundred forty million dollars;
46 (F) for the period January first, two thousand seven through December
47 thirty-first, two thousand seven, three hundred forty million dollars;
48 (G) for the period January first, two thousand eight through December
49 thirty-first, two thousand eight, three hundred forty million dollars;
50 (H) for the period January first, two thousand nine through December
51 thirty-first, two thousand nine, three hundred forty million dollars;
52 (I) for the period January first, two thousand ten through December
53 thirty-first, two thousand ten, three hundred forty million dollars;
54 (J) for the period January first, two thousand eleven through March
55 thirty-first, two thousand eleven, eighty-five million dollars;

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

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

7 (M) for each state fiscal year within the period April first, two
8 thousand seventeen through March thirty-first, two thousand twenty,
9 three hundred forty million dollars;

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

13 (O) for each state fiscal year within the period April first, two
14 thousand twenty-three through March thirty-first, two thousand twenty-
15 six, three hundred forty million dollars~~[-]; and~~

16 (P) for each state fiscal year within the period April first, two
17 thousand twenty-six through March thirty-first, two thousand twenty-
18 nine, three hundred forty million dollars.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(xvi) up to eleven million two hundred thousand dollars each state fiscal year for the period April first, two thousand twenty-six through March thirty-first, two thousand twenty-nine.

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

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

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

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

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

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

7 (vi) eighty-five million two hundred thousand dollars for the period
8 January first, two thousand seven through December thirty-first, two
9 thousand seven;

10 (vii) eighty-five million two hundred thousand dollars for the period
11 January first, two thousand eight through December thirty-first, two
12 thousand eight;

13 (viii) eighty-five million two hundred thousand dollars for the period
14 January first, two thousand nine through December thirty-first, two
15 thousand nine;

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

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

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

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

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

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

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

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

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

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

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

1 (viii) two million four hundred fifty thousand dollars for the period
2 January first, two thousand nine through December thirty-first, two
3 thousand nine;
4 (ix) one million five hundred thousand dollars for the period January
5 first, two thousand ten through December thirty-first, two thousand ten;
6 and
7 (x) three hundred twenty-five thousand dollars for the period January
8 first, two thousand eleven through March thirty-first, two thousand
9 eleven.
10 (ff) Funds shall be deposited by the commissioner, within amounts
11 appropriated, and the state comptroller is hereby authorized and
12 directed to receive for deposit to the credit of the state special
13 revenue fund - other, HCRA transfer fund, medical assistance account, or
14 any successor fund or account, for purposes of funding the state share
15 of Medicaid expenditures for disabled persons as authorized pursuant to
16 former subparagraphs twelve and thirteen of paragraph (a) of subdivision
17 one of section three hundred sixty-six of the social services law from
18 the tobacco control and insurance initiatives pool established for the
19 following periods in the following amounts:
20 (i) one million eight hundred thousand dollars for the period April
21 first, two thousand two through December thirty-first, two thousand two;
22 (ii) sixteen million four hundred thousand dollars on an annualized
23 basis for the period January first, two thousand three through December
24 thirty-first, two thousand three;
25 (iii) eighteen million seven hundred thousand dollars on an annualized
26 basis for the period January first, two thousand four through December
27 thirty-first, two thousand four;
28 (iv) thirty million six hundred thousand dollars for the period Janu-
29 ary first, two thousand five through December thirty-first, two thousand
30 five;
31 (v) thirty million six hundred thousand dollars for the period January
32 first, two thousand six through December thirty-first, two thousand six;
33 (vi) thirty million six hundred thousand dollars for the period Janu-
34 ary first, two thousand seven through December thirty-first, two thou-
35 sand seven;
36 (vii) fifteen million dollars for the period January first, two thou-
37 sand eight through December thirty-first, two thousand eight;
38 (viii) fifteen million dollars for the period January first, two thou-
39 sand nine through December thirty-first, two thousand nine;
40 (ix) fifteen million dollars for the period January first, two thou-
41 sand ten through December thirty-first, two thousand ten;
42 (x) three million seven hundred fifty thousand dollars for the period
43 January first, two thousand eleven through March thirty-first, two thou-
44 sand eleven;
45 (xi) fifteen million dollars each state fiscal year for the period
46 April first, two thousand eleven through March thirty-first, two thou-
47 sand fourteen;
48 (xii) fifteen million dollars each state fiscal year for the period
49 April first, two thousand fourteen through March thirty-first, two thou-
50 sand seventeen;
51 (xiii) fifteen million dollars each state fiscal year for the period
52 April first, two thousand seventeen through March thirty-first, two
53 thousand twenty;
54 (xiv) fifteen million dollars each state fiscal year for the period
55 April first, two thousand twenty through March thirty-first, two thou-
56 sand twenty-three; [and]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 (ii) Funds shall be deposited by the commissioner, within amounts
23 appropriated, and the state comptroller is hereby authorized and
24 directed to receive for deposit to the credit of the state special
25 revenue funds - other, HCRA transfer fund, medical assistance account,
26 or any successor fund or account, for the purpose of supporting the
27 state share of Medicaid expenditures for disabled persons as authorized
28 by sections 1619 (a) and (b) of the federal social security act pursuant
29 to the tobacco control and insurance initiatives pool established for
30 the following periods in the following amounts:

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

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

36 (iii) eight million five hundred thousand dollars for the period Janu-
37 ary first, two thousand four through December thirty-first, two thousand
38 four;

39 (iv) eight million five hundred thousand dollars for the period Janu-
40 ary first, two thousand five through December thirty-first, two thousand
41 five;

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

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

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

50 (viii) eight million five hundred thousand dollars for the period
51 January first, two thousand nine through December thirty-first, two
52 thousand nine;

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

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

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

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

10 (xiii) eight million five hundred thousand dollars each state fiscal
11 year for the period April first, two thousand seventeen through March
12 thirty-first, two thousand twenty;

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

16 (xv) eight million five hundred thousand dollars each state fiscal
17 year for the period April first, two thousand twenty-three through March
18 thirty-first, two thousand twenty-six~~[-]; and~~

19 (xvi) eight million five hundred thousand dollars each state fiscal
20 year for the period April first, two thousand twenty-six through March
21 thirty-first, two thousand twenty-nine.

22 (jj) Funds shall be reserved and accumulated from year to year and
23 shall be available, including income from invested funds, for the
24 purposes of a grant program to improve access to infertility services,
25 treatments and procedures, from the tobacco control and insurance initi-
26 atives pool established for the period January first, two thousand two
27 through December thirty-first, two thousand two in the amount of nine
28 million one hundred seventy-five thousand dollars, for the period April
29 first, two thousand six through March thirty-first, two thousand seven
30 in the amount of five million dollars, for the period April first, two
31 thousand seven through March thirty-first, two thousand eight in the
32 amount of five million dollars, for the period April first, two thousand
33 eight through March thirty-first, two thousand nine in the amount of
34 five million dollars, and for the period April first, two thousand nine
35 through March thirty-first, two thousand ten in the amount of five
36 million dollars, for the period April first, two thousand ten through
37 March thirty-first, two thousand eleven in the amount of two million two
38 hundred thousand dollars, and for the period April first, two thousand
39 eleven through March thirty-first, two thousand twelve up to one million
40 one hundred thousand dollars.

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

49 (i) thirty-eight million eight hundred thousand dollars for the period
50 January first, two thousand two through December thirty-first, two thou-
51 sand two;

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

1 (iii) up to four hundred seventy-two million dollars for the period
2 January first, two thousand four through December thirty-first, two
3 thousand four;
4 (iv) up to nine hundred million dollars for the period January first,
5 two thousand five through December thirty-first, two thousand five;
6 (v) up to eight hundred sixty-six million three hundred thousand
7 dollars for the period January first, two thousand six through December
8 thirty-first, two thousand six;
9 (vi) up to six hundred sixteen million seven hundred thousand dollars
10 for the period January first, two thousand seven through December thir-
11 ty-first, two thousand seven;
12 (vii) up to five hundred seventy-eight million nine hundred twenty-
13 five thousand dollars for the period January first, two thousand eight
14 through December thirty-first, two thousand eight; and
15 (viii) within amounts appropriated on and after January first, two
16 thousand nine.
17 (ll) Funds shall be deposited by the commissioner, within amounts
18 appropriated, and the state comptroller is hereby authorized and
19 directed to receive for deposit to the credit of the state special
20 revenue funds -- other, HCRA transfer fund, medical assistance account,
21 or any successor fund or account, for purposes of funding the state
22 share of Medicaid expenditures related to the city of New York from the
23 tobacco control and insurance initiatives pool established for the
24 following periods in the following amounts:
25 (i) eighty-two million seven hundred thousand dollars for the period
26 January first, two thousand two through December thirty-first, two thou-
27 sand two;
28 (ii) one hundred twenty-four million six hundred thousand dollars for
29 the period January first, two thousand three through December thirty-
30 first, two thousand three;
31 (iii) one hundred twenty-four million seven hundred thousand dollars
32 for the period January first, two thousand four through December thir-
33 ty-first, two thousand four;
34 (iv) one hundred twenty-four million seven hundred thousand dollars
35 for the period January first, two thousand five through December thir-
36 ty-first, two thousand five;
37 (v) one hundred twenty-four million seven hundred thousand dollars for
38 the period January first, two thousand six through December thirty-
39 first, two thousand six;
40 (vi) one hundred twenty-four million seven hundred thousand dollars
41 for the period January first, two thousand seven through December thir-
42 ty-first, two thousand seven;
43 (vii) one hundred twenty-four million seven hundred thousand dollars
44 for the period January first, two thousand eight through December thir-
45 ty-first, two thousand eight;
46 (viii) one hundred twenty-four million seven hundred thousand dollars
47 for the period January first, two thousand nine through December thir-
48 ty-first, two thousand nine;
49 (ix) one hundred twenty-four million seven hundred thousand dollars
50 for the period January first, two thousand ten through December thirty-
51 first, two thousand ten;
52 (x) thirty-one million one hundred seventy-five thousand dollars for
53 the period January first, two thousand eleven through March thirty-
54 first, two thousand eleven; and

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

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

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

14 (B) for the period January first, two thousand five through December
15 thirty-first, two thousand five, seventy-five percent of the state
16 share; and

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

19 (ii) Funding for the family health plus program will include up to
20 five million dollars annually for the period January first, two thousand
21 three through December thirty-first, two thousand six, up to five
22 million dollars for the period January first, two thousand seven through
23 December thirty-first, two thousand seven, up to seven million two
24 hundred thousand dollars for the period January first, two thousand
25 eight through December thirty-first, two thousand eight, up to seven
26 million two hundred thousand dollars for the period January first, two
27 thousand nine through December thirty-first, two thousand nine, up to
28 seven million two hundred thousand dollars for the period January first,
29 two thousand ten through December thirty-first, two thousand ten, up to
30 one million eight hundred thousand dollars for the period January first,
31 two thousand eleven through March thirty-first, two thousand eleven, up
32 to six million forty-nine thousand dollars for the period April first,
33 two thousand eleven through March thirty-first, two thousand twelve, up
34 to six million two hundred eighty-nine thousand dollars for the period
35 April first, two thousand twelve through March thirty-first, two thou-
36 sand thirteen, and up to six million four hundred sixty-one thousand
37 dollars for the period April first, two thousand thirteen through March
38 thirty-first, two thousand fourteen, for administration and marketing
39 costs associated with such program established pursuant to clauses (A)
40 and (B) of subparagraph (v) of paragraph (a) of subdivision two of the
41 former section three hundred sixty-nine-ee of the social services law
42 from the tobacco control and insurance initiatives pool established for
43 the following periods in the following amounts:

44 (A) one hundred ninety million six hundred thousand dollars for the
45 period January first, two thousand three through December thirty-first,
46 two thousand three;

47 (B) three hundred seventy-four million dollars for the period January
48 first, two thousand four through December thirty-first, two thousand
49 four;

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

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

1 (E) four hundred eighty-two million eight hundred thousand dollars for
2 the period January first, two thousand seven through December thirty-
3 first, two thousand seven;

4 (F) five hundred seventy million twenty-five thousand dollars for the
5 period January first, two thousand eight through December thirty-first,
6 two thousand eight;

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

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

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

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

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

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

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

28 (nn) Funds shall be deposited by the commissioner, within amounts
29 appropriated, and the state comptroller is hereby authorized and
30 directed to receive for deposit to the credit of the state special
31 revenue fund - other, HCRA transfer fund, health care services account,
32 or any successor fund or account, for purposes related to adult home
33 initiatives for medicaid eligible residents of residential facilities
34 licensed pursuant to section four hundred sixty-b of the social services
35 law from the tobacco control and insurance initiatives pool established
36 for the following periods in the following amounts:

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

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

41 (iii) up to eight million dollars for the period January first, two
42 thousand five through December thirty-first, two thousand five,
43 provided, however, that up to five million two hundred fifty thousand
44 dollars of such funds shall be received by the comptroller and deposited
45 to the credit of the special revenue fund - other / aid to localities,
46 HCRA transfer fund - 061, enhanced community services account - 05, or
47 any successor fund or account, for the purposes set forth in this para-
48 graph;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 (iv) five million dollars for the period January first, two thousand
4 seven through June thirtieth, two thousand seven.

5 (qq) Funds shall be reserved and accumulated from year to year and
6 shall be available, including income from invested funds, for the
7 purpose of supporting the long-term care insurance education and
8 outreach program established pursuant to section two hundred seventeen-a
9 of the elder law for the following periods in the following amounts:

10 (i) up to five million dollars for the period January first, two thou-
11 sand four through December thirty-first, two thousand four; of such
12 funds one million nine hundred fifty thousand dollars shall be made
13 available to the department for the purpose of developing, implementing
14 and administering the long-term care insurance education and outreach
15 program and three million fifty thousand dollars shall be deposited by
16 the commissioner, within amounts appropriated, and the comptroller is
17 hereby authorized and directed to receive for deposit to the credit of
18 the special revenue funds - other, HCRA transfer fund, long term care
19 insurance resource center account of the state office for the aging or
20 any future account designated for the purpose of implementing the long
21 term care insurance education and outreach program and providing the
22 long term care insurance resource centers with the necessary resources
23 to carry out their operations;

24 (ii) up to five million dollars for the period January first, two
25 thousand five through December thirty-first, two thousand five; of such
26 funds one million nine hundred fifty thousand dollars shall be made
27 available to the department for the purpose of developing, implementing
28 and administering the long-term care insurance education and outreach
29 program and three million fifty thousand dollars shall be deposited by
30 the commissioner, within amounts appropriated, and the comptroller is
31 hereby authorized and directed to receive for deposit to the credit of
32 the special revenue funds - other, HCRA transfer fund, long term care
33 insurance resource center account of the state office for the aging or
34 any future account designated for the purpose of implementing the long
35 term care insurance education and outreach program and providing the
36 long term care insurance resource centers with the necessary resources
37 to carry out their operations;

38 (iii) up to five million dollars for the period January first, two
39 thousand six through December thirty-first, two thousand six; of such
40 funds one million nine hundred fifty thousand dollars shall be made
41 available to the department for the purpose of developing, implementing
42 and administering the long-term care insurance education and outreach
43 program and three million fifty thousand dollars shall be made available
44 to the office for the aging for the purpose of providing the long term
45 care insurance resource centers with the necessary resources to carry
46 out their operations;

47 (iv) up to five million dollars for the period January first, two
48 thousand seven through December thirty-first, two thousand seven; of
49 such funds one million nine hundred fifty thousand dollars shall be made
50 available to the department for the purpose of developing, implementing
51 and administering the long-term care insurance education and outreach
52 program and three million fifty thousand dollars shall be made available
53 to the office for the aging for the purpose of providing the long term
54 care insurance resource centers with the necessary resources to carry
55 out their operations;

(v) up to five million dollars for the period January first, two thousand eight through December thirty-first, two thousand eight; of such funds one million nine hundred fifty thousand dollars shall be made available to the department for the purpose of developing, implementing and administering the long term care insurance education and outreach program and three million fifty thousand dollars shall be made available to the office for the aging for the purpose of providing the long term care insurance resource centers with the necessary resources to carry out their operations;

(vi) up to five million dollars for the period January first, two thousand nine through December thirty-first, two thousand nine; of such funds one million nine hundred fifty thousand dollars shall be made available to the department for the purpose of developing, implementing and administering the long-term care insurance education and outreach program and three million fifty thousand dollars shall be made available to the office for the aging for the purpose of providing the long-term care insurance resource centers with the necessary resources to carry out their operations;

(vii) up to four hundred eighty-eight thousand dollars for the period January first, two thousand ten through March thirty-first, two thousand ten; of such funds four hundred eighty-eight thousand dollars shall be made available to the department for the purpose of developing, implementing and administering the long-term care insurance education and outreach program.

(rr) Funds shall be reserved and accumulated from the tobacco control and insurance initiatives pool and shall be available, including income from invested funds, for the purpose of supporting expenses related to implementation of the provisions of title three of article twenty-nine-D of this chapter, for the following periods and in the following amounts:

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

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

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

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

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

(vi) up to two million five hundred thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven.

(ss) Funds shall be reserved and accumulated from the tobacco control and insurance initiatives pool and used for a health care stabilization program established by the commissioner for the purposes of stabilizing critical health care providers and health care programs whose ability to continue to provide appropriate services are threatened by financial or other challenges, in the amount of up to twenty-eight million dollars for the period July first, two thousand four through June thirtieth, two thousand five. Notwithstanding the provisions of section one hundred twelve of the state finance law or any other inconsistent provision of the state finance law or any other law, funds available for distribution pursuant to this paragraph may be allocated and distributed by the commissioner, or the state comptroller as applicable without a competitive bid or request for proposal process. Considerations relied upon by the commissioner in determining the allocation and distribution of these

1 funds shall include, but not be limited to, the following: (i) the
2 importance of the provider or program in meeting critical health care
3 needs in the community in which it operates; (ii) the provider or
4 program provision of care to under-served populations; (iii) the quality
5 of the care or services the provider or program delivers; (iv) the abil-
6 ity of the provider or program to continue to deliver an appropriate
7 level of care or services if additional funding is made available; (v)
8 the ability of the provider or program to access, in a timely manner,
9 alternative sources of funding, including other sources of government
10 funding; (vi) the ability of other providers or programs in the communi-
11 ty to meet the community health care needs; (vii) whether the provider
12 or program has an appropriate plan to improve its financial condition;
13 and (viii) whether additional funding would permit the provider or
14 program to consolidate, relocate, or close programs or services where
15 such actions would result in greater stability and efficiency in the
16 delivery of needed health care services or programs.

17 (tt) Funds shall be reserved and accumulated from year to year and
18 shall be available, including income from invested funds, for purposes
19 of providing grants for two long term care demonstration projects
20 designed to test new models for the delivery of long term care services
21 established pursuant to section twenty-eight hundred seven-x of this
22 [~~chapter~~] article, for the following periods and in the following
23 amounts:

24 (i) up to five hundred thousand dollars for the period January first,
25 two thousand four through December thirty-first, two thousand four;

26 (ii) up to five hundred thousand dollars for the period January first,
27 two thousand five through December thirty-first, two thousand five;

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

30 (iv) up to one million dollars for the period January first, two thou-
31 sand seven through December thirty-first, two thousand seven; and

32 (v) up to two hundred fifty thousand dollars for the period January
33 first, two thousand eight through March thirty-first, two thousand
34 eight.

35 (uu) Funds shall be reserved and accumulated from year to year and
36 shall be available, including income from invested funds, for the
37 purpose of supporting disease management and telemedicine demonstration
38 programs authorized pursuant to section twenty-one hundred eleven of
39 this chapter for the following periods in the following amounts:

40 (i) five million dollars for the period January first, two thousand
41 four through December thirty-first, two thousand four, of which three
42 million dollars shall be available for disease management demonstration
43 programs and two million dollars shall be available for telemedicine
44 demonstration programs;

45 (ii) five million dollars for the period January first, two thousand
46 five through December thirty-first, two thousand five, of which three
47 million dollars shall be available for disease management demonstration
48 programs and two million dollars shall be available for telemedicine
49 demonstration programs;

50 (iii) nine million five hundred thousand dollars for the period Janu-
51 ary first, two thousand six through December thirty-first, two thousand
52 six, of which seven million five hundred thousand dollars shall be
53 available for disease management demonstration programs and two million
54 dollars shall be available for telemedicine demonstration programs;

55 (iv) nine million five hundred thousand dollars for the period January
56 first, two thousand seven through December thirty-first, two thousand

1 seven, of which seven million five hundred thousand dollars shall be
2 available for disease management demonstration programs and one million
3 dollars shall be available for telemedicine demonstration programs;

4 (v) nine million five hundred thousand dollars for the period January
5 first, two thousand eight through December thirty-first, two thousand
6 eight, of which seven million five hundred thousand dollars shall be
7 available for disease management demonstration programs and two million
8 dollars shall be available for telemedicine demonstration programs;

9 (vi) seven million eight hundred thirty-three thousand three hundred
10 thirty-three dollars for the period January first, two thousand nine
11 through December thirty-first, two thousand nine, of which seven million
12 five hundred thousand dollars shall be available for disease management
13 demonstration programs and three hundred thirty-three thousand three
14 hundred thirty-three dollars shall be available for telemedicine demon-
15 stration programs for the period January first, two thousand nine
16 through March first, two thousand nine;

17 (vii) one million eight hundred seventy-five thousand dollars for the
18 period January first, two thousand ten through March thirty-first, two
19 thousand ten shall be available for disease management demonstration
20 programs.

21 (ww) Funds shall be deposited by the commissioner, within amounts
22 appropriated, and the state comptroller is hereby authorized and
23 directed to receive for the deposit to the credit of the state special
24 revenue funds - other, HCRA transfer fund, medical assistance account,
25 or any successor fund or account, for purposes of funding the state
26 share of the general hospital rates increases for recruitment and
27 retention of health care workers pursuant to paragraph (e) of subdivi-
28 sion thirty of section twenty-eight hundred seven-c of this article from
29 the tobacco control and insurance initiatives pool established for the
30 following periods in the following amounts:

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

34 (ii) sixty million five hundred thousand dollars for the period Janu-
35 ary first, two thousand six through December thirty-first, two thousand
36 six.

37 (xx) Funds shall be deposited by the commissioner, within amounts
38 appropriated, and the state comptroller is hereby authorized and
39 directed to receive for the deposit to the credit of the state special
40 revenue funds - other, HCRA transfer fund, medical assistance account,
41 or any successor fund or account, for purposes of funding the state
42 share of the general hospital rates increases for rural hospitals pursu-
43 ant to subdivision thirty-two of section twenty-eight hundred seven-c of
44 this article from the tobacco control and insurance initiatives pool
45 established for the following periods in the following amounts:

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

49 (ii) three million five hundred thousand dollars for the period Janu-
50 ary first, two thousand six through December thirty-first, two thousand
51 six;

52 (iii) three million five hundred thousand dollars for the period Janu-
53 ary first, two thousand seven through December thirty-first, two thou-
54 sand seven;

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

(v) three million two hundred eight thousand dollars for the period January first, two thousand nine through November thirtieth, two thousand nine.

(yy) Funds shall be reserved and accumulated from year to year and shall be available, within amounts appropriated and notwithstanding section one hundred twelve of the state finance law and any other contrary provision of law, for the purpose of supporting grants not to exceed five million dollars to be made by the commissioner without a competitive bid or request for proposal process, in support of the delivery of critically needed health care services, to health care providers located in the counties of Erie and Niagara which executed a memorandum of closing and conducted a merger closing in escrow on November twenty-fourth, nineteen hundred ninety-seven and which entered into a settlement dated December thirtieth, two thousand four for a loss on disposal of assets under the provisions of title XVIII of the federal social security act applicable to mergers occurring prior to December first, nineteen hundred ninety-seven.

(zz) Funds shall be reserved and accumulated from year to year and shall be available, within amounts appropriated, for the purpose of supporting expenditures authorized pursuant to section twenty-eight hundred eighteen of this article from the tobacco control and insurance initiatives pool established for the following periods in the following amounts:

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

(ii) one hundred eight million three hundred thousand dollars for the period January first, two thousand six through December thirty-first, two thousand six, provided, however, that within amounts appropriated in the two thousand six through two thousand seven state fiscal year, a portion of such funds may be transferred to the Roswell Park Cancer Institute Corporation to fund capital costs;

(iii) one hundred seventy-one million dollars for the period January first, two thousand seven through December thirty-first, two thousand seven, provided, however, that within amounts appropriated in the two thousand six through two thousand seven state fiscal year, a portion of such funds may be transferred to the Roswell Park Cancer Institute Corporation to fund capital costs;

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

(v) one hundred twenty-eight million seven hundred fifty thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine;

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

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

(viii) four hundred thirty-three million three hundred sixty-six thousand dollars for the period April first, two thousand eleven through March thirty-first, two thousand twelve;

(ix) one hundred fifty million eight hundred six thousand dollars for the period April first, two thousand twelve through March thirty-first, two thousand thirteen;

(x) seventy-eight million seventy-one thousand dollars for the period April first, two thousand thirteen through March thirty-first, two thousand fourteen.

(aaa) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for services and expenses related to school based health centers, in an amount up to three million five hundred thousand dollars for the period April first, two thousand six through March thirty-first, two thousand seven, up to three million five hundred thousand dollars for the period April first, two thousand seven through March thirty-first, two thousand eight, up to three million five hundred thousand dollars for the period April first, two thousand eight through March thirty-first, two thousand nine, up to three million five hundred thousand dollars for the period April first, two thousand nine through March thirty-first, two thousand ten, up to three million five hundred thousand dollars for the period April first, two thousand ten through March thirty-first, two thousand eleven, up to two million eight hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to two million six hundred forty-four thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to two million six hundred forty-four thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, up to two million six hundred forty-four thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, ~~and~~ up to two million six hundred forty-four thousand dollars each state fiscal year for the period April first, two thousand twenty-three through March thirty-first, two thousand twenty-six, and up to two million six hundred forty-four thousand dollars each state fiscal year for the period April first, two thousand twenty-six through March thirty-first, two thousand twenty-nine. The total amount of funds provided herein shall be distributed as grants based on the ratio of each provider's total enrollment for all sites to the total enrollment of all providers. This formula shall be applied to the total amount provided herein.

(bbb) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of awarding grants to operators of adult homes, enriched housing programs and residences through the enhancing abilities and life experience (EnAbLe) program to provide for the installation, operation and maintenance of air conditioning in resident rooms, consistent with this paragraph, in an amount up to two million dollars for the period April first, two thousand six through March thirty-first, two thousand seven, up to three million eight hundred thousand dollars for the period April first, two thousand seven through March thirty-first, two thousand eight, up to three million eight hundred thousand dollars for the period April first, two thousand eight through March thirty-first, two thousand nine, up to three million eight hundred thousand dollars for the period April first, two thousand nine through March thirty-first, two thousand ten, and up to three million eight hundred thousand dollars for the period April first, two thousand ten through March thirty-first, two thousand eleven. Residents shall not be charged utility cost for the use

1 of air conditioners supplied under the EnAble program. All such air
2 conditioners must be operated in occupied resident rooms consistent with
3 requirements applicable to common areas.

4 (ccc) Funds shall be deposited by the commissioner, within amounts
5 appropriated, and the state comptroller is hereby authorized and
6 directed to receive for the deposit to the credit of the state special
7 revenue funds - other, HCRA transfer fund, medical assistance account,
8 or any successor fund or account, for purposes of funding the state
9 share of increases in the rates for certified home health agencies, long
10 term home health care programs, AIDS home care programs, hospice
11 programs and managed long term care plans and approved managed long term
12 care operating demonstrations as defined in section forty-four hundred
13 three-f of this chapter for recruitment and retention of health care
14 workers pursuant to subdivisions nine and ten of section thirty-six
15 hundred fourteen of this chapter from the tobacco control and insurance
16 initiatives pool established for the following periods in the following
17 amounts:

18 (i) twenty-five million dollars for the period June first, two thou-
19 sand six through December thirty-first, two thousand six;

20 (ii) fifty million dollars for the period January first, two thousand
21 seven through December thirty-first, two thousand seven;

22 (iii) fifty million dollars for the period January first, two thousand
23 eight through December thirty-first, two thousand eight;

24 (iv) fifty million dollars for the period January first, two thousand
25 nine through December thirty-first, two thousand nine;

26 (v) fifty million dollars for the period January first, two thousand
27 ten through December thirty-first, two thousand ten;

28 (vi) twelve million five hundred thousand dollars for the period Janu-
29 ary first, two thousand eleven through March thirty-first, two thousand
30 eleven;

31 (vii) up to fifty million dollars each state fiscal year for the peri-
32 od April first, two thousand eleven through March thirty-first, two
33 thousand fourteen;

34 (viii) up to fifty million dollars each state fiscal year for the
35 period April first, two thousand fourteen through March thirty-first,
36 two thousand seventeen;

37 (ix) up to fifty million dollars each state fiscal year for the period
38 April first, two thousand seventeen through March thirty-first, two
39 thousand twenty;

40 (x) up to fifty million dollars each state fiscal year for the period
41 April first, two thousand twenty through March thirty-first, two thou-
42 sand twenty-three; ~~[and]~~

43 (xi) up to fifty million dollars each state fiscal year for the period
44 April first, two thousand twenty-three through March thirty-first, two
45 thousand twenty-six~~[-]~~; and

46 (xii) up to fifty million dollars each state fiscal year for the peri-
47 od April first, two thousand twenty-six through March thirty-first, two
48 thousand twenty-nine.

49 (ddd) Funds shall be deposited by the commissioner, within amounts
50 appropriated, and the state comptroller is hereby authorized and
51 directed to receive for the deposit to the credit of the state special
52 revenue funds - other, HCRA transfer fund, medical assistance account,
53 or any successor fund or account, for purposes of funding the state
54 share of increases in the medical assistance rates for providers for
55 purposes of enhancing the provision, quality and/or efficiency of home
56 care services pursuant to subdivision eleven of section thirty-six

1 hundred fourteen of this chapter from the tobacco control and insurance
2 initiatives pool established for the following period in the amount of
3 eight million dollars for the period April first, two thousand six
4 through December thirty-first, two thousand six.

5 (eee) Funds shall be reserved and accumulated from year to year and
6 shall be available, including income from invested funds, to the Center
7 for Functional Genomics at the State University of New York at Albany,
8 for the purposes of the Adirondack network for cancer education and
9 research in rural communities grant program to improve access to health
10 care and shall be made available from the tobacco control and insurance
11 initiatives pool established for the following period in the amount of
12 up to five million dollars for the period January first, two thousand
13 six through December thirty-first, two thousand six.

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

18 (ggg) Funds shall be deposited by the commissioner, within amounts
19 appropriated, and the state comptroller is hereby authorized and
20 directed to receive for deposit to the credit of the state special
21 revenue fund - other, HCRA transfer fund, medical assistance account, or
22 any successor fund or account, for the purpose of supporting the state
23 share of Medicaid expenditures for hospital translation services as
24 authorized pursuant to paragraph (k) of subdivision one of section twen-
25 ty-eight hundred seven-c of this article from the tobacco control and
26 initiatives pool established for the following periods in the following
27 amounts:

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

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

33 (hhh) Funds shall be deposited by the commissioner, within amounts
34 appropriated, and the state comptroller is hereby authorized and
35 directed to receive for deposit to the credit of the state special
36 revenue fund - other, HCRA transfer fund, medical assistance account, or
37 any successor fund or account, for the purpose of supporting the state
38 share of Medicaid expenditures for adjustments to inpatient rates of
39 payment for general hospitals located in the counties of Nassau and
40 Suffolk as authorized pursuant to paragraph (l) of subdivision one of
41 section twenty-eight hundred seven-c of this article from the tobacco
42 control and initiatives pool established for the following periods in
43 the following amounts:

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

47 (ii) two million two hundred ninety-two thousand dollars for the peri-
48 od January first, two thousand nine through November thirtieth, two
49 thousand nine.

50 (iii) Funds shall be reserved and set aside and accumulated from year
51 to year and shall be made available, including income from investment
52 funds, for the purpose of supporting the New York state medical indem-
53 nity fund as authorized pursuant to title four of article twenty-nine-D
54 of this chapter, for the following periods and in the following amounts,
55 provided, however, that the commissioner is authorized to seek waiver
56 authority from the federal centers for medicare and Medicaid for the

1 purpose of securing Medicaid federal financial participation for such
2 program, in which case the funding authorized pursuant to this paragraph
3 shall be utilized as the non-federal share for such payments:

4 Thirty million dollars for the period April first, two thousand eleven
5 through March thirty-first, two thousand twelve.

6 2. (a) For periods prior to January first, two thousand five, the
7 commissioner is authorized to contract with the article forty-three
8 insurance law plans, or such other contractors as the commissioner shall
9 designate, to receive and distribute funds from the tobacco control and
10 insurance initiatives pool established pursuant to this section. In the
11 event contracts with the article forty-three insurance law plans or
12 other commissioner's designees are effectuated, the commissioner shall
13 conduct annual audits of the receipt and distribution of such funds. The
14 reasonable costs and expenses of an administrator as approved by the
15 commissioner, not to exceed for personnel services on an annual basis
16 five hundred thousand dollars, for collection and distribution of funds
17 pursuant to this section shall be paid from such funds.

18 (b) Notwithstanding any inconsistent provision of section one hundred
19 twelve or one hundred sixty-three of the state finance law or any other
20 law, at the discretion of the commissioner without a competitive bid or
21 request for proposal process, contracts in effect for administration of
22 pools established pursuant to sections twenty-eight hundred seven-k,
23 twenty-eight hundred seven-l and twenty-eight hundred seven-m of this
24 article for the period January first, nineteen hundred ninety-nine
25 through December thirty-first, nineteen hundred ninety-nine may be
26 extended to provide for administration pursuant to this section and may
27 be amended as may be necessary.

28 § 18. Paragraph (a) of subdivision 12 of section 367-b of the social
29 services law, as amended by section 13 of part C of chapter 57 of the
30 laws of 2023, is amended to read as follows:

31 (a) For the purpose of regulating cash flow for general hospitals, the
32 department shall develop and implement a payment methodology to provide
33 for timely payments for inpatient hospital services eligible for case
34 based payments per discharge based on diagnosis-related groups provided
35 during the period January first, nineteen hundred eighty-eight through
36 March thirty-first two thousand [~~twenty-six~~] twenty-nine, by such hospi-
37 tals which elect to participate in the system.

38 § 19. Paragraph (u) of subdivision 9 of section 3614 of the public
39 health law, as added by section 14 of part C of chapter 57 of the laws
40 of 2023, is amended and three new paragraphs (v), (w) and (x) are added
41 to read as follows:

42 (u) for the period April first, two thousand twenty-five through March
43 thirty-first, two thousand twenty-six, up to one hundred million
44 dollars[-];

45 (v) for the period April first, two thousand twenty-six through March
46 thirty-first, two thousand twenty-seven, up to one hundred million
47 dollars;

48 (w) for the period April first, two thousand twenty-seven through
49 March thirty-first, two thousand twenty-eight, up to one hundred million
50 dollars;

51 (x) for the period April first, two thousand twenty-eight through
52 March thirty-first, two thousand twenty-nine, up to one hundred million
53 dollars.

54 § 20. Paragraph (y) of subdivision 1 of section 367-q of the social
55 services law, as added by section 15 of part C of chapter 57 of the laws

1 of 2023, is amended and three new paragraphs (z), (aa) and (bb) are
2 added to read as follows:

3 (y) for the period April first, two thousand twenty-five through March
4 thirty-first, two thousand twenty-six, up to twenty-eight million five
5 hundred thousand dollars[-];

6 (z) for the period April first, two thousand twenty-six through March
7 thirty-first, two thousand twenty-seven, up to twenty-eight million five
8 hundred thousand dollars;

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

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

15 § 21. This act shall take effect April 1, 2026; provided, however, if
16 this act shall become a law after such date it shall take effect imme-
17 diately and shall be deemed to have been in full force and effect on and
18 after April 1, 2026; and further provided, that:

19 (a) the amendments to sections 2807-j and 2807-s of the public health
20 law made by sections two, eleven, fourteen and fifteen of this act shall
21 not affect the expiration of such sections and shall expire therewith;

22 (b) the amendments to subdivision 6 of section 2807-t of the public
23 health law made by section sixteen of this act shall not affect the
24 expiration of such section and shall be deemed to expire therewith; and

25 (c) the amendments to paragraph (i-1) of subdivision 1 of section
26 2807-v of the public health law made by section seventeen of this act
27 shall not affect the repeal of such paragraph and shall be deemed
28 repealed therewith.

29 PART D

30 Section 1. Paragraph (a) of subdivision 1 of section 18 of chapter 266
31 of the laws of 1986, amending the civil practice law and rules and other
32 laws relating to malpractice and professional medical conduct, as
33 amended by section 1 of part G of chapter 57 of the laws of 2025, is
34 amended and a new subdivision 9 is added to read as follows:

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

1 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
2 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
3 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
4 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
5 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
6 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June
7 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
8 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July
9 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,
10 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June
11 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019
12 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July
13 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023,
14 between July 1, 2023 and June 30, 2024, between July 1, 2024 and June
15 30, 2025, [and] between July 1, 2025 and June 30, 2026, and between July
16 1, 2026 and June 30, 2027 or reimburse the hospital where the hospital
17 purchases equivalent excess coverage as defined in subparagraph (i) of
18 paragraph (a) of subdivision 1-a of this section for medical or dental
19 malpractice occurrences between July 1, 1987 and June 30, 1988, between
20 July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990,
21 between July 1, 1990 and June 30, 1991, between July 1, 1991 and June
22 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993
23 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July
24 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997,
25 between July 1, 1997 and June 30, 1998, between July 1, 1998 and June
26 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000
27 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July
28 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004,
29 between July 1, 2004 and June 30, 2005, between July 1, 2005 and June
30 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007
31 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July
32 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011,
33 between July 1, 2011 and June 30, 2012, between July 1, 2012 and June
34 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014
35 and June 30, 2015, between July 1, 2015 and June 30, 2016, between July
36 1, 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018,
37 between July 1, 2018 and June 30, 2019, between July 1, 2019 and June
38 30, 2020, between July 1, 2020 and June 30, 2021, between July 1, 2021
39 and June 30, 2022, between July 1, 2022 and June 30, 2023, between July
40 1, 2023 and June 30, 2024, between July 1, 2024 and June 30, 2025, [and]
41 between July 1, 2025 and June 30, 2026, and between July 1, 2026 and
42 June 30, 2027 for physicians or dentists certified as eligible for each
43 such period or periods pursuant to subdivision 2 of this section by a
44 general hospital licensed pursuant to article 28 of the public health
45 law; provided that no single insurer shall write more than fifty percent
46 of the total excess premium for a given policy year; and provided,
47 however, that such eligible physicians or dentists must have in force an
48 individual policy, from an insurer licensed in this state of primary
49 malpractice insurance coverage in amounts of no less than one million
50 three hundred thousand dollars for each claimant and three million nine
51 hundred thousand dollars for all claimants under that policy during the
52 period of such excess coverage for such occurrences or be endorsed as
53 additional insureds under a hospital professional liability policy which
54 is offered through a voluntary attending physician ("channeling")
55 program previously permitted by the superintendent of financial services
56 during the period of such excess coverage for such occurrences. During

1 such period, such policy for excess coverage or such equivalent excess
2 coverage shall, when combined with the physician's or dentist's primary
3 malpractice insurance coverage or coverage provided through a voluntary
4 attending physician ("channeling") program, total an aggregate level of
5 two million three hundred thousand dollars for each claimant and six
6 million nine hundred thousand dollars for all claimants from all such
7 policies with respect to occurrences in each of such years provided,
8 however, if the cost of primary malpractice insurance coverage in excess
9 of one million dollars, but below the excess medical malpractice insur-
10 ance coverage provided pursuant to this act, exceeds the rate of nine
11 percent per annum, then the required level of primary malpractice insur-
12 ance coverage in excess of one million dollars for each claimant shall
13 be in an amount of not less than the dollar amount of such coverage
14 available at nine percent per annum; the required level of such coverage
15 for all claimants under that policy shall be in an amount not less than
16 three times the dollar amount of coverage for each claimant; and excess
17 coverage, when combined with such primary malpractice insurance cover-
18 age, shall increase the aggregate level for each claimant by one million
19 dollars and three million dollars for all claimants; and provided
20 further, that, with respect to policies of primary medical malpractice
21 coverage that include occurrences between April 1, 2002 and June 30,
22 2002, such requirement that coverage be in amounts no less than one
23 million three hundred thousand dollars for each claimant and three
24 million nine hundred thousand dollars for all claimants for such occur-
25 rences shall be effective April 1, 2002.

26 (9) This subdivision shall apply only to excess insurance coverage or
27 equivalent excess coverage for physicians or dentists that is eligible
28 to be paid for from funds available in the hospital excess liability
29 pool.

30 (a) Notwithstanding any law to the contrary, for any policy period
31 beginning on or after July 1, 2025, excess coverage shall be purchased
32 by a physician or dentist directly from a provider of excess insurance
33 coverage or equivalent excess coverage. At the conclusion of the policy
34 period the superintendent of financial services and the commissioner of
35 health or their designee shall, from funds available in the hospital
36 excess liability pool created pursuant to subdivision 5 of this section,
37 pay fifty percent of the premium to the provider of excess insurance
38 coverage or equivalent excess coverage, and the remaining fifty percent
39 shall be paid one year thereafter.

40 (b) Notwithstanding any law to the contrary, for any policy period
41 beginning on or after July 1, 2026, excess coverage shall be purchased
42 by a physician or dentist directly from a provider of excess insurance
43 coverage or equivalent excess coverage. Such provider of excess insur-
44 ance coverage or equivalent excess coverage shall bill, in a manner
45 consistent with paragraph (f) of this subdivision, the physician or
46 dentist for an amount equal to fifty percent of the premium for such
47 coverage, as established pursuant to paragraph (d) of this subdivision,
48 during the policy period. At the conclusion of the policy period the
49 superintendent of financial services and the commissioner of health or
50 their designee shall, from funds available in the hospital excess
51 liability pool created pursuant to subdivision 5 of this section, pay
52 half of the remaining fifty percent of the premium to the provider of
53 excess insurance coverage or equivalent excess coverage, and the remain-
54 ing twenty-five percent shall be paid one year thereafter. If the funds
55 available in the hospital excess liability pool are insufficient to meet

1 the percent of the costs of the excess coverage, the provisions of
2 subdivision 8 of this section shall apply.

3 (c) If at the conclusion of the policy period, a physician or dentist,
4 eligible for excess coverage paid for from funds available in the hospi-
5 tal excess liability pool, has failed to pay an amount equal to fifty
6 percent of the premium as established pursuant to paragraph (d) of this
7 subdivision, such excess coverage shall be cancelled and shall be null
8 and void as of the first day on or after the commencement of a policy
9 period where the liability for payment pursuant to this subdivision has
10 not been met. The provider of excess coverage shall remit any portion of
11 premium paid by the eligible physician or dentist for such a policy
12 period.

13 (d) The superintendent of financial services shall establish a rate
14 consistent with subdivision 3 of this section that providers of excess
15 insurance coverage or equivalent excess coverage will charge for such
16 coverage for each policy period. For the policy period beginning July 1,
17 2025, the superintendent of financial services may direct that the
18 premium for that policy period be the same as it was for the policy
19 period that concluded June 30, 2025.

20 (e) No provider of excess insurance coverage or equivalent excess
21 coverage shall issue excess coverage to which this subdivision applies
22 to any physician or dentist unless that physician or dentist meets the
23 eligibility requirements for such coverage set forth in this section.
24 The superintendent of financial services and the commissioner of health
25 or their designee shall not make any payment under this subdivision to a
26 provider of excess insurance coverage or equivalent excess coverage for
27 excess coverage issued to a physician or dentist who does not meet the
28 eligibility requirements for participation in the hospital excess
29 liability pool program set forth in this section.

30 (f) A provider of excess insurance coverage or equivalent coverage
31 that issues excess coverage under this subdivision shall bill the physi-
32 cian or dentist for the portion of the premium required under paragraph
33 (a) of this subdivision in twelve equal monthly installments or in such
34 other manner as the physician or dentist may agree.

35 (g) The superintendent of financial services in consultation with the
36 commissioner of health may promulgate regulations giving effect to the
37 provisions of this subdivision.

38 § 2. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,
39 amending the civil practice law and rules and other laws relating to
40 malpractice and professional medical conduct, as amended by section 2 of
41 part G of chapter 57 of the laws of 2025, is amended to read as follows:

42 (3)(a) The superintendent of financial services shall determine and
43 certify to each general hospital and to the commissioner of health the
44 cost of excess malpractice insurance for medical or dental malpractice
45 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988
46 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July
47 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,
48 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June
49 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995
50 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July
51 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,
52 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June
53 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002
54 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July
55 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,
56 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June

1 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009
2 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July
3 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,
4 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June
5 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016
6 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July
7 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,
8 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June
9 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023
10 and June 30, 2024, between July 1, 2024 and June 30, 2025, [and] between
11 July 1, 2025 and June 30, 2026, and between July 1, 2026 and June 30,
12 2027 allocable to each general hospital for physicians or dentists
13 certified as eligible for purchase of a policy for excess insurance
14 coverage by such general hospital in accordance with subdivision 2 of
15 this section, and may amend such determination and certification as
16 necessary.

17 (b) The superintendent of financial services shall determine and
18 certify to each general hospital and to the commissioner of health the
19 cost of excess malpractice insurance or equivalent excess coverage for
20 medical or dental malpractice occurrences between July 1, 1987 and June
21 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989
22 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July
23 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,
24 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June
25 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996
26 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July
27 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,
28 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June
29 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003
30 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July
31 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,
32 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June
33 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010
34 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July
35 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,
36 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June
37 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017
38 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July
39 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021,
40 between July 1, 2021 and June 30, 2022, between July 1, 2022 and June
41 30, 2023, between July 1, 2023 and June 30, 2024, between July 1, 2024
42 and June 30, 2025, [and] between July 1, 2025 and June 30, 2026, and
43 between July 1, 2026 and June 30, 2027 allocable to each general hospi-
44 tal for physicians or dentists certified as eligible for purchase of a
45 policy for excess insurance coverage or equivalent excess coverage by
46 such general hospital in accordance with subdivision 2 of this section,
47 and may amend such determination and certification as necessary. The
48 superintendent of financial services shall determine and certify to each
49 general hospital and to the commissioner of health the ratable share of
50 such cost allocable to the period July 1, 1987 to December 31, 1987, to
51 the period January 1, 1988 to June 30, 1988, to the period July 1, 1988
52 to December 31, 1988, to the period January 1, 1989 to June 30, 1989, to
53 the period July 1, 1989 to December 31, 1989, to the period January 1,
54 1990 to June 30, 1990, to the period July 1, 1990 to December 31, 1990,
55 to the period January 1, 1991 to June 30, 1991, to the period July 1,
56 1991 to December 31, 1991, to the period January 1, 1992 to June 30,

1 1992, to the period July 1, 1992 to December 31, 1992, to the period
2 January 1, 1993 to June 30, 1993, to the period July 1, 1993 to December
3 31, 1993, to the period January 1, 1994 to June 30, 1994, to the period
4 July 1, 1994 to December 31, 1994, to the period January 1, 1995 to June
5 30, 1995, to the period July 1, 1995 to December 31, 1995, to the period
6 January 1, 1996 to June 30, 1996, to the period July 1, 1996 to December
7 31, 1996, to the period January 1, 1997 to June 30, 1997, to the period
8 July 1, 1997 to December 31, 1997, to the period January 1, 1998 to June
9 30, 1998, to the period July 1, 1998 to December 31, 1998, to the period
10 January 1, 1999 to June 30, 1999, to the period July 1, 1999 to December
11 31, 1999, to the period January 1, 2000 to June 30, 2000, to the period
12 July 1, 2000 to December 31, 2000, to the period January 1, 2001 to June
13 30, 2001, to the period July 1, 2001 to June 30, 2002, to the period
14 July 1, 2002 to June 30, 2003, to the period July 1, 2003 to June 30,
15 2004, to the period July 1, 2004 to June 30, 2005, to the period July 1,
16 2005 and June 30, 2006, to the period July 1, 2006 and June 30, 2007, to
17 the period July 1, 2007 and June 30, 2008, to the period July 1, 2008
18 and June 30, 2009, to the period July 1, 2009 and June 30, 2010, to the
19 period July 1, 2010 and June 30, 2011, to the period July 1, 2011 and
20 June 30, 2012, to the period July 1, 2012 and June 30, 2013, to the
21 period July 1, 2013 and June 30, 2014, to the period July 1, 2014 and
22 June 30, 2015, to the period July 1, 2015 and June 30, 2016, to the
23 period July 1, 2016 and June 30, 2017, to the period July 1, 2017 to
24 June 30, 2018, to the period July 1, 2018 to June 30, 2019, to the peri-
25 od July 1, 2019 to June 30, 2020, to the period July 1, 2020 to June 30,
26 2021, to the period July 1, 2021 to June 30, 2022, to the period July 1,
27 2022 to June 30, 2023, to the period July 1, 2023 to June 30, 2024, to
28 the period July 1, 2024 to June 30, 2025, ~~and~~ to the period July 1,
29 2025 to June 30, 2026, and to the period July 1, 2026 to June 30, 2027.

30 § 3. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section
31 18 of chapter 266 of the laws of 1986, amending the civil practice law
32 and rules and other laws relating to malpractice and professional
33 medical conduct, as amended by section 3 of part G of chapter 57 of the
34 laws of 2025, are amended to read as follows:

35 (a) To the extent funds available to the hospital excess liability
36 pool pursuant to subdivision 5 of this section as amended, and pursuant
37 to section 6 of part J of chapter 63 of the laws of 2001, as may from
38 time to time be amended, which amended this subdivision, are insuffi-
39 cient to meet the costs of excess insurance coverage or equivalent
40 excess coverage for coverage periods during the period July 1, 1992 to
41 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during
42 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995
43 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,
44 during the period July 1, 1997 to June 30, 1998, during the period July
45 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,
46 2000, during the period July 1, 2000 to June 30, 2001, during the period
47 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to
48 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during
49 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004
50 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,
51 during the period July 1, 2006 to June 30, 2007, during the period July
52 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,
53 2009, during the period July 1, 2009 to June 30, 2010, during the period
54 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June
55 30, 2012, during the period July 1, 2012 to June 30, 2013, during the
56 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to

1 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during
2 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017
3 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,
4 during the period July 1, 2019 to June 30, 2020, during the period July
5 1, 2020 to June 30, 2021, during the period July 1, 2021 to June 30,
6 2022, during the period July 1, 2022 to June 30, 2023, during the period
7 July 1, 2023 to June 30, 2024, during the period July 1, 2024 to June
8 30, 2025, [and] during the period July 1, 2025 to June 30, 2026, and
9 during the period July 1, 2026 to June 30, 2027 allocated or reallocated
10 in accordance with paragraph (a) of subdivision 4-a of this section to
11 rates of payment applicable to state governmental agencies, each physi-
12 cian or dentist for whom a policy for excess insurance coverage or
13 equivalent excess coverage is purchased for such period shall be respon-
14 sible for payment to the provider of excess insurance coverage or equiv-
15 alent excess coverage of an allocable share of such insufficiency, based
16 on the ratio of the total cost of such coverage for such physician to
17 the sum of the total cost of such coverage for all physicians applied to
18 such insufficiency.

19 (b) Each provider of excess insurance coverage or equivalent excess
20 coverage covering the period July 1, 1992 to June 30, 1993, or covering
21 the period July 1, 1993 to June 30, 1994, or covering the period July 1,
22 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,
23 1996, or covering the period July 1, 1996 to June 30, 1997, or covering
24 the period July 1, 1997 to June 30, 1998, or covering the period July 1,
25 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,
26 2000, or covering the period July 1, 2000 to June 30, 2001, or covering
27 the period July 1, 2001 to October 29, 2001, or covering the period
28 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to
29 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or
30 covering the period July 1, 2004 to June 30, 2005, or covering the peri-
31 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to
32 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or
33 covering the period July 1, 2008 to June 30, 2009, or covering the peri-
34 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to
35 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or
36 covering the period July 1, 2012 to June 30, 2013, or covering the peri-
37 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to
38 June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or
39 covering the period July 1, 2016 to June 30, 2017, or covering the peri-
40 od July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to
41 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or
42 covering the period July 1, 2020 to June 30, 2021, or covering the peri-
43 od July 1, 2021 to June 30, 2022, or covering the period July 1, 2022 to
44 June 30, 2023, or covering the period July 1, 2023 to June 30, 2024, or
45 covering the period July 1, 2024 to June 30, 2025, or covering the peri-
46 od July 1, 2025 to June 30, 2026, or covering the period July 1, 2026 to
47 June 30, 2027 shall notify a covered physician or dentist by mail,
48 mailed to the address shown on the last application for excess insurance
49 coverage or equivalent excess coverage, of the amount due to such
50 provider from such physician or dentist for such coverage period deter-
51 mined in accordance with paragraph (a) of this subdivision. Such amount
52 shall be due from such physician or dentist to such provider of excess
53 insurance coverage or equivalent excess coverage in a time and manner
54 determined by the superintendent of financial services.

55 (c) If a physician or dentist liable for payment of a portion of the
56 costs of excess insurance coverage or equivalent excess coverage cover-

ing the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or covering the period July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or covering the period July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or covering the period July 1, 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30, 2023, or covering the period July 1, 2023 to June 30, 2024, or covering the period July 1, 2024 to June 30, 2025, or covering the period July 1, 2025 to June 30, 2026, or covering the period July 1, 2026 to June 30, 2027 determined in accordance with paragraph (a) of this subdivision fails, refuses or neglects to make payment to the provider of excess insurance coverage or equivalent excess coverage in such time and manner as determined by the superintendent of financial services pursuant to paragraph (b) of this subdivision, excess insurance coverage or equivalent excess coverage purchased for such physician or dentist in accordance with this section for such coverage period shall be cancelled and shall be null and void as of the first day on or after the commencement of a policy period where the liability for payment pursuant to this subdivision has not been met.

(d) Each provider of excess insurance coverage or equivalent excess coverage shall notify the superintendent of financial services and the commissioner of health or their designee of each physician and dentist eligible for purchase of a policy for excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the peri-

od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or covering the period July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or covering the period July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or covering the period July 1, 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30, 2023, or covering the period July 1, 2023 to June 30, 2024, or covering the period July 1, 2024 to June 30, 2025, or covering the period July 1, 2025 to June 30, 2026, or covering the period July 1, 2026 to June 30, 2027 that has made payment to such provider of excess insurance coverage or equivalent excess coverage in accordance with paragraph (b) of this subdivision and of each physician and dentist who has failed, refused or neglected to make such payment.

(e) A provider of excess insurance coverage or equivalent excess coverage shall refund to the hospital excess liability pool any amount allocable to the period July 1, 1992 to June 30, 1993, and to the period July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001, and to the period April 1, 2002 to June 30, 2002, and to the period July 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30, 2004, and to the period July 1, 2004 to June 30, 2005, and to the period July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and to the period July 1, 2014 to June 30, 2015, and to the period July 1, 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and to the period July 1, 2017 to June 30, 2018, and to the period July 1, 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020, and to the period July 1, 2020 to June 30, 2021, and to the period July 1, 2021 to June 30, 2022, and to the period July 1, 2022 to June 30, 2023, and to the period July 1, 2023 to June 30, 2024, and to the period July 1, 2024 to June 30, 2025, and to the period July 1, 2025 to June 30, 2026, and to the period July 1, 2026 to June 30, 2027 received from the hospital excess liability pool for purchase of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, and covering the period July 1, 1993 to June 30, 1994, and covering the period July 1, 1994 to June 30, 1995, and covering the period July 1, 1995 to June 30, 1996, and covering the period July 1, 1996 to June 30, 1997, and covering the period July 1, 1997 to June 30, 1998, and covering the period July 1, 1998 to June 30, 1999, and covering the period July 1, 1999 to June 30, 2000, and covering the period July 1, 2000 to June 30, 2001, and covering the period July 1, 2001 to October 29, 2001, and covering the period April 1, 2002 to June 30, 2002, and covering the period July 1, 2002 to June 30, 2003, and covering the period July 1, 2003 to June 30, 2004, and covering the period July 1, 2004 to June 30, 2005, and covering the period July 1, 2005 to

1 June 30, 2006, and covering the period July 1, 2006 to June 30, 2007,
2 and covering the period July 1, 2007 to June 30, 2008, and covering the
3 period July 1, 2008 to June 30, 2009, and covering the period July 1,
4 2009 to June 30, 2010, and covering the period July 1, 2010 to June 30,
5 2011, and covering the period July 1, 2011 to June 30, 2012, and cover-
6 ing the period July 1, 2012 to June 30, 2013, and covering the period
7 July 1, 2013 to June 30, 2014, and covering the period July 1, 2014 to
8 June 30, 2015, and covering the period July 1, 2015 to June 30, 2016,
9 and covering the period July 1, 2016 to June 30, 2017, and covering the
10 period July 1, 2017 to June 30, 2018, and covering the period July 1,
11 2018 to June 30, 2019, and covering the period July 1, 2019 to June 30,
12 2020, and covering the period July 1, 2020 to June 30, 2021, and cover-
13 ing the period July 1, 2021 to June 30, 2022, and covering the period
14 July 1, 2022 to June 30, 2023 for, and covering the period July 1, 2023
15 to June 30, 2024, and covering the period July 1, 2024 to June 30, 2025,
16 and covering the period July 1, 2025 to June 30, 2026, and covering the
17 period July 1, 2026 to June 30, 2027 a physician or dentist where such
18 excess insurance coverage or equivalent excess coverage is cancelled in
19 accordance with paragraph (c) of this subdivision.

20 § 4. Section 40 of chapter 266 of the laws of 1986, amending the civil
21 practice law and rules and other laws relating to malpractice and
22 professional medical conduct, as amended by section 4 of part G of chap-
23 ter 57 of the laws of 2025, is amended to read as follows:

24 § 40. The superintendent of financial services shall establish rates
25 for policies providing coverage for physicians and surgeons medical
26 malpractice for the periods commencing July 1, 1985 and ending June 30,
27 ~~2026~~ 2027; provided, however, that notwithstanding any other provision
28 of law, the superintendent shall not establish or approve any increase
29 in rates for the period commencing July 1, 2009 and ending June 30,
30 2010. The superintendent shall direct insurers to establish segregated
31 accounts for premiums, payments, reserves and investment income attrib-
32 utable to such premium periods and shall require periodic reports by the
33 insurers regarding claims and expenses attributable to such periods to
34 monitor whether such accounts will be sufficient to meet incurred claims
35 and expenses. On or after July 1, 1989, the superintendent shall impose
36 a surcharge on premiums to satisfy a projected deficiency that is
37 attributable to the premium levels established pursuant to this section
38 for such periods; provided, however, that such annual surcharge shall
39 not exceed eight percent of the established rate until July 1, ~~2026~~
40 2027, at which time and thereafter such surcharge shall not exceed twen-
41 ty-five percent of the approved adequate rate, and that such annual
42 surcharges shall continue for such period of time as shall be sufficient
43 to satisfy such deficiency. The superintendent shall not impose such
44 surcharge during the period commencing July 1, 2009 and ending June 30,
45 2010. On and after July 1, 1989, the surcharge prescribed by this
46 section shall be retained by insurers to the extent that they insured
47 physicians and surgeons during the July 1, 1985 through June 30, ~~2026~~
48 2027 policy periods; in the event and to the extent physicians and
49 surgeons were insured by another insurer during such periods, all or a
50 pro rata share of the surcharge, as the case may be, shall be remitted
51 to such other insurer in accordance with rules and regulations to be
52 promulgated by the superintendent. Surcharges collected from physicians
53 and surgeons who were not insured during such policy periods shall be
54 apportioned among all insurers in proportion to the premium written by
55 each insurer during such policy periods; if a physician or surgeon was
56 insured by an insurer subject to rates established by the superintendent

1 during such policy periods, and at any time thereafter a hospital,
2 health maintenance organization, employer or institution is responsible
3 for responding in damages for liability arising out of such physician's
4 or surgeon's practice of medicine, such responsible entity shall also
5 remit to such prior insurer the equivalent amount that would then be
6 collected as a surcharge if the physician or surgeon had continued to
7 remain insured by such prior insurer. In the event any insurer that
8 provided coverage during such policy periods is in liquidation, the
9 property/casualty insurance security fund shall receive the portion of
10 surcharges to which the insurer in liquidation would have been entitled.
11 The surcharges authorized herein shall be deemed to be income earned for
12 the purposes of section 2303 of the insurance law. The superintendent,
13 in establishing adequate rates and in determining any projected defi-
14 ciency pursuant to the requirements of this section and the insurance
15 law, shall give substantial weight, determined in ~~his~~ their discretion
16 and judgment, to the prospective anticipated effect of any regulations
17 promulgated and laws enacted and the public benefit of stabilizing
18 malpractice rates and minimizing rate level fluctuation during the peri-
19 od of time necessary for the development of more reliable statistical
20 experience as to the efficacy of such laws and regulations affecting
21 medical, dental or podiatric malpractice enacted or promulgated in 1985,
22 1986, by this act and at any other time. Notwithstanding any provision
23 of the insurance law, rates already established and to be established by
24 the superintendent pursuant to this section are deemed adequate if such
25 rates would be adequate when taken together with the maximum authorized
26 annual surcharges to be imposed for a reasonable period of time whether
27 or not any such annual surcharge has been actually imposed as of the
28 establishment of such rates.

29 § 5. Section 5 and subdivisions (a) and (e) of section 6 of part J of
30 chapter 63 of the laws of 2001, amending chapter 266 of the laws of
31 1986, amending the civil practice law and rules and other laws relating
32 to malpractice and professional medical conduct, as amended by section 5
33 of part G of chapter 57 of the laws of 2025, are amended to read as
34 follows:

35 § 5. The superintendent of financial services and the commissioner of
36 health shall determine, no later than June 15, 2002, June 15, 2003, June
37 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,
38 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,
39 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June
40 15, 2018, June 15, 2019, June 15, 2020, June 15, 2021, June 15, 2022,
41 June 15, 2023, June 15, 2024, June 15, 2025, ~~and~~ June 15, 2026, and
42 June 15, 2027 the amount of funds available in the hospital excess
43 liability pool, created pursuant to section 18 of chapter 266 of the
44 laws of 1986, and whether such funds are sufficient for purposes of
45 purchasing excess insurance coverage for eligible participating physi-
46 cians and dentists during the period July 1, 2001 to June 30, 2002, or
47 July 1, 2002 to June 30, 2003, or July 1, 2003 to June 30, 2004, or July
48 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1,
49 2006 to June 30, 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008
50 to June 30, 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to
51 June 30, 2011, or July 1, 2011 to June 30, 2012, or July 1, 2012 to June
52 30, 2013, or July 1, 2013 to June 30, 2014, or July 1, 2014 to June 30,
53 2015, or July 1, 2015 to June 30, 2016, or July 1, 2016 to June 30,
54 2017, or July 1, 2017 to June 30, 2018, or July 1, 2018 to June 30,
55 2019, or July 1, 2019 to June 30, 2020, or July 1, 2020 to June 30,
56 2021, or July 1, 2021 to June 30, 2022, or July 1, 2022 to June 30,

1 2023, or July 1, 2023 to June 30, 2024, or July 1, 2024 to June 30,
2 2025, or July 1, 2025 to June 30, 2026, or July 1, 2026 to June 30, 2027
3 as applicable.

4 (a) This section shall be effective only upon a determination, pursu-
5 ant to section five of this act, by the superintendent of financial
6 services and the commissioner of health, and a certification of such
7 determination to the state director of the budget, the chair of the
8 senate committee on finance and the chair of the assembly committee on
9 ways and means, that the amount of funds in the hospital excess liabil-
10 ity pool, created pursuant to section 18 of chapter 266 of the laws of
11 1986, is insufficient for purposes of purchasing excess insurance cover-
12 age for eligible participating physicians and dentists during the period
13 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July
14 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,
15 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007
16 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to
17 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June
18 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
19 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,
20 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,
21 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,
22 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,
23 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,
24 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30,
25 2026, or July 1, 2026 to June 30, 2027 as applicable.

26 (e) The commissioner of health shall transfer for deposit to the
27 hospital excess liability pool created pursuant to section 18 of chapter
28 266 of the laws of 1986 such amounts as directed by the superintendent
29 of financial services for the purchase of excess liability insurance
30 coverage for eligible participating physicians and dentists for the
31 policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30,
32 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,
33 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,
34 2007, as applicable, and the cost of administering the hospital excess
35 liability pool for such applicable policy year, pursuant to the program
36 established in chapter 266 of the laws of 1986, as amended, no later
37 than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June
38 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010,
39 June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15,
40 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June
41 15, 2020, June 15, 2021, June 15, 2022, June 15, 2023, June 15, 2024,
42 June 15, 2025, ~~and~~ June 15, 2026, and June 15, 2027 as applicable.

43 § 6. Section 20 of part H of chapter 57 of the laws of 2017, amending
44 the New York Health Care Reform Act of 1996 and other laws relating to
45 extending certain provisions thereto, as amended by section 6 of part G
46 of chapter 57 of the laws of 2025, is amended to read as follows:

47 § 20. Notwithstanding any law, rule or regulation to the contrary,
48 only physicians or dentists who were eligible, and for whom the super-
49 intendent of financial services and the commissioner of health, or their
50 designee, purchased, with funds available in the hospital excess liabil-
51 ity pool, a full or partial policy for excess coverage or equivalent
52 excess coverage for the coverage period ending the thirtieth of June,
53 two thousand ~~[twenty-five]~~ twenty-six, shall be eligible to apply for
54 such coverage for the coverage period beginning the first of July, two
55 thousand ~~[twenty-five]~~ twenty-six; provided, however, if the total
56 number of physicians or dentists for whom such excess coverage or equiv-

1 alent excess coverage was purchased for the policy year ending the thir-
2 tieth of June, two thousand [~~twenty-five~~] twenty-six exceeds the total
3 number of physicians or dentists certified as eligible for the coverage
4 period beginning the first of July, two thousand [~~twenty-five~~] twenty-
5 six, then the general hospitals may certify additional eligible physi-
6 cians or dentists in a number equal to such general hospital's propor-
7 tional share of the total number of physicians or dentists for whom
8 excess coverage or equivalent excess coverage was purchased with funds
9 available in the hospital excess liability pool as of the thirtieth of
10 June, two thousand [~~twenty-five~~] twenty-six, as applied to the differ-
11 ence between the number of eligible physicians or dentists for whom a
12 policy for excess coverage or equivalent excess coverage was purchased
13 for the coverage period ending the thirtieth of June, two thousand
14 [~~twenty-five~~] twenty-six and the number of such eligible physicians or
15 dentists who have applied for excess coverage or equivalent excess
16 coverage for the coverage period beginning the first of July, two thou-
17 sand [~~twenty-five~~] twenty-six.

18 § 7. This act shall take effect immediately and shall be deemed to
19 have been in full force and effect on and after April 1, 2026.

20 PART E

21 Section 1. Section 461-s of the social services law is REPEALED.

22 § 2. Paragraph (c) of subdivision 1 of section 461-b of the social
23 services law is REPEALED.

24 § 3. Article 27-H of the public health law, as added by chapter 550 of
25 the laws of 1988, is REPEALED.

26 § 4. Subdivision 9 of section 2803 of the public health law is
27 REPEALED.

28 § 5. This act shall take effect immediately and shall be deemed to
29 have been in full force and effect on and after April 1, 2026.

30 PART F

31 Section 1. Subdivision 3 of section 97-www of the state finance law,
32 as added by chapter 586 of the laws of 2000, is amended to read as
33 follows:

34 3. Moneys of the fund shall be expended for the benefit of the dental
35 education and public access programs of the Percy T. Phillips educa-
36 tional foundation of the Dental Society of the state of New York.
37 Moneys shall be paid out of the fund on the audit and warrant of the
38 state comptroller on vouchers [~~approved by the chairman of the board of~~
39 ~~trustees of the Percy T. Phillips educational foundation of the Dental~~
40 ~~Society of the state of New York or by the treasurer or the executive~~
41 ~~director of the Percy T. Phillips educational foundation of the Dental~~
42 ~~Society of the state of New York~~] approved and certified by the commis-
43 sioner of health. Any interest received by the comptroller on moneys on
44 deposit in the Percy T. Phillips educational foundation of the Dental
45 Society of the state of New York fund shall be retained in and become
46 part of such fund. No money from such fund may be withdrawn, trans-
47 ferred, or used by any person for any purpose other than as permitted in
48 this section.

49 § 2. Section 9 of part JJ of chapter 57 of the laws of 2025 amending
50 the public health law relating to reporting pregnancy losses and clari-
51 fying which agencies are responsible for such reports, is amended to
52 read as follows:

§ 9. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2025; provided, however that ~~[the amendments to subdivision 2 of section 4160 of the public health law made by]~~ section ~~[two]~~ three of this act shall ~~[expire and be deemed repealed]~~ take effect March 30, 2027~~[, when upon such date the provisions of section three of this act shall take effect]~~.

§ 3. Section 5 of part P of chapter 57 of the laws of 2025 amending the public health law relating to requiring hospitals to provide stabilizing care to pregnant individuals, is amended to read as follows:

§ 5. This act shall take effect immediately; provided, however, that the amendments to subdivision 3 of section 2805-b of the public health law ~~[made by]~~ as designated subdivision 5 in section one of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 21 of chapter 723 of the laws of 1989, as amended, when upon such date the provisions of section two of this act shall take effect.

§ 4. Subparagraph (iv) of paragraph (a) of subdivision 3 of section 273 of the public health law, as added by section 10 of part C of chapter 58 of the laws of 2005, is amended to read as follows:

(iv) other clinical indications identified by the ~~[committee for the patient's use of the non-preferred drug]~~ drug utilization review board established pursuant to section three hundred sixty-nine-bb of the social services law, which shall include consideration of the medical needs of special populations, including children, elderly, chronically ill, persons with mental health conditions, and persons affected by HIV/AIDS, pregnant persons, and persons with an opioid use disorder.

§ 5. Subdivision 6 of section 3331 of the public health law, as amended by chapter 178 of the laws of 2010, is amended to read as follows:

6. A practitioner dispensing a controlled substance shall file information pursuant to such dispensing with the department by electronic means in such manner and detail as the commissioner shall, by regulation, require. This requirement shall not apply to the dispensing by a practitioner pursuant to subdivision ~~[five]~~ six of section thirty-three hundred fifty-one of this article.

§ 6. Subparagraph (ii) of paragraph (a) of subdivision 2 of section 3343-a of the public health law, as added by section 2 of part A of chapter 447 of the laws of 2012, is amended to read as follows:

(ii) a practitioner dispensing pursuant to subdivision ~~[three]~~ four of section thirty-three hundred fifty-one of this article;

§ 7. Clause (vi) of subparagraph 1 of paragraph (e) of subdivision 5 of section 366 of the social services law, as amended by section 13 of part MM of chapter 56 of the laws of 2020, is amended to read as follows:

(vi) "look-back period" means the sixty-month period immediately preceding the date that an institutionalized individual is both institutionalized and has applied for medical assistance, or in the case of a non-institutionalized individual, subject to federal approval, the thirty-month period immediately preceding the date that such non-institutionalized individual applies for medical assistance coverage of long term care services. Nothing herein precludes a review of eligibility for retroactive authorization for medical expenses incurred during the ~~[three months prior to the month of application for medical assistance]~~ retroactive eligibility period.

§ 8. Subdivision (c) of section 1119 of the insurance law, as amended by a chapter of the laws of 2026 amending the public health law and the

1 insurance law relating to oversight of continuing care retirement commu-
2 nities, as proposed in legislative bills numbers S. 8802 and A. 9486, is
3 amended to read as follows:

4 (c) Such organization shall be subject to the provisions of article
5 seventy-four of this chapter. Prior to commencing action under such
6 article seventy-four, the superintendent shall consult with the continu-
7 ing care retirement community council established pursuant to section
8 ~~[forty-six hundred two]~~ forty-six hundred three of the public health
9 law.

10 § 9. This act shall take effect immediately; provided, however:

11 a. the amendments to subparagraph (iv) of paragraph (a) of subdivision
12 3 of section 273 of the public health law made by section four of this
13 act shall take effect on the same date as the reversion of paragraph (a)
14 of subdivision 3 of section 273 of the public health law as provided in
15 section 11 of part GG of chapter 56 of the laws of 2020, as amended;

16 b. sections five and six of this act shall take effect on the same
17 date and in the same manner as chapter 546 of the laws of 2025 took
18 effect;

19 c. section seven of this act shall take effect January 1, 2027; and

20 d. section eight of this act shall take effect on the same date and in
21 the same manner as a chapter of the laws of 2026 amending the public
22 health law and the insurance law relating to oversight of continuing
23 care retirement communities, as proposed in legislative bills numbers S.
24 8802 and A. 9486, takes effect.

25 PART G

26 Section 1. Section 3000-b of the public health law, as added by chap-
27 ter 552 of the laws of 1998, paragraph (b) of subdivision 1 as amended
28 by chapter 119 of the laws of 2017, subdivision 2 as amended by chapter
29 583 of the laws of 1999, paragraph (a) of subdivision 3 as amended by
30 chapter 243 of the laws of 2010, and paragraph (f) of subdivision 3 as
31 added by chapter 236 of the laws of 2007, is amended to read as follows:

32 § 3000-b. Automated external defibrillators: Public access providers.
33 1. ~~[Definitions.]~~ As used in this section, unless the context clearly
34 requires otherwise, the following terms shall have the following mean-
35 ings:

36 (a) "Automated external defibrillator" means a medical device,
37 approved by the United States food and drug administration, that~~[(i)]~~
38 is capable of: recognizing the presence or absence, in a patient, of
39 ventricular fibrillation and rapid ventricular tachycardia; ~~[(ii) is~~
40 ~~capable of]~~ determining, without intervention by an operator, whether
41 defibrillation should be performed on the patient; ~~[(iii) upon determin-~~
42 ~~ing that defibrillation should be performed,]~~ automatically ~~[charges]~~
43 charging and ~~[requests]~~ requesting delivery of an electrical impulse to
44 the patient's heart upon determining that defibrillation should be
45 performed; and ~~[(iv) then, upon action by an operator, delivers]~~ deliv-
46 ering an appropriate electrical impulse to the patient's heart to
47 perform defibrillation.

48 (b) ~~["Emergency health care provider" means (i) a physician with know-~~
49 ~~ledge and experience in the delivery of emergency cardiac care; (ii) a~~
50 ~~physician assistant or nurse practitioner with knowledge and experience~~
51 ~~in the delivery of emergency cardiac care, and who is acting within his~~
52 ~~or her scope of practice; or (iii) a hospital licensed under article~~
53 ~~twenty-eight of this chapter that provides emergency cardiac care.~~

~~(c)~~ "Public access defibrillation provider" means a person, firm, organization or other entity possessing or operating an automated external defibrillator pursuant to ~~[a collaborative agreement under]~~ this section.

~~[(d) "Nationally recognized organization" means a national organization approved by the department for the purpose of training people in use of an automated external defibrillator.]~~

2. ~~[Collaborative agreement.]~~ A person, firm, organization or other entity may purchase, acquire, possess and operate an automated external defibrillator pursuant to ~~[a collaborative agreement with an emergency health care provider]~~ this section. ~~[The collaborative agreement shall include a written agreement and written practice protocols, and policies and procedures that shall assure compliance with this section. The public access defibrillation provider shall file a copy of the collaborative agreement with the department and with the appropriate regional council prior to operating the]~~ Operation of an automated external defibrillator under this section shall be authorized in accordance with regulations promulgated by the department.

3. ~~[Possession and operation of automated external defibrillator. Possession and operation of an automated external defibrillator by a]~~ A public access defibrillation provider in possession of an automated external defibrillator shall comply with the following requirements, in a manner prescribed by the department:

(a) ~~[No person may operate an automated external defibrillator unless the person has successfully completed a training course in the operation of an automated external defibrillator approved by a nationally recognized organization or the state emergency medical services council. However, this section shall not prohibit operation of an automated external defibrillator, (i) by a health care practitioner licensed or certified under title VIII of the education law or a person certified under this article acting within his or her lawful scope of practice; (ii) by a person acting pursuant to a lawful prescription; or (iii) by a person who operates the automated external defibrillator other than as part of or incidental to his or her employment or regular duties, who is acting in good faith, with reasonable care, and without expectation of monetary compensation, to provide first aid that includes operation of an automated external defibrillator; nor shall this section limit any good samaritan protections provided in section three thousand a of this article]~~ The public access defibrillation provider shall provide training in the use of an automated external defibrillator and cardiopulmonary resuscitation consistent with standards approved by the department, including but not limited to programs developed or authorized by the department or determined by the department to be consistent with accepted standards of practice. At least one individual associated with the public access defibrillation provider shall be designated to receive such training and to be familiar with the operation and routine maintenance of the automated external defibrillator.

(b) The public access defibrillation provider shall cause the automated external defibrillator to be maintained and tested according to applicable standards of the manufacturer and any appropriate government agency.

(c) The public access defibrillation provider shall ~~[notify the regional council of]~~ register the existence, location and type of any automated external defibrillator it possesses with the department.

(d) Every use of an automated external defibrillator on a patient shall be immediately reported to the appropriate local emergency medical

1 services system[, ~~emergency communications center or emergency vehicle~~
2 ~~dispatch center as appropriate and promptly reported to the emergency~~
3 ~~health care provider~~] or public safety answering point.

4 (e) The [~~emergency health care~~] public access defibrillator provider
5 shall [~~participate in the regional quality improvement program pursuant~~
6 ~~to subdivision one of section three thousand four a of this article~~]
7 report data related to the use of automated external defibrillators to
8 the department. Such data may be incorporated into statewide or regional
9 quality improvement and cardiac arrest surveillance programs, including
10 participation in nationally recognized registries, as determined by the
11 department.

12 (f) The public access defibrillation provider shall post a sign or
13 notice at the main entrance to the facility or building in which the
14 automated external defibrillator is stored, indicating the location
15 where any such automated external defibrillator is stored or maintained
16 in such building or facility on a regular basis.

17 4. [~~Application of other laws. (a)~~] Operation of an automated external
18 defibrillator pursuant to this section shall be considered first aid or
19 emergency treatment for the purpose of any statute relating to liabil-
20 ity[~~-~~

21 ~~(b) Operation of an automated external defibrillator pursuant to this~~
22 ~~section] and shall not constitute the unlawful practice of a profession~~
23 ~~under title VIII of the education law.~~

24 5. Any manufacturer, distributor, retailer, or reseller that sells or
25 otherwise transfers an automated external defibrillator for use in this
26 state shall, at the time of sale or transfer, provide the purchaser with
27 written or electronic notice of applicable requirements under this
28 section, including registration, maintenance, and reporting obligations,
29 in a form prescribed by the department.

30 § 2. This act shall take effect June 1, 2026. Effective immediately,
31 the addition, amendment, and/or repeal of any rule or regulation neces-
32 sary for the implementation of this act on its effective date are
33 authorized to be made and completed on or before such effective date.

34 PART H

35 Section 1. Section 4552 of the public health law, as added by section
36 1 of part M of chapter 57 of the laws of 2023, is amended to read as
37 follows:

38 § 4552. Notice of material transactions; requirements. 1. A health
39 care entity shall submit to the department written notice, with support-
40 ing documentation as described below and further defined in regulation
41 developed by the department, which the department shall be in receipt of
42 at least thirty days before the closing date of the transaction, in the
43 form and manner prescribed by the department. Immediately upon the
44 submission to the department, the department shall submit electronic
45 copies of such notice with supporting documentation to the antitrust,
46 health care and charities bureaus of the office of the New York attorney
47 general. Such written notice shall include, but not be limited to:

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

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

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

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

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

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

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

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

(g) A statement as to whether any party to the transaction, or a person with control of such party, owns any other health care entity which, in the past three years has closed operations, is in the process of closing operations, or has experienced a substantial reduction in services provided. The parties shall specifically identify the health care entity or entities subject to such closure or substantial service reduction and detail the circumstances of such; and

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

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

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

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

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

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

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

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

(b) Annually, for a five-year period following closing of the transaction and on the date of such anniversary, parties to a material transaction shall notify the department, in the form and manner prescribed by the department, of factors and metrics to assess the impacts of the transaction on cost, quality, access, health equity, and competition. The department may require that any party to a transaction, or any person with control over a transaction party, submit additional documents and information in connection with the annual report required under this paragraph, to the extent such additional information is necessary to assess the impacts of the transaction on cost, quality, access, health equity, and competition or to verify or clarify information submitted in support or as part of the annual report required under this paragraph. Parties shall submit such information within seven days of request. This paragraph shall apply to all material transactions reported to the department beginning on August first, two thousand twenty-three.

1 4. (a) The department shall conduct a preliminary review of all
2 proposed transactions. Review of a material transaction notice in which
3 the transaction is valued at one hundred million dollars or more may
4 also, at the discretion of the department, consist of a full cost and
5 market impact review. Transactions valued at less than one hundred
6 million dollars may be subject to a full cost and market impact review
7 at the discretion of the department if the department reasonably
8 believes that they may negatively impact cost, quality, access, health
9 equity, or competition in the impacted markets. The department shall
10 notify the parties if and when it determines that a full cost and market
11 impact review is required and, if so, the date that the preliminary
12 review is completed; provided, however, that the preliminary review
13 shall not exceed thirty days from the date a complete notice is received
14 by the department.

15 (b) In the event the department determines that a full cost and market
16 impact review is required, the department shall have discretion to
17 require parties to delay the proposed transaction closing until such
18 cost and market impact review is completed, but in no event shall the
19 closing be delayed more than one hundred eighty days from the date the
20 department completes its preliminary review of the proposed transaction.

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

25 5. (a) The department may require that any party to a transaction,
26 including any person with control over a transaction party, submit addi-
27 tional documents and information in connection with a material trans-
28 action notice or a full cost and market impact review required under
29 this section, to the extent such additional information is necessary to
30 conduct a preliminary review or full cost and market impact review of
31 the transaction; to assess the impacts of the transaction on cost, qual-
32 ity, access, health equity, and competition; or to verify or clarify
33 information submitted pursuant to subdivision one of this section.
34 Parties shall submit such information within seven days of request.

35 (b) The department shall keep confidential all nonpublic information
36 and documents obtained under this subdivision and shall not disclose the
37 information or documents to any person without the consent of the
38 parties to the proposed transaction, except as set forth in paragraph
39 (c) of this subdivision.

40 (c) Any data reported to the department pursuant to subdivision three
41 of this section, any information obtained pursuant to paragraph (a) of
42 this subdivision, and any cost and market impact review findings made
43 pursuant to subdivision four of this section may be used as evidence in
44 investigations, reviews, or other actions by the department or the
45 office of the attorney general, including but not limited to use by the
46 department in assessing certificate of need applications submitted by
47 the same health care entities involved in the reported material trans-
48 action or unrelated parties which are located in the same market area
49 identified in the cost and market impact review.

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

54 7. The commissioner shall promulgate regulations to effectuate this
55 section.

1 ~~[4.]~~ 8. Failure to ~~[notify the department of a material transaction~~
2 ~~under]~~ comply with any requirement of this section shall be subject to
3 civil penalties under section twelve of this chapter. Each day in which
4 the violation continues shall constitute a separate violation.

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

10 PART I

11 Section 1. Subdivision 4 of section 2999-j of the public health law,
12 as added by section 52 of part H of chapter 59 of the laws of 2011, is
13 amended to read as follows:

14 4. The amount of qualifying health care costs to be paid from the fund
15 shall be calculated as follows: ~~[(a)]~~ with respect to all services
16 ~~[provided in private physician practices]~~ for which a Medicare rate of
17 reimbursement exists, on the basis of one hundred percent of ~~[the usual~~
18 ~~and customary rates, as defined by the commissioner in regulation; or~~
19 ~~(b) with respect to all other services,]~~ such Medicare rates, or for any
20 service for which a Medicare rate does not exist, on the basis of one
21 hundred percent of Medicaid rates of reimbursement or, where no such
22 rates are available, as defined by the commissioner in regulation;
23 except that reimbursement rates for private duty nursing services shall
24 be based on the New York State Medicaid fee schedule for private duty
25 nursing as authorized in the Medicaid State Plan Amendment.

26 The requirements of this subdivision shall not apply to qualifying
27 home modifications or vehicle modifications, which shall be reimbursed
28 pursuant to contracts for such work approved by the department in
29 accordance with requirements defined by the commissioner in regulation.

30 § 2. This act shall take effect on the same date as the reversion of
31 subdivision 4 of section 2999-j of the public health law as provided in
32 section 5 of chapter 517 of the laws of 2016, as amended.

33 PART J

34 Section 1. Subdivisions 2 and 8 of section 2999-ii of the public
35 health law, subdivision 2 as added by section 1 of part X of chapter 57
36 of the laws of 2023 and subdivision 8 as amended by chapter 598 of the
37 laws of 2025, are amended to read as follows:

38 2. "Controlling person" means a person or business entity, officer,
39 program administrator, or director whose responsibilities include the
40 direction of the management or policies of a temporary health care
41 services agency. "Controlling person" also means ~~[an individual]~~ a
42 person or business entity who~~[,]~~ directly owns at least ten percent
43 voting interest in a corporation, partnership, or other business entity
44 that is a controlling person.

45 8. "Temporary health care services agency" or "agency" means a person,
46 firm, corporation, partnership, association or other entity in the busi-
47 ness of providing or procuring temporary employment or engaging individ-
48 uals to provide health care services for health care entities, or of
49 enabling health care entities, directly or indirectly, to engage indi-
50 viduals to perform health care services. Temporary health care services
51 agency shall include a nurses' registry licensed under article eleven of
52 the general business law and entities that utilize apps or other tech-

nology-based solutions to provide, procure or enable health care entities to engage individuals to perform health care services, including vendor management systems and subcontracting arrangements with other agencies that result in the engagement of individuals. Temporary health care services agency shall not include: (a) an individual who only engages in providing the individual's own services on a temporary basis to health care entities; or (b) a home care agency licensed under article thirty-six of this chapter.

§ 2. Subdivision 3 of section 2999-jj of the public health law, as added by section 1 of part X of chapter 57 of the laws of 2023 and paragraph (a) as amended by chapter 598 of the laws of 2025, is amended to read as follows:

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

(a) Shall document that each individual engaged to provide health care services to health care entities currently meets the minimum licensing, training, and continuing education standards for the position in which the ~~[health care personnel]~~ individual will be working.

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

(c) Shall not restrict in any manner the employment opportunities of ~~[its health care personnel]~~ individuals it connects with health care entities to provide health care services.

(d) Shall not require the payment of liquidated damages, employment fees, or other compensation should the ~~[health care personnel]~~ individuals it connects with health care entities to provide health care services be hired as a permanent employee, contractor, or contingent worker of a health care entity in any contract with any ~~[health care personnel]~~ individual engaged to provide health care services or health care entity or otherwise.

(e) Shall not require the payment of fees or other compensation from the individual engaged to provide health care services for placement or connection with a health care entity other than reimbursement for actual costs expended on required expenses, such as background checks, drug tests, and equipment.

~~[(e)]~~ (f) Shall retain all records related to ~~[health care personnel]~~ individuals engaged to provide health care services for six ~~[calendar]~~ years and make them available to the department upon request.

~~[(f)]~~ (g) Shall comply with any requests made by the department to examine the books and records of the agency, subpoena witnesses and documents and make such other investigation as is necessary in the event that the department has reason to believe that the books or records do not accurately reflect the financial condition or financial transactions of the agency.

~~[(g)]~~ (h) Shall comply with any additional requirements the department may deem necessary.

§ 3. Subdivisions 2 and 3 of section 2999-kk of the public health law, subdivision 2 as added by section 1 of part X of chapter 57 of the laws of 2023, paragraphs (a), (b), (f) and (h) of subdivision 2 and subdivision 3 as amended by chapter 598 of the laws of 2025, are amended to read as follows:

2. A temporary health care services agency shall maintain, and require subcontracting arrangements with other agencies to maintain, a written agreement or contract with each health care entity, which shall include, at a minimum:

(a) The required minimum licensing, training, and continuing education requirements for each individual engaged in a health care position.

(b) Any requirement for minimum advance notice in order to ensure prompt arrival of individuals engaged to provide health care services.

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

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

(e) Procedures for the investigation and resolution of complaints about the performance of ~~[temporary health care services agency personnel]~~ individuals engaged to provide health care services.

(f) Procedures for notice from health care entities of failure of individuals engaged to provide health care services to report to an agreed upon scheduled shift.

(g) Procedures for notice of actual or suspected abuse, theft, tampering or other diversion of controlled substances by ~~[medical personnel]~~ individuals engaged to provide health care services.

(h) The types and qualifications of individuals engaged to provide health care services available through the temporary health care services agency.

3. A temporary health care services agency shall ~~[submit to the department]~~ retain for six years and make available to the department upon request copies of all contracts between the agency or a third party with whom the agency is subcontracting and a health care entity to which it assigns or otherwise connects individuals engaged to provide health care services, and copies of all invoices to health care entities ~~[personnel]~~. Executed contracts ~~[must be sent to the department within five business days of their effective date and]~~ submitted upon request to the department are not subject to disclosure under article six of the public officers law.

§ 4. Section 2999-ll of the public health law, as added by section 1 of part X of chapter 57 of the laws of 2023, is amended to read as follows:

§ 2999-ll. Violations; penalties. In addition to other remedies available by law, violations of the provisions of this article and any regulations promulgated thereunder shall be subject to penalties and fines pursuant to section twelve of this chapter; provided, however, that each violation committed by ~~[any health care personnel of]~~ a temporary health care services agency shall be considered a separate violation.

§ 5. Section 2999-mm of the public health law, as added by section 1 of part X of chapter 57 of the laws of 2023, is amended to read as follows:

§ 2999-mm. Rates for temporary health care services; reports. 1. A temporary health care services agency shall report quarterly to the department a full disclosure of charges and compensation, including a schedule of all hourly bill rates per category of ~~[health care personnel]~~ individuals engaged to provide health care services, a full description of administrative charges, and a schedule of rates of all compensation per category of ~~[health care personnel]~~ individuals engaged to provide health care services including, but not limited to:

~~[1-]~~ (a) hourly regular pay rate, shift differential, weekend differential, hazard pay, charge nurse add-on, overtime, holiday pay, travel or mileage pay, and any health or other fringe benefits provided;

~~[2-]~~ (b) the percentage of health care entity dollars that the agency expended on ~~[temporary personnel wages and benefits]~~ compensation,

1 including, as applicable, benefits, to individuals engaged to provide
2 health care services compared to the temporary health care services
3 agency's profits and other administrative costs;

4 ~~[3-]~~ (c) a list of the states and zip codes of ~~[their health care~~
5 ~~personnels']~~ the primary residences of individuals engaged to provide
6 health care services;

7 ~~[4-]~~ (d) the names of all health care entities they or a third party
8 with whom the agency is subcontracting have contracted within New York
9 state;

10 ~~[5-]~~ (e) the number of ~~[health care personnel of]~~ individuals engaged
11 to provide health care services by the temporary health care services
12 agency working at each entity; and

13 ~~[6-]~~ (f) any other information prescribed by the commissioner.

14 2. The commissioner is hereby authorized to promulgate regulations to
15 establish, monitor, and enforce a limitation on the amount that tempo-
16 rary health care services agencies or certain types or classes of such
17 agencies may retain as profit from providing, procuring, or enabling
18 health care entities to engage an individual to provide health care
19 services, which for the purposes of this section shall be referred to as
20 the "agency rate." In setting one or more agency rates, which can be
21 expressed as a percentage or in another manner as determined by the
22 department, the department shall take into consideration factors includ-
23 ing but not limited to the ability to maintain sufficient staffing of
24 the health care workforce, whether on a contract or permanent basis and
25 across the range of needed professional titles and roles, in all
26 geographic areas across the state. The department shall also engage in a
27 periodic reassessment of any agency rates to ensure that they reflect
28 current conditions and remain effective.

29 3. The department shall have discretion to grant waivers for extraor-
30 inary circumstances where compliance with the agency rate would result
31 in demonstrable harm to health care access or staffing availability.

32 4. The commissioner shall publish guidelines establishing the forms
33 and procedures for verification of compliance with an agency rate. In
34 addition, a temporary health care services agency shall retain for six
35 years and make available to the department upon request copies of all
36 contracts, invoices, records, payroll information, and other documents
37 necessary to determine compliance with the agency rate. The department
38 is authorized to conduct audits of temporary health care services agen-
39 cies as well as targeted investigations based on complaints or atypical
40 reporting patterns.

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

46 PART K

47 Section 1. Subdivision 3 of section 3018 of the public health law, as
48 amended by section 8 of part B of chapter 57 of the laws of 2025, is
49 amended to read as follows:

50 3. (a) This program shall authorize mobile integrated and community
51 paramedicine programs presently operating and approved by the department
52 as of May eleventh, two thousand twenty-three, under the authority of
53 Executive Order Number 4 of two thousand twenty-one, entitled "Declaring
54 a Statewide Disaster Emergency Due to Healthcare staffing shortages in

1 the State of New York" to continue in the same manner and capacity as
2 currently approved for a period of [~~four~~] eight years following the
3 effective date of this section.

4 (b) Any ambulance service or advanced life support first response
5 service not currently approved and operating in accordance with para-
6 graph (a) of this subdivision may apply to the department for approval
7 to operate a mobile integrated and community paramedicine program, and
8 any mobile integrated and community paramedicine program currently oper-
9 ating pursuant to paragraph (a) of this subdivision for a limited
10 purpose, including but not limited to vaccination administration, may
11 apply to the department for approval to modify its existing mobile inte-
12 grated and community paramedicine program. Such applications must be
13 submitted in a form and format prescribed by the department. The depart-
14 ment may approve up to ninety-nine new or modified mobile integrated and
15 community paramedicine programs pursuant to this paragraph. Programs
16 approved pursuant to this paragraph may be permitted to operate in a
17 geographic area defined by the department for a two-year period. Such
18 approval may be extended by the department through May twenty-first, two
19 thousand thirty-one, provided, however, no mobile integrated and commu-
20 nity paramedicine program shall operate beyond such date. If a mobile
21 integrated and community paramedicine program ceases to operate for any
22 reason, the department may approve another ambulance service or advanced
23 life support first response service, but at no point shall the aggregate
24 number of mobile integrated and community paramedicine programs operat-
25 ing concurrently be more than ninety-nine.

26 (c) Upon a finding that an ambulance service or advanced life support
27 first response service has failed to comply with the provisions of this
28 article or the rules and regulations promulgated thereunder, the depart-
29 ment may revoke its approval of the ambulance service's or advanced life
30 support first response service's mobile integrated and community param-
31 edicine program.

32 § 2. Section 2 of chapter 137 of the laws of 2023 amending the public
33 health law relating to establishing a community-based paramedicine
34 demonstration program, as amended by section 8-a of part B of chapter 57
35 of the laws of 2025, is amended to read as follows:

36 § 2. This act shall take effect immediately and shall expire and be
37 deemed repealed [~~4~~] 8 years after such date; provided, however, that if
38 this act shall have become a law on or after May 22, 2023 this act shall
39 take effect immediately and shall be deemed to have been in full force
40 and effect on and after May 22, 2023.

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

44 1. "Emergency medical service" means initial emergency medical assist-
45 ance including, but not limited to, the treatment of trauma[~~r~~];
46 burns[~~r~~]; respiratory, circulatory and obstetrical emergencies; and
47 executing medical regimens prescribed or ordered by a licensed health
48 care provider authorized to make such prescription or order under this
49 chapter or the education law.

50 § 4. Section 6909 of the education law is amended by adding a new
51 subdivision 12 to read as follows:

52 12. A certified nurse practitioner may prescribe and order a non-pa-
53 tient specific regimen for administering immunizations to an emergency
54 medical services practitioner licensed by the department of health
55 pursuant to article thirty of the public health law, pursuant to regu-
56 lations promulgated by the commissioner, and consistent with the public

health law, utilizing generally accepted medical standards and taking into consideration recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the American College of Physicians, the Advisory Committee on Immunization Practices, and/or other similar nationally or internationally recognized scientific organizations. Nothing in this subdivision shall authorize unlicensed persons to administer immunizations, vaccines or other drugs.

§ 5. Section 6527 of the education law is amended by adding a new subdivision 12 to read as follows:

12. A licensed physician may prescribe and order a non-patient specific regimen for administering immunizations to an emergency medical services practitioner licensed by the department of health pursuant to article thirty of the public health law, pursuant to regulations promulgated by the commissioner, and consistent with the public health law, utilizing generally accepted medical standards and taking into consideration recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the American College of Physicians, the Advisory Committee on Immunization Practices, and/or other similar nationally or internationally recognized scientific organizations. Nothing in this subdivision shall authorize unlicensed persons to administer immunizations, vaccines or other drugs.

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

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

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

(b) provided by a medical professional, including a physician, registered nurse, nurse practitioner, or physician assistant, to a patient with a preexisting clinical relationship with the general hospital, or with the health care professional providing the service;

(c) provided to a patient for whom a medical professional has determined is appropriate to receive acute medical services at their residence; and

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

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

(f) The department is authorized to establish medical assistance program rates to effectuate this subdivision. For the purposes of the department determining the applicable rates pursuant to such authority, any general hospital approved pursuant to this subdivision shall report to the department, in the form and format required by the department, its annual operating costs and statistics, specifically for such off-site acute services. Failure to timely submit such cost data to the

1 department may result in revocation of authority to participate in a
2 program under this section due to the inability to establish appropriate
3 reimbursement rates.

4 § 7. This act shall take effect immediately and shall be deemed to
5 have been in full force and effect on and after April 1, 2026; provided,
6 however, that the amendments to subdivision 3 of section 3018 of the
7 public health law made by section one of this act shall not affect the
8 repeal of such section and shall be deemed repealed therewith.

9 PART L

10 Section 1. Subparagraph (iv) of paragraph (b) of subdivision 2-b of
11 section 2808 of the public health law, as amended by section 2 of part E
12 of chapter 57 of the laws of 2024, is amended to read as follows:

13 (iv) The capital cost component of rates on and after January first,
14 two thousand nine shall: (A) fully reflect the cost of local property
15 taxes and payments made in lieu of local property taxes, as reported in
16 each facility's cost report submitted for the year two years prior to
17 the rate year; (B) provided, however, notwithstanding any inconsistent
18 provision of this article, commencing April first, two thousand twenty
19 for rates of payment for patients eligible for payments made by state
20 governmental agencies, the capital cost component determined in accord-
21 ance with this subparagraph and inclusive of any shared savings for
22 eligible facilities that elect to refinance their mortgage loans pursu-
23 ant to paragraph (d) of subdivision two-a of this section, shall be
24 reduced by the commissioner by five percent; and (C) provided, however,
25 notwithstanding any inconsistent provision of this article, commencing
26 April first, two thousand twenty-four and ending March thirty-first, two
27 thousand twenty-six for rates of payment for patients eligible for
28 payments made by state governmental agencies, the capital cost component
29 determined in accordance with this subparagraph and inclusive of any
30 shared savings for eligible facilities that elect to refinance their
31 mortgage loans pursuant to paragraph (d) of subdivision two-a of this
32 section, shall be reduced by the commissioner by an additional ten
33 percent, provided, however, that such reduction shall not apply to rates
34 of payment for patients in pediatric residential health care facilities
35 as defined in paragraph (c) of subdivision two of section twenty-eight
36 hundred eight-e of this article.

37 § 2. Subdivision 12 of section 367-a of the social services law, as
38 amended by section 42 of part B of chapter 57 of the laws of 2015, is
39 amended to read as follows:

40 12. Prior to receiving medical assistance under subparagraphs five and
41 six of paragraph (c) of subdivision one of section three hundred sixty-
42 six of this title, a person whose net available income is at least one
43 hundred fifty percent of the applicable federal income official poverty
44 line, as defined and updated by the United States department of health
45 and human services, must pay a monthly premium, in accordance with a
46 procedure to be established by the commissioner. The amount of such
47 premium shall be ~~[twenty-five dollars for an individual who is otherwise~~
48 ~~eligible for medical assistance under such subparagraphs, and fifty~~
49 ~~dollars for a couple, both of whom are otherwise eligible for medical~~
50 ~~assistance under such subparagraphs]~~ subject to federal approval, up to
51 three percent of net earned income and seven and one-half percent of net
52 unearned income. No premium shall be required from a person whose net
53 available income is less than one hundred fifty percent of the applica-

1 ble federal income official poverty line, as defined and updated by the
2 United States department of health and human services.

3 § 3. This act shall take effect immediately and shall be deemed to
4 have been in full force and effect on and after April 1, 2026.

5 PART M

6 Section 1. Subparagraphs (iii) and (iv) of paragraph (d) of subdivi-
7 sion 1 of section 367-a of the social services law, subparagraph (iii)
8 as amended by section 31 of part B of chapter 57 of the laws of 2015 and
9 subparagraph (iv) as added by section 16 of part B of chapter 59 of the
10 laws of 2016, are amended to read as follows:

11 (iii) With respect to items and services provided to eligible persons
12 who are also beneficiaries under part B of title XVIII of the federal
13 social security act and items and services provided to qualified medi-
14 care beneficiaries under part B of title XVIII of the federal social
15 security act, the amount payable for services covered under this title
16 shall be the amount of any co-insurance liability of such eligible
17 persons pursuant to federal law were they not eligible for medical
18 assistance or were they not qualified medicare beneficiaries with
19 respect to such benefits under such part B, but shall not exceed the
20 amount that otherwise would be made under this title if provided to an
21 eligible person other than a person who is also a beneficiary under part
22 B or is a qualified medicare beneficiary minus the amount payable under
23 part B; provided, however, amounts payable under this title for items
24 and services provided to eligible persons who are also beneficiaries
25 under part B or to qualified medicare beneficiaries by ~~[an ambulance~~
26 ~~service under the authority of an operating certificate issued pursuant~~
27 ~~to article thirty of the public health law, a psychologist licensed~~
28 ~~under article one hundred fifty-three of the education law, or]~~ a facil-
29 ity under the authority of an operating certificate issued pursuant to
30 article sixteen, thirty-one or thirty-two of the mental hygiene law and
31 with respect to outpatient hospital and clinic items and services
32 provided by a facility under the authority of an operating certificate
33 issued pursuant to article twenty-eight of the public health law, shall
34 not be less than the amount of any co-insurance liability of such eligi-
35 ble persons or such qualified medicare beneficiaries, or for which such
36 eligible persons or such qualified medicare beneficiaries would be
37 liable under federal law were they not eligible for medical assistance
38 or were they not qualified medicare beneficiaries with respect to such
39 benefits under part B.

40 (iv) If a health plan participating in part C of title XVIII of the
41 federal social security act pays for items and services provided to
42 eligible persons who are also beneficiaries under part B of title XVIII
43 of the federal social security act or to qualified medicare benefici-
44 aries, the amount payable for services under this title shall be ~~[eight-~~
45 ~~y five percent of]~~ the amount of any co-insurance liability of such
46 eligible persons pursuant to federal law if they were not eligible for
47 medical assistance or were not qualified medicare beneficiaries with
48 respect to such benefits under such part B~~;~~ ~~provided, however, amounts~~
49 ~~payable under this title for items and services provided to eligible~~
50 ~~persons who are also beneficiaries under part B or to qualified medicare~~
51 ~~beneficiaries by an ambulance service under the authority of an operat-~~
52 ~~ing certificate issued pursuant to article thirty of the public health~~
53 ~~law, or a psychologist licensed under article one hundred fifty-three of~~
54 ~~the education law, shall not be less than the amount of any co-insurance~~

~~liability of such eligible persons or such qualified medicare beneficiaries, or for which such eligible persons or such qualified medicare beneficiaries would be liable under federal law were they not eligible for medical assistance or were they not qualified medicare beneficiaries with respect to such benefits under part B], but shall not exceed the amount that a person who is also a beneficiary under part B or is a qualified medicare beneficiary otherwise would be made under this title if provided to an eligible person minus the amount payable under part B.~~

§ 2. Paragraph (c) of subdivision 1 of section 369-gg of the social services law is REPEALED.

§ 3. Subdivision 1 of section 369-gg of the social services law is amended by adding a new paragraph (c) to read as follows:

(c) "Health care services" means (i) the services and supplies as defined by the commissioner in consultation with the superintendent of financial services, and shall be consistent with and subject to the essential health benefits as defined by the commissioner in accordance with the provisions of the patient protection and affordable care act (P.L. 111-148) and consistent with the benefits provided by the reference plan selected by the commissioner for the purposes of defining such benefits, and shall include coverage of and access to the services of any national cancer institute-designated cancer center licensed by the department of health within the service area of the approved organization that is willing to agree to provide cancer-related inpatient, outpatient and medical services to all enrollees in approved organizations' plans in such cancer center's service area under the prevailing terms and conditions that the approved organization requires of other similar providers to be included in the approved organization's network, provided that such terms shall include reimbursement of such center at no less than the fee-for-service medicaid payment rate and methodology applicable to the center's inpatient and outpatient services; and (ii) dental and vision services as defined by the commissioner;

§ 4. Subdivision 4 of section 364-i of the social services law is REPEALED and subdivisions 5, 6, 7 and 8 of such section are renumbered subdivisions 4, 5, 6 and 7.

§ 5. Subparagraphs (2) and (3) of paragraph (b) of subdivision 1 of section 366 of the social services law, as added by section 1 of part D of chapter 56 of the laws of 2013, are amended to read as follows:

(2) A pregnant ~~woman~~ person or an infant younger than one year of age is eligible for standard coverage if ~~[his or her]~~ their MAGI household income does not exceed the MAGI-equivalent of two hundred percent of the federal poverty line for the applicable family size, which shall be calculated in accordance with guidance issued by the secretary of the United States department of health and human services~~[, or an infant younger than one year of age who meets the presumptive eligibility requirements of subdivision four of section three hundred sixty four i of this title]~~.

(3) A child who is at least one year of age but younger than nineteen years of age is eligible for standard coverage if ~~[his or her]~~ such child's MAGI household income does not exceed the MAGI-equivalent of one hundred thirty-three percent of the federal poverty line for the applicable family size, which shall be calculated in accordance with guidance issued by the Secretary of the United States department of health and human services~~[, or a child who is at least one year of age but younger than nineteen years of age who meets the presumptive eligibility~~

~~requirements of subdivision four of section three hundred sixty-four-i of this title~~].

§ 6. Subparagraphs (7) and (8) of paragraph (c) of subdivision 1 of section 366 of the social services law, as added by section 1 of part D of chapter 56 of the laws of 2013, are amended to read as follows:

(7) An individual receiving treatment for breast or cervical cancer who meets the eligibility requirements of paragraph (d) of subdivision four of this section or the presumptive eligibility requirements of subdivision ~~[five]~~ four of section three hundred sixty-four-i of this title.

(8) An individual receiving treatment for colon or prostate cancer who meets the eligibility requirements of paragraph (e) of subdivision four of this section or the presumptive eligibility requirements of subdivision ~~[five]~~ four of section three hundred sixty-four-i of this title.

§ 7. Clause (iii) of subparagraph (4) of paragraph (d) of subdivision 4 of section 366 of the social services law, as added by section 2 of part D of chapter 56 of the laws of 2013, is amended to read as follows:

(iii) An individual shall be eligible for presumptive eligibility for medical assistance under this paragraph in accordance with subdivision ~~[five]~~ four of section three hundred sixty-four-i of this title.

§ 8. Subparagraph (3) of paragraph (e) of subdivision 4 of section 366 of the social services law, as added by section 2 of part D of chapter 56 of the laws of 2013, is amended to read as follows:

(3) An individual shall be eligible for presumptive eligibility for medical assistance under this paragraph in accordance with subdivision ~~[five]~~ four of section three hundred sixty-four-i of this title.

§ 9. Subdivision 6 of section 365-a of the social services law, as amended by chapter 484 of the laws of 2009, is amended to read as follows:

6. Any inconsistent provision of law notwithstanding, medical assistance shall also include payment for medical care, services or supplies furnished to eligible pregnant ~~[women]~~ persons pursuant to ~~[paragraph (e) of subdivision four of]~~ section three hundred sixty-six and subdivision ~~[six]~~ five of section three hundred sixty-four-i of this title, to the extent that and for so long as federal financial participation is available therefor; provided, however, that nothing in this section shall be deemed to affect payment for such medical care, services or supplies if federal financial participation is not available for such care, services and supplies solely by reason of the immigration status of the otherwise eligible pregnant ~~[woman]~~ person.

§ 10. Paragraph (jj) of subdivision 2 of section 365-a of the social services law, as added by chapter 733 of the laws of 2022, is amended to read as follows:

(jj) applied behavior analysis, under article one hundred sixty-seven of the education law, provided by a person licensed, certified, or otherwise authorized to provide applied behavior analysis under that article, when such services have been recommended by a health care or mental health care practitioner authorized under title eight of the education law who has been designated as an applied behavior analysis center of excellence provider by the commissioner of health. Nothing in this paragraph shall be construed to modify any licensure, certification or scope of practice provision under title eight of the education law.

§ 11. Subdivision 5-d of section 4406-c of the public health law, as added by chapter 451 of the laws of 2007 and as relettered by chapter 237 of the laws of 2009, is amended to read as follows:

1 5-d. (a) If a contract between a plan and a hospital is not renewed or
2 is terminated by either party, the parties shall continue to abide by
3 the terms of such contract, including reimbursement terms, and including
4 all terms affecting hospital-owned provider practices, for a period of
5 ~~[two months]~~ one hundred twenty days from the effective date of termi-
6 nation or, in the case of a non-renewal, from the end of the contract
7 period. Notice shall be provided to all enrollees potentially affected
8 by such termination or non-renewal within fifteen days after commence-
9 ment of the ~~[two-month]~~ one hundred twenty-day period. The commissioner
10 shall have the authority to waive the ~~[two-month]~~ one hundred twenty-day
11 period upon the request of either party to a contract ~~[that is being~~
12 ~~terminated for cause. This subdivision shall not apply where both~~
13 ~~parties mutually agree in writing to the termination or non-renewal and~~
14 ~~the plan provides notice to the enrollee at least thirty days in advance~~
15 ~~of the date of contract termination]~~.

16 (b) Notwithstanding any other provision of this section, the commis-
17 sioner may review and approve all correspondence, communications, and
18 publications that parties to a contract between a plan and a hospital
19 intend to use to notify consumers within the sixty-day period prior to
20 the contract termination or renewal date.

21 § 12. Paragraph mm of subdivision 2 of section 365-a of the social
22 services law, as amended by chapter 29 of the laws of 2024, is amended
23 to read as follows:

24 (mm) (i) biomarker precision medical testing for the purposes of diag-
25 nosis, treatment, or appropriate management of, or ongoing monitoring to
26 guide treatment decisions for, a recipient's disease or condition ~~[when~~
27 ~~one or more of the following recognizes the efficacy and appropriateness~~
28 ~~of biomarker precision medical testing for diagnosis, treatment, appro-~~
29 ~~priate management, or guiding treatment decisions for a recipient's~~
30 ~~disease or condition:~~

31 ~~(1) labeled indications for a test approved or cleared by the federal~~
32 ~~food and drug administration or indicated tests for a food and drug~~
33 ~~administration approved drug;~~

34 ~~(2) centers for medicare and medicaid services national coverage~~
35 ~~determinations or medicare administrative contractor local coverage~~
36 ~~determinations;~~

37 ~~(3) nationally recognized clinical practice guidelines; or~~

38 ~~(4) peer reviewed literature and peer reviewed scientific studies~~
39 ~~published in or accepted for publication by medical journals that meet~~
40 ~~nationally recognized requirements for scientific manuscripts and that~~
41 ~~submit most of their published articles for review by experts who are~~
42 ~~not part of the editorial staff].~~

43 (ii) As used in this paragraph, the following terms shall have the
44 following meanings:

45 (1) "Biomarker" means a characteristic that is measured as an indica-
46 tor of normal biological processes, pathogenic processes, or responses
47 to an exposure or intervention, including therapeutic interventions.

48 (2) "Biomarker precision medical testing" means the analysis of a
49 patient's tissue, blood, or other biospecimen for the presence of a
50 biomarker. Biomarker testing includes but is not limited to single-ana-
51 lyte tests and multi-plex panel tests performed at a participating
52 in-network laboratory facility that is either CLIA certified or CLIA
53 waived by the federal food and drug administration.

54 ~~[(3) "Nationally recognized clinical practice guidelines" means~~
55 ~~evidence-based clinical practice guidelines informed by a systematic~~
56 ~~review of evidence and an assessment of the benefits, and risks of~~

~~alternative care options intended to optimize patient care developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict of interest policy.]~~

§ 13. Subparagraph 3 of paragraph (b) of subdivision 4 of section 366 of the social services law, as amended by section 1 of part M of chapter 57 of the laws of 2024, is amended to read as follows:

(3) ~~[(A)]~~ A child ~~[between]~~ under the ~~[ages]~~ age of ~~[six and]~~ nineteen who is determined eligible for medical assistance under the provisions of this section, shall, consistent with applicable federal requirements, remain eligible for such assistance until the earlier of:

(A) the last day of the month which is twelve months following the determination or [renewal] redetermination of eligibility for such assistance; or

(B) the last day of the month in which the child reaches the age of nineteen.

~~[(B) A child under the age of six who is determined eligible for medical assistance under the provisions of this section, shall, consistent with applicable federal requirements, remain continuously eligible for medical assistance coverage until the later of:~~

~~(i) the last day of the twelfth month following the determination or renewal of eligibility for such assistance; or~~

~~(ii) the last day of the month in which the child reaches the age of six.]~~

§ 14. Paragraph (e) of subdivision 6 of section 2510 of the public health law is REPEALED.

§ 15. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2026; provided, however:

a. section one of this act shall take effect October 1, 2027;

b. sections thirteen and fourteen of this act shall take effect July 1, 2026; and

c. the amendments to subdivision 5-d of section 4406-c of the public health law made by section eleven of this act shall not affect the expiration and repeal of such subdivision and shall be deemed repealed therewith.

PART N

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

SUBPART A

Section 1. Section 6526 of the education law is amended by adding a new subdivision 11 to read as follows:

1 11. Any medical assistant when drawing and administering an immuniza-
2 tion in an outpatient office setting under the direct supervision of a
3 physician, nurse practitioner, or physician assistant.

4 § 2. The public health law is amended by adding a new section 2113 to
5 read as follows:

6 § 2113. Administration of immunizations; medical assistants. Notwith-
7 standing any other law, rule, or regulation to the contrary, physicians,
8 nurse practitioners, and physician assistants are hereby authorized to
9 delegate the task of drawing up and administering immunizations to
10 medical assistants in an outpatient office setting in accordance with
11 regulations issued by the commissioner, utilizing generally accepted
12 medical standards and taking into consideration recommendations of the
13 American Academy of Pediatrics, the American Academy of Family Physi-
14 cians, the American College of Obstetricians and Gynecologists, the
15 American College of Physicians, the Advisory Committee on Immunization
16 Practices, or other similar nationally or internationally recognized
17 scientific organizations; provided that medical assistants receive
18 appropriate training and adequate supervision determined pursuant to
19 regulations by the commissioner in consultation with the commissioner of
20 education.

21 § 3. This act shall take effect on the one hundred eightieth day after
22 it shall have become a law. Effective immediately, the addition, amend-
23 ment and/or repeal of any rule or regulation necessary for the implemen-
24 tation of this act on its effective date are authorized to be made and
25 completed on or before such effective date.

26 SUBPART B

27 Section 1. Section 6908 of the education law is amended by adding a
28 new subdivision 3 to read as follows:

29 3. This article shall not be construed as prohibiting medication
30 related tasks provided by a certified medication aide working in a resi-
31 dential health care facility, as defined in section twenty-eight hundred
32 one of the public health law, in accordance with regulations developed
33 by the commissioner of health, in consultation with the commissioner.
34 The commissioner of health, in consultation with the commissioner, shall
35 adopt regulations governing certified medication aides that, at a mini-
36 mum, shall:

37 a. specify the medication-related tasks that may be performed by
38 certified medication aides pursuant to this subdivision. Such tasks
39 shall include the administration of medications which are routine and
40 pre-filled or otherwise packaged in a manner that promotes relative ease
41 of administration, provided that administration of medications by
42 injection, sterile procedures, and central line maintenance shall be
43 prohibited. Provided, however, such prohibition shall not apply to
44 injections of insulin or other injections for diabetes care, to
45 injections of low molecular weight heparin, and to pre-filled auto-in-
46 jections of naloxone and epinephrine for emergency purposes, and
47 provided, further, that entities employing certified medication aides
48 pursuant to this subdivision shall establish a systematic approach to
49 address drug diversion;

50 b. provide that medication-related tasks performed by certified medi-
51 cation aides may be performed only under appropriate supervision as
52 determined by the commissioner of health;

1 c. establish a process by which a registered professional nurse may
2 assign medication-related tasks to a certified medication aide. Such
3 process shall include, but not be limited to:

4 (i) allowing assignment of medication-related tasks to a certified
5 medication aide only where such certified medication aide has demon-
6 strated to the satisfaction of the supervising registered professional
7 nurse competency in every medication-related task that such certified
8 medication aide is authorized to perform, a willingness to perform such
9 medication-related tasks, and the ability to effectively and efficiently
10 communicate with the individual receiving services and understand such
11 individual's needs;

12 (ii) authorizing the supervising registered professional nurse to
13 revoke any assigned medication-related task from a certified medication
14 aide for any reason; and

15 (iii) authorizing multiple registered professional nurses to jointly
16 agree to assign medication-related tasks to a certified medication aide,
17 provided further that only one registered professional nurse shall be
18 required to determine if the certified medication aide has demonstrated
19 competency in the medication-related task to be performed;

20 d. provide that medication-related tasks may be performed only in
21 accordance with and pursuant to an authorized health practitioner's
22 ordered care;

23 e. provide that only a certified nurse aide may perform medication-re-
24 lated tasks as a certified medication aide when such aide has:

25 (i) a valid New York state nurse aide certificate;

26 (ii) a high school diploma, or its equivalent;

27 (iii) evidence of being at least eighteen years old;

28 (iv) at least one year of experience providing nurse aide services in
29 a residential health care facility licensed pursuant to article twenty-
30 eight of the public health law or a similarly licensed facility in
31 another state or United States territory;

32 (v) the ability to read, write, and speak English and to perform basic
33 math skills;

34 (vi) completed the requisite training and demonstrated competencies of
35 a certified medication aide as determined by the commissioner of health
36 in consultation with the commissioner;

37 (vii) successfully completed competency examinations satisfactory to
38 the commissioner of health in consultation with the commissioner; and

39 (viii) meets other appropriate qualifications as determined by the
40 commissioner of health in consultation with the commissioner;

41 f. prohibit a certified medication aide from holding themselves out,
42 or accepting employment as, a person licensed to practice nursing under
43 the provisions of this article;

44 g. provide that a certified medication aide is not required nor
45 permitted to assess the medication or medical needs of an individual;

46 h. provide that a certified medication aide shall not be authorized to
47 perform any medication-related tasks or activities pursuant to this
48 subdivision that are outside the scope of practice of a licensed practi-
49 cal nurse or any medication-related tasks that have not been appropri-
50 ately assigned by the supervising registered professional nurse;

51 i. provide that a certified medication aide shall document all medica-
52 tion-related tasks provided to an individual, including medication
53 administration to each individual through the use of a medication admin-
54 istration record; and

55 j. provide that the supervising registered professional nurse shall
56 retain the discretion to decide whether to assign medication-related

1 tasks to certified medication aides under this program and shall not be
2 subject to coercion, retaliation, or the threat of retaliation.

3 § 2. Section 6909 of the education law is amended by adding a new
4 subdivision 12 to read as follows:

5 12. A registered professional nurse, while working for a residential
6 health care facility licensed pursuant to article twenty-eight of the
7 public health law, may, in accordance with this subdivision, assign
8 certified medication aides to perform medication-related tasks for indi-
9 viduals pursuant to the provisions of subdivision three of section
10 sixty-nine hundred eight of this article and supervise certified medica-
11 tion aides who perform assigned medication-related tasks.

12 § 3. Paragraph (a) of subdivision 3 of section 2803-j of the public
13 health law, as added by chapter 717 of the laws of 1989, is amended to
14 read as follows:

15 (a) Identification of individuals who have successfully completed a
16 nurse aide training and competency evaluation program, ~~[or]~~ a nurse aide
17 competency evaluation program, or a medication aide program;

18 § 4. The commissioner of health shall, in consultation with the
19 commissioner of education, issue a report on the implementation of
20 certified medication aides in residential care facilities in the state
21 two years after the effective date of this act. Such report shall
22 include the number of certified medication aides authorized pursuant to
23 this act; the impact, if any, that the introduction of certified medica-
24 tion aides had on workforce availability in residential care facilities
25 and/or the retention of registered nurses and/or licensed practical
26 nurses working in residential care facilities; the number of complaints
27 pertaining to services provided by certified medication aides that were
28 reported to the department of health; and the number of certified medi-
29 cation aides who had their authorization limited or revoked. Such report
30 shall provide recommendations to the governor and the chairs of the
31 senate and assembly health and higher education committees regarding the
32 implementation of certified medication aides pursuant to this act, and
33 any recommendations related thereto.

34 § 5. This act shall take effect on the one hundred eightieth day after
35 it shall have become a law and shall expire ten years following such
36 effective date when upon such date the provisions of this act shall
37 expire and be deemed repealed.

38 SUBPART C

39 Section 1. Subparagraph (iii) of paragraph (a) of subdivision 42 of
40 section 305 of the education law, as added by chapter 496 of the laws of
41 2011, is amended to read as follows:

42 (iii) requiring the immediate removal from athletic activities of any
43 pupil believed to have sustained or who has sustained a mild traumatic
44 brain injury. In the event that there is any doubt as to whether a pupil
45 has sustained a concussion, it shall be presumed that ~~[he or she]~~ such
46 pupil has been so injured until proven otherwise. No such pupil shall
47 resume athletic activity until ~~[he or she]~~ such pupil shall have been
48 symptom free for not less than twenty-four hours, and has been evaluated
49 by and received written and signed authorization from a ~~[licensed physi-~~
50 ~~cian]~~ qualified health care provider acting within their scope of prac-
51 tice. Such authorization shall be kept on file in the pupil's permanent
52 health record. Furthermore, such rules and regulations shall provide
53 guidelines for limitations and restrictions on school attendance and
54 activities for pupils who have sustained mild traumatic brain injuries,

1 consistent with the directives of the pupil's ~~[treating physician]~~
2 health care provider.

3 § 2. Subdivision b of section 923 of the education law, as added by
4 chapter 500 of the laws of 2021, is amended to read as follows:

5 b. The commissioner shall promulgate rules and regulations requiring
6 that any student displaying signs or symptoms of pending or increased
7 risk of sudden cardiac arrest shall be immediately removed from athletic
8 activities and shall not resume athletic activity until ~~[he or she]~~ such
9 student has been evaluated by and received written and signed authori-
10 zation from a ~~[licensed physician]~~ qualified health care provider acting
11 within their scope of practice. Such authorization shall be kept on
12 file in the pupil's permanent health record.

13 § 3. Section 3624 of the education law, as amended by chapter 529 of
14 the laws of 2002, is amended to read as follows:

15 § 3624. Drivers, monitors and attendants. The commissioner shall
16 determine and define the qualifications of drivers, monitors and attend-
17 ants and shall make the rules and regulations governing the operation of
18 all transportation facilities used by pupils which rules and regulations
19 shall include, but not be limited to, a maximum speed of fifty-five
20 miles per hour for school vehicles engaged in pupil transportation that
21 are operated on roads, interstates or other highways, parkways or bridge-
22 es or portions thereof that have posted speed limits in excess of
23 fifty-five miles per hour, prohibitions relating to smoking, eating and
24 drinking and any and all other acts or conduct which would otherwise
25 impair the safe operation of such transportation facilities while actu-
26 ally being used for the transport of pupils. The employment of each
27 driver, monitor and attendant shall be approved by the chief school
28 administrator of a school district for each school bus operated within
29 ~~[his or her]~~ such administrator's district. For the purpose of determin-
30 ing ~~[his or her]~~ such driver, monitor and attendant's physical fitness,
31 each driver, monitor and attendant may be examined on order of the chief
32 school administrator by a ~~[duly licensed physician]~~ qualified health
33 care provider acting within their scope of practice within two weeks
34 prior to the beginning of service in each school year as a school bus
35 driver, monitor or attendant. The report of the ~~[physician]~~ qualified
36 health care provider, in writing, shall be considered by the chief
37 school administrator in determining the fitness of the driver to operate
38 or continue to operate any transportation facilities used by pupils and
39 in determining the fitness of any monitor or attendant to carry out ~~[his~~
40 ~~or her]~~ such monitor or attendant's functions on such transportation
41 facilities. Nothing in this section shall prohibit a school district
42 from imposing a more restrictive speed limit policy for the operation of
43 school vehicles engaged in pupil transportation than the speed limit
44 policy established by the commissioner.

45 § 4. Paragraph (i) of subdivision 1 and subdivision 3 of section
46 1203-a of the vehicle and traffic law, paragraph (i) of subdivision 1 as
47 amended by chapter 205 of the laws of 2024 and subdivision 3 as amended
48 by chapter 220 of the laws of 1984, are amended to read as follows:

49 (i) any resident of New York state who is a severely disabled person,
50 as defined in subdivision four of section four hundred four-a of this
51 chapter, upon application of such person or such person's parent or
52 guardian, provided, however, that an issuing agent shall issue permits
53 only to residents of the city, town or village in which such issuing
54 agent is located, except that, an issuing agent, in their discretion,
55 may issue a permit to a severely disabled person who is not a resident
56 of the city, town, or village in which such issuing agent is located

1 where such person resides in a city, town, or village in which the
2 governing body has not appointed an issuing agent; and an issuing agent,
3 in their discretion, may issue a temporary special vehicle identifica-
4 tion parking permit, as authorized by subdivision three of this section,
5 to a person who is temporarily unable to ambulate without the aid of an
6 assisting device, as certified by a ~~[physician]~~ qualified health care
7 provider authorized to certify that an individual is severely disabled
8 pursuant to subdivision four of section four hundred four-a of this
9 chapter, who resides in a city, town, or village in which the issuing
10 agent does not issue temporary special vehicle identification parking
11 permits, or who is not a resident of the United States and is temporar-
12 ily visiting the state; or

13 3. Notwithstanding any provision of this chapter to the contrary, any
14 municipality may issue a temporary special vehicle identification park-
15 ing permit to any person who is temporarily unable to ambulate without
16 the aid of an assisting device, as certified by ~~[a physician]~~ a quali-
17 fied health care provider authorized to certify that an individual is
18 severely disabled pursuant to subdivision four of section four hundred
19 four-a of this chapter. Such temporary special vehicle identification
20 parking permit shall be valid for not more than six months and shall be
21 recognized statewide.

22 § 5. Paragraph (d) of subdivision 3 of section 1203-h of the vehicle
23 and traffic law, as added by chapter 243 of the laws of 2007, is amended
24 to read as follows:

25 (d) are severely disabled persons, as defined in subdivision four of
26 section four hundred four-a of this chapter, whose severe disability, as
27 certified by a ~~[licensed physician]~~ qualified health care provider
28 authorized to certify that an individual is severely disabled pursuant
29 to such subdivision, limits one or more of the following:

- 30 (i) fine motor control in both hands;
31 (ii) ability to reach or access a parking meter due to use of a wheel-
32 chair or other ambulatory device; or
33 (iii) ability to reach a height of forty-two inches from the ground
34 due to the lack of finger, hand or upper extremity strength or mobility.

35 § 6. Paragraph (c) of subdivision 12-a of section 375 of the vehicle
36 and traffic law, as amended by chapter 135 of the laws of 1994, is
37 amended to read as follows:

38 (c) Any person required for medical reasons to be shielded from the
39 direct rays of the sun and/or any person operating a motor vehicle
40 belonging to such person or in which such person is an habitual passen-
41 ger shall be exempt from the provisions of subparagraphs one and two of
42 paragraph (b) of this subdivision provided the commissioner has granted
43 an exemption and notice of such exemption is affixed to the vehicle as
44 directed by the commissioner. The applicant for such exemption must
45 provide a ~~[physician's]~~ statement from a qualified health care provider
46 acting within their scope of practice with the reason for the exemption,
47 the name of the individual with a medically necessary condition operat-
48 ing or transported in the vehicle, the specific condition involved, and
49 the minimum level of light transmission required. The commissioner shall
50 only authorize exemptions where the medical condition certified by the
51 ~~[physician]~~ qualified health care provider is contained on a list of
52 medical conditions prepared by the commissioner of health pursuant to
53 subdivision sixteen of section two hundred six of the public health law.
54 If such ~~[such]~~ exemption is granted, the commissioner shall make a
55 record thereof and shall distribute a sufficiently noticeable sticker to

1 the applicant to be attached to any window so shielded or altered pursu-
2 ant to such exemption.

3 § 7. Paragraph (iii) of subdivision 3 of section 509-d of the vehicle
4 and traffic law, as added by chapter 675 of the laws of 1985, is amended
5 to read as follows:

6 (iii) the initial qualifying medical examination form and the biennial
7 medical examination form completed by the carrier's ~~[physician]~~ quali-
8 fied health care provider acting within their scope of practice;

9 § 8. Section 509-k of the vehicle and traffic law, as added by chapter
10 1050 of the laws of 1974, is amended to read as follows:

11 § 509-k. Ill or fatigued operator. No driver shall operate a bus and a
12 motor carrier shall not permit a driver to operate a bus while the driv-
13 er's ability or alertness is so impaired, or so likely to become
14 impaired, through fatigue, illness or any other cause, as to make it
15 unsafe for ~~[him]~~ such driver to begin or continue to operate the bus. At
16 the request of the driver or the motor carrier such illness, fatigue, or
17 other cause shall be certified by a qualified ~~[physician]~~ health care
18 provider acting within their scope of practice. However, in a case of
19 grave emergency where the hazard to occupants of the bus or other users
20 of the highway would be increased by compliance with this section, the
21 driver may continue to operate the bus to the nearest place at which
22 that hazard is removed.

23 § 9. Subdivision 7 of section 1229-c of the vehicle and traffic law,
24 as added by chapter 365 of the laws of 1984, is amended to read as
25 follows:

26 7. The provisions of this section shall not apply to a passenger or
27 operator with a physically disabling condition whose physical disability
28 would prevent appropriate restraint in such safety seat or safety belt
29 provided, however, such condition is duly certified by a ~~[physician]~~
30 qualified health care provider acting within their scope of practice who
31 shall state the nature of the handicap, as well as the reason such
32 restraint is inappropriate.

33 § 10. Paragraph 1 of subdivision (a) of section 517 of the judiciary
34 law, as amended by chapter 380 of the laws of 2019, is amended to read
35 as follows:

36 (1) Except as otherwise provided in paragraph two of this subdivision,
37 the commissioner of jurors may, in ~~[his or her]~~ such commissioner's
38 discretion, on the application of a prospective juror who has been
39 summoned to attend, excuse such prospective juror from a part or the
40 whole of the time of jury service or may postpone the time of jury
41 service to a later day during the same or any subsequent term of the
42 court, provided that if the prospective juror is a breastfeeding mother
43 and submits with her application a note from a ~~[physician]~~ qualified
44 health care provider acting within their scope of practice indicating
45 that the prospective juror is breastfeeding, the commissioner shall
46 excuse the prospective juror or postpone the time of jury service. The
47 application shall be presented to the commissioner at such time and in
48 such manner as ~~[he or she]~~ such commissioner shall require, except that
49 an application for postponement of the initial date for jury service may
50 be made by telephone.

51 § 11. The amendments to the education law, vehicle and traffic law,
52 and judiciary law made by this act shall not be construed to expand or
53 contract the scope of practice of any health care professional under
54 title 8 of the education law.

55 § 12. This act shall take effect on the sixtieth day after it shall
56 have become a law.

SUBPART D

Section 1. Article 131-A of the education law is REPEALED.

§ 2. Section 230-e of the public health law is REPEALED.

§ 3. Title 2-A of article 2 of the public health law is amended by adding five new sections 230-e, 230-f, 230-g, 230-h and 230-i to read as follows:

§ 230-e. Definitions of professional misconduct applicable to physicians, physician's assistants and specialist's assistants. Each of the following is professional misconduct, and any licensee found guilty of such misconduct under the procedures described in section two hundred thirty of this title shall be subject to penalties as prescribed in section two hundred thirty-a of this title except that the charges may be dismissed in the interest of justice:

1. Obtaining the license fraudulently;

2. Practicing the profession fraudulently or beyond its authorized scope;

3. Practicing the profession with negligence on more than one occasion;

4. Practicing the profession with gross negligence on a particular occasion;

5. Practicing the profession with incompetence on more than one occasion;

6. Practicing the profession with gross incompetence;

7. Practicing the profession while impaired by alcohol, drugs, physical disability, or mental disability;

8. Being a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects, except for a licensee who is maintained on an approved therapeutic regimen which does not impair the ability to practice, or having a psychiatric condition which impairs the licensee's ability to practice;

9.(a) Being convicted of committing an act constituting a crime under:

(i) New York state law, or

(ii) federal law, or

(iii) the law of another jurisdiction and which, if committed within this state, would have constituted a crime under New York state law;

(b) Having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state;

(c) Having been found guilty in an adjudicatory proceeding of violating a state or federal statute or regulation, pursuant to a final decision or determination, and when no appeal is pending, or after resolution of the proceeding by stipulation or agreement, and when the violation would constitute professional misconduct pursuant to this section;

(d) Having their license to practice medicine revoked, suspended or having other disciplinary action taken, or having their application for a license refused, revoked or suspended or having voluntarily or otherwise surrendered their license after a disciplinary action was instituted by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the revocation, suspension or other disciplinary action involving the license or refusal, revocation or suspension of an application for a license or the surrender of the

1 license would, if committed in New York state, constitute professional
2 misconduct under the laws of New York state;

3 (e) Having been found by the commissioner to be in violation of arti-
4 cle thirty-three of this chapter;

5 10. Refusing to provide professional service to a person because of
6 such person's race, creed, color or national origin;

7 11. Permitting, aiding or abetting an unlicensed person to perform
8 activities requiring a license;

9 12. Practicing the profession while the license is suspended or inac-
10 tive as defined in subdivision thirteen of section two hundred thirty of
11 this title, or willfully failing to register or notify the department of
12 any change of name or mailing address, or, if a professional service
13 corporation, willfully failing to comply with sections fifteen hundred
14 three and fifteen hundred fourteen of the business corporation law or,
15 if a university faculty practice corporation willfully failing to comply
16 with paragraphs (b), (c) and (d) of section fifteen hundred three and
17 section fifteen hundred fourteen of the business corporation law;

18 13. A willful violation by a licensee of subdivision eleven of section
19 two hundred thirty of this title;

20 14. A violation of sections twenty-eight hundred three-d, twenty-eight
21 hundred five-k of this chapter or subparagraph (ii) of paragraph (h) of
22 subdivision ten of section two hundred thirty of this title;

23 15. Failure to comply with an order issued pursuant to subdivision
24 seven, paragraph (a) of subdivision ten, or subdivision seventeen of
25 section two hundred thirty of this title;

26 16. A willful or grossly negligent failure to comply with substantial
27 provisions of federal, state, or local laws, or regulations governing
28 the practice of medicine;

29 17. Exercising undue influence on the patient, including the promotion
30 of the sale of services, goods, appliances, or drugs in such manner as
31 to exploit the patient for the financial gain of the licensee or of a
32 third party;

33 18. Directly or indirectly offering, giving, soliciting, or receiving
34 or agreeing to receive, any fee or other consideration to or from a
35 third party for the referral of a patient or in connection with the
36 performance of professional services;

37 19. Permitting any person to share in the fees for professional
38 services, other than: a partner, employee, associate in a professional
39 firm or corporation, professional subcontractor or consultant authorized
40 to practice medicine, or a legally authorized trainee practicing under
41 the supervision of a licensee. This prohibition shall include any
42 arrangement or agreement whereby the amount received in payment for
43 furnishing space, facilities, equipment or personnel services used by a
44 licensee constitutes a percentage of, or is otherwise dependent upon,
45 the income or receipts of the licensee from such practice, except as
46 otherwise provided by law with respect to a facility licensed pursuant
47 to article twenty-eight of this chapter or article thirteen of the
48 mental hygiene law;

49 20. Conduct in the practice of medicine which evidences moral unfit-
50 ness to practice medicine;

51 21. Willfully making or filing a false report, or failing to file a
52 report required by law or by the department or the education department,
53 or willfully impeding or obstructing such filing, or inducing another
54 person to do so;

1 22. Failing to make available to a patient, upon request, copies of
2 documents in the possession or under the control of the licensee which
3 have been prepared for and paid for by the patient or client;

4 23. Revealing of personally identifiable facts, data, or information
5 obtained in a professional capacity without the prior consent of the
6 patient, except as authorized or required by law;

7 24. Practicing or offering to practice beyond the scope permitted by
8 law, or accepting and performing professional responsibilities which the
9 licensee knows or has reason to know that they are not competent to
10 perform, or performing without adequate supervision professional
11 services which the licensee is authorized to perform only under the
12 supervision of a licensed professional, except in an emergency situation
13 where a person's life or health is in danger;

14 25. Delegating professional responsibilities to a person when the
15 licensee delegating such responsibilities knows or has reason to know
16 that such person is not qualified, by training, by experience, or by
17 licensure, to perform them;

18 26. With respect to any non-emergency treatment, procedure or surgery
19 which is expected to involve local or general anesthesia, failing to
20 disclose to the patient the identities of all physicians, except health-
21 care professionals in certified anesthesiology training programs, podia-
22 trists and dentists, reasonably anticipated to be actively involved in
23 such treatment, procedure or surgery and to obtain such patient's
24 informed consent to said practitioners' participation;

25 27. Performing professional services which have not been duly author-
26 ized by the patient or their legal representative;

27 28. Advertising or soliciting for patronage that is not in the public
28 interest;

29 (a) Advertising or soliciting not in the public interest shall
30 include, but not be limited to, advertising or soliciting that:

31 (i) is false, fraudulent, deceptive, misleading, sensational, or flam-
32 boyant;

33 (ii) represents intimidation or undue pressure;

34 (iii) uses testimonials;

35 (iv) guarantees any service;

36 (v) makes any claim relating to professional services or products or
37 the costs or price therefor which cannot be substantiated by the licen-
38 see, who shall have the burden of proof;

39 (vi) makes claims of professional superiority which cannot be substan-
40 tiated by the licensee, who shall have the burden of proof; or

41 (vii) offers bonuses or inducements in any form other than a discount
42 or reduction in an established fee or price for a professional service
43 or product.

44 (b) The following shall be deemed appropriate means of informing the
45 public of the availability of professional services:

46 (i) informational advertising not contrary to the foregoing prohibi-
47 tions; and

48 (ii) the advertising in a newspaper, periodical or professional direc-
49 tory or on radio or television of fixed prices, or a stated range of
50 prices, for specified routine professional services, provided that if
51 there is an additional charge for related services which are an integral
52 part of the overall services being provided by the licensee, the adver-
53 tisement shall so state, and provided further that the advertisement
54 indicates the period of time for which the advertised prices shall be in
55 effect.

1 (c)(i) All licensees placing advertisements shall maintain, or cause
2 to be maintained, an exact copy of each advertisement, transcript, tape
3 or video tape thereof as appropriate for the medium used, for a period
4 of one year after its last appearance. This copy shall be made available
5 for inspection upon demand of the department;

6 (ii) A licensee shall not compensate or give anything of value to
7 representatives of the press, radio, television, or other communications
8 media in anticipation of or in return for professional publicity in a
9 news item;

10 (d) No demonstrations, dramatizations or other portrayals of profes-
11 sional practice shall be permitted in advertising on radio or tele-
12 vision;

13 29. Failing to respond within thirty days to written communications
14 from the department and to make available any relevant records with
15 respect to an inquiry or complaint about the licensee's professional
16 misconduct. The period of thirty days shall commence on the date when
17 such communication was delivered personally to the licensee. If the
18 communication is sent from the department by registered or certified
19 mail, with return receipt requested, to the address appearing in the
20 last registration, the period of thirty days shall commence on the date
21 of delivery of the licensee, as indicated by the return receipt;

22 30. Violating any term of probation or condition or limitation imposed
23 on the licensee pursuant to section two hundred thirty of this title;

24 31. Abandoning or neglecting a patient under and in need of immediate
25 professional care, without making reasonable arrangements for the
26 continuation of such care, or abandoning a professional employment by a
27 group practice, hospital, clinic or other health care facility, without
28 reasonable notice and under circumstances which seriously impair the
29 delivery of professional care to patients or clients;

30 32. Willfully harassing, abusing, or intimidating a patient either
31 physically or verbally;

32 33. Failing to maintain a record for each patient which accurately
33 reflects the evaluation and treatment of the patient, provided, however,
34 that a licensee who transfers an original mammogram to a medical insti-
35 tution, or to a physician or health care provider of the patient, or to
36 the patient directly, as otherwise provided by law, shall have no obli-
37 gation under this section to maintain the original or a copy thereof.
38 Unless otherwise provided by law, all patient records must be retained
39 for at least six years. Obstetrical records and records of minor
40 patients must be retained for at least six years, and until one year
41 after the minor patient reaches the age of eighteen years;

42 34. Failing to exercise appropriate supervision over persons who are
43 authorized to practice only under the supervision of the licensee;

44 35. Guaranteeing that satisfaction or a cure will result from the
45 performance of professional services;

46 36. Ordering of excessive tests, treatment, or use of treatment facil-
47 ities not warranted by the condition of the patient;

48 37. Claiming or using any secret or special method of treatment which
49 the licensee refused to divulge to the department;

50 38. Failing to wear an identifying badge, which shall be conspicuously
51 displayed and legible, indicating the practitioner's name and profes-
52 sional title authorized pursuant to title eight of the education law
53 while practicing as an employee or operator of a hospital, clinic, group
54 practice or multi-professional facility, or at a commercial establish-
55 ment offering health services to the public;

1 39. Entering into an arrangement or agreement with a pharmacy for the
2 compounding and/or dispensing of coded or specially marked
3 prescriptions;

4 40. With respect to all professional practices conducted under an
5 assumed name, other than facilities licensed pursuant to article twen-
6 ty-eight of this chapter or article thirteen of the mental hygiene law,
7 failing to post conspicuously at the site of such practice the name and
8 licensure field of all of the principal professional licensees engaged
9 in the practice at that site, including but not limited to, principal
10 partners, officers or principal shareholders;

11 41. Failing to provide access by qualified persons to patient informa-
12 tion in accordance with the standards set forth in section eighteen of
13 this chapter;

14 42. Knowingly or willfully performing a complete or partial autopsy on
15 a deceased person without lawful authority;

16 43. Failing to comply with a signed agreement to practice medicine in
17 New York state in an area designated by the commissioner or the commis-
18 sioner of education as having a shortage of physicians or refusing to
19 repay medical education costs in lieu of such required service, or fail-
20 ing to comply with any provision of a written agreement with the state
21 or any municipality within which the licensee has agreed to provide
22 medical service, or refusing to repay funds in lieu of such service as
23 consideration of awards made by the state or any municipality thereof
24 for their professional education in medicine, or failing to comply with
25 any agreement entered into to aid their medical education;

26 44. Failing to complete forms or reports required for the reimburse-
27 ment of a patient by a third party. Reasonable fees may be charged for
28 such forms or reports, but prior payment for the professional services
29 to which such forms or reports relate may not be required as a condition
30 for making such forms or reports available;

31 45. In the practice of psychiatry,

32 (a) any physical contact of a sexual nature between licensee and
33 patient except the use of films and/or other audiovisual aids with indi-
34 viduals or groups in the development of appropriate responses to over-
35 come sexual dysfunction;

36 (b) in therapy groups, activities which promote explicit physical
37 sexual contact between group members during sessions;

38 46. In the practice of ophthalmology, failing to provide a patient,
39 upon request, with the patient's prescription including the name,
40 address, and signature of the prescriber and the date of the
41 prescription;

42 47. A violation of section two hundred thirty-nine of this chapter by
43 a professional;

44 48. Failure to use scientifically accepted barrier precautions and
45 infection control practices established by the department pursuant to
46 section two hundred thirty-nine-a of this article;

47 49. A violation of section two hundred thirty-d of this title or the
48 regulations of the commissioner enacted thereunder;

49 50. Except for good cause shown, failing to provide within one day any
50 relevant records or other information requested by the state or local
51 department of health with respect to an inquiry into a report of a
52 communicable disease as defined in the state sanitary code, or HIV/AIDS;
53 and

54 51. Performing a pelvic examination or supervising the performance of
55 a pelvic examination in violation of subdivision seven of section twen-
56 ty-five hundred four of this chapter.

1 § 230-f. Additional definition of professional misconduct, limited
2 application. Notwithstanding any inconsistent provision of this title or
3 any other provisions of law to the contrary, the license or registration
4 of a person subject to the provisions of this title may be revoked,
5 suspended, or annulled or such person may be subject to any other penal-
6 ty provided in this title in accordance with the provisions and proce-
7 dures of this title for the following:

8 That any person subject to this title has directly or indirectly
9 requested, received or participated in the division, transference,
10 assignment, rebate, splitting, or refunding of a fee for, or has direct-
11 ly requested, received or profited by means of a credit or other valu-
12 able consideration as a commission, discount or gratuity, in connection
13 with the furnishing of professional care or service, including x-ray
14 examination and treatment, or for or in connection with the sale,
15 rental, supplying, or furnishing of clinical laboratory services or
16 supplies, x-ray laboratory services or supplies, inhalation therapy
17 service or equipment, ambulance service, hospital or medical supplies,
18 physiotherapy or other therapeutic service or equipment, artificial
19 limbs, teeth or eyes, orthopedic or surgical appliances or supplies,
20 optical appliances, supplies, or equipment, devices for aid of hearing,
21 drugs, medication, or medical supplies, or any other goods, services, or
22 supplies prescribed for medical diagnosis, care, or treatment under this
23 chapter except payment, not to exceed thirty-three and one-third percent
24 of any fee received for x-ray examination, diagnosis, or treatment, to
25 any hospital furnishing facilities for such examination, diagnosis, or
26 treatment. Nothing contained in this section shall prohibit such
27 persons from practicing as partners, in groups or as a professional
28 corporation or as a university faculty practice corporation, nor from
29 pooling fees and moneys received, either by the partnerships, profes-
30 sional corporations, or university faculty practice corporations or
31 groups by the individual members thereof, for professional services
32 furnished by an individual professional member, or employee of such
33 partnership, corporation, or group, nor shall the professionals consti-
34 tuting the partnerships, corporations or groups be prohibited from shar-
35 ing, dividing, or apportioning the fees and moneys received by them or
36 by the partnership, corporation, or group in accordance with a partner-
37 ship or other agreement; provided that no such practice as partners,
38 corporations, or groups, or pooling of fees or moneys received or
39 shared, division or apportionment of fees shall be permitted with
40 respect to and treatment under the workers' compensation law. Nothing
41 contained in this chapter shall prohibit a corporation licensed pursuant
42 to article forty-three of the insurance law pursuant to its contract
43 with the subscriber from prorating a medical or dental expenses
44 indemnity allowance among two or more professionals in proportion to the
45 services rendered by each such professional at the request of the
46 subscriber, provided that prior to payment thereof such professionals
47 shall submit both to the corporation licensed pursuant to article
48 forty-three of the insurance law and to the subscriber statements item-
49 izing the services rendered by each such professional and the charges
50 therefor.

51 § 230-g. Additional definition of professional misconduct, mental
52 health professionals. 1. Definitions. For the purposes of this section:

53 (a) "Mental health professional" means a person subject to the
54 provisions of article one hundred thirty-one of the education law.

55 (b) "Sexual orientation change efforts"

1 (i) means any practice by a mental health professional that seeks to
2 change an individual's sexual orientation, including, but not limited
3 to, efforts to change behaviors, gender identity, or gender expressions,
4 or to eliminate or reduce sexual or romantic attractions or feelings
5 towards individuals of the same sex; and

6 (ii) shall not include counseling for a person seeking to transition
7 from one gender to another, or psychotherapies that:

8 (A) provide acceptance, support and understanding of patients or the
9 facilitation of patients' coping, social support, and identity explora-
10 tion and development, including sexual orientation-neutral interventions
11 to prevent or address unlawful conduct or unsafe sexual practices; and

12 (B) do not seek to change sexual orientation.

13 2. It shall be professional misconduct for a mental health profes-
14 sional to engage in sexual orientation change efforts upon any patient
15 under the age of eighteen years, and any mental health professional
16 found guilty of such misconduct under the procedures prescribed in this
17 title shall be subject to the penalties prescribed in this title.

18 § 230-h. Exceptions; reproductive health services. 1. As used in this
19 section, the following terms shall have the following meanings:

20 (a) "Reproductive health care" shall mean and include all services,
21 care, or products of a medical, surgical, psychiatric, therapeutic,
22 diagnostic, mental health, behavioral health, preventative, rehabilita-
23 tive, supportive, consultative, referral, prescribing, or dispensing
24 nature relating to the human reproductive system provided in accordance
25 with the constitution and the laws of this state, whether provided in
26 person or by means of telehealth or telehealth services, which includes,
27 but is not limited to, all services, care, and products relating to
28 pregnancy, assisted reproduction, contraception, miscarriage management
29 or abortion, including but not limited to care an individual provides to
30 himself.

31 (b) "Health care practitioner" means a person who is licensed, certi-
32 fied, or authorized under title eight of the education law and acting
33 within their lawful scope of practice.

34 (c) "Gender-affirming care" means any type of care provided to an
35 individual to affirm their gender identity or gender expression, includ-
36 ing but not limited to care an individual provides to himself; provided
37 that surgical interventions on minors with variations in their sex char-
38 acteristics that are not sought and initiated by the individual patient
39 are not gender-affirming care.

40 2. Any legally protected health activity as defined by section 570.17
41 of the criminal procedure law, by a health care practitioner acting
42 within their scope of practice, shall not, by itself, constitute profes-
43 sional misconduct under this title or any other law, rule or regulation
44 governing the licensure, certification or authorization of such practi-
45 tioner, nor shall any license, certification or authorization of a
46 health care practitioner be revoked, suspended, or annulled or otherwise
47 subject to any other penalty or discipline provided in this title solely
48 on the basis that such health care practitioner engaged in legally
49 protected health activity, as defined by section 570.17 of the criminal
50 procedure law.

51 3. Nothing in this section shall be construed to expand the scope of
52 practice of any individual licensed, certified or authorized under this
53 chapter or title eight of the education law, nor does this section give
54 any such individual the authority to act outside their scope of prac-
55 tice, as defined in this chapter.

1 § 230-i. Enforcement, administration and interpretation of this title.
2 The board of professional medical conduct and the department shall
3 enforce, administer and interpret this title.

4 § 4. Section 6527 of the education law is REPEALED.

5 § 5. The public health law is amended by adding a new article 37-B to
6 read as follows:

7 ARTICLE 37-B

8 PHYSICIANS

9 Section 3750. Commissioner; powers and duties.

10 3751. Special provisions.

11 § 3750. Commissioner; powers and duties. The commissioner shall have
12 the following powers and duties:

13 1. to promulgate regulations when, in the discretion of the commis-
14 sioner, there is a need for uniform standards or procedures to address
15 health care safety, quality, access, or other considerations deemed
16 appropriate by the commissioner;

17 2. to promulgate regulations and take other actions reasonably neces-
18 sary to effectuate its role as the licensing authority for professional
19 business entities engaged in the profession of medicine pursuant to
20 article fifteen of the business corporation law, articles twelve and
21 thirteen of the limited liability company law, and the partnership law;

22 3. to determine the desirability of and to establish rules for requir-
23 ing continuing education of licensed physicians; and

24 4. to adopt such other rules and regulations as may be necessary or
25 appropriate to carry out the purposes of this article.

26 § 3751. Special provisions. 1. A not-for-profit medical or dental
27 expense indemnity corporation or a hospital service corporation organ-
28 ized under the insurance law may employ licensed physicians and enter
29 into contracts with partnerships or medical corporations organized under
30 article forty-four of this chapter, health maintenance organizations
31 possessing a certificate of authority pursuant to article forty-four of
32 this chapter, professional corporations organized under article fifteen
33 of the business corporation law or other groups of physicians to prac-
34 tice medicine on its behalf for persons insured under its contracts or
35 policies;

36 2. Notwithstanding any inconsistent provision of any general, special
37 or local law, any licensed physician who voluntarily and without the
38 expectation of monetary compensation renders first aid or emergency
39 treatment at the scene of an accident or other emergency, outside a
40 hospital, doctor's office or any other place having proper and necessary
41 medical equipment, to a person who is unconscious, ill or injured, shall
42 not be liable for damages for injuries alleged to have been sustained by
43 such person or for damages for the death of such person alleged to have
44 occurred by reason of an act or omission in the rendering of such first
45 aid or emergency treatment unless it is established that such injuries
46 were or such death was caused by gross negligence on the part of such
47 physician. Nothing in this subdivision shall be deemed or construed to
48 relieve a licensed physician from liability for damages for injuries or
49 death caused by an act or omission on the part of a physician while
50 rendering professional services in the normal and ordinary course of
51 their practice;

52 3. No individual who serves as a member of (a) a committee established
53 to administer a utilization review plan of a hospital, including a
54 hospital as defined in article twenty-eight of this chapter or a hospi-
55 tal as defined in subdivision ten of section 1.03 of the mental hygiene
56 law, or (b) a committee having the responsibility of the investigation

1 of an incident reported pursuant to section 29.29 of the mental hygiene
2 law or the evaluation and improvement of the quality of care rendered in
3 a hospital as defined in article twenty-eight of this chapter or a
4 hospital as defined in subdivision ten of section 1.03 of the mental
5 hygiene law, or (c) any medical review committee or subcommittee thereof
6 of a local, county or state medical, dental, podiatry or optometrical
7 society, any such society itself, a professional standards review organ-
8 ization or an individual when such committee, subcommittee, society,
9 organization or individual is performing any medical or quality assur-
10 ance review function including the investigation of an incident reported
11 pursuant to section 29.29 of the mental hygiene law, either described in
12 paragraphs (a) and (b) of this subdivision, required by law, or involv-
13 ing any controversy or dispute between (i) a physician, dentist, podia-
14 trist or optometrist or hospital administrator and a patient concerning
15 the diagnosis, treatment or care of such patient or the fees or charges
16 therefor, or (ii) a physician, dentist, podiatrist or optometrist or
17 hospital administrator and a provider of medical, dental, podiatric or
18 optometrical services concerning any medical or health charges or fees
19 of such physician, dentist, podiatrist or optometrist, or (d) a commit-
20 tee appointed pursuant to section twenty-eight hundred five-j of this
21 chapter to participate in the medical and dental malpractice prevention
22 program, or (e) any individual who participated in the preparation of
23 incident reports required by the department pursuant to section twenty-
24 eight hundred five-l of this chapter, or (f) a committee established to
25 administer a utilization review plan, or a committee having the respon-
26 sibility of evaluation and improvement of the quality of care rendered,
27 in a health maintenance organization organized under article forty-four
28 of this chapter or article forty-three of the insurance law, including a
29 committee of an individual practice association or medical group acting
30 pursuant to a contract with such a health maintenance organization,
31 shall be liable in damages to any person for any action taken or recom-
32 mendations made by them within the scope of their function in such
33 capacity provided that (i) such individual has taken action or made
34 recommendations within the scope of their function and without malice,
35 and (ii) in the reasonable belief after reasonable investigation that
36 the act or recommendation was warranted, based upon the facts disclosed;

37 Neither the proceedings nor the records relating to performance of a
38 medical or a quality assurance review function or participation in a
39 medical and dental malpractice prevention program nor any report
40 required by the department pursuant to section twenty-eight hundred
41 five-l of this chapter described herein, including the investigation of
42 an incident reported pursuant to section 29.29 of the mental hygiene
43 law, shall be subject to disclosure under article thirty-one of the
44 civil practice law and rules except as hereinafter provided or as
45 provided by any other provision of law. No person in attendance at a
46 meeting when a medical or a quality assurance review or a medical and
47 dental malpractice prevention program or an incident reporting function
48 described herein was performed, including the investigation of an inci-
49 dent reported pursuant to section 29.29 of the mental hygiene law, shall
50 be required to testify as to what transpired thereat. The prohibition
51 relating to discovery of testimony shall not apply to the statements
52 made by any person in attendance at such a meeting who is a party to an
53 action or proceeding the subject matter of which was reviewed at such
54 meeting;

55 4. This article shall not be construed to affect or prevent the
56 following:

1 (a) The furnishing of medical assistance in an emergency;
2 (b) The practice of the religious tenets of any church;
3 (c) A physician from refusing to perform an act constituting the prac-
4 tice of medicine to which such physician is conscientiously opposed by
5 reason of religious training and belief;

6 (d) The organization of a medical corporation under article forty-four
7 of this chapter, the organization of a university faculty practice
8 corporation under section fourteen hundred twelve of the not-for-profit
9 corporation law or the organization of a professional service corpo-
10 ration under article fifteen of the business corporation law;

11 (e) The physician's use of whatever medical care, conventional or
12 non-conventional, which effectively treats human disease, pain, injury,
13 deformity or physical condition;

14 5. There shall be no monetary liability on the part of, and no cause
15 of action for damages shall arise against, any person, partnership,
16 corporation, firm, society, or other entity on account of the communi-
17 cation of information in the possession of such person or entity, or on
18 account of any recommendation or evaluation, regarding the qualifica-
19 tions, fitness, or professional conduct or practices of a physician, to
20 any governmental agency, medical or specialists society, a hospital as
21 defined in article twenty-eight of this chapter, a hospital as defined
22 in subdivision ten of section 1.03 of the mental hygiene law, or a
23 health maintenance organization organized under article forty-four of
24 this chapter or article forty-three of the insurance law, including a
25 committee of an individual practice association or medical group pursu-
26 ant to a contract with a health maintenance organization. The foregoing
27 shall not apply to information which is untrue and communicated with
28 malicious intent;

29 6. A licensed physician may prescribe and order a non-patient specific
30 regimen to a registered professional nurse, pursuant to regulations
31 promulgated by the commissioner, and consistent with this chapter, for:

32 (a) administering immunizations;
33 (b) the emergency treatment of anaphylaxis;
34 (c) administering purified protein derivative (PPD) tests or other
35 tests to detect or screen for tuberculosis infections;

36 (d) administering tests to determine the presence of the human immuno-
37 deficiency virus;

38 (e) administering tests to determine the presence of the hepatitis C
39 virus;

40 (f) the urgent or emergency treatment of opioid related overdose or
41 suspected opioid related overdose;

42 (g) screening of persons at increased risk of syphilis, gonorrhea and
43 chlamydia;

44 (h) administering tests to determine the presence of COVID-19 or its
45 antibodies or influenza virus;

46 (i) administering electrocardiogram tests to detect signs and symptoms
47 of acute coronary syndrome;

48 (j) administering point-of-care blood glucose tests to evaluate acute
49 mental status changes in persons with suspected hypoglycemia;

50 (k) administering tests and intravenous lines to persons that meet
51 severe sepsis and septic shock criteria; and

52 (l) administering tests to determine pregnancy;

53 7. A licensed physician may prescribe and order a patient specific
54 order or non-patient-specific regimen to a licensed pharmacist, pursuant
55 to regulations promulgated by the commissioner, and consistent with this
56 chapter, for: (a) administering immunizations to prevent influenza to

1 patients two years of age or older; and (b) administering immunizations
2 to prevent pneumococcal, acute herpes zoster, hepatitis A, hepatitis B,
3 human papillomavirus, measles, mumps, rubella, varicella, COVID-19,
4 meningococcal, tetanus, diphtheria or pertussis disease and medications
5 required for emergency treatment of anaphylaxis to patients eighteen
6 years of age or older; and (c) administering other immunizations recom-
7 mended by the advisory committee on immunization practices of the
8 centers for disease control and prevention for patients eighteen years
9 of age or older if the commissioner, in consultation with the commis-
10 sioner of education, determines that an immunization: (i)(A) may be
11 safely administered by a licensed pharmacist within their lawful scope
12 of practice; and (B) is needed to prevent the transmission of a report-
13 able communicable disease that is prevalent in New York state; or (ii)
14 is a recommended immunization for such patients who: (A) meet age
15 requirements, (B) lack documentation of such immunization, (C) lack
16 evidence of past infection, or (D) have an additional risk factor or
17 another indication as recommended by the advisory committee on immuniza-
18 tion practices of the centers for disease control and prevention. Noth-
19 ing in this subdivision shall authorize unlicensed persons to administer
20 immunizations, vaccines or other drugs;

21 8. A licensed physician may prescribe and order a patient specific
22 order or non-patient specific order to a licensed pharmacist, pursuant
23 to regulations promulgated by the commissioner of education in consulta-
24 tion with the commissioner, and consistent with this chapter and section
25 sixty-eight hundred one of title eight of the education law, for
26 dispensing up to a seven day starter pack of HIV post-exposure prophy-
27 laxis for the purpose of preventing human immunodeficiency virus
28 infection following a potential human immunodeficiency virus exposure;

29 9. Nothing in this article or article one hundred thirty of the educa-
30 tion law shall prohibit the provision of psychotherapy as defined in
31 subdivision two of section eighty-four hundred one of title eight of the
32 education law to the extent permissible within the scope of practice of
33 medicine, by any not-for-profit corporation or education corporation
34 providing services within the state of New York and operating under a
35 waiver pursuant to section sixty-five hundred three-a of title eight of
36 the education law, provided that such entities offering psychotherapy
37 services shall only provide such services through an individual appro-
38 priately licensed or otherwise authorized to provide such services or a
39 professional entity authorized by law to provide such services;

40 10. (a) Nothing in this article nor article one hundred thirty-one of
41 the education law shall be construed to affect or prevent a person in
42 training or trained and deemed qualified by a supervising licensed
43 physician, to assist the licensed physician in the care of a patient for
44 the purpose of instilling mydriatic or cycloplegic eye drops and anes-
45 thetic eye drops in conjunction with such dilating drops to the surface
46 of the eye of a patient, provided that the person instilling such eye
47 drops is:

48 (i) under the on-site supervision of a supervising licensed physician;

49 (ii) at least eighteen years of age; and

50 (iii) complies with standards issued by the department;

51 (b) The supervising licensed physician shall submit a form prescribed
52 by the department detailing the identity of each person instilling
53 mydriatic or cycloplegic eye drops and anesthetic eye drops in conjunc-
54 tion with such dilating drops to the surface of the eye of a patient,
55 under their supervision, attesting to compliance with the above require-
56 ments; and

(c) The supervising licensed physician's use of any such person pursuant to the terms of this subdivision shall be undertaken with professional judgment in order to ensure the safety and well-being of the patient. Such use shall subject the licensed physician to the full disciplinary and regulatory authority of the office of professional medical conduct. The licensed physician must notify the patient or the patient's designated health care surrogate that the licensed physician may utilize the services of an individual to administer certain eye drops and must provide the patient or the patient's designated health care surrogate the opportunity to refuse the licensed physician's plan to utilize such person;

11. A licensed physician may prescribe and order a non-patient specific regimen to a licensed pharmacist, for insulin and related supplies pursuant to section sixty-eight hundred one of title eight of the education law; and

12. A licensed physician may prescribe and order a non-patient specific order to a pharmacist licensed and located in the state, pursuant to regulations promulgated by the commissioner, and consistent with section sixty-eight hundred one of title eight of the education law, for dispensing self-administered hormonal contraceptives as defined in section sixty-eight hundred two of title eight of the education law.

§ 6. Section 6542 of the education law is REPEALED.

§ 7. Section 6545 of the education law is REPEALED.

§ 8. Subdivision 1 of section 3701 of the public health law, as amended by chapter 48 of the laws of 2012, is amended to read as follows:

1. to promulgate regulations defining and restricting the duties ~~[which may be assigned to] of physician assistants [by their supervising physician, the degree of supervision required and the manner in which such duties may be performed]~~ consistent with section thirty-seven hundred two of this article;

§ 9. Section 3702 of the public health law, as amended by chapter 48 of the laws of 2012, subdivision 1 as amended by chapter 520 of the laws of 2024, is amended to read as follows:

§ 3702. Special provisions. 1. Emergency treatment. Notwithstanding any inconsistent provision of any general, special or local law, any physician assistant properly licensed in this state who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such physician assistant. Nothing in this section shall be deemed or construed to relieve a licensed physician assistant from liability for damages for injuries or death caused by an act or omission on the part of a physician assistant while rendering professional services in the normal and ordinary course of their practice.

2. Supervision. (a) A physician assistant may perform medical services only when under the supervision of a physician and only when such acts and duties as are assigned to such physician assistant are within the scope of practice of such supervising physician.

1 (b) Supervision shall be continuous but shall not be construed as
2 necessarily requiring the physical presence of the supervising physician
3 at the time and place where such services are performed.

4 (c) No physician shall employ or supervise more than six physician
5 assistants in such physician's private practice at one time.

6 (d) Nothing in this subdivision shall prohibit a hospital from employ-
7 ing physician assistants provided, that they work under the supervision
8 of a physician designated by the hospital and not beyond the scope of
9 practice of such physician. The numerical limitation of paragraph (c)
10 of this subdivision shall not apply to services performed in a hospital.

11 (e) Notwithstanding any other provision of this subdivision, nothing
12 shall prohibit a physician employed by or rendering services to the
13 department of corrections and community supervision under contract from
14 supervising no more than eight physician assistants in such physician's
15 practice for the department of corrections and community supervision at
16 one time.

17 3. Notwithstanding any other provision of law, a trainee in an
18 approved program may perform medical services when such services are
19 performed within the scope of such program.

20 4. A physician assistant may prescribe and order a non-patient specif-
21 ic regimen to a registered professional nurse pursuant to regulations
22 promulgated by the commissioner for:

23 (a) administering immunizations;

24 (b) the emergency treatment of anaphylaxis;

25 (c) administering purified protein derived (PPD) tests or other tests
26 to detect or screen for tuberculosis infections;

27 (d) administering tests to determine the presence of the human immuno-
28 deficiency virus;

29 (e) administering tests to determine the presence of the hepatitis C
30 virus;

31 (f) the urgent or emergency treatment of opioid related overdose or
32 suspected opioid related overdose;

33 (g) screening of persons at increased risk of syphilis, gonorrhea, and
34 chlamydia;

35 (h) administering electrocardiogram tests to detect signs and symptoms
36 of acute coronary syndrome;

37 (i) administering point-of-care blood glucose tests to evaluate acute
38 mental status changes in persons with suspected hypoglycemia;

39 (j) administering tests and intravenous lines to persons that meet
40 severe sepsis and septic shock criteria;

41 (k) administering tests to determine pregnancy; and

42 (l) administering tests to determine the presence of COVID-19 or its
43 antibodies or influenza virus.

44 5. Inpatient medical orders. A licensed physician assistant employed
45 or extended privileges by a hospital may, if permissible under the
46 bylaws, rules and regulations of the hospital, write medical orders,
47 including those for controlled substances and durable medical equipment,
48 for inpatients under the care of the physician responsible for the
49 supervision of such physician assistant. Countersignature of such orders
50 may be required if deemed necessary and appropriate by the supervising
51 physician or the hospital, but in no event shall countersignature be
52 required prior to execution.

53 [2-] 6. Withdrawing blood. A licensed physician assistant or certified
54 nurse practitioner acting within [his or her] such physician assistant's
55 or certified nurse practitioner's lawful scope of practice may supervise
56 and direct the withdrawal of blood for the purpose of determining the

1 alcoholic or drug content therein under subparagraph one of paragraph
2 (a) of subdivision four of section eleven hundred ninety-four of the
3 vehicle and traffic law, notwithstanding any provision to the contrary
4 in clause (ii) of such subparagraph.

5 ~~[3.]~~ 7. Prescriptions for controlled substances. A licensed physician
6 assistant, in good faith and acting within ~~[his or her]~~ such physician
7 assistant's lawful scope of practice, and to the extent assigned by ~~[his~~
8 ~~or her]~~ the supervising physician, may prescribe controlled substances
9 as a practitioner under article thirty-three of this chapter~~[r]~~ to
10 patients under the care of such physician responsible for ~~[his or her]~~
11 such physician assistant's supervision. The commissioner, in consulta-
12 tion with the commissioner of education, may promulgate such regulations
13 as are necessary to carry out the purposes of this section.

14 8. Nothing in this article, or in article one hundred thirty-one-b of
15 the education law, shall be construed to authorize physician assistants
16 to perform those specific functions and duties specifically delegated by
17 law to those persons licensed as allied health professionals under this
18 chapter or the education law.

19 9. The commissioner is authorized to promulgate and update regulations
20 pursuant to this section.

21 § 10. Section 6549 of the education law is REPEALED.

22 § 11. The public health law is amended by adding a new section 3712 to
23 read as follows:

24 § 3712. Supervision. 1. A specialist assistant may perform medical
25 services, but only when under the supervision of a physician and only
26 when such acts and duties as are assigned to them are related to the
27 designated medical specialty for which they are registered and are with-
28 in the scope of practice of their supervising physician.

29 2. Supervision shall be continuous but shall not be construed as
30 necessarily requiring the physical presence of the supervising physician
31 at the time and place where such services are performed.

32 3. No physician shall employ or supervise more than two specialist
33 assistants in their private practice.

34 4. Nothing in this article shall prohibit a hospital from employing
35 specialist assistants provided they work under the supervision of a
36 physician designated by the hospital and not beyond the scope of prac-
37 tice of such physician. The numerical limitation of subdivision three of
38 this section shall not apply to services performed in a hospital.

39 5. Notwithstanding any other provision of this article, nothing shall
40 prohibit a physician employed by or rendering services to the department
41 of correctional services under contract from supervising no more than
42 four specialist assistants in their practice for the department of
43 corrections and community supervision.

44 6. Notwithstanding any other provision of law, a trainee in an
45 approved program may perform medical services when such services are
46 performed within the scope of such program.

47 7. Nothing in this article shall be construed to authorize specialist
48 assistants to perform those specific functions and duties specifically
49 delegated by law to those persons licensed as allied health profes-
50 sionals under this chapter or the education law.

51 § 12. Paragraph (a) of section 1501 of the business corporation law,
52 as amended by chapter 9 of the laws of 2013, is amended to read as
53 follows:

54 (a) "licensing authority" means the department of health in the case
55 of the profession of medicine and the regents of the university of the
56 state of New York or the state education department, as the case may be,

1 in the case of all other professions licensed under title eight of the
2 education law, and the appropriate appellate division of the supreme
3 court in the case of the profession of law.

4 § 13. Paragraph (d) of section 1503 of the business corporation law,
5 as amended by chapter 550 of the laws of 2011, is amended to read as
6 follows:

7 (d) A professional service corporation, including a design profes-
8 sional service corporation, other than a corporation authorized to prac-
9 tice law, shall be under the supervision of the regents of the universi-
10 ty of the state of New York and be subject to disciplinary proceedings
11 and penalties, and its certificate of incorporation shall be subject to
12 suspension, revocation or annulment for cause, in the same manner and to
13 the same extent as is provided with respect to individuals and their
14 licenses, certificates, and registrations in title eight of the educa-
15 tion law relating to the applicable profession. Notwithstanding the
16 provisions of this paragraph, a professional service corporation author-
17 ized to practice medicine shall be ~~[subject to the prehearing procedures~~
18 ~~and hearing procedures as is provided with respect to individual physi-~~
19 ~~cians and their licenses]~~ under the supervision of the department of
20 health and be subject to disciplinary proceedings and penalties, and its
21 certificate of incorporation shall be subject to suspension, revocation
22 or annulment for cause, in the same manner and to the same extent as is
23 provided with respect to individuals and their licenses, certificates,
24 and registrations in title II-A of article two of the public health law.

25 § 14. Section 1515 of the business corporation law, as added by chap-
26 ter 974 of the laws of 1970, is amended to read as follows:

27 § 1515. Regulation of professions.

28 This article shall not repeal, modify or restrict any provision of the
29 education law, the public health law, or the judiciary law regulating
30 the professions referred to therein except to the extent in conflict
31 herewith.

32 § 15. Paragraph (a) of section 1525 of the business corporation law,
33 as added by chapter 505 of the laws of 1983, is amended to read as
34 follows:

35 (a) "Licensing authority" means the department of health in the case
36 of the profession of medicine and the regents of the university of the
37 state of New York or the state education department, as the case may be,
38 in the case of all other professions licensed under title eight of the
39 education law, and the appropriate appellate division of the supreme
40 court in the case of the profession of law.

41 § 16. Paragraph (c) of section 1530 of the business corporation law,
42 as added by chapter 505 of the laws of 1983, is amended to read as
43 follows:

44 (c) The fee for filing the application for authority shall be two
45 hundred dollars, payable to the department of state, and the fee for a
46 certificate of authority issued by the state education department or the
47 department of health shall be fifty dollars.

48 § 17. Paragraphs (a) and (b) of section 1532 of the business corpo-
49 ration law, as added by chapter 505 of the laws of 1983, are amended to
50 read as follows:

51 (a) This article shall not repeal, modify or restrict any provision of
52 the education law, the public health law, or the judiciary law or any
53 rules or regulations adopted thereunder regulating the professions
54 referred to therein except to the extent in conflict herewith.

55 (b) A foreign professional service corporation, other than a foreign
56 professional service corporation authorized to practice law, shall be

1 under the supervision of the regents of the university of the state of
2 New York and be subject to disciplinary proceedings and penalties, and
3 its authority to do business shall be subject to suspension, revocation
4 or annulment for cause, in the same manner and to the same extent as is
5 provided with respect to individuals and their licenses, certificates,
6 and registrations in title eight of the education law relating to the
7 applicable profession. Notwithstanding the provisions of this subdivi-
8 sion, a foreign professional service corporation authorized to practice
9 medicine shall be ~~[subject to the prehearing procedures and hearing~~
10 ~~procedures as is provided with respect to individual physicians and~~
11 ~~their licenses]~~ under the supervision of the department of health and be
12 subject to disciplinary proceedings and penalties, and its certificate
13 of incorporation shall be subject to suspension, revocation or annulment
14 for cause, in the same manner and to the same extent as is provided with
15 respect to individuals and their licenses, certificates, and registra-
16 tions in Title II-A of article two of the public health law.

17 § 18. Subdivision (a) of section 1201 of the limited liability company
18 law is amended to read as follows:

19 (a) "Licensing authority" means the department of health in the case
20 of the profession of medicine and the regents of the university of the
21 state of New York or the state education department, as the case may be,
22 in the case of all other professions licensed under title eight of the
23 education law, and the appropriate appellate division of the supreme
24 court in the case of the profession of law.

25 § 19. Subdivision (d) of section 1203 of the limited liability company
26 law is amended to read as follows:

27 (d) A professional service limited liability company, other than a
28 professional service limited liability company authorized to practice
29 medicine or law, shall be under the supervision of the regents of the
30 university of the state of New York and be subject to disciplinary
31 proceedings and penalties, and its articles of organization shall be
32 subject to suspension, revocation or annulment for cause, in the same
33 manner and to the same extent as is provided with respect to individuals
34 and their licenses, certificates and registrations in title eight of the
35 education law relating to the applicable profession. ~~[Notwithstanding~~
36 ~~the provisions of this subdivision, a]~~ A professional service limited
37 liability company authorized to practice medicine shall be ~~[subject to~~
38 ~~the pre-hearing procedures and hearing procedures as are]~~ under the
39 supervision of the department of health and be subject to disciplinary
40 proceedings and penalties, and its articles of organization shall be
41 subject to suspension, revocation, or annulment for cause, in the same
42 manner and to the same extent as is provided with respect to individual
43 physicians and their licenses in Title II-A of article two of the public
44 health law.

45 § 20. Section 1215 of the limited liability company law is amended to
46 read as follows:

47 § 1215. Regulation of professions. This article shall not repeal,
48 modify or restrict any provision of the education law, the public health
49 law, or the judiciary law or any rules or regulations adopted thereunder
50 regulating the professions referred to in the education law, the public
51 health law, or the judiciary law except to the extent in conflict here-
52 with.

53 § 21. Subdivision (b) of section 1301 of the limited liability company
54 law is amended to read as follows:

55 (b) "Licensing authority" means the department of health in the case
56 of the profession of medicine and the regents of the university of the

1 state of New York or the state education department, as the case may be,
2 in the case of all other professions licensed under title eight of the
3 education law, and the appropriate appellate division of the supreme
4 court in the case of the profession of law.

5 § 22. Subdivision (c) of section 1306 of the limited liability company
6 law is amended to read as follows:

7 (c) The fee for filing the application for authority shall be two
8 hundred dollars, payable to the department of state, and the fee for a
9 certificate of authority issued by the state education department or the
10 department of health shall be fifty dollars.

11 § 23. Subdivisions (a) and (b) of section 1308 of the limited liabil-
12 ity company law are amended to read as follows:

13 (a) This article shall not repeal, modify or restrict any provision of
14 the education law, the public health law, or the judiciary law or any
15 rules or regulations adopted thereunder regulating the professions
16 referred to in the education law, the public health law, or the judi-
17 cary law except to the extent in conflict herewith.

18 (b) A foreign professional service limited liability company, other
19 than a foreign professional service limited liability company authorized
20 to practice medicine or law, shall be under the supervision of the
21 regents of the university of the state of New York and be subject to
22 disciplinary proceedings and penalties, and its authority to do business
23 shall be subject to suspension, revocation or annulment for cause, in
24 the same manner and to the same extent as is provided with respect to
25 individuals and their licenses, certificates and registrations in title
26 eight of the education law relating to the applicable profession.
27 ~~[Notwithstanding the provisions of this subdivision, a]~~ A foreign
28 professional service limited liability company authorized to practice
29 medicine shall be ~~[subject to the pre-hearing procedures and hearing~~
30 ~~procedures as are provided with respect to individual physicians and~~
31 ~~their licenses]~~ under the supervision of the department of health and be
32 subject to disciplinary proceedings and penalties, and its authority to
33 do business shall be subject to suspension, revocation or annulment for
34 cause, in the same manner and to the same extent as is provided with
35 respect to individuals and their licenses, certificates and registra-
36 tions in Title II-A of article two of the public health law.

37 § 24. The tenth, fourteenth and sixteenth undesignated paragraphs of
38 section 2 of the partnership law, the tenth and sixteenth undesignated
39 paragraphs as added by chapter 576 of the laws of 1994, and the four-
40 teenth undesignated paragraph as amended by chapter 475 of the laws of
41 2014, are amended to read as follows:

42 "Licensing authority" means the department of health in the case of
43 the profession of medicine and the regents of the university of the
44 state of New York or the state education department, as the case may be,
45 in the case of all other professions licensed under title eight of the
46 education law, and the appropriate appellate division of the supreme
47 court in the case of the profession of law.

48 "Professional partnership" means (1) a partnership without limited
49 partners each of whose partners is a professional authorized by law to
50 render a professional service within this state, (2) a partnership with-
51 out limited partners each of whose partners is a professional, at least
52 one of whom is authorized by law to render a professional service within
53 this state or (3) a partnership without limited partners authorized by,
54 or holding a license, certificate, registration or permit issued by the
55 licensing authority ~~[pursuant to the education law]~~ to render a profes-
56 sional service within this state; except that all partners of a profes-

1 sional partnership that provides medical services in this state must be
2 licensed pursuant to article 131 of the education law to practice medi-
3 cine in this state and all partners of a professional partnership that
4 provides dental services in this state must be licensed pursuant to
5 article 133 of the education law to practice dentistry in this state;
6 and further except that all partners of a professional partnership that
7 provides professional engineering, land surveying, geologic, architec-
8 tural and/or landscape architectural services in this state must be
9 licensed pursuant to article 145, article 147 and/or article 148 of the
10 education law to practice one or more of such professions in this state.

11 "Professional service corporation" means (i) a corporation organized
12 under article fifteen of the business corporation law and (ii) any other
13 corporation organized under the business corporation law or any prede-
14 cessor statute, which is authorized by, or holds a license, certificate,
15 registration or permit issued by, the licensing authority [~~pursuant to~~
16 ~~the education law~~] to render professional services within this state.

17 § 25. Subdivisions (m) and (o) of section 121-1500 of the partnership
18 law, as added by chapter 576 of the laws of 1994, are amended to read as
19 follows:

20 (m) A registered limited liability partnership, other than a regis-
21 tered limited liability partnership authorized to practice medicine or
22 law, shall be under the supervision of the regents of the university of
23 the state of New York and be subject to disciplinary proceedings and
24 penalties in the same manner and to the same extent as is provided with
25 respect to individuals and their licenses, certificates and registra-
26 tions in title eight of the education law relating to the applicable
27 profession. [~~Notwithstanding the provisions of this subdivision, a~~ A
28 registered limited liability partnership authorized to practice medicine
29 shall be [~~subject to the pre-hearing procedures and hearing procedures~~
30 ~~as are~~] under the supervision of the department of health and be subject
31 to disciplinary proceedings and penalties in the same manner and to the
32 same extent as is provided with respect to individual physicians and
33 their licenses in title two-A of article two of the public health law.
34 In addition to rendering the professional service or services the part-
35 ners are authorized to practice in this state, a registered limited
36 liability partnership may carry on, or conduct or transact any other
37 business or activities as to which a partnership without limited part-
38 ners may be formed. Notwithstanding any other provision of this section,
39 a registered limited liability partnership (i) authorized to practice
40 law may only engage in another profession or business or activities or
41 (ii) which is engaged in a profession or other business or activities
42 other than law may only engage in the practice of law, to the extent not
43 prohibited by any other law of this state or any rule adopted by the
44 appropriate appellate division of the supreme court or the court of
45 appeals. Any registered limited liability partnership may invest its
46 funds in real estate, mortgages, stocks, bonds or any other types of
47 investments.

48 (o) This section shall not repeal, modify or restrict any provision of
49 the education law, the public health law, or the judiciary law or any
50 rules or regulations adopted thereunder regulating the professions
51 referred to in the education law, the public health law, or the judi-
52 cary law except to the extent in conflict herewith.

53 § 26. Subdivisions (n) and (p) of section 121-1502 of the partnership
54 law, as added by chapter 576 of the laws of 1994, are amended to read as
55 follows:

(n) A foreign limited liability partnership, other than a foreign limited liability partnership authorized to practice medicine or law, shall be under the supervision of the regents of the university of the state of New York and be subject to disciplinary proceedings and penalties in the same manner and to the same extent as is provided with respect to individuals and their licenses, certificates and registrations in title eight of the education law relating to the applicable profession. ~~[Notwithstanding the provisions of this subdivision, a]~~ A foreign limited liability partnership authorized to practice medicine shall be ~~[subject to the pre-hearing procedures and hearing procedures as are]~~ under the supervision of the department of health and be subject to disciplinary proceedings and penalties in the same manner and to the same extent as is provided with respect to individual physicians and their licenses in title two-A of article two of the public health law. No foreign limited liability partnership shall engage in any profession or carry on, or conduct or transact any other business or activities in this state other than the rendering of the professional services or the carrying on, or conducting or transacting of any other business or activities for which it is formed and is authorized to do business in this state; provided that such foreign limited liability partnership may invest its funds in real estate, mortgages, stocks, bonds or any other type of investments; provided, further, that a foreign limited liability partnership (i) authorized to practice law may only engage in another profession or other business or activities in this state or (ii) which is engaged in a profession or other business or activities other than law may only engage in the practice of law in this state, to the extent not prohibited by any other law of this state or any rule adopted by the appropriate appellate division of the supreme court or the court of appeals.

(p) This section shall not repeal, modify or restrict any provision of the education law, the public health law, or the judiciary law or any rules or regulations adopted thereunder regulating the professions referred to in the education law, the public health law, or the judiciary law except to the extent in conflict herewith.

§ 27. Subdivision 3-a of section 6502 of the education law, as amended by chapter 599 of the laws of 1996, is amended to read as follows:

3-a. Prior to issuing any registration pursuant to this section and section sixty-five hundred twenty-four of this chapter, the department shall request and review any information relating to an applicant which reasonably appears to relate to professional misconduct in ~~[his or her]~~ the applicant's professional practice in this and any other jurisdiction. The department shall advise the director of the office of professional medical conduct in the department of health of any information about an applicant which reasonably appears to be professional misconduct as defined in sections ~~[sixty-five hundred thirty and sixty-five hundred thirty-one of this chapter]~~ two hundred thirty-e, two hundred thirty-f and two hundred thirty-g of the public health law, within seven days of its discovery. The registration or re-registration of such applicant shall not be delayed for a period exceeding thirty days unless the director finds a basis for recommending summary action pursuant to subdivision twelve of section two hundred thirty of the public health law after consultation with a committee on professional conduct of the state board for professional medical conduct, if warranted. Re-registration shall be issued if the commissioner of health fails to issue a summary order pursuant to subdivision twelve of section two hundred thirty of the public health law within ninety days of notice by the

department pursuant to this subdivision. Re-registration shall be denied if the commissioner of health issues a summary order pursuant to subdivision twelve of section two hundred thirty of the public health law.

§ 28. Subdivisions 1 and 9 of section 6506 of the education law, as amended by chapter 606 of the laws of 1991, are amended to read as follows:

(1) Promulgate rules, except that no rule shall be promulgated concerning ~~[article 131-A of this chapter]~~ the definitions of professional misconduct applicable to physicians, physician's assistants and specialist's assistants;

(9) Establish by rule, standards of conduct with respect to advertising, fee splitting, practicing under a name other than that of the individual licensee (when not specifically authorized), proper use of academic or professional degrees or titles tending to imply professional status, and such other ethical practices as such board shall deem necessary, except that no rule shall be established concerning ~~[article 131-A of this chapter]~~ the definitions of professional misconduct applicable to physicians, physician's assistants and specialist's assistants; and

§ 29. Paragraph a of subdivision 2 of section 6507 of the education law, as amended by chapter 606 of the laws of 1991, is amended to read as follows:

a. Promulgate regulations, except that no regulations shall be promulgated concerning ~~[article 131-A of this chapter]~~ the definitions of professional misconduct applicable to physicians, physician's assistants and specialist's assistants;

§ 30. Subdivision 1 of section 6514 of the education law, as amended by chapter 606 of the laws of 1991, is amended to read as follows:

1. All alleged violations of sections sixty-five hundred twelve or sixty-five hundred thirteen of this article shall be reported to the department which shall cause an investigation to be instituted. All alleged violations of section ~~[sixty-five hundred thirty-one of the education law]~~ two hundred thirty-e of the public health law shall be reported to the department of health which shall cause an investigation to be instituted. If the investigation substantiates that violations exist, such violations shall be reported to the attorney general with a request for prosecution.

§ 31. Subdivisions 1, 9-b, 9-c, subparagraph (i-a) of paragraph (a) of subdivision 10, item 2 of clause (d) of subparagraph (ii) of paragraph (h) of subdivision 10, paragraph (p) of subdivision 10, paragraph (a) of subdivision 11, subdivision 13, and paragraph (c) of subdivision 17 of section 230 of the public health law, subdivision 1 as amended by chapter 537 of the laws of 1998, subdivision 9-b as amended by chapter 11 of the laws of 2015, subdivision 9-c as amended by chapter 694 of the laws of 2025, subparagraph (i-a) of paragraph (a) of subdivision 10 as added by chapter 220 of the laws of 2022, item 2 of clause (d) of subparagraph (ii) of paragraph (h) of subdivision 10 as amended by chapter 477 of the laws of 2008, paragraph (p) of subdivision 10 as amended by chapter 599 and paragraph (a) of subdivision 11 as amended by chapter 627 of the laws of 1996, and subdivision 13 as added and paragraph (c) of subdivision 17 as amended by chapter 606 of the laws of 1991, are amended to read as follows:

1. A state board for professional medical conduct is hereby created in the department in matters of professional misconduct as defined in ~~[sections sixty-five hundred thirty and sixty-five hundred thirty-one of the education law]~~ this title. Its physician members shall be appointed by the commissioner at least eighty-five percent of whom shall be from

1 among nominations submitted by the medical society of the state of New
2 York, the New York state osteopathic society, the New York academy of
3 medicine, county medical societies, statewide specialty societies recog-
4 nized by the council of medical specialty societies, and the hospital
5 association of New York state. Its lay members shall be appointed by the
6 commissioner with the approval of the governor. The board of regents
7 shall also appoint twenty percent of the members of the board. Not less
8 than sixty-seven percent of the members appointed by the board of
9 regents shall be physicians. Not less than eighty-five percent of the
10 physician members appointed by the board of regents shall be from among
11 nominations submitted by the medical society of the state of New York,
12 the New York state osteopathic society, the New York academy of medi-
13 cine, county medical societies, statewide medical societies recognized
14 by the council of medical specialty societies, and the hospital associ-
15 ation of New York state. Any failure to meet the percentage thresholds
16 stated in this subdivision shall not be grounds for invalidating any
17 action by or on authority of the board for professional medical conduct
18 or a committee or a member thereof. The board for professional medical
19 conduct shall consist of not fewer than eighteen physicians licensed in
20 the state for at least five years, two of whom shall be doctors of
21 osteopathy, not fewer than two of whom shall be physicians who dedicate
22 a significant portion of their practice to the use of non-conventional
23 medical treatments who may be nominated by New York state medical asso-
24 ciations dedicated to the advancement of such treatments, at least one
25 of whom shall have expertise in palliative care, and not fewer than
26 seven lay members. An executive secretary shall be appointed by the
27 chairperson and shall be a licensed physician. Such executive secretary
28 shall not be a member of the board, shall hold office at the pleasure
29 of, and shall have the powers and duties assigned and the annual salary
30 fixed by, the chairperson. The chairperson shall also assign such secre-
31 taries or other persons to the board as are necessary.

32 9-b. Neither the board for professional medical conduct nor the office
33 of professional medical conduct shall charge a licensee with misconduct
34 as defined in [~~sections sixty-five hundred thirty and sixty-five hundred~~
35 ~~thirty-one of the education law~~] this title, or cause a report made to
36 the director of such office to be investigated beyond a preliminary
37 review as set forth in clause (A) of subparagraph (i) of paragraph (a)
38 of subdivision ten of this section, where such report is determined to
39 be based solely upon the recommendation or provision of a treatment
40 modality to a particular patient by such licensee that is not
41 universally accepted by the medical profession, including but not limit-
42 ed to, varying modalities used in the treatment of Lyme disease and
43 other tick-borne diseases. When a licensee, acting in accordance with
44 [~~paragraph e of subdivision four of~~] section [~~sixty-five hundred twen-~~
45 ~~ty-seven of the education law~~] thirty-seven hundred fifty-one of this
46 chapter, recommends or provides a treatment modality that effectively
47 treats human disease, pain, injury, deformity or physical condition for
48 which the licensee is treating a patient, the recommendation or
49 provision of that modality to a particular patient shall not, by itself,
50 constitute professional misconduct. The licensee shall otherwise abide
51 by all other applicable professional requirements.

52 9-c. (a) Neither the board for professional medical conduct nor the
53 office of professional medical conduct shall charge a licensee, acting
54 within their scope of practice, with misconduct as defined in [~~sections~~
55 ~~sixty-five hundred thirty and sixty-five hundred thirty-one of the~~
56 ~~education law~~] this title, or cause a report made to the director of

1 such office to be investigated beyond a preliminary review as set forth
2 in clause (A) of subparagraph (i) of paragraph (a) of subdivision ten of
3 this section, where such report is determined to be based solely upon
4 any legally protected health activity, as defined by section 570.17 of
5 the criminal procedure law.

6 (b) When a licensee, acting within their scope of practice, and in
7 accordance with paragraph e of subdivision four of section [~~sixty-five~~
8 ~~hundred twenty-seven of the education law~~] thirty-seven hundred fifty-
9 one of this chapter, [~~performs, recommends or provides any reproductive~~
10 ~~health services or gender-affirming care for a patient who resides in a~~
11 ~~state wherein the performance, recommendation, or provision of any such~~
12 ~~reproductive health services or gender-affirming care is illegal, such~~
13 ~~performance, recommendation, or provision of such reproductive health~~
14 ~~services or gender-affirming care for such patient, shall not, by~~
15 ~~itself, constitute professional misconduct~~] engages in legally protected
16 health activity, as defined by section 570.17 of the criminal procedure
17 law, such legally protected activity shall not, by itself, constitute
18 professional misconduct. The licensee shall otherwise abide by all
19 other applicable professional requirements.

20 (i-a) The director shall, in addition to the determination required by
21 clause (A) of subparagraph (i) of this paragraph, determine if a report
22 is based solely upon conduct which is otherwise permissible pursuant to
23 section [~~sixty-five hundred thirty-one b of the education law~~] two
24 hundred thirty-h of this title and subdivision nine-c of this section,
25 and upon a determination by the director that a report is based solely
26 upon such permissible conduct, no further review shall be conducted and
27 no charges shall be brought. Nothing in this section shall preclude the
28 director from making such a determination earlier in, or subsequent to,
29 a preliminary review.

30 (2) make arrangements for the transfer and maintenance of the medical
31 records of [~~his or her~~] their former patients. Records shall be either
32 transferred to the licensee's former patients consistent with the
33 provisions of sections seventeen and eighteen of this chapter or to
34 another physician or health care practitioner as provided in clause (1)
35 of this subparagraph who shall expressly assume responsibility for their
36 care and maintenance and for providing access to such records, as
37 provided in subdivisions twenty-two and [~~thirty-two of section sixty-~~
38 ~~five hundred thirty of the education law~~] thirty-three of section two
39 hundred thirty-e of this title, the rules of the board of regents or the
40 regulations of the commissioner of education and sections seventeen and
41 eighteen of this chapter. When records are not transferred to the
42 licensee's former patients or to another physician or health care prac-
43 titioner, the licensee whose license has been revoked, annulled, surren-
44 dered, suspended or restricted shall remain responsible for the care and
45 maintenance of the medical records of [~~his or her~~] their former patients
46 and shall be subject to additional proceedings pursuant to subdivisions
47 twenty-two, [~~thirty-two~~] thirty-three and [~~forty~~] forty-one of section
48 [~~sixty-five hundred thirty of the education law~~] two hundred thirty-e of
49 this title in the event that the licensee fails to maintain those
50 medical records or fails to make them available to a former patient.

51 (p) Convictions of crimes or administrative violations. In cases of
52 professional misconduct based solely upon a violation of subdivision
53 nine of section [~~sixty-five hundred thirty of the education law~~] two
54 hundred thirty-e of this title, the director may direct that charges be
55 prepared and served and may refer the matter to a committee on profes-
56 sional conduct for its review and report of findings, conclusions as to

1 guilt, and determination. In such cases, the notice of hearing shall
2 state that the licensee shall file a written answer to each of the
3 charges and allegations in the statement of charges no later than ten
4 days prior to the hearing, and that any charge or allegation not so
5 answered shall be deemed admitted, that the licensee may wish to seek
6 the advice of counsel prior to filing such answer that the licensee may
7 file a brief and affidavits with the committee on professional conduct,
8 that the licensee may appear personally before the committee on profes-
9 sional conduct, may be represented by counsel and may present evidence
10 or sworn testimony in [~~his or her~~] their behalf, and the notice may
11 contain such other information as may be considered appropriate by the
12 director. The department may also present evidence or sworn testimony
13 and file a brief at the hearing. A stenographic record of the hearing
14 shall be made. Such evidence or sworn testimony offered to the committee
15 on professional conduct shall be strictly limited to evidence and testi-
16 mony relating to the nature and severity of the penalty to be imposed
17 upon the licensee. Where the charges are based on the conviction of
18 state law crimes in other jurisdictions, evidence may be offered to the
19 committee which would show that the conviction would not be a crime in
20 New York state. The committee on professional conduct may reasonably
21 limit the number of witnesses whose testimony will be received and the
22 length of time any witness will be permitted to testify. The determi-
23 nation of the committee shall be served upon the licensee and the
24 department in accordance with the provisions of paragraph (h) of this
25 subdivision. A determination pursuant to this subdivision may be
26 reviewed by the administrative review board for professional medical
27 conduct.

28 (a) The medical society of the state of New York, the New York state
29 osteopathic society or any district osteopathic society, any statewide
30 medical specialty society or organization, and every county medical
31 society, every person licensed pursuant to articles one hundred thirty-
32 one, one hundred thirty-one-B, one hundred thirty-three, one hundred
33 thirty-seven and one hundred thirty-nine of the education law, and the
34 chief executive officer, the chief of the medical staff and the chair-
35 person of each department of every institution which is established
36 pursuant to article twenty-eight of this chapter and a comprehensive
37 health services plan pursuant to article forty-four of this chapter or
38 article forty-three of the insurance law, shall, and any other person
39 may, report to the board any information which such person, medical
40 society, organization, institution or plan has which reasonably appears
41 to show that a licensee is guilty of professional misconduct as defined
42 in [~~sections sixty five hundred thirty and sixty five hundred thirty one~~
43 ~~of the education law~~] this title. Such reports shall remain confidential
44 and shall not be admitted into evidence in any administrative or judi-
45 cial proceeding except that the board, its staff, or the members of its
46 committees may begin investigations on the basis of such reports and may
47 use them to develop further information.

48 13. (a) Temporary surrender. The license and registration of a licen-
49 see who may be temporarily incapacitated for the active practice of
50 medicine and whose alleged incapacity has not resulted in harm to a
51 patient may be voluntarily surrendered to the board for professional
52 medical conduct, which may accept and hold such license during the peri-
53 od of such alleged incapacity or the board for professional medical
54 conduct may accept the surrender of such license after agreement to
55 conditions to be met prior to the restoration of the license. The board
56 shall give prompt written notification of such surrender to the division

1 of professional licensing services of the state education department,
2 and to each hospital at which the licensee has privileges. The licensee
3 whose license is so surrendered shall notify all patients and all
4 persons who request medical services that the licensee has temporarily
5 withdrawn from the practice of medicine. The licensure status of each
6 such licensee shall be "inactive" and the licensee shall not be author-
7 ized to practice medicine. The temporary surrender shall not be deemed
8 to be an admission of disability or of professional misconduct, and
9 shall not be used as evidence of a violation of subdivision seven or
10 eight of section ~~[sixty-five hundred thirty of the education law]~~ two
11 hundred thirty-e of this title unless the licensee practices while the
12 license is "inactive". Any such practice shall constitute a violation of
13 subdivision twelve of section ~~[sixty-five hundred thirty of the educa-~~
14 ~~tion law]~~ two hundred thirty-e of this title. The surrender of a license
15 under this subdivision shall not bar any disciplinary action except
16 action based solely upon the provisions of subdivision seven or eight of
17 section ~~[sixty-five hundred thirty of the education law]~~ two hundred
18 thirty-e of this title and where no harm to a patient has resulted, and
19 shall not bar any civil or criminal action or proceeding which might be
20 brought without regard to such surrender. A surrendered license shall be
21 restored upon a showing to the satisfaction of a committee of profes-
22 sional conduct of the state board for professional medical conduct that
23 the licensee is not incapacitated for the active practice of medicine
24 provided, however, that the committee may impose reasonable conditions
25 on the licensee, if it determined that due to the nature and extent of
26 the licensee's former incapacity such conditions are necessary to
27 protect the health of the people. The chairperson of the committee shall
28 issue a restoration order adopting the decision of the committee. Prompt
29 written notification of such restoration shall be given to the division
30 of professional licensing services of the state education department and
31 to all hospitals which were notified of the surrender of the license.

32 (b) Permanent surrender. The license and registration of a licensee
33 who may be permanently incapacitated for the active practice of medi-
34 cine, and whose alleged incapacity has not resulted in harm to a
35 patient, may be voluntarily surrendered to the board for professional
36 medical conduct. The board shall give prompt written notification of
37 such surrender to the division of professional licensing services of the
38 state education department, and to each hospital at which the licensee
39 has privileges. The licensee whose license is so surrendered shall noti-
40 fy all patients and all persons who request medical services that the
41 licensee has permanently withdrawn from the practice of medicine. The
42 permanent surrender shall not be deemed to be an admission of disability
43 ~~[of]~~ or professional misconduct, and shall not be used as evidence of a
44 violation of subdivision seven or eight of section ~~[sixty-five hundred~~
45 ~~thirty of the education law]~~ two hundred thirty-e of this title. The
46 surrender shall not bar any civil or criminal action or proceeding which
47 might be brought without regard to such surrender. There shall be no
48 restoration of a license that has been surrendered pursuant to this
49 subdivision.

50 (c) If the committee determines that reasonable cause exists as speci-
51 fied in paragraph (a) of this subdivision and that there is insufficient
52 evidence for the matter to constitute misconduct as defined in sections
53 ~~[sixty-five hundred thirty and section sixty-five hundred thirty-one of~~
54 ~~the education law]~~ two hundred thirty-e, two hundred thirty-f and two
55 hundred thirty-g of this title, the committee may issue an order direct-
56 ing that the licensee's practice of medicine be monitored for a period

1 specified in the order, which shall in no event exceed one year, by a
2 licensee approved by the director, which may include members of county
3 medical societies or district osteopathic societies designated by the
4 commissioner. The licensee responsible for monitoring the licensee shall
5 submit regular reports to the director. If the licensee refuses to coop-
6 erate with the licensee responsible for monitoring or if the monitoring
7 licensee submits a report that the licensee is not practicing medicine
8 with reasonable skill and safety to ~~[his or her]~~ their patients, the
9 committee may refer the matter to the director for further proceedings
10 pursuant to subdivision ten of this section. An order pursuant to this
11 paragraph shall be kept confidential and shall not be subject to discov-
12 ery or subpoena, unless the licensee refuses to comply with the order.

13 § 32. The opening paragraph of section 230-a of the public health law,
14 as added by chapter 606 of the laws of 1991, is amended to read as
15 follows:

16 The penalties which may be imposed by the state board for professional
17 medical conduct on a present or former licensee found guilty of profes-
18 sional misconduct under the definitions and proceedings prescribed in
19 ~~[section]~~ sections two hundred thirty, two hundred thirty-e and two
20 hundred thirty-f of this title ~~[and sections sixty-five hundred thirty~~
21 ~~and sixty-five hundred thirty-one of the education law]~~ are:

22 § 33. Section 230-a of the public health law, as added by chapter 786
23 of the laws of 1992, is amended to read as follows:

24 § 230-a. Infection control standards. Notwithstanding any law to the
25 contrary, ~~[including section sixty-five hundred thirty-two of the educa-~~
26 ~~tion law,]~~ the department shall promulgate rules or regulations describ-
27 ing scientifically accepted barrier precautions and infection control
28 practices as standards of professional medical conduct for persons
29 licensed under articles one hundred thirty-one and one hundred thirty-
30 one-B of the education law. The department shall consult with the educa-
31 tion department to ensure that regulatory standards for scientifically
32 acceptable barrier precautions and infection prevention techniques
33 promulgated pursuant to this section are consistent, as far as appropri-
34 ate with such standards adopted by the education department applicable
35 to persons licensed under the education law other than articles one
36 hundred thirty-one and one hundred thirty-one-B of such law.

37 § 34. Paragraph (b) of subdivision 1 of section 2803-e of the public
38 health law, as amended by chapter 542 of the laws of 2000, is amended to
39 read as follows:

40 (b) Hospitals and other facilities approved pursuant to this article
41 shall make a report or cause a report to be made within thirty days of
42 obtaining knowledge of any information which reasonably appears to show
43 that a physician is guilty of professional misconduct as defined in
44 ~~[section sixty-five hundred thirty or sixty-five hundred thirty-one of~~
45 ~~the education law]~~ sections two hundred thirty-e, two hundred thirty-f
46 and two hundred thirty-g of this chapter. A violation of this paragraph
47 shall not be subject to the provisions of section twelve-b of this chap-
48 ter.

49 § 35. Subdivisions 7 of section 2995-a of the public health law, as
50 added by chapter 542 of the laws of 2000, is amended to read as follows:

51 7. A physician who knowingly provides materially inaccurate informa-
52 tion under this section shall be guilty of professional misconduct
53 pursuant to section ~~[sixty-five hundred thirty of the education law]~~ two
54 hundred thirty-e of this chapter.

§ 36. Section 2997-l of the public health law, as added by section 20 of part A of chapter 60 of the laws of 2014, is amended to read as follows:

§ 2997-l. Activities. The activities enumerated in section twenty-nine hundred ninety-seven-k of this title shall be undertaken consistent with section twenty-eight hundred five-j of this chapter by a covered health care provider and shall be deemed activities of such program as described in such section and any and all information attributable to such activities shall be subject to provisions of section twenty-eight hundred five-m of this chapter and section [~~sixty-five hundred twenty-seven of the education law~~] thirty-seven hundred fifty-one of this chapter.

§ 37. Subdivisions 2 and 3 of section 2999-r of the public health law, as amended by chapter 461 of the laws of 2012, are amended to read as follows:

2. With respect to the planning, implementation, and operation of ACOs, the commissioner, by regulation, shall specifically delineate safe harbors that exempt ACOs from the application of the following statutes:

(a) article twenty-two of the general business law relating to arrangements and agreements in restraint of trade;

(b) [~~article one hundred thirty-one A of the education law~~] title two-A of article two of this chapter relating to fee-splitting arrangements; and

(c) title two-D of article two of this chapter relating to health care practitioner referrals.

3. For the purposes of this article, an ACO shall be deemed to be a hospital for purposes of sections twenty-eight hundred five-j, twenty-eight hundred five-k, twenty-eight hundred five-l and twenty-eight hundred five-m of this chapter and subdivisions three and five of section [~~sixty-five hundred twenty-seven of the education law~~] thirty-seven hundred fifty-one of this chapter.

§ 38. Paragraph (d) of subdivision 2 of section 2999-u of the public health law, as amended by chapter 90 of the laws of 2023, is amended to read as follows:

(d) A PACE organization shall be deemed to be a health maintenance organization under article forty-four of this chapter for purposes of subdivision one of section [~~sixty-five hundred twenty-seven of the education law~~] thirty-seven hundred fifty-one of this chapter.

§ 39. Paragraph (b) of subdivision 1-a of section 3515 of the public health law, as added by chapter 536 of the laws of 2011, is amended to read as follows:

(b) Paragraph (a) of this subdivision shall be inapplicable to specialist's assistants registered pursuant to law on the effective date of this subdivision; but such specialist's assistants shall continue to be subject to all of the provisions of section [~~sixty-five hundred thirty of the education law~~] two hundred thirty-e of this chapter.

§ 40. Subdivision 2 of section 490 of the social services law, as added by section 1 of part B of chapter 501 of the laws of 2012, is amended to read as follows:

2. Notwithstanding any other provision of law, except as may be provided by section 33.25 of the mental hygiene law, records, reports or other information maintained by the justice center, state oversight agencies, delegate investigatory entities, and facilities and provider agencies regarding the deliberations of an incident review committee shall be confidential, provided that nothing in this article shall be deemed to diminish or otherwise derogate the legal privilege afforded to

1 proceedings, records, reports or other information relating to a quality
2 assurance function, including the investigation of an incident reported
3 pursuant to section 29.29 of the mental hygiene law, as provided in
4 section [~~sixty-five hundred twenty-seven of the education law~~] thirty-
5 seven hundred fifty-one of the public health law. For purposes of this
6 section, a quality assurance function is a process for systematically
7 monitoring and evaluating various aspects of a program, service or
8 facility to ensure that standards of care are being met.

9 § 41. Subdivision 1 of section 3000-a of the public health law, as
10 amended by chapter 69 of the laws of 1994, is amended to read as
11 follows:

12 1. Except as provided in subdivision six of section six thousand six
13 hundred eleven, [~~subdivision two of section six thousand five hundred~~
14 ~~twenty-seven,~~] subdivision one of section six thousand nine hundred nine
15 [~~and sections six thousand five hundred forty-seven and~~], section six
16 thousand seven hundred thirty-seven of the education law and section
17 thirty-seven hundred fifty-one of this chapter, any person who voluntar-
18 ily and without expectation of monetary compensation renders first aid
19 or emergency treatment at the scene of an accident or other emergency
20 outside a hospital, doctor's office or any other place having proper and
21 necessary medical equipment, to a person who is unconscious, ill, or
22 injured, shall not be liable for damages for injuries alleged to have
23 been sustained by such person or for damages for the death of such
24 person alleged to have occurred by reason of an act or omission in the
25 rendering of such emergency treatment unless it is established that such
26 injuries were or such death was caused by gross negligence on the part
27 of such person. Nothing in this section shall be deemed or construed to
28 relieve a licensed physician, dentist, nurse, physical therapist or
29 registered physician's assistant from liability for damages for injuries
30 or death caused by an act or omission on the part of such person while
31 rendering professional services in the normal and ordinary course of
32 [~~his or her~~] such person's practice.

33 § 42. Paragraph (b) of subdivision 1 of section 4405-b of the public
34 health law, as amended by chapter 542 of the laws of 2000, is amended to
35 read as follows:

36 (b) An organization shall make a report to be made to the appropriate
37 professional disciplinary agency within thirty days of obtaining know-
38 ledge of any information that reasonably appears to show that a health
39 professional is guilty of professional misconduct as defined in article
40 one hundred thirty [~~or one hundred thirty-one-A~~] of the education law or
41 title two-A of article two of [~~the education law~~] this chapter. A
42 violation of this subdivision shall not be subject to the provisions of
43 section twelve-b of this chapter.

44 § 43. Subdivision 2 of section 4702 of the public health law, as
45 amended by chapter 805 of the laws of 1984, is amended to read as
46 follows:

47 2. "Shared health facility" or "facility" means any arrangement where-
48 in four or more practitioners licensed under the provisions of article
49 one hundred thirty-one, [~~one hundred thirty-one-a,~~] one hundred thirty-
50 two, one hundred thirty-three, one hundred thirty-seven, one hundred
51 thirty-nine, one hundred forty-one, one hundred forty-three, one hundred
52 forty-four, one hundred fifty-six or one hundred fifty-nine of the
53 education law or is subject to title two-A of article two of this chap-
54 ter, one or more of whom receives payment under the program and whose
55 total aggregate monthly remuneration from such program is in excess of
56 five thousand dollars for any one month during the preceding twelve

1 months, (a) practice their professions at a common physical location;
2 and (b) share (i) common waiting areas, examining rooms, treatment rooms
3 or other space, or (ii) the services of supporting staff, or (iii)
4 equipment; and (c) a person, whether such person is a practitioner or
5 not, is in charge of, controls, manages or supervises substantial
6 aspects of the arrangement or operation for the delivery of health or
7 medical services at said common physical location, other than the direct
8 furnishing of professional services by the practitioners to their
9 patients, or a person makes available to the practitioners the services
10 of supporting staff who are not employees of the practitioners. "Shared
11 health facility" does not mean or include practitioners practicing their
12 profession as a partnership provided that members of the supporting
13 staff are employees of such legal entity and if there is an office
14 manager, or person with similar title, ~~he is~~ they are an employee of
15 the legal entity whose compensation is customary and not excessive for
16 such services and there is no person described in paragraph (c) of this
17 subdivision. "Shared health facility" does not mean or include any enti-
18 ty organized pursuant to the provisions of article twenty-eight of this
19 chapter or operating under a certificate issued pursuant to the
20 provisions of article thirteen of the mental hygiene law; nor shall it
21 mean or include a facility wherein ambulatory medical services are
22 provided by an organized group of physicians pursuant to an arrangement
23 between such group and a health services corporation operating under
24 article forty-three of the insurance law or a health maintenance organ-
25 ization operating under article forty-four of the public health law, and
26 where the health services corporation or the health maintenance organ-
27 ization is reimbursed on a prepaid capitation basis for the provision of
28 health care services under New York state's medical assistance program.

29 § 44. Subdivision e of section 20-815 of the administrative code of
30 the city of New York, as added by local law number 17 of the city of New
31 York for the year 2011, is amended to read as follows:

32 e. "Licensed medical provider" shall mean a person licensed or other-
33 wise authorized under the provisions of articles one hundred thirty-one,
34 ~~[one hundred thirty-one-a,~~ one hundred thirty-one-b, one hundred thir-
35 ty-nine or one hundred forty of the education law of New York or title
36 two-A of article two of the public health law of New York, to provide
37 medical services.

38 § 45. Transfer of employees. Notwithstanding any other provision of
39 law, rule, or regulation to the contrary, upon the transfer of any func-
40 tions from the state education department to the department of health
41 for the administration, regulation, and control of professional entities
42 established under the business corporation law, the limited liability
43 company law or the partnership law for the provision of medical
44 services, employees performing those functions shall be transferred to
45 the department of health pursuant to subdivision 2 of section 70 of the
46 civil service law. Employees transferred pursuant to this section shall
47 be transferred without further examination or qualification and shall
48 retain their respective civil service classifications, status and
49 collective bargaining unit designations and collective bargaining agree-
50 ments.

51 § 46. Transfer of records. All books, papers and property of the state
52 education department with respect to the functions, powers and duties
53 transferred by this act are to be delivered to the appropriate offices
54 within the department of health, at such place and time, and in such
55 manner as the department of health requires.

1 § 47. Continuity of authority. For the purpose of all functions,
2 powers, duties and obligations of the state education department trans-
3 ferred to and assumed by the department of health, the department of
4 health shall continue the operation of the provisions previously done by
5 the state education department, pursuant to this act.

6 § 48. Completion of unfinished business. Any business or other matter
7 undertaken or commenced by the state education department pertaining to
8 or connected with the functions, powers, duties and obligations hereby
9 transferred and assigned to the department of health and pending on the
10 effective date of January 1, 2027 shall be conducted and completed by
11 the department of health in the same manner and under the same terms and
12 conditions and with the same effect as if conducted and completed by the
13 state education department.

14 § 49. Continuation of rules and regulations. All rules, regulations,
15 acts, orders, determinations, and decisions of the state education
16 department in force at the time of such transfer and assumption, shall
17 continue in force and effect as rules, regulations, acts, orders, deter-
18 minations and decisions of the department of health until duly modified
19 or abrogated by the department of health.

20 § 50. Terms occurring in laws, contracts and other documents. When-
21 ever the state education department is referred to or designated in any
22 law, contract or document pertaining to the functions, powers, obli-
23 gations and duties hereby transferred and assigned, such reference or
24 designation shall be deemed to refer to department of health or the
25 commissioner thereof.

26 § 51. Existing rights and remedies preserved. No existing right or
27 remedy of any character shall be lost, impaired or affected by reason of
28 this act.

29 § 52. Pending actions or proceedings. No action or proceeding pending
30 at the time when this act shall take effect relating to the functions,
31 powers and duties of the state education department transferred pursuant
32 to this act, brought by or against the state education department or
33 board of regents shall be affected by any provision of this act, but the
34 same may be prosecuted or defended in the name of the commissioner of
35 the department of health. In all such actions and proceedings, the
36 commissioner of health, upon application to the court, shall be substi-
37 tuted as a party.

38 § 53. Transfer of appropriations heretofore made to the state educa-
39 tion department. Upon the transfer pursuant to this act of the functions
40 and powers possessed by and of the obligations and duties of the educa-
41 tion department, all appropriations and reappropriations which shall
42 have been made available as of the date of such transfer to the educa-
43 tion department, or segregated pursuant to law, to the extent of remain-
44 ing unexpended or unencumbered balances thereof, whether allocated or
45 unallocated and whether obligated or unobligated, shall be transferred
46 to and made available for use and expenditure by the department of
47 health and shall be payable on vouchers certified or approved by the
48 commissioner of taxation and finance, on audit and warrant of the comp-
49 troller. Payments of liabilities for expenses of personnel services,
50 maintenance and operation which shall have been incurred as of the date
51 of such transfer by the education department, and for liabilities
52 incurred and to be incurred in completing its affairs, shall also be
53 made on vouchers certified or approved by the commissioner of education
54 on audit and warrant of the comptroller.

55 § 54. This act shall take effect January 1, 2027, provided, however,
56 that the amendments to paragraph (a) of subdivision 10 of section 230 of

1 the public health law made by section thirty-one of this act shall not
2 affect the expiration of such paragraph and shall be deemed to expire
3 therewith. Effective immediately, the addition, amendment and/or repeal
4 of any rule or regulation necessary for the implementation of this act
5 on its effective date are authorized to be made and completed on or
6 before such date.

7 SUBPART E

8 Section 1. Subdivisions 1, 2, 3, 4 and 5 of section 6542 of the educa-
9 tion law, as amended by chapter 520 of the laws of 2024, are amended and
10 two new subdivisions 1-a and 9 are added to read as follows:

11 1. Notwithstanding any other provision of law, a physician assistant
12 may perform medical services, but only when under the supervision of a
13 physician and only when such acts and duties as are assigned to such
14 physician assistant are within the scope of practice of such supervising
15 physician unless otherwise permitted by this section.

16 1-a. A physician assistant may practice without the supervision of a
17 physician under the following circumstances:

18 (a) Such physician assistant, licensed under section sixty-five
19 hundred forty-one of this article, has practiced for more than eight
20 thousand hours within the same or a substantially similar specialty that
21 the physician assistant seeks to practice without supervision, and:

22 (i) is employed by a rural emergency hospital under 42 USC 1395x(kkk),
23 or successor provisions, or a general hospital as defined under article
24 twenty-eight of the public health law, meets the qualifications of the
25 medical staff bylaws of and is credentialed by such rural emergency
26 hospital or general hospital, and such rural emergency hospital or
27 general hospital gives such physician assistant privileges; or

28 (ii) is employed by a non-surgical diagnostic and treatment center as
29 defined under article twenty-eight of the public health law or primary
30 care practice operating as a professional corporation, professional
31 limited liability company, or professional partnership, and such physi-
32 cian assistant is practicing in primary care, which for the purposes of
33 this paragraph shall mean non-surgical care in the fields of general
34 pediatrics, general adult medicine, general geriatric medicine, general
35 internal medicine, mental health services or psychiatry, gynecology,
36 obstetrics so long as the physician assistant maintains a collaborative
37 relationship with a licensed physician who has obstetric privileges at a
38 general hospital licensed under article twenty-eight of the public
39 health law, family medicine, urgent care, or such other related areas as
40 determined by the commissioner of health.

41 (b) A physician assistant practicing independently pursuant to this
42 section may perform any of the following functions:

43 (i) take patient histories;

44 (ii) perform physical examinations;

45 (iii) triage patients based on recognition of abnormal vital signs,
46 examination findings, and/or general observations;

47 (iv) order diagnostic radiology, toxicology, laboratory tests and
48 screenings;

49 (v) perform federal Clinical Laboratory Improvement Amendments of 1988
50 (CLIA) waived laboratory tests and screenings;

51 (vi) interpret reports generated by laboratory testing and diagnostic
52 radiology;

53 (vii) formulate diagnoses;

54 (viii) administer clinical interventions with informed consent;

(ix) refer patients to other professionals;
(x) counsel patients and family, guardians and caregivers on preventable conditions and lifestyle modifications, promote early detection and prevention of medical conditions;

(xi) follow best practice immunization standards for every patient population;

(xii) manage end of life and palliative care in accordance with the patient's preferences and autonomy, including advanced directives;

(xiii) formulate and implement treatment plans in accordance with applicable practice guidelines;

(xiv) provide virtual care via telehealth for patients, including conducting assessments and managing acute and chronic conditions remotely to the extent permitted under state and federal telehealth laws;

(xv) provide remote monitoring and follow-up care, utilizing technology to track patient outcomes, medication adherence, and ongoing management of health conditions;

(xvi) prescribe, administer and dispense pharmacological or diagnostic therapies, including controlled substances, and monitor and follow-up of pharmacologic regimens, including assessing patient adherence to prescribed drug regimens and adjusting treatments as necessary to ensure optimal outcomes; or

(xvii) such other functions as the commissioner of health may determine.

(c) In the event that a physician assistant seeks to practice independently in a substantially different specialty within any rural emergency hospital or general hospital, the physician assistant shall complete at least eight thousand hours of practice in such new specialty before such physician assistant may practice without physician supervision pursuant to paragraph (a) of this subdivision.

2. ~~[Supervision]~~ Where supervision is required by this section, it shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where such services are performed.

3. ~~[No]~~ Where supervision is required by this section, no physician shall employ or supervise more than six physician assistants in such physician's private practice at one time.

4. Nothing in this article shall prohibit a hospital from employing physician assistants, provided that they work under the supervision of a physician designated by the hospital and not beyond the scope of practice of such physician, where such supervision is required by this section. The numerical limitation of subdivision three of this section shall not apply to services performed in a hospital.

5. Notwithstanding any other provision of this article, nothing shall prohibit a physician employed by or rendering services to the department of corrections and community supervision under contract from supervising no more than eight physician assistants in such physician's practice for the department of corrections and community supervision at one time, where such supervision is required by this section.

9. The commissioner and the commissioner of health are authorized to promulgate and update regulations pursuant to this section.

§ 2. Subdivision 1 of section 3701 of the public health law, as amended by chapter 48 of the laws of 2012, is amended to read as follows:

1. to promulgate regulations defining and restricting the duties ~~[which may be assigned to]~~ of physician assistants ~~[by their supervising physician, the degree of supervision required and the manner in which~~

~~such duties may be performed~~ consistent with section sixty-five hundred forty-two of the education law;

§ 3. Section 3702 of the public health law, as amended by chapter 48 of the laws of 2012 and subdivision 1 as amended by chapter 520 of the laws of 2024, is amended to read as follows:

§ 3702. Special provisions. 1. Inpatient medical orders. A licensed physician assistant employed or extended privileges by a hospital may, if permissible under the bylaws, rules and regulations of the hospital, write medical orders, including those for controlled substances and durable medical equipment, for inpatients ~~[under the care of the physician responsible for the supervision of such physician assistant. Countersignature of such orders may be required if deemed necessary and appropriate by the supervising physician or the hospital, but in no event shall countersignature be required prior to execution].~~

2. Withdrawing blood. A licensed physician assistant or certified nurse practitioner acting within ~~[his or her]~~ such physician assistant's lawful scope of practice may supervise and direct the withdrawal of blood for the purpose of determining the alcoholic or drug content therein under subparagraph one of paragraph (a) of subdivision four of section eleven hundred ninety-four of the vehicle and traffic law, notwithstanding any provision to the contrary in clause (ii) of such subparagraph.

3. Prescriptions for controlled substances. A licensed physician assistant, in good faith and acting within ~~[his or her]~~ such physician assistant's lawful scope of practice, ~~[and to the extent assigned by his or her supervising physician,]~~ may prescribe controlled substances as a practitioner under article thirty-three of this chapter only to the extent assigned by the supervising physician and only to patients under the care of such physician responsible for ~~[his or her]~~ supervision. The commissioner, in consultation with the commissioner of education, may promulgate such regulations as are necessary to carry out the purposes of this section.

§ 4. Section 3703 of the public health law, as amended by chapter 48 of the laws of 2012, is amended to read as follows:

§ 3703. Statutory construction. A physician assistant may perform any function in conjunction with a medical service lawfully performed by the physician assistant, in any health care setting, that a statute authorizes or directs a physician to perform and that is appropriate to the education, training and experience of the licensed physician assistant and within the ordinary practice of the supervising physician, as applicable pursuant to section sixty-five hundred forty-two of the education law. This section shall not be construed to increase or decrease the lawful scope of practice of a physician assistant under the education law.

§ 5. Subdivision 27 of section 3302 of the public health law, as amended by chapter 92 of the laws of 2021, is amended to read as follows:

27. "Practitioner" means:

A physician, physician assistant, dentist, podiatrist, veterinarian, scientific investigator, or other person licensed, or otherwise permitted to dispense, administer or conduct research with respect to a controlled substance in the course of a licensed professional practice or research licensed pursuant to this article. Such person shall be deemed a "practitioner" only as to such substances, or conduct relating

1 to such substances, as is permitted by ~~[his]~~ their license, permit or
2 otherwise permitted by law.

3 § 6. Paragraph a of subdivision 2 of section 902 of the education law,
4 as amended by chapter 376 of the laws of 2015, is amended to read as
5 follows:

6 a. The board of education, and the trustee or board of trustees of
7 each school district, shall employ, at a compensation to be agreed upon
8 by the parties, a qualified physician, a physician assistant, or a nurse
9 practitioner to the extent authorized by the nurse practice act and
10 consistent with subdivision three of section six thousand nine hundred
11 two of this chapter, to perform the duties of the director of school
12 health services, including any duties conferred on the school physician
13 or school medical inspector under any provision of law, to perform and
14 coordinate the provision of health services in the public schools and to
15 provide health appraisals of students attending the public schools in
16 the city or district. The physicians, physician assistants, or nurse
17 practitioners so employed shall be duly licensed pursuant to applicable
18 law.

19 § 7. Paragraphs (a) and (c) of subdivision 4 of section 4141 of the
20 public health law, as amended by chapter 153 of the laws of 2011, are
21 amended to read as follows:

22 (a) The medical certificate shall be made, dated, and signed by the
23 physician ~~[or]~~, nurse practitioner, or physician assistant, if any, last
24 in attendance on the deceased.

25 (c) Any certificate stating the cause of death in terms which the
26 commissioner declares indefinite shall be returned to the physician,
27 nurse practitioner, physician assistant, or person making the medical
28 certificate for correction and more definite statement.

29 § 8. Section 4141-a of the public health law, as amended by chapter
30 352 of the laws of 2013, is amended to read as follows:

31 § 4141-a. Death certificate; duties of hospital administrator. When a
32 death occurs in a hospital, except in those cases where certificates are
33 issued by coroners or medical examiners, the person in charge of such
34 hospital or ~~[his or her]~~ such person's designated representative shall
35 promptly present the certificate to the physician ~~[or]~~, nurse practi-
36 tioner, physician assistant in attendance, or a physician ~~[or]~~, nurse
37 practitioner, or physician assistant acting ~~[in his or her]~~ on their
38 behalf, who shall promptly certify to the facts of death, provide the
39 medical information required by the certificate, sign the medical
40 certificate of death, and thereupon return such certificate to such
41 person, so that the seventy-two hour registration time limit prescribed
42 in section four thousand one hundred forty of this title can be met;
43 provided, however that commencing on or after the implementation date
44 under section forty-one hundred forty-eight of this title, information
45 and signatures required by this section shall be obtained and made in
46 accordance with section forty-one hundred forty-eight of this title.

47 § 9. Subdivision (b) of section 4142 of the public health law, as
48 amended by chapter 153 of the laws of 2011, is amended to read as
49 follows:

50 (b) present the certificate promptly to the attending physician ~~[or]~~,
51 nurse practitioner, or physician assistant who shall forthwith certify
52 to the facts of death, provide the medical information required by the
53 certificate and sign the medical certificate of death, or to the coroner
54 or medical examiner in those cases where so required by this article or,
55 when a death occurs in a hospital, except in those cases where certifi-
56 cates are issued by coroners or medical examiners, to the person in

1 charge of such hospital or [~~his or her~~] such person's designated repre-
2 sentative, who shall obtain the medical certificate of death as
3 prescribed in section four thousand one hundred forty-one-a of this
4 title;

5 § 10. Subdivision 1 of section 4171 of the public health law, as
6 amended by chapter 153 of the laws of 2011, is amended to read as
7 follows:

8 1. Physicians, nurse practitioners, physician assistants, nurse-mid-
9 wives, funeral directors, undertakers and informants, and all other
10 persons having knowledge of the facts, are hereby required to supply,
11 upon a form provided by the commissioner or upon the original certif-
12 icate, such information as they may possess regarding any birth or death
13 upon demand of the commissioner, in person, by mail, or through the
14 registrar.

15 § 11. Subdivisions 1, 3 and 5 of section 4175 of the public health
16 law, as amended by chapter 153 of the laws of 2011, are amended to read
17 as follows:

18 1. If, at any time after the birth, or within one year of the death,
19 of any person within the state, a certified copy of the official record
20 of said birth or death, with the information required to be registered
21 by this article, is necessary for legal, judicial, or other proper
22 purposes, and, after search by the commissioner or [~~his or her~~] the
23 commissioner's representatives, it appears that no such certificate of
24 birth or death was made and filed as provided by this article, then the
25 commissioner shall immediately require the physician, nurse practition-
26 er, physician assistant or nurse-midwife who, being in attendance upon a
27 birth, failed or neglected to file a certificate thereof, or the funeral
28 director, undertaker, or other person who, having charge of the inter-
29 ment or removal of the body of a deceased person, failed or neglected to
30 file the certificate of death, if [~~he or she~~] such person is living, to
31 obtain and file at once with the local registrar such certificate in as
32 complete form as the lapse of time will permit.

33 3. If the physician, nurse practitioner, physician assistant, nurse-
34 midwife, funeral director, or undertaker responsible for the report is
35 deceased or cannot be located, then the person making application for
36 the certified copy of the record may file such certificate of birth or
37 death together with such statements subscribed and affirmed by the
38 persons making them as true under the penalties of perjury and other
39 evidence as the commissioner may require.

40 5. The delinquent physician, nurse practitioner, physician assistant,
41 nurse-midwife, funeral director, undertaker, or other person may, in the
42 discretion of the commissioner, be prosecuted as required by this arti-
43 cle, without bar from the statute of limitations, if [~~he or she~~] such
44 person neglects or fails to file promptly the certificate required by
45 this section.

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

51 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
52 sion, section, or subpart of this part shall be adjudged by any court of
53 competent jurisdiction to be invalid, such judgment shall not affect,
54 impair, or invalidate the remainder of that subpart or this part, but
55 shall be confined in its operation to the clause, sentence, paragraph,
56 subdivision, section, or subpart directly involved in the controversy in

1 which such judgment shall have been rendered. It is hereby declared to
2 be the intent of the legislature that this part and each subpart herein
3 would have been enacted even if such invalid provisions had not been
4 included herein.

5 § 3. This act shall take effect immediately and shall be deemed to
6 have been in full force and effect on and after April 1, 2026; provided,
7 however, that the applicable effective dates of Subparts A through E of
8 this act shall be as specifically set forth in the last section of such
9 Subparts.

10

PART 0

11 Section 1. Section 1-c of part I of chapter 57 of the laws of 2022
12 providing a one percent across the board payment increase to all quali-
13 fying fee-for-service Medicaid rates, as added by section 5 of part F of
14 chapter 57 of the laws of 2025, is amended to read as follows:

15 § 1-c. Notwithstanding any provision of law to the contrary, for the
16 period April 1, 2025 through March 31, 2026 Medicaid payments made for
17 clinic service provided by federally qualified health centers and diag-
18 nostic and treatment centers licensed pursuant to article 28 of the
19 public health law shall be increased by an aggregate amount of up to
20 \$40,000,000 in addition to any applicable increase contained in section
21 one of this act subject to the approval of the commissioner of health
22 and the director of the budget. Notwithstanding any provision of law to
23 the contrary, for the period April 1, 2026, and thereafter, Medicaid
24 payments made for clinic service provided by federally qualified health
25 centers and diagnostic and treatment centers licensed pursuant to arti-
26 cle ~~[twenty-eight]~~ 28 of the public health law shall be increased by an
27 aggregate amount of up to ~~[\$20,000,000]~~ \$40,000,000 in addition to any
28 applicable increase contained in section one of this act subject to the
29 approval of the commissioner of health and the director of the budget.
30 Such rate increases shall be subject to federal financial participation
31 and the provisions established under section one-f of this act.

32 § 2. Section 1-e of part I of chapter 57 of the laws of 2022 providing
33 a one percent across the board payment increase to all qualifying fee-
34 for-service Medicaid rates, as amended by section 7 of part F of chapter
35 57 of the laws of 2025, is amended to read as follows:

36 § 1-e. Such increases as added by ~~[the]~~ part NN of chapter 57 of the
37 laws of 2024 [that added this section], part F of chapter 57 of the laws
38 of 2025, or the chapter of the laws of 2026 that added section one-g to
39 this act may take the form of increased rates of payment in Medicaid
40 fee-for-service and/or Medicaid managed care, lump sum payments, or
41 state directed payments under 42 CFR 438.6(c). Such rate increases shall
42 be subject to federal financial participation and the provisions estab-
43 lished under section one-f of this act.

44 § 3. Section 1-f of part I of chapter 57 of the laws of 2022 providing
45 a one percent across the board payment increase to all qualifying fee-
46 for-service Medicaid rates, as added by section 7 of part F of chapter
47 57 of the laws of 2025, is amended and a new section 1-g is added to
48 read as follows:

49 § 1-f. Such increases as added by ~~[the]~~ part F of chapter 57 of the
50 laws of 2025 [that added this section] and the chapter of the laws of
51 2026 that added section one-g to this act shall be contingent upon the
52 availability of funds within the healthcare stability fund established
53 by section 99-ss of the state finance law, as added by section 2 of part
54 II of chapter 57 of the laws of 2024 and later renumbered and amended by

1 section 2 of part F of chapter 57 of the laws of 2025. Upon a determi-
2 nation by the director of the budget that the balance of such fund is
3 projected to be insufficient to support the continuation of such
4 increases, the commissioner of health, subject to the approval of the
5 director of the budget, shall take steps necessary to suspend or termi-
6 nate such increases, until a determination is made that there are suffi-
7 cient balances to support these increases.

8 1-g. Notwithstanding any provision of law to the contrary, for the
9 period April 1, 2026 through March 31, 2027 Medicaid payments made for
10 hospital services and nursing home services shall be increased by an
11 aggregate amount of up to \$1,500,000,000 in addition to the increase
12 contained in section one, one-a, and one-b of this act, subject to the
13 approval of the commissioner of health and the director of the budget.
14 Notwithstanding any provision of law to the contrary, for state fiscal
15 years beginning April 1, 2027, and thereafter Medicaid payments made for
16 hospital services and nursing home services shall be increased by an
17 aggregate amount of up to \$1,000,000,000 in addition to the increase
18 contained in section one, one-a, and one-b of this act, subject to the
19 approval of the commissioner of health and the director of the budget.
20 Such rate increases shall be subject to federal financial participation
21 and the provisions established under section one-f of this act.

22 § 4. This act shall take effect immediately.

23 PART P

24 Section 1. 1. Subject to available appropriations and approval of the
25 director of the budget, the commissioners of the office of mental
26 health, office for people with developmental disabilities, office of
27 addiction services and supports, office of temporary and disability
28 assistance, office of children and family services, and the director of
29 the state office for the aging (hereinafter "the commissioners") shall
30 establish a state fiscal year 2026-2027 targeted inflationary increase,
31 effective April 1, 2026, for projecting for the effects of inflation
32 upon rates of payments, contracts, or any other form of reimbursement
33 for the programs and services listed in subdivision four of this
34 section. The targeted inflationary increase established herein shall be
35 applied to the appropriate portion of reimbursable costs or contract
36 amounts. Where appropriate, transfers to the department of health (DOH)
37 shall be made as reimbursement for the state and/or local share of
38 medical assistance.

39 2. Notwithstanding any inconsistent provision of law, subject to the
40 approval of the director of the budget and available appropriations
41 therefor, for the period of April 1, 2026 through March 31, 2027, the
42 commissioners shall provide funding to support a one and seven-tenths
43 percent (1.7%) targeted inflationary increase under this section for all
44 eligible programs and services as determined pursuant to subdivision
45 four of this section.

46 3. Notwithstanding any inconsistent provision of law, and as approved
47 by the director of the budget, the 1.7 percent targeted inflationary
48 increase established herein shall be inclusive of all other inflationary
49 increases, cost of living type increases, inflation factors, or trend
50 factors that are newly applied effective April 1, 2026. Except for the
51 1.7 percent targeted inflationary increase established herein, for the
52 period commencing on April 1, 2026 and ending March 31, 2027 the commis-
53 sioners shall not apply any other new targeted inflationary increases or
54 cost of living adjustments for the purpose of establishing rates of

1 payments, contracts or any other form of reimbursement. The phrase "all
2 other inflationary increases, cost of living type increases, inflation
3 factors, or trend factors" as defined in this subdivision shall not
4 include payments made pursuant to the American Rescue Plan Act or other
5 federal relief programs related to the Coronavirus Disease 2019 (COVID-
6 19) pandemic public health emergency. This subdivision shall not prevent
7 the office of children and family services from applying additional
8 trend factors or staff retention factors to eligible programs and
9 services under paragraph (v) of subdivision four of this section.

10 4. Eligible programs and services. (i) Programs and services funded,
11 licensed, or certified by the office of mental health (OMH) eligible for
12 the targeted inflationary increase established herein, pending federal
13 approval where applicable, include: office of mental health licensed
14 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of
15 the office of mental health regulations including clinic (mental health
16 outpatient treatment and rehabilitative services programs), continuing
17 day treatment, day treatment, intensive outpatient programs and partial
18 hospitalization; outreach; crisis residence; crisis stabilization,
19 crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric
20 emergency program services; crisis intervention; home based crisis
21 intervention; family care; residential program services, excluding prop-
22 erty costs, for supported single room occupancy and community residence
23 single room occupancy; supported housing programs/services excluding
24 rent; treatment congregate; supported congregate; community residence -
25 children and youth; treatment/apartment; supported apartment; on-site
26 rehabilitation; employment programs; recreation; respite care; transpor-
27 tation; psychosocial club; assertive community treatment; case manage-
28 ment; care coordination, including health home plus services; local
29 government unit administration; monitoring and evaluation; children and
30 youth vocational services; single point of access; school-based mental
31 health program; family support children and youth; advocacy/support
32 services; drop in centers; recovery centers; transition management
33 services; bridge; home and community based waiver services; behavioral
34 health waiver services authorized pursuant to the section 1115 MRT waiv-
35 er; self-help programs; consumer service dollars; conference of local
36 mental hygiene directors; multicultural initiative; ongoing integrated
37 supported employment services; supported education; mentally
38 ill/chemical abuse (MICA) network; personalized recovery oriented
39 services; children and family treatment and support services; residen-
40 tial treatment facilities operating pursuant to part 584 of title
41 14-NYCRR; geriatric demonstration programs; community-based mental
42 health family treatment and support; coordinated children's service
43 initiative; homeless services; and promise zones.

44 (ii) Programs and services funded, licensed, or certified by the
45 office for people with developmental disabilities (OPWDD) eligible for
46 the targeted inflationary increase established herein, pending federal
47 approval where applicable, include: local/unified services; chapter 620
48 services; voluntary operated community residential services; article 16
49 clinics; day treatment services; family support services; 100% day
50 training; epilepsy services; traumatic brain injury services; hepatitis
51 B services; independent practitioner services for individuals with
52 intellectual and/or developmental disabilities; crisis services for
53 individuals with intellectual and/or developmental disabilities; family
54 care residential habilitation; supervised residential habilitation;
55 supportive residential habilitation; respite; day habilitation; prevoca-
56 tional services; supported employment; community habilitation; interme-

1 diate care facility day and residential services; specialty hospital;
2 pathways to employment; intensive behavioral services; community transi-
3 tion services; family education and training; fiscal intermediary;
4 support broker; and personal resource accounts.

5 (iii) Programs and services funded, licensed, or certified by the
6 office of addiction services and supports (OASAS) eligible for the
7 targeted inflationary increase established herein, pending federal
8 approval where applicable, include: medically supervised withdrawal
9 services - residential; medically supervised withdrawal services -
10 outpatient; medically managed detoxification; inpatient rehabilitation
11 services; outpatient opioid treatment; residential opioid treatment;
12 residential opioid treatment to abstinence; problem gambling treatment;
13 medically supervised outpatient; outpatient rehabilitation; specialized
14 services substance abuse programs; home and community based waiver
15 services pursuant to subdivision 9 of section 366 of the social services
16 law; children and family treatment and support services; continuum of
17 care rental assistance case management; supported housing services,
18 excluding rent, for the following programs: NY/NY III post-treatment
19 housing, NY/NY III housing for persons at risk for homelessness, and
20 permanent supported housing; youth clubhouse; recovery community
21 centers; recovery community organizing initiative; residential rehabili-
22 tation services for youth (RRSY); intensive residential; community resi-
23 dential; supportive living; residential services; job placement initi-
24 ative; case management; family support navigator; local government unit
25 administration; peer engagement; vocational rehabilitation; HIV early
26 intervention services; dual diagnosis coordinator; problem gambling
27 resource centers; problem gambling prevention; prevention resource
28 centers; primary prevention services; other prevention services; compre-
29 hensive outpatient clinic; jail-based supports; and regional addiction
30 resource centers.

31 (iv) Programs and services funded, licensed, or certified by the
32 office of temporary and disability assistance (OTDA) eligible for the
33 targeted inflationary increase established herein, pending federal
34 approval where applicable, include: the nutrition outreach and education
35 program (NOEP).

36 (v) Programs and services funded, licensed, or certified by the office
37 of children and family services (OCFS) eligible for the targeted infla-
38 tionary increase established herein, pending federal approval where
39 applicable, include: programs for which the office of children and fami-
40 ly services establishes maximum state aid rates pursuant to section
41 398-a of the social services law and section 4003 of the education law;
42 emergency foster homes; foster family boarding homes and therapeutic
43 foster homes; supervised settings as defined by subdivision twenty-two
44 of section 371 of the social services law; adoptive parents receiving
45 adoption subsidy pursuant to section 453 of the social services law; and
46 congregate and scattered supportive housing programs and supportive
47 services provided under the NY/NY III supportive housing agreement to
48 young adults leaving or having recently left foster care.

49 (vi) Programs and services funded, licensed, or certified by the state
50 office for the aging (SOFA) eligible for the targeted inflationary
51 increase established herein, pending federal approval where applicable,
52 include: community services for the elderly; expanded in-home services
53 for the elderly; and the wellness in nutrition program.

54 5. Each local government unit or direct contract provider receiving
55 funding for the targeted inflationary increase established herein shall
56 submit a written certification, in such form and at such time as each

1 commissioner shall prescribe, attesting how such funding will be or was
2 used to first promote the recruitment and retention of support staff,
3 direct care staff, clinical staff, non-executive administrative staff,
4 or respond to other critical non-personal service costs prior to
5 supporting any salary increases or other compensation for executive
6 level job titles.

7 6. Notwithstanding any inconsistent provision of law to the contrary,
8 agency commissioners shall be authorized to recoup funding from a local
9 governmental unit or direct contract provider for the targeted infla-
10 tionary increase established herein determined to have been used in a
11 manner inconsistent with the appropriation, or any other provision of
12 this section. Such agency commissioners shall be authorized to employ
13 any legal mechanism to recoup such funds, including an offset of other
14 funds that are owed to such local governmental unit or direct contract
15 provider.

16 § 2. This act shall take effect immediately and shall be deemed to
17 have been in full force and effect on and after April 1, 2026.

18 PART Q

19 Section 1. The mental hygiene law is amended by adding a new section
20 36.08 to read as follows:

21 § 36.08 Integrated behavioral health services programs.

22 (a) Definitions. For the purpose of this article:

23 (1) "Integrated behavioral health services" shall mean the systematic
24 coordination of evidence-based services for the care and treatment of
25 mental illness and addictive disorders, provided, however, that the
26 scope of such services may be restricted pursuant to regulation as
27 authorized by this article.

28 (2) "Integrated behavioral health services program" means a program
29 approved in accordance with this section to provide integrated behav-
30 ioral health services.

31 (b) Notwithstanding any law, rule, or regulation to the contrary, the
32 commissioner of mental health and the commissioner of addiction services
33 and supports shall be authorized to jointly license integrated behav-
34 ioral health services programs.

35 (c) The commissioner of mental health and the commissioner of
36 addiction services and supports shall promulgate joint regulations
37 necessary for the operation of integrated behavioral health services
38 programs established under this section. Such regulations shall include
39 licensing standards and requirements, including but not limited to:

40 (1) scope of integrated behavioral health services, including associ-
41 ated physical health services;

42 (2) programmatic standards;

43 (3) creation of an application review and oversight process for inte-
44 grated behavioral health services programs;

45 (4) construction of integrated behavioral health services facilities;

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

48 (6) development of billing and reimbursement structures supportive of
49 integrated behavioral health services;

50 (7) physical plant standards to foster proper care and treatment;

51 (8) corporate structure and governance;

52 (9) utilization review;

53 (10) patient rights;

54 (11) staffing requirements; and

(12) standards for incident reporting, information sharing, and remediation pursuant to article eleven of the social services law.

(d) The office of addiction services and supports and the office of mental health shall be jointly authorized to adopt a single process for the suspension, revocation, or limitation of a license issued pursuant to this section, consistent with the procedures under article thirty-two of this chapter.

(e) (1) A provider shall not be authorized to provide integrated behavioral health services unless they have sufficiently demonstrated, consistent with the standards and requirements set forth by the commissioner of mental health and the commissioner of addiction services and supports:

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

(ii) the capacity to provide integrated behavioral health services in each location approved by both the commissioner of mental health and the commissioner of addiction services and supports; and

(iii) compliance with standards established pursuant to this section for providing and receiving payment for integrated behavioral health services.

(2) Integrated behavioral health service providers shall be considered contracted, approved or otherwise authorized by the office of addiction services and supports and the office of mental health for the purpose of sections 19.20, 19.20-a, and 31.35 of this chapter, as applicable. Providers shall be required to comply with the review of criminal history information, as required in such sections, and consistent with section 36.06 of this article for prospective owners, operators, employees or volunteers who will have regular and substantial unsupervised or unrestricted physical contact with clients of such provider receiving behavioral health services. The office of addiction services and supports and the office of mental health, in consultation with the justice center for the protection of people with special needs, shall jointly promulgate regulations establishing the process by which a provider shall comply with this paragraph.

(3) The commissioner of mental health and the commissioner of addiction services and supports shall be authorized to promulgate additional regulations necessary to implement integrated behavioral health services programs consistent with this section.

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

(a-1) an integrated behavioral health services program that is licensed under section 36.08 of the mental hygiene law;

§ 3. Subdivision 1 of section 2801 of the public health law, as amended by section 2 of part E of chapter 57 of the laws of 2023, is amended to read as follows:

1. "Hospital" means a facility or institution engaged principally in providing services by or under the supervision of a physician or, in the case of a dental clinic or dental dispensary, of a dentist, or, in the case of a midwifery birth center, of a midwife, for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, including, but not limited to, a general hospital, public health center, diagnostic center, treatment center, a rural emergency hospital under 42 USC 1395x(kkk), or successor provisions, dental clinic, dental dispensary, rehabilitation center other than a facility used solely for vocational rehabilitation, nursing home, tuberculosis hospital, chronic disease hospital, maternity hospital, midwifery birth

center, lying-in-asylum, out-patient department, out-patient lodge, dispensary and a laboratory or central service facility serving one or more such institutions, but the term hospital shall not include an institution, sanitarium or other facility engaged principally in providing services for the prevention, diagnosis or treatment of mental disability and which is subject to the powers of visitation, examination, inspection and investigation of the department of mental hygiene except for those distinct parts of such a facility which provide hospital service. The provisions of this article shall not apply to a facility or institution engaged principally in providing services by or under the supervision of the bona fide members and adherents of a recognized religious organization whose teachings include reliance on spiritual means through prayer alone for healing in the practice of the religion of such organization and where services are provided in accordance with those teachings. No provision of this article or any other provision of law shall be construed to: (a) limit the volume of mental health, ~~[substance use]~~ addiction disorder services or developmental disability services that can be provided by a provider of primary care services licensed under this article and authorized to provide integrated services in accordance with regulations issued by the commissioner in consultation or jointly with the commissioner of the office of mental health, the commissioner of the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports and the commissioner of the office for people with developmental disabilities as applicable, including regulations issued pursuant to subdivision seven of section three hundred sixty-five-l of the social services law or part L of chapter fifty-six of the laws of two thousand twelve; (b) require a provider licensed pursuant to article thirty-one of the mental hygiene law or certified pursuant to article sixteen or article thirty-two of the mental hygiene law to obtain an operating certificate from the department if such provider has been authorized to provide integrated services in accordance with regulations issued by the commissioner in consultation or jointly with the commissioner of the office of mental health, the commissioner of the office of ~~[alcoholism and substance abuse services and]~~ addiction services and supports or the commissioner of the office for people with developmental disabilities as applicable, including regulations issued pursuant to subdivision seven of section three hundred sixty-five-l of the social services law or part L of chapter fifty-six of the laws of two thousand twelve, as amended by a chapter of the laws of two thousand twenty-six; or (c) apply to an integrated behavioral health services program, as defined by section 36.08 of the mental hygiene law.

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

(f) No provision of this article or any other provision of law shall be construed to require a provider licensed pursuant to article twenty-eight of the public health law or certified pursuant to article sixteen or article thirty-two of this chapter to obtain an operating certificate from the office of mental health if such provider has been authorized to provide integrated services in accordance with regulations issued by the commissioner of the office of mental health in consultation or jointly with the commissioner of the department of health, the commissioner of the office of ~~[alcoholism and substance abuse services and]~~ addiction services and supports or the commissioner of the office for people with developmental disabilities as applicable, including regulations issued

1 pursuant to subdivision seven of section three hundred sixty-five-l of
2 the social services law or part L of chapter fifty-six of the laws of
3 two thousand twelve, as amended by a chapter of the laws of two thousand
4 twenty-six. Furthermore, no provision of this section shall be
5 construed to apply to integrated behavioral health services programs, as
6 defined by section 36.08 of this title.

7 § 5. Subdivision (b) of section 32.05 of the mental hygiene law, as
8 amended by section 3 of part Z of chapter 57 of the laws of 2019 and
9 paragraph (i) as amended by chapter 511 of the laws of 2025, is amended
10 to read as follows:

11 (b) (i) Methadone, or such other controlled substance designated by
12 the commissioner of health as appropriate for such use, may be adminis-
13 tered to a person with substance use disorder, as defined in section
14 thirty-three hundred two of the public health law, by individual physi-
15 cians, groups of physicians and public or private medical facilities
16 certified pursuant to article twenty-eight or thirty-three of the public
17 health law as part of a chemical dependence program which has been
18 issued an operating certificate by the commissioner pursuant to subdivi-
19 sion (b) of section 32.09 of this article, provided, however, that such
20 administration must be done in accordance with all applicable federal
21 and state laws and regulations. Individual physicians or groups of
22 physicians who have obtained authorization from the federal government
23 to administer buprenorphine to people with substance use disorder may do
24 so without obtaining an operating certificate from the commissioner.
25 (ii) No provision of this article or any other provision of law shall be
26 construed to require a provider licensed pursuant to article twenty-
27 eight of the public health law, article thirty-one of this chapter or a
28 provider certified pursuant to article sixteen of this chapter to obtain
29 an operating certificate from the office of [~~alcoholism and substance~~
30 ~~abuse services~~] addiction services and supports if such provider has
31 been authorized to provide integrated services in accordance with regu-
32 lations issued by the commissioner of [~~alcoholism and substance abuse~~
33 ~~services~~] addiction services and supports in consultation or jointly
34 with the commissioner of the department of health, or the commissioner
35 of the office of mental health and the commissioner of the office for
36 people with developmental disabilities as applicable, including regu-
37 lations issued pursuant to subdivision seven of section three hundred
38 sixty-five-l of the social services law or part L of chapter fifty-six
39 of the laws of two thousand twelve, as amended by a chapter of the laws
40 of two thousand twenty-six. Furthermore, no provision of this section
41 shall be construed to apply to integrated behavioral health services
42 programs, as defined by section 36.08 of this title.

43 § 6. Subdivisions (a) and (b) of section 43.02 of the mental hygiene
44 law, as amended by section 3 of part 00 of chapter 58 of the laws of
45 2015, are amended to read as follows:

46 (a) Notwithstanding any inconsistent provision of law, payment made by
47 government agencies pursuant to title eleven of article five of the
48 social services law for services provided by any facility licensed by
49 the office of mental health pursuant to article thirty-one of this chap-
50 ter [~~or~~], certified by the office of [~~alcoholism and substance abuse~~]
51 addiction services and supports pursuant to this chapter to provide
52 inpatient chemical dependence services, as defined in section 1.03 of
53 this chapter, or facilities jointly licensed by the office of mental
54 health and the office of addiction services and supports pursuant to
55 article thirty-six of this title, shall be at rates or fees certified by
56 the commissioner of the respective office or offices and approved by the

1 director of the division of the budget, provided, however, the commis-
2 sioner of mental health shall annually certify such rates or fees which
3 may vary for distinct geographical areas of the state and, provided,
4 further, that rates or fees for service for inpatient psychiatric
5 services or inpatient chemical dependence services, at hospitals other-
6 wise licensed pursuant to article twenty-eight of the public health law
7 shall be established in accordance with section two thousand eight
8 hundred seven of the public health law and, provided, further, that
9 rates or fees for services provided by any facility or program licensed,
10 operated or approved by the office for people with developmental disa-
11 bilities, shall be certified by the commissioner of health; provided,
12 however, that such methodologies shall be subject to approval by the
13 office for people with developmental disabilities and shall take into
14 account the policies and goals of such office.

15 (b) Operators of facilities licensed by the office of mental health
16 pursuant to article thirty-one of this chapter, licensed by the office
17 for people with developmental disabilities pursuant to article sixteen
18 of this chapter ~~[or]~~, certified by the office of ~~[alcoholism and~~
19 ~~substance abuse]~~ addiction services and supports pursuant to this chap-
20 ter to provide inpatient chemical dependence services, or facilities
21 jointly licensed by the office of mental health and the office of
22 addiction services and supports pursuant to article thirty-six of this
23 title, shall provide to the commissioner of the respective office or
24 offices such financial, statistical and program information as the
25 commissioner may determine to be necessary. The commissioner of the
26 appropriate office or offices shall have the power to conduct on-site
27 audits of books and records of such facilities.

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

29 PART R

30 Section 1. Subsection (c) of section 309 of the insurance law, as
31 added by chapter 41 of the laws of 2014, is amended to read as follows:

32 (c) As part of an examination, the superintendent shall review deter-
33 minations of coverage for ~~[substance use disorder treatment]~~ substance-
34 related and addictive disorder services and shall ensure that such
35 determinations are issued in compliance with sections three thousand two
36 hundred sixteen, three thousand two hundred twenty-one, four thousand
37 three hundred three, and title one of article forty-nine of this chap-
38 ter.

39 § 2. Section 343 of the insurance law, as added by chapter 207 of the
40 laws of 2019, is amended to read as follows:

41 § 343. Mental health and ~~[substance use]~~ substance-related and addic-
42 tive disorder services parity report. (a) Beginning July first, two
43 thousand nineteen and every two years thereafter, each insurer providing
44 managed care products, individual comprehensive accident and health
45 insurance or group or blanket comprehensive accident and health insur-
46 ance, each corporation organized pursuant to article forty-three of this
47 chapter providing comprehensive health insurance and each entity
48 licensed pursuant to article forty-four of the public health law provid-
49 ing comprehensive health service plans shall submit to the superinten-
50 dent, in a form and manner prescribed by the superintendent, a report
51 detailing the entity's compliance with federal and state mental health
52 and ~~[substance use]~~ substance-related and addictive disorder services
53 parity laws based on the entity's record during the preceding two calen-
54 dar years. The superintendent shall publish on the department's website

1 on or before October first, two thousand nineteen, and every two years
2 thereafter, the reports submitted pursuant to this section.

3 (b) Each person required to submit a report under this section shall
4 include in the report the following information:

5 (1) Rates of utilization review for mental health and ~~[substance-use]~~
6 substance-related and addictive disorder claims as compared to medical
7 and surgical claims, including rates of approval and denial, categorized
8 by benefits provided under the following classifications: inpatient
9 in-network, inpatient out-of-network, outpatient in-network, outpatient
10 out-of-network, emergency care, and prescription drugs;

11 (2) The number of prior or concurrent authorization requests for
12 mental health services and for ~~[substance-use]~~ substance-related and
13 addictive disorder services and the number of denials for such requests,
14 compared with the number of prior or concurrent authorization requests
15 for medical and surgical services and the number of denials for such
16 requests, categorized by the same classifications identified in para-
17 graph one of this subsection;

18 (3) The rates of appeals of adverse determinations, including the
19 rates of adverse determinations upheld and overturned, for mental health
20 claims and ~~[substance-use]~~ substance-related and addictive disorder
21 claims compared with the rates of appeals of adverse determinations,
22 including the rates of adverse determinations upheld and overturned, for
23 medical and surgical claims;

24 (4) The percentage of claims paid for in-network mental health
25 services and for ~~[substance-use]~~ substance-related and addictive disor-
26 der services compared with the percentage of claims paid for in-network
27 medical and surgical services and the percentage of claims paid for
28 out-of-network mental health services and ~~[substance-use]~~ substance-re-
29 lated and addictive disorder services compared with the percentage of
30 claims paid for out-of-network medical and surgical services;

31 (5) The number of behavioral health advocates, pursuant to an agree-
32 ment with the office of the attorney general if applicable, or staff
33 available to assist policyholders with mental health benefits and
34 ~~[substance-use]~~ substance-related and addictive disorder benefits;

35 (6) A comparison of the cost sharing requirements including but not
36 limited to co-pays and coinsurance, and the benefit limitations includ-
37 ing limitations on the scope and duration of coverage, for medical and
38 surgical services, and mental health services and ~~[substance-use]~~
39 substance-related and addictive disorder services for coverage in the
40 individual, small group, and large group markets, provided that the
41 comparison captures at least seventy-five percent of a company's enrol-
42 lees in each market;

43 (7) The number by type of providers licensed to practice in this state
44 that provide services for the treatment and diagnosis of ~~[substance-use]~~
45 substance-related and addictive disorder who are in-network, and the
46 number by type of providers licensed to practice in this state that
47 provide services for the diagnosis and treatment of mental, nervous or
48 emotional disorders and ailments, however defined in a company's policy,
49 who are in-network;

50 (8) The percentage of providers of services for the treatment and
51 diagnosis of ~~[substance-use]~~ substance-related and addictive disorder
52 who remained participating providers, and the percentage of providers of
53 services for the diagnosis and treatment of mental, nervous or emotional
54 disorders and ailments, however defined in a company's policy, who
55 remained participating providers; and

(9) Any other data, information, or metric the superintendent deems necessary or useful to measure compliance with mental health and ~~[substance-use]~~ substance-related and addictive disorder parity including, but not limited to an evaluation and assessment of: (i) the adequacy of the company's in-network mental health services and ~~[substance use]~~ substance-related and addictive disorder provider panels pursuant to provisions of the insurance law and public health law; and (ii) the company's reimbursement for in-network and out-of-network mental health services and ~~[substance-use]~~ substance-related and addictive disorder services as compared to the reimbursement for in-network and out-of-network medical and surgical services.

§ 3. Section 344 of the insurance law, as added by section 1 of part QQQ of chapter 58 of the laws of 2020, is amended to read as follows:

§ 344. Mental health and ~~[substance-use]~~ substance-related and addictive disorder parity compliance programs. Penalties collected for violations of section three thousand two hundred sixteen, three thousand two hundred twenty-one and four thousand three hundred three of this chapter related to mental health and ~~[substance-use]~~ substance-related and addictive disorder parity compliance shall be deposited in a fund established pursuant to section ninety-nine-hh of the state finance law.

§ 4. Paragraph 30 of subsection (i) of section 3216 of the insurance law, as amended by section 5 of subpart AA of part BB of chapter 57 of the laws of 2019, is amended to read as follows:

(30)(A) Every policy that provides hospital, major medical or similar comprehensive coverage shall provide inpatient coverage for the diagnosis and treatment of ~~[substance-use]~~ substance-related and addictive disorder, including detoxification and rehabilitation services. Such inpatient coverage shall include unlimited medically necessary treatment for ~~[substance-use]~~ substance-related and addictive disorder treatment services provided in residential settings. Further, such inpatient coverage shall not apply financial requirements or treatment limitations, including utilization review requirements, to inpatient ~~[substance-use]~~ substance-related and addictive disorder benefits that are more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy.

(B) Coverage provided under this paragraph may be limited to facilities in New York state that are licensed, certified or otherwise authorized by the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports and, in other states, to those which are accredited by the joint commission as alcoholism, addiction, substance abuse, or chemical dependence treatment programs and are similarly licensed, certified or otherwise authorized in the state in which the facility is located.

(C) Coverage provided under this paragraph may be subject to annual deductibles and co-insurance as deemed appropriate by the superintendent and that are consistent with those imposed on other benefits within a given policy.

(D) This subparagraph shall apply to facilities in this state that are licensed, certified or otherwise authorized by the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports that are participating in the insurer's provider network. Coverage provided under this paragraph shall not be subject to preauthorization. Coverage provided under this paragraph shall also not be subject to concurrent utilization review during the first twenty-eight days of the inpatient admission provided that the facility notifies the insurer of both the

1 admission and the initial treatment plan within two business days of the
2 admission. The facility shall perform daily clinical review of the
3 patient, including periodic consultation with the insurer at or just
4 prior to the fourteenth day of treatment to ensure that the facility is
5 using the evidence-based and peer reviewed clinical review tool utilized
6 by the insurer which is designated by the office of [~~alcoholism and~~
7 ~~substance abuse services~~] addiction services and supports and appropri-
8 ate to the age of the patient, to ensure that the inpatient treatment is
9 medically necessary for the patient. Prior to discharge, the facility
10 shall provide the patient and the insurer with a written discharge plan
11 which shall describe arrangements for additional services needed follow-
12 ing discharge from the inpatient facility as determined using the
13 evidence-based and peer-reviewed clinical review tool utilized by the
14 insurer which is designated by the office of [~~alcoholism and substance~~
15 ~~abuse services~~] addiction services and supports. Prior to discharge,
16 the facility shall indicate to the insurer whether services included in
17 the discharge plan are secured or determined to be reasonably available.
18 Any utilization review of treatment provided under this subparagraph may
19 include a review of all services provided during such inpatient treat-
20 ment, including all services provided during the first twenty-eight days
21 of such inpatient treatment. Provided, however, the insurer shall only
22 deny coverage for any portion of the initial twenty-eight day inpatient
23 treatment on the basis that such treatment was not medically necessary
24 if such inpatient treatment was contrary to the evidence-based and peer
25 reviewed clinical review tool utilized by the insurer which is desig-
26 nated by the office of [~~alcoholism and substance abuse services~~]
27 addiction services and supports. An insured shall not have any finan-
28 cial obligation to the facility for any treatment under this subpara-
29 graph other than any copayment, coinsurance, or deductible otherwise
30 required under the policy.

31 (E) An insurer shall make available to any insured, prospective
32 insured, or in-network provider, upon request, the criteria for medical
33 necessity determinations under the policy with respect to inpatient
34 [~~substance use~~] substance-related and addictive disorder benefits.

35 (F) For purposes of this paragraph:

36 (i) "financial requirement" means deductible, copayments, coinsurance
37 and out-of-pocket expenses;

38 (ii) "predominant" means that a financial requirement or treatment
39 limitation is the most common or frequent of such type of limit or
40 requirement;

41 (iii) "treatment limitation" means limits on the frequency of treat-
42 ment, number of visits, days of coverage, or other similar limits on the
43 scope or duration of treatment and includes nonquantitative treatment
44 limitations such as: medical management standards limiting or excluding
45 benefits based on medical necessity, or based on whether the treatment
46 is experimental or investigational; formulary design for prescription
47 drugs; network tier design; standards for provider admission to partic-
48 ipate in a network, including reimbursement rates; methods for determin-
49 ing usual, customary, and reasonable charges; fail-first or step therapy
50 protocols; exclusions based on failure to complete a course of treat-
51 ment; and restrictions based on geographic location, facility type,
52 provider specialty, and other criteria that limit the scope or duration
53 of benefits for services provided under the policy; and

54 (iv) "[~~substance use~~] substance-related and addictive disorder" shall
55 have the meaning set forth in the most recent edition of the diagnostic
56 and statistical manual of mental disorders or the most recent edition of

1 another generally recognized independent standard of current medical
2 practice, such as the international classification of diseases.

3 (G) An insurer shall provide coverage under this paragraph, at a mini-
4 mum, consistent with the federal Paul Wellstone and Pete Domenici Mental
5 Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).

6 § 5. Paragraph 31 of subsection (i) of section 3216 of the insurance
7 law, as amended by section 6 of subpart A of part BB of chapter 57 of
8 the laws of 2019, subparagraph (B) as amended by section 10 and subpara-
9 graph (I) as added by section 11 of part AA of chapter 57 of the laws of
10 2021, and subparagraph (J) as amended by chapter 660 of the laws of
11 2025, is amended to read as follows:

12 (31) (A) Every policy that provides medical, major medical or similar
13 comprehensive-type coverage shall provide outpatient coverage for the
14 diagnosis and treatment of [~~substance-use~~] substance-related and addic-
15 tive disorder, including detoxification and rehabilitation services.
16 Such coverage shall not apply financial requirements or treatment limi-
17 tations to outpatient [~~substance-use~~] substance-related and addictive
18 disorder benefits that are more restrictive than the predominant finan-
19 cial requirements and treatment limitations applied to substantially all
20 medical and surgical benefits covered by the policy.

21 (B) Coverage under this paragraph may be limited to facilities in this
22 state that are licensed, certified or otherwise authorized by the office
23 of addiction services and supports to provide outpatient [~~substance-use~~]
24 substance-related and addictive disorder services and crisis stabiliza-
25 tion centers licensed pursuant to section 36.01 of the mental hygiene
26 law, and, in other states, to those which are accredited by the joint
27 commission as alcoholism, addiction or chemical dependence substance
28 abuse treatment programs and are similarly licensed, certified, or
29 otherwise authorized in the state in which the facility is located.

30 (C) Coverage provided under this paragraph may be subject to annual
31 deductibles and co-insurance as deemed appropriate by the superintendent
32 and that are consistent with those imposed on other benefits within a
33 given policy.

34 (D) A policy providing coverage for [~~substance-use~~] substance-related
35 and addictive disorder services pursuant to this paragraph shall provide
36 up to twenty outpatient visits per policy or calendar year to an indi-
37 vidual who identifies [~~him or herself~~] themselves as a family member of
38 a person suffering from [~~substance-use~~] substance-related and addictive
39 disorder and who seeks treatment as a family member who is otherwise
40 covered by the applicable policy pursuant to this paragraph. The cover-
41 age required by this paragraph shall include treatment as a family
42 member pursuant to such family member's own policy provided such family
43 member:

44 (i) does not exceed the allowable number of family visits provided by
45 the applicable policy pursuant to this paragraph; and

46 (ii) is otherwise entitled to coverage pursuant to this paragraph and
47 such family member's applicable policy.

48 (E) This subparagraph shall apply to facilities in this state that are
49 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
50 ~~and substance-abuse services~~] addiction services and supports for the
51 provision of outpatient, intensive outpatient, outpatient rehabilitation
52 and opioid treatment that are participating in the insurer's provider
53 network. Coverage provided under this paragraph shall not be subject to
54 preauthorization. Coverage provided under this paragraph shall not be
55 subject to concurrent review for the first four weeks of continuous
56 treatment, not to exceed twenty-eight visits, provided the facility

1 notifies the insurer of both the start of treatment and the initial
2 treatment plan within two business days. The facility shall perform
3 clinical assessment of the patient at each visit, including periodic
4 consultation with the insurer at or just prior to the fourteenth day of
5 treatment to ensure that the facility is using the evidence-based and
6 peer reviewed clinical review tool utilized by the insurer which is
7 designated by the office of [~~alcoholism and substance abuse services~~]
8 addiction services and supports and appropriate to the age of the
9 patient, to ensure that the outpatient treatment is medically necessary
10 for the patient. Any utilization review of the treatment provided under
11 this subparagraph may include a review of all services provided during
12 such outpatient treatment, including all services provided during the
13 first four weeks of continuous treatment, not to exceed twenty-eight
14 visits, of such outpatient treatment. Provided, however, the insurer
15 shall only deny coverage for any portion of the initial four weeks of
16 continuous treatment, not to exceed twenty-eight visits, for outpatient
17 treatment on the basis that such treatment was not medically necessary
18 if such outpatient treatment was contrary to the evidence-based and peer
19 reviewed clinical review tool utilized by the insurer which is design-
20 nated by the office of [~~alcoholism and substance abuse services~~]
21 addiction services and supports. An insured shall not have any finan-
22 cial obligation to the facility for any treatment under this subpara-
23 graph other than any copayment, coinsurance, or deductible otherwise
24 required under the policy.

25 (F) The criteria for medical necessity determinations under the policy
26 with respect to outpatient [~~substance use~~] substance-related and addic-
27 tive disorder benefits shall be made available by the insurer to any
28 insured, prospective insured, or in-network provider upon request.

29 (G) For purposes of this paragraph:

30 (i) "financial requirement" means deductible, copayments, coinsurance
31 and out-of-pocket expenses;

32 (ii) "predominant" means that a financial requirement or treatment
33 limitation is the most common or frequent of such type of limit or
34 requirement;

35 (iii) "treatment limitation" means limits on the frequency of treat-
36 ment, number of visits, days of coverage, or other similar limits on the
37 scope or duration of treatment and includes nonquantitative treatment
38 limitations such as: medical management standards limiting or excluding
39 benefits based on medical necessity, or based on whether the treatment
40 is experimental or investigational; formulary design for prescription
41 drugs; network tier design; standards for provider admission to partic-
42 ipate in a network, including reimbursement rates; methods for determin-
43 ing usual, customary, and reasonable charges; fail-first or step therapy
44 protocols; exclusions based on failure to complete a course of treat-
45 ment; and restrictions based on geographic location, facility type,
46 provider specialty, and other criteria that limit the scope or duration
47 of benefits for services provided under the policy; and

48 (iv) [~~"substance use"~~] "substance-related and addictive disorder" shall
49 have the meaning set forth in the most recent edition of the diagnostic
50 and statistical manual of mental disorders or the most recent edition of
51 another generally recognized independent standard of current medical
52 practice such as the international classification of diseases.

53 (H) An insurer shall provide coverage under this paragraph, at a mini-
54 mum, consistent with the federal Paul Wellstone and Pete Domenici Mental
55 Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).

(I) This subparagraph shall apply to crisis stabilization centers in this state that are licensed pursuant to section 36.01 of the mental hygiene law and participate in the insurer's provider network. Benefits for care in a crisis stabilization center shall not be subject to preauthorization. All treatment provided under this subparagraph may be reviewed retrospectively. Where care is denied retrospectively, an insured shall not have any financial obligation to the facility for any treatment under this subparagraph other than any copayment, coinsurance, or deductible otherwise required under the policy.

(J) This subparagraph shall apply to facilities in this state that are licensed, certified, or otherwise authorized by the office of addiction services and supports for the provision of outpatient, intensive outpatient, outpatient rehabilitation and opioid treatment that are participating in the insurer's provider network. Reimbursement for covered outpatient treatment provided by such facilities shall be at rates negotiated between the insurer and the participating facility, provided that such rates are not less than the rates that would be paid for such treatment pursuant to the medical assistance program under title eleven of article five of the social services law. For the purposes of this subparagraph, the rates that would be paid for such treatment pursuant to the medical assistance program under title eleven of article five of the social services law shall be set forth in a fee schedule setting forth the specific fee for each individual service covered by this subparagraph published by the office of addiction services and supports by November first of the preceding calendar year and shall be the rates with an effective date of April first of the preceding year, which shall be established prior to October first of the preceding calendar year. Prior to the submission of premium rate filings and applications, the superintendent shall provide insurers with guidance on factors to consider in calculating the impact of rate changes for the purposes of submitting premium rate filings and applications to the superintendent for the subsequent policy year. To the extent that the rates with an effective date of April first differ from the estimated rates incorporated in premium rate filings and applications, insurers may account for such differences in future premium rate filings and applications submitted to the superintendent for approval.

§ 6. Paragraph 31-a of subsection (i) of section 3216 of the insurance law, as added by chapter 748 of the laws of 2019, and subparagraph (A) as amended by section 1 of subpart E of part II of chapter 57 of the laws of 2023, is amended to read as follows:

(31-a) (A) No policy that provides medical, major medical or similar comprehensive-type coverage and provides coverage for prescription drugs for medication for the treatment of a ~~[substance-use]~~ substance-related and addictive disorder shall require prior authorization for an initial or renewal prescription for the detoxification or maintenance treatment of a ~~[substance-use]~~ substance-related and addictive disorder, including all buprenorphine products, methadone, long acting injectable naltrexone, or medication for opioid overdose reversal prescribed or dispensed to an insured covered under the policy, including federal food and drug administration-approved over-the-counter opioid overdose reversal medication as prescribed, dispensed or as otherwise authorized under state or federal law, except where otherwise prohibited by law.

(B) Coverage provided under this paragraph may be subject to copayments, coinsurance, and annual deductibles that are consistent with those imposed on other benefits within the policy.

§ 7. Paragraph 17 of subsection (a) of section 3217-a of the insurance law, as amended by section 2 of subpart B of part AA of chapter 57 of the laws of 2022, is amended to read as follows:

(17) where applicable, a listing by specialty, which may be in a separate document that is updated annually, of the name, address, telephone number, and digital contact information of all participating providers, including facilities, and: (A) whether the provider is accepting new patients; (B) in the case of mental health or ~~[substance—use]~~ substance-related and addictive disorder services providers, any affiliations with participating facilities certified or authorized by the office of mental health or the office of addiction services and supports, and any restrictions regarding the availability of the individual provider's services; and (C) in the case of physicians, board certification, languages spoken and any affiliations with participating hospitals. The listing shall also be posted on the insurer's website and the insurer shall update the website within fifteen days of the addition or termination of a provider from the insurer's network or a change in a physician's hospital affiliation;

§ 8. Subsection (m) of section 3217-b of the insurance law, as added by section 3 of subpart B of part AA of chapter 57 of the laws of 2022, is amended to read as follows:

(m) A contract between an insurer and a health care provider shall include a provision that requires the health care provider to have in place business processes to ensure the timely provision of provider directory information to the insurer. A health care provider shall submit such provider directory information to an insurer, at a minimum, when a provider begins or terminates a network agreement with an insurer, when there are material changes to the content of the provider directory information of the health care provider, and at any other time, including upon the insurer's request, as the health care provider determines to be appropriate. For purposes of this subsection, "provider directory information" shall include the name, address, specialty, telephone number, and digital contact information of such health care provider; whether the provider is accepting new patients; for mental health and ~~[substance—use]~~ substance-related and addictive disorder services providers, any affiliations with participating facilities certified or authorized by the office of mental health or the office of addiction services and supports, and any restrictions regarding the availability of the individual provider's services; and in the case of physicians, board certification, languages spoken, and any affiliations with participating hospitals.

§ 9. Subparagraphs (A), (B), (D), (E) and (F) of paragraph 6 of subsection (l) of section 3221 of the insurance law, subparagraphs (A), (B), and (D) as amended and subparagraphs (E) and (F) as added by section 15 of subpart A of part BB of chapter 57 of the laws of 2019, are amended to read as follows:

(A) Every policy that provides hospital, major medical or similar comprehensive coverage shall provide inpatient coverage for the diagnosis and treatment of ~~[substance—use]~~ substance-related and addictive disorder, including detoxification and rehabilitation services. Such inpatient coverage shall include unlimited medically necessary treatment for ~~[substance—use]~~ substance-related and addictive disorder treatment services provided in residential settings. Further, such inpatient coverage shall not apply financial requirements or treatment limitations, including utilization review requirements, to inpatient ~~[substance—use]~~ substance-related and addictive disorder benefits that

1 are more restrictive than the predominant financial requirements and
2 treatment limitations applied to substantially all medical and surgical
3 benefits covered by the policy.

4 (B) Coverage provided under this paragraph may be limited to facili-
5 ties in New York state that are licensed, certified or otherwise author-
6 ized by the office of [~~alcoholism and substance abuse services~~]
7 addiction services and supports and, in other states, to those which are
8 accredited by the joint commission as alcoholism, addiction, substance
9 abuse or chemical dependence treatment programs and are similarly
10 licensed, certified, or otherwise authorized in the state in which the
11 facility is located.

12 (D) This subparagraph shall apply to facilities in this state that are
13 licensed, certified or otherwise authorized by the office of [~~alcoholism
14 and substance abuse services~~] addiction services and supports that are
15 participating in the insurer's provider network. Coverage provided under
16 this paragraph shall not be subject to preauthorization. Coverage
17 provided under this paragraph shall also not be subject to concurrent
18 utilization review during the first twenty-eight days of the inpatient
19 admission provided that the facility notifies the insurer of both the
20 admission and the initial treatment plan within two business days of the
21 admission. The facility shall perform daily clinical review of the
22 patient, including periodic consultation with the insurer at or just
23 prior to the fourteenth day of treatment to ensure that the facility is
24 using the evidence-based and peer reviewed clinical review tool utilized
25 by the insurer which is designated by the office of [~~alcoholism and
26 substance abuse services~~] addiction services and supports and appropri-
27 ate to the age of the patient, to ensure that the inpatient treatment is
28 medically necessary for the patient. Prior to discharge, the facility
29 shall provide the patient and the insurer with a written discharge plan
30 which shall describe arrangements for additional services needed follow-
31 ing discharge from the inpatient facility as determined using the
32 evidence-based and peer-reviewed clinical review tool utilized by the
33 insurer which is designated by the office of [~~alcoholism and substance
34 abuse services~~] addiction services and supports. Prior to discharge,
35 the facility shall indicate to the insurer whether services included in
36 the discharge plan are secured or determined to be reasonably available.
37 Any utilization review of treatment provided under this subparagraph may
38 include a review of all services provided during such inpatient treat-
39 ment, including all services provided during the first twenty-eight days
40 of such inpatient treatment. Provided, however, the insurer shall only
41 deny coverage for any portion of the initial twenty-eight day inpatient
42 treatment on the basis that such treatment was not medically necessary
43 if such inpatient treatment was contrary to the evidence-based and peer
44 reviewed clinical review tool utilized by the insurer which is desig-
45 nated by the office of [~~alcoholism and substance abuse services~~]
46 addiction services and supports. An insured shall not have any finan-
47 cial obligation to the facility for any treatment under this subpara-
48 graph other than any copayment, coinsurance, or deductible otherwise
49 required under the policy.

50 (E) The criteria for medical necessity determinations under the policy
51 with respect to inpatient [~~substance use~~] substance-related and addic-
52 tive disorder benefits shall be made available by the insurer to any
53 insured, prospective insured, or in-network provider upon request.

54 (F) For purposes of this paragraph:

55 (i) "financial requirement" means deductible, copayments, coinsurance
56 and out-of-pocket expenses;

(ii) "predominant" means that a financial requirement or treatment limitation is the most common or frequent of such type of limit or requirement;

(iii) "treatment limitation" means limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment and includes nonquantitative treatment limitations such as: medical management standards limiting or excluding benefits based on medical necessity, or based on whether the treatment is experimental or investigational; formulary design for prescription drugs; network tier design; standards for provider admission to participate in a network, including reimbursement rates; methods for determining usual, customary, and reasonable charges; fail-first or step therapy protocols; exclusions based on failure to complete a course of treatment; and restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for services provided under the policy; and

(iv) ~~["substance-use"]~~ "substance-related and addictive disorder" shall have the meaning set forth in the most recent edition of the diagnostic and statistical manual of mental disorders or the most recent edition of another generally recognized independent standard of current medical practice such as the international classification of diseases.

§ 10. Paragraph 7 of subsection (l) of section 3221 of the insurance law, as amended by chapter 41 of the laws of 2014, subparagraph (A) as amended and subparagraph (C-1) as added by section 16 and subparagraph (E) as amended, and subparagraphs (F), (G), and (H) as added by section 17 of subpart A of part BB of chapter 57 of the laws of 2019, subparagraph (B) as amended by section 16 and subparagraph (I) as added by section 17 of part AA of chapter 57 of the laws of 2021, subparagraph (J) as amended by chapter 660 of the laws of 2025, is amended to read as follows:

(7) (A) Every policy that provides medical, major medical or similar comprehensive-type coverage shall provide outpatient coverage for the diagnosis and treatment of ~~["substance-use"]~~ substance-related and addictive disorder, including detoxification and rehabilitation services. Such coverage shall not apply financial requirements or treatment limitations to outpatient ~~["substance-use"]~~ substance-related and addictive disorder benefits that are more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy.

(B) Coverage under this paragraph may be limited to facilities in this state that are licensed, certified or otherwise authorized by the office of addiction services and supports to provide outpatient ~~["substance-use"]~~ substance-related and addictive disorder services and crisis stabilization centers licensed pursuant to section 36.01 of the mental hygiene law, and, in other states, to those which are accredited by the joint commission as alcoholism, addiction or chemical dependence treatment programs and similarly licensed, certified or otherwise authorized in the state in which the facility is located.

(C) Coverage provided under this paragraph may be subject to annual deductibles and co-insurance as deemed appropriate by the superintendent and that are consistent with those imposed on other benefits within a given policy.

(C-1) A large group policy that provides coverage under this paragraph shall not impose copayments or coinsurance for outpatient ~~["substance-use"]~~ substance-related and addictive disorder services that exceeds the copayment or coinsurance imposed for a primary care office visit.

1 Provided that no greater than one such copayment may be imposed for all
2 services provided in a single day by a facility licensed, certified or
3 otherwise authorized by the office of [~~alcoholism and substance abuse~~
4 ~~services~~] addiction services and supports to provide outpatient
5 [~~substance use~~] substance-related and addictive disorder services.

6 (D) A policy providing coverage for [~~substance use~~] substance-related
7 and addictive disorder services pursuant to this paragraph shall provide
8 up to twenty outpatient visits per policy or calendar year to an indi-
9 vidual who identifies [~~him or herself~~] themselves as a family member of
10 a person suffering from [~~substance use~~] a substance-related and addic-
11 tive disorder and who seeks treatment as a family member who is other-
12 wise covered by the applicable policy pursuant to this paragraph. The
13 coverage required by this paragraph shall include treatment as a family
14 member pursuant to such family member's own policy provided such family
15 member:

16 (i) does not exceed the allowable number of family visits provided by
17 the applicable policy pursuant to this paragraph; and

18 (ii) is otherwise entitled to coverage pursuant to this paragraph and
19 such family member's applicable policy.

20 (E) This subparagraph shall apply to facilities in this state that are
21 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
22 ~~and substance abuse services~~] addiction services and supports for the
23 provision of outpatient, intensive outpatient, outpatient rehabilitation
24 and opioid treatment that are participating in the insurer's provider
25 network. Coverage provided under this paragraph shall not be subject to
26 preauthorization. Coverage provided under this paragraph shall not be
27 subject to concurrent review for the first four weeks of continuous
28 treatment, not to exceed twenty-eight visits, provided the facility
29 notifies the insurer of both the start of treatment and the initial
30 treatment plan within two business days. The facility shall perform
31 clinical assessment of the patient at each visit, including periodic
32 consultation with the insurer at or just prior to the fourteenth day of
33 treatment to ensure that the facility is using the evidence-based and
34 peer reviewed clinical review tool utilized by the insurer which is
35 designated by the office of [~~alcoholism and substance abuse services~~]
36 addiction services and supports and appropriate to the age of the
37 patient, to ensure that the outpatient treatment is medically necessary
38 for the patient. Any utilization review of the treatment provided under
39 this subparagraph may include a review of all services provided during
40 such outpatient treatment, including all services provided during the
41 first four weeks of continuous treatment, not to exceed twenty-eight
42 visits, of such outpatient treatment. Provided, however, the insurer
43 shall only deny coverage for any portion of the initial four weeks of
44 continuous treatment, not to exceed twenty-eight visits, for outpatient
45 treatment on the basis that such treatment was not medically necessary
46 if such outpatient treatment was contrary to the evidence-based and peer
47 reviewed clinical review tool utilized by the insurer which is desig-
48 nated by the office of [~~alcoholism and substance abuse services~~]
49 addiction services and supports. An insured shall not have any finan-
50 cial obligation to the facility for any treatment under this subpara-
51 graph other than any copayment, coinsurance, or deductible otherwise
52 required under the policy.

53 (F) The criteria for medical necessity determinations under the policy
54 with respect to outpatient [~~substance use~~] substance-related and addic-
55 tive disorder benefits shall be made available by the insurer to any
56 insured, prospective insured, or in-network provider upon request.

1 (G) For purposes of this paragraph:

2 (i) "financial requirement" means deductible, copayments, coinsurance
3 and out-of-pocket expenses;

4 (ii) "predominant" means that a financial requirement or treatment
5 limitation is the most common or frequent of such type of limit or
6 requirement;

7 (iii) "treatment limitation" means limits on the frequency of treat-
8 ment, number of visits, days of coverage, or other similar limits on the
9 scope or duration of treatment and includes nonquantitative treatment
10 limitations such as: medical management standards limiting or excluding
11 benefits based on medical necessity, or based on whether the treatment
12 is experimental or investigational; formulary design for prescription
13 drugs; network tier design; standards for provider admission to partic-
14 ipate in a network, including reimbursement rates; methods for determin-
15 ing usual, customary, and reasonable charges; fail-first or step therapy
16 protocols; exclusions based on failure to complete a course of treat-
17 ment; and restrictions based on geographic location, facility type,
18 provider specialty, and other criteria that limit the scope or duration
19 of benefits for services provided under the policy; and

20 (iv) [~~"substance use"~~] "substance-related and addictive disorder" shall
21 have the meaning set forth in the most recent edition of the diagnostic
22 and statistical manual of mental disorders or the most recent edition of
23 another generally recognized independent standard of current medical
24 practice such as the international classification of diseases.

25 (H) An insurer shall provide coverage under this paragraph, at a mini-
26 mum, consistent with the federal Paul Wellstone and Pete Domenici Mental
27 Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).

28 (I) This subparagraph shall apply to crisis stabilization centers in
29 this state that are licensed pursuant to section 36.01 of the mental
30 hygiene law and participate in the insurer's provider network. Benefits
31 for care in a crisis stabilization center shall not be subject to preau-
32 thorization. All treatment provided under this subparagraph may be
33 reviewed retrospectively. Where care is denied retrospectively, an
34 insured shall not have any financial obligation to the facility for any
35 treatment under this subparagraph other than any copayment, coinsurance,
36 or deductible otherwise required under the policy.

37 (J) This subparagraph shall apply to facilities in this state that are
38 licensed, certified, or otherwise authorized by the office of addiction
39 services and supports for the provision of outpatient, intensive outpa-
40 tient, outpatient rehabilitation and opioid treatment that are partic-
41 ipating in the insurer's provider network. Reimbursement for covered
42 outpatient treatment provided by such facilities shall be at rates nego-
43 tiated between the insurer and the participating facility, provided that
44 such rates are not less than the rates that would be paid for such
45 treatment pursuant to the medical assistance program under title eleven
46 of article five of the social services law. For the purposes of this
47 subparagraph, the rates that would be paid for such treatment pursuant
48 to the medical assistance program under title eleven of article five of
49 the social services law shall be set forth in a fee schedule setting
50 forth the specific fee for each individual service covered by this
51 subparagraph published by the office of addiction services and supports
52 by November first of the preceding calendar year and shall be the rates
53 with an effective date of April first of the preceding year, which shall
54 be established prior to October first of the preceding calendar year.
55 Prior to the submission of premium rate filings and applications, the
56 superintendent shall provide insurers with guidance on factors to

1 consider in calculating the impact of rate changes for the purposes of
2 submitting premium rate filings and applications to the superintendent
3 for the subsequent policy year. To the extent that the rates with an
4 effective date of April first differ from the estimated rates incorpo-
5 rated in premium rate filings and applications, insurers may account for
6 such differences in future premium rate filings and applications submit-
7 ted to the superintendent for approval.

8 § 11. Subparagraph (A) of paragraph 7-a of subsection (l) of section
9 3221 of the insurance law, as amended by section 2 of subpart E of part
10 II of chapter 57 of the laws of 2023, is amended to read as follows:

11 (A) No policy that provides medical, major medical or similar compre-
12 hensive-type small group coverage and provides coverage for prescription
13 drugs for medication for the treatment of a [~~substance-use~~] substance-
14 related and addictive disorder shall require prior authorization for an
15 initial or renewal prescription for the detoxification or maintenance
16 treatment of a [~~substance-use~~] substance-related and addictive disorder,
17 including all buprenorphine products, methadone, long acting injectable
18 naltrexone, or medication for opioid overdose reversal prescribed or
19 dispensed to an insured covered under the policy, including federal food
20 and drug administration-approved over-the-counter opioid overdose
21 reversal medication as prescribed, dispensed or as otherwise authorized
22 under state or federal law, except where otherwise prohibited by law.
23 Every policy that provides medical, major medical or similar comprehen-
24 sive-type large group coverage shall provide coverage for prescription
25 drugs for medication for the treatment of a [~~substance-use~~] substance-
26 related and addictive disorder and shall not require prior authorization
27 for an initial or renewal prescription for the detoxification or mainte-
28 nance treatment of a [~~substance-use~~] substance-related and addictive
29 disorder, including all buprenorphine products, methadone, long acting
30 injectable naltrexone, or medication for opioid overdose reversal
31 prescribed or dispensed to an insured covered under the policy, includ-
32 ing federal food and drug administration-approved over-the-counter
33 opioid overdose reversal medication as prescribed, dispensed or as
34 otherwise authorized under state or federal law, except where otherwise
35 prohibited by law.

36 § 12. Subsection (a) of section 3241 of the insurance law, as amended
37 by section 1 of subpart F of part II of chapter 57 of the laws of 2023,
38 is amended to read as follows:

39 (a) (1) An insurer, a corporation organized pursuant to article
40 forty-three of this chapter, a municipal cooperative health benefit plan
41 certified pursuant to article forty-seven of this chapter, or a student
42 health plan established or maintained pursuant to section one thousand
43 one hundred twenty-four of this chapter, that issues a health insurance
44 policy or contract with a network of health care providers shall ensure
45 that the network is adequate to meet the health, substance-related and
46 addictive disorder and mental health needs of insureds and provide an
47 appropriate choice of providers sufficient to render the services
48 covered under the policy or contract. The superintendent shall review
49 the network of health care providers for adequacy at the time of the
50 superintendent's initial approval of a health insurance policy or
51 contract; at least every three years thereafter; and upon application
52 for expansion of any service area associated with the policy or contract
53 in conformance with the standards set forth in subdivision five of
54 section four thousand four hundred three of the public health law. The
55 superintendent shall determine standards for network adequacy for mental
56 health and [~~substance-use~~] substance-related and addictive disorder

1 treatment services, including sub-acute care in a residential facility,
2 assertive community treatment services, critical time intervention
3 services and mobile crisis intervention services, in consultation with
4 the commissioner of the office of mental health and the commissioner of
5 the office of addiction services and supports. To the extent that the
6 network has been determined by the commissioner of health to meet the
7 standards set forth in subdivision five of section four thousand four
8 hundred three of the public health law, such network shall be deemed
9 adequate by the superintendent.

10 (2) The superintendent, in consultation with the commissioner of
11 health, the commissioner of the office of mental health, and the commis-
12 sioner of the office of addiction services and supports, shall propose
13 regulations setting forth standards for network adequacy for mental
14 health and ~~[substance use]~~ substance-related and addictive disorder
15 treatment services, including sub-acute care in a residential facility,
16 assertive community treatment services, critical time intervention
17 services and mobile crisis intervention services, by December thirty-
18 first, two thousand twenty-three.

19 § 13. Subsection (k) of section 4303 of the insurance law, as amended
20 by section 26 of subpart A of part BB of chapter 57 of the laws of 2019,
21 is amended to read as follows:

22 (k)(1) Every contract that provides hospital, major medical or similar
23 comprehensive coverage shall provide inpatient coverage for the diagno-
24 sis and treatment of ~~[substance use]~~ substance-related and addictive
25 disorder, including detoxification and rehabilitation services. Such
26 inpatient coverage shall include unlimited medically necessary treatment
27 for ~~[substance use]~~ substance-related and addictive disorder treatment
28 services provided in residential settings. Further, such inpatient
29 coverage shall not apply financial requirements or treatment limita-
30 tions, including utilization review requirements, to inpatient
31 ~~[substance use]~~ substance-related and addictive disorder benefits that
32 are more restrictive than the predominant financial requirements and
33 treatment limitations applied to substantially all medical and surgical
34 benefits covered by the contract.

35 (2) Coverage provided under this subsection may be limited to facili-
36 ties in New York state that are licensed, certified or otherwise author-
37 ized by the office of ~~[alcoholism and substance abuse services]~~
38 addiction services and supports and, in other states, to those which are
39 accredited by the joint commission as alcoholism, addiction, substance
40 abuse, or chemical dependence treatment programs and are similarly
41 licensed, certified or otherwise authorized in the state in which the
42 facility is located.

43 (3) Coverage provided under this subsection may be subject to annual
44 deductibles and co-insurance as deemed appropriate by the superintendent
45 and that are consistent with those imposed on other benefits within a
46 given contract.

47 (4) This paragraph shall apply to facilities in this state that are
48 licensed, certified or otherwise authorized by the office of ~~[alcoholism~~
49 ~~and substance abuse services]~~ addiction services and supports that are
50 participating in the corporation's provider network. Coverage provided
51 under this subsection shall not be subject to preauthorization. Coverage
52 provided under this subsection shall also not be subject to concurrent
53 utilization review during the first twenty-eight days of the inpatient
54 admission provided that the facility notifies the corporation of both
55 the admission and the initial treatment plan within two business days of
56 the admission. The facility shall perform daily clinical review of the

1 patient, including periodic consultation with the corporation at or just
2 prior to the fourteenth day of treatment to ensure that the facility is
3 using the evidence-based and peer reviewed clinical review tool utilized
4 by the corporation which is designated by the office of [~~alcoholism and~~
5 ~~substance abuse services~~] addiction services and supports and appropri-
6 ate to the age of the patient, to ensure that the inpatient treatment is
7 medically necessary for the patient. Prior to discharge, the facility
8 shall provide the patient and the corporation with a written discharge
9 plan which shall describe arrangements for additional services needed
10 following discharge from the inpatient facility as determined using the
11 evidence-based and peer-reviewed clinical review tool utilized by the
12 corporation which is designated by the office of [~~alcoholism and~~
13 ~~substance abuse services~~] addiction services and supports. Prior to
14 discharge, the facility shall indicate to the corporation whether
15 services included in the discharge plan are secured or determined to be
16 reasonably available. Any utilization review of treatment provided
17 under this paragraph may include a review of all services provided
18 during such inpatient treatment, including all services provided during
19 the first twenty-eight days of such inpatient treatment. Provided,
20 however, the corporation shall only deny coverage for any portion of the
21 initial twenty-eight day inpatient treatment on the basis that such
22 treatment was not medically necessary if such inpatient treatment was
23 contrary to the evidence-based and peer reviewed clinical review tool
24 utilized by the corporation which is designated by the office of [~~alco-~~
25 ~~holism and substance abuse services~~] addiction services and supports.
26 An insured shall not have any financial obligation to the facility for
27 any treatment under this paragraph other than any copayment, coinsu-
28 rance, or deductible otherwise required under the contract.

29 (5) The criteria for medical necessity determinations under the
30 contract with respect to inpatient [~~substance use~~] substance-related and
31 addictive disorder benefits shall be made available by the corporation
32 to any insured, prospective insured or in-network provider upon request.

33 (6) For purposes of this subsection:

34 (A) "financial requirement" means deductible, copayments, coinsurance
35 and out-of-pocket expenses;

36 (B) "predominant" means that a financial requirement or treatment
37 limitation is the most common or frequent of such type of limit or
38 requirement;

39 (C) "treatment limitation" means limits on the frequency of treatment,
40 number of visits, days of coverage, or other similar limits on the scope
41 or duration of treatment and includes nonquantitative treatment limita-
42 tions such as: medical management standards limiting or excluding bene-
43 fits based on medical necessity, or based on whether the treatment is
44 experimental or investigational; formulary design for prescription
45 drugs; network tier design; standards for provider admission to partic-
46 ipate in a network, including reimbursement rates; methods for determin-
47 ing usual, customary, and reasonable charges; fail-first or step therapy
48 protocols; exclusions based on failure to complete a course of treat-
49 ment; and restrictions based on geographic location, facility type,
50 provider specialty, and other criteria that limit the scope or duration
51 of benefits for services provided under the contract; and

52 (D) [~~"substance use~~] "substance-related and addictive disorder" shall
53 have the meaning set forth in the most recent edition of the diagnostic
54 and statistical manual of mental disorders or the most recent edition of
55 another generally recognized independent standard of current medical
56 practice such as the international classification of diseases.

(7) A corporation shall provide coverage under this subsection, at a minimum, consistent with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).

§ 14. Subsection (l) of section 4303 of the insurance law, as amended by chapter 41 of the laws of 2014, paragraph 1 as amended and paragraph 3-a as added by section 27, paragraph 5 as amended and paragraphs 6, 7, and 8 as added by section 28 of subpart A of part BB of chapter 57 of the laws of 2019, paragraph 2 as amended by section 20 and paragraph 9 as added by section 21 of part AA of chapter 57 of the laws of 2021, paragraph 10 as amended by chapter 660 of the laws of 2025, is amended to read as follows:

(l) (1) Every contract that provides medical, major medical or similar comprehensive-type coverage shall provide outpatient coverage for the diagnosis and treatment of ~~[substance-use]~~ substance-related and addictive disorder, including detoxification and rehabilitation services. Such coverage shall not apply financial requirements or treatment limitations to outpatient ~~[substance-use]~~ substance-related and addictive disorder benefits that are more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the contract.

(2) Coverage under this subsection may be limited to facilities in this state that are licensed, certified or otherwise authorized by the office of addiction services and supports to provide outpatient ~~[substance-use]~~ substance-related and addictive disorder services and crisis stabilization centers licensed pursuant to section 36.01 of the mental hygiene law, and, in other states, to those which are accredited by the joint commission as alcoholism, addiction or chemical dependence substance abuse treatment programs and are similarly licensed, certified or otherwise authorized in the state in which the facility is located.

(3) Coverage provided under this subsection may be subject to annual deductibles and co-insurance as deemed appropriate by the superintendent and that are consistent with those imposed on other benefits within a given contract.

(3-a) A contract that provides large group coverage under this subsection shall not impose copayments or coinsurance for outpatient ~~[substance-use]~~ substance-related and addictive disorder services that exceed the copayment or coinsurance imposed for a primary care office visit. Provided that no greater than one such copayment may be imposed for all services provided in a single day by a facility licensed, certified or otherwise authorized by the office of ~~[alcoholism and substance abuse services]~~ addiction services and supports to provide outpatient ~~[substance-use]~~ substance-related and addictive disorder services.

(4) A contract providing coverage for ~~[substance-use]~~ substance-related and addictive disorder services pursuant to this subsection shall provide up to twenty outpatient visits per contract or calendar year to an individual who identifies ~~[him or herself]~~ themselves as a family member of a person suffering from ~~[substance-use]~~ substance-related and addictive disorder and who seeks treatment as a family member who is otherwise covered by the applicable contract pursuant to this subsection. The coverage required by this subsection shall include treatment as a family member pursuant to such family member's own contract provided such family member:

(A) does not exceed the allowable number of family visits provided by the applicable contract pursuant to this subsection; and

1 (B) is otherwise entitled to coverage pursuant to this subsection and
2 such family member's applicable contract.

3 (5) This paragraph shall apply to facilities in this state that are
4 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
5 ~~and substance abuse services~~] addiction services and supports for the
6 provision of outpatient, intensive outpatient, outpatient rehabilitation
7 and opioid treatment that are participating in the corporation's provid-
8 er network. Coverage provided under this subsection shall not be subject
9 to preauthorization. Coverage provided under this subsection shall not
10 be subject to concurrent review for the first four weeks of continuous
11 treatment, not to exceed twenty-eight visits, provided the facility
12 notifies the corporation of both the start of treatment and the initial
13 treatment plan within two business days. The facility shall perform
14 clinical assessment of the patient at each visit, including periodic
15 consultation with the corporation at or just prior to the fourteenth day
16 of treatment to ensure that the facility is using the evidence-based and
17 peer reviewed clinical review tool utilized by the corporation which is
18 designated by the office of [~~alcoholism and substance abuse services~~]
19 addiction services and supports and appropriate to the age of the
20 patient, to ensure that the outpatient treatment is medically necessary
21 for the patient. Any utilization review of the treatment provided under
22 this paragraph may include a review of all services provided during such
23 outpatient treatment, including all services provided during the first
24 four weeks of continuous treatment, not to exceed twenty-eight visits,
25 of such outpatient treatment. Provided, however, the corporation shall
26 only deny coverage for any portion of the initial four weeks of contin-
27 uous treatment, not to exceed twenty-eight visits, for outpatient treat-
28 ment on the basis that such treatment was not medically necessary if
29 such outpatient treatment was contrary to the evidence-based and peer
30 reviewed clinical review tool utilized by the corporation which is
31 designated by the office of [~~alcoholism and substance abuse services~~]
32 addiction services and supports. A subscriber shall not have any finan-
33 cial obligation to the facility for any treatment under this paragraph
34 other than any copayment, coinsurance, or deductible otherwise required
35 under the contract.

36 (6) The criteria for medical necessity determinations under the
37 contract with respect to outpatient [~~substance use~~] substance-related
38 and addictive disorder benefits shall be made available by the corpo-
39 ration to any insured, prospective insured, or in-network provider upon
40 request.

41 (7) For purposes of this subsection:

42 (A) "financial requirement" means deductible, copayments, coinsurance
43 and out-of-pocket expenses;

44 (B) "predominant" means that a financial requirement or treatment
45 limitation is the most common or frequent of such type of limit or
46 requirement.

47 (C) "treatment limitation" means limits on the frequency of treatment,
48 number of visits, days of coverage, or other similar limits on the scope
49 or duration of treatment and includes nonquantitative treatment limita-
50 tions such as: medical management standards limiting or excluding bene-
51 fits based on medical necessity, or based on whether the treatment is
52 experimental or investigational; formulary design for prescription
53 drugs; network tier design; standards for provider admission to partic-
54 ipate in a network, including reimbursement rates; methods for determin-
55 ing usual, customary, and reasonable charges; fail-first or step therapy
56 protocols; exclusions based on failure to complete a course of treat-

1 ment; and restrictions based on geographic location, facility type,
2 provider specialty, and other criteria that limit the scope or duration
3 of benefits for services provided under the contract; and

4 (D) [~~"substance-use"~~] "substance-related and addictive disorder" shall
5 have the meaning set forth in the most recent edition of the diagnostic
6 and statistical manual of mental disorders or the most recent edition of
7 another generally recognized independent standard of current medical
8 practice such as the international classification of diseases.

9 (8) A corporation shall provide coverage under this subsection, at a
10 minimum, consistent with the federal Paul Wellstone and Pete Domenici
11 Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. §
12 1185a).

13 (9) This paragraph shall apply to crisis stabilization centers in this
14 state that are licensed pursuant to section 36.01 of the mental hygiene
15 law and participate in the corporation's provider network. Benefits for
16 care in a crisis stabilization center shall not be subject to preauthor-
17 ization. All treatment provided under this paragraph may be reviewed
18 retrospectively. Where care is denied retrospectively, an insured shall
19 not have any financial obligation to the facility for any treatment
20 under this paragraph other than any copayment, coinsurance, or deduct-
21 ible otherwise required under the contract.

22 (10) This paragraph shall apply to facilities in this state that are
23 licensed, certified, or otherwise authorized by the office of addiction
24 services and supports for the provision of outpatient, intensive outpa-
25 tient, outpatient rehabilitation and opioid treatment that are partic-
26 ipating in the corporation's provider network. Reimbursement for covered
27 outpatient treatment provided by such facilities shall be at rates nego-
28 tiated between the corporation and the participating facility, provided
29 that such rates are not less than the rates that would be paid for such
30 treatment pursuant to the medical assistance program under title eleven
31 of article five of the social services law. For the purposes of this
32 paragraph, the rates that would be paid for such treatment pursuant to
33 the medical assistance program under title eleven of article five of the
34 social services law shall be set forth in a fee schedule setting forth
35 the specific fee for each individual service covered by this paragraph
36 published by the office of addiction services and supports by November
37 first of the preceding calendar year and shall be the rates with an
38 effective date of April first of the preceding year, which shall be
39 established prior to October first of the preceding calendar year. Prior
40 to the submission of premium rate filings and applications, the super-
41 intendent shall provide corporations with guidance on factors to consid-
42 er in calculating the impact of rate changes for the purposes of submit-
43 ting premium rate filings and applications to the superintendent for the
44 subsequent policy year. To the extent that the rates with an effective
45 date of April first differ from the estimated rates incorporated in
46 premium rate filings and applications, corporations may account for such
47 differences in future premium rate filings and applications submitted to
48 the superintendent for approval.

49 § 15. Paragraph (A) of subsection (l-1) of section 4303 of the insur-
50 ance law, as amended by section 3 of subpart E of part II of chapter 57
51 of the laws of 2023, is amended to read as follows:

52 (A) No contract that provides medical, major medical or similar
53 comprehensive-type individual or small group coverage and provides
54 coverage for prescription drugs for medication for the treatment of a
55 [~~substance-use~~] substance-related and addictive disorder shall require
56 prior authorization for an initial or renewal prescription for the

1 detoxification or maintenance treatment of a [~~substance-use~~] substance-
2 related and addictive disorder, including all buprenorphine products,
3 methadone, long acting injectable naltrexone, or medication for opioid
4 overdose reversal prescribed or dispensed to an insured covered under
5 the contract, including federal food and drug administration-approved
6 over-the-counter opioid overdose reversal medication as prescribed,
7 dispensed or as otherwise authorized under state or federal law, except
8 where otherwise prohibited by law. Every contract that provides medical,
9 major medical, or similar comprehensive-type large group coverage shall
10 provide coverage for prescription drugs for medication for the treatment
11 of a [~~substance-use~~] substance-related and addictive disorder and shall
12 not require prior authorization for an initial or renewal prescription
13 for the detoxification of maintenance treatment of a [~~substance-use~~]
14 substance-related and addictive disorder, including all buprenorphine
15 products, methadone, long acting injectable naltrexone, or medication
16 for opioid overdose reversal prescribed or dispensed to an individual
17 covered under the contract, including federal food and drug administra-
18 tion-approved over-the-counter opioid overdose reversal medication as
19 prescribed, dispensed or as otherwise authorized under state or federal
20 law, except where otherwise prohibited by law.

21 § 16. Subparagraph (E) of paragraph 1 of subsection (a) of section
22 4306-h of the insurance law, as added by section 35 of subpart B of part
23 J of chapter 57 of the laws of 2019, is amended to read as follows:

24 (E) mental health and [~~substance-use~~] substance-related and addictive
25 disorder services, including behavioral health treatment;

26 § 17. Paragraph 17 of subsection (a) of section 4324 of the insurance
27 law, as amended by section 4 of subpart B of part AA of chapter 57 of
28 the laws of 2022, is amended to read as follows:

29 (17) where applicable, a listing by specialty, which may be in a sepa-
30 rate document that is updated annually, of the name, address, telephone
31 number, and digital contact information of all participating providers,
32 including facilities, and: (A) whether the provider is accepting new
33 patients; (B) in the case of mental health or [~~substance-use~~]
34 substance-related and addictive disorder services providers, any affil-
35 iations with participating facilities certified or authorized by the
36 office of mental health or the office of addiction services and
37 supports, and any restrictions regarding the availability of the indi-
38 vidual provider's services; (C) in the case of physicians, board certif-
39 ication, languages spoken and any affiliations with participating hospi-
40 tals. The listing shall also be posted on the corporation's website and
41 the corporation shall update the website within fifteen days of the
42 addition or termination of a provider from the corporation's network or
43 a change in a physician's hospital affiliation;

44 § 18. Subsection (n) of section 4325 of the insurance law, as added by
45 section 5 of subpart B of part AA of chapter 57 of the laws of 2022, is
46 amended to read as follows:

47 (n) A contract between a corporation and a health care provider shall
48 include a provision that requires the health care provider to have in
49 place business processes to ensure the timely provision of provider
50 directory information to the corporation. A health care provider shall
51 submit such provider directory information to a corporation, at a mini-
52 mum, when a provider begins or terminates a network agreement with a
53 corporation, when there are material changes to the content of the
54 provider directory information of the health care provider, and at any
55 other time, including upon the corporation's request, as the health care
56 provider determines to be appropriate. For purposes of this subsection,

1 "provider directory information" shall include the name, address,
2 specialty, telephone number, and digital contact information of such
3 health care provider; whether the provider is accepting new patients;
4 for mental health and ~~[substance-use]~~ substance-related and addictive
5 disorder services providers, any affiliations with participating facili-
6 ties certified or authorized by the office of mental health or the
7 office of addiction services and supports, and any restrictions regard-
8 ing the availability of the individual provider's services; and in the
9 case of physicians, board certification, languages spoken, and any
10 affiliations with participating hospitals.

11 § 19. Subparagraph (C) of paragraph 1 of subsection (b) of section
12 4900 of the insurance law, as amended by section 2 of part MM of chapter
13 57 of the laws of 2023, is amended to read as follows:

14 (C) for purposes of a determination involving ~~[substance-use]~~
15 substance-related and addictive disorder treatment:

16 (i) a physician who possesses a current and valid non-restricted
17 license to practice medicine and who specializes in behavioral health
18 and has experience in the delivery of ~~[substance-use]~~ substance-related
19 and addictive disorder courses of treatment; or

20 (ii) a health care professional other than a licensed physician who
21 specializes in behavioral health and has experience in the delivery of
22 ~~[substance-use]~~ substance-related and addictive disorder courses of
23 treatment and, where applicable, possesses a current and valid non-res-
24 tricted license, certificate or registration or, where no provision for
25 a license, certificate or registration exists, is credentialed by the
26 national accrediting body appropriate to the profession; or

27 § 20. Clause (iv) of subparagraph (A) of paragraph 2 of subsection (b)
28 of section 4900 of the insurance law, as separately amended by section 2
29 of part MM of chapter 57 and chapter 170 of the laws of 2023, is amended
30 to read as follows:

31 (iv) for purposes of a determination involving ~~[substance-use]~~
32 substance-related and addictive disorder treatment, possesses a current
33 and valid non-restricted license to practice medicine and who special-
34 izes in behavioral health and has experience in the delivery of
35 ~~[substance-use]~~ substance-related and addictive disorder courses of
36 treatment;

37 § 21. Clause (iv) of subparagraph (B) of paragraph 2 of subsection (b)
38 of section 4900 of the insurance law, as separately amended by section 2
39 of part MM of chapter 57 and chapter 170 of the laws of 2023, is amended
40 to read as follows:

41 (iv) for purposes of a determination involving ~~[substance-use]~~
42 substance-related and addictive disorder treatment, specializes in
43 behavioral health and has experience in the delivery of ~~[substance-use]~~
44 substance-related and addictive disorder courses of treatment and, where
45 applicable, possesses a current and valid non-restricted license,
46 certificate or registration or, where no provision for a license,
47 certificate or registration exists, is credentialed by the national
48 accrediting body appropriate to the profession;

49 § 22. Paragraph 9 subsection (a) of section 4902 of the insurance law,
50 as amended by section 37 of subpart A of part BB of chapter 57 of the
51 laws of 2019, is amended to read as follows:

52 (9) When conducting utilization review for purposes of determining
53 health care coverage for ~~[substance-use]~~ substance-related and addictive
54 disorder treatment, a utilization review agent shall utilize an
55 evidence-based and peer reviewed clinical review tool that is appropri-
56 ate to the age of the patient. When conducting such utilization review

1 for treatment provided in this state, a utilization review agent shall
2 utilize an evidence-based and peer reviewed clinical tool designated by
3 the office of [~~alcoholism and substance abuse services~~] addiction
4 services and supports that is consistent with the treatment service
5 levels within the office of [~~alcoholism and substance abuse services~~]
6 addiction services and supports system. All approved tools shall have
7 inter rater reliability testing completed by December thirty-first, two
8 thousand sixteen.

9 § 23. Paragraph 2 subsection (b) of section 4903 of the insurance law,
10 as added by chapter 371 of the laws of 2015, is amended to read as
11 follows:

12 (2) With regard to individual or group contracts authorized pursuant
13 to article thirty-two, forty-three or forty-seven of this chapter or
14 article forty-four of the public health law, for utilization and review
15 determinations involving proposed mental health and/or [~~substance use~~]
16 substance-related and addictive disorder services where the insured or
17 the insured's designee has, in a format prescribed by the superinten-
18 dent, certified in the request that the proposed services are for an
19 individual who will be appearing, or has appeared, before a court of
20 competent jurisdiction and may be subject to a court order requiring
21 such services, the utilization review agent shall make a determination
22 and provide notice of such determination to the insured or the insured's
23 designee by telephone within seventy-two hours of receipt of the
24 request. Written notice of the determination to the insured or insured's
25 designee shall follow within three business days. Where feasible, such
26 telephonic and written notice shall also be provided to the court.

27 § 24. Subsection (c) of section 4903 of the insurance law, as amended
28 by chapter 41 of the laws of 2014, is amended to read as follows:

29 (c) (1) A utilization review agent shall make a determination involv-
30 ing continued or extended health care services, additional services for
31 an insured undergoing a course of continued treatment prescribed by a
32 health care provider, or requests for inpatient [~~substance use~~]
33 substance-related and addictive disorder treatment, or home health care
34 services following an inpatient hospital admission, and shall provide
35 notice of such determination to the insured or the insured's designee,
36 which may be satisfied by notice to the insured's health care provider,
37 by telephone and in writing within one business day of receipt of the
38 necessary information except, with respect to home health care services
39 following an inpatient hospital admission, within seventy-two hours of
40 receipt of the necessary information when the day subsequent to the
41 request falls on a weekend or holiday and except, with respect to inpa-
42 tient [~~substance use~~] substance-related and addictive disorder treat-
43 ment, within twenty-four hours of receipt of the request for services
44 when the request is submitted at least twenty-four hours prior to
45 discharge from an inpatient admission. Notification of continued or
46 extended services shall include the number of extended services
47 approved, the new total of approved services, the date of onset of
48 services and the next review date.

49 (2) Provided that a request for home health care services and all
50 necessary information is submitted to the utilization review agent prior
51 to discharge from an inpatient hospital admission pursuant to this
52 subsection, a utilization review agent shall not deny, on the basis of
53 medical necessity or lack of prior authorization, coverage for home
54 health care services while a determination by the utilization review
55 agent is pending.

(3) Provided that a request for inpatient treatment for ~~[substance use]~~ substance-related and addictive disorder is submitted to the utilization review agent at least twenty-four hours prior to discharge from an inpatient admission pursuant to this subsection, a utilization review agent shall not deny, on the basis of medical necessity or lack of prior authorization, coverage for the inpatient ~~[substance-use]~~ substance-related and addictive disorder treatment while a determination by the utilization review agent is pending.

§ 25. Subsection (b) of section 4904 of the insurance law, as amended by chapter 371 of the laws of 2015, is amended to read as follows:

(b) A utilization review agent shall establish an expedited appeal process for appeal of an adverse determination involving (1) continued or extended health care services, procedures or treatments or additional services for an insured undergoing a course of continued treatment prescribed by a health care provider or home health care services following discharge from an inpatient hospital admission pursuant to subsection (c) of section four thousand nine hundred three of this title; (2) an adverse determination in which the health care provider believes an immediate appeal is warranted except any retrospective determination; or (3) potential court-ordered mental health and/or ~~[substance-use]~~ substance-related and addictive disorder services pursuant to paragraph two of subsection (b) of section four thousand nine hundred three of this title. Such process shall include mechanisms which facilitate resolution of the appeal including but not limited to the sharing of information from the insured's health care provider and the utilization review agent by telephonic means or by facsimile. The utilization review agent shall provide reasonable access to its clinical peer reviewer within one business day of receiving notice of the taking of an expedited appeal. Expedited appeals shall be determined within two business days of receipt of necessary information to conduct such appeal except, with respect to inpatient ~~[substance-use]~~ substance-related and addictive disorder treatment provided pursuant to paragraph three of subsection (c) of section four thousand nine hundred three of this title, expedited appeals shall be determined within twenty-four hours of receipt of such appeal. Expedited appeals which do not result in a resolution satisfactory to the appealing party may be further appealed through the standard appeal process, or through the external appeal process pursuant to section four thousand nine hundred fourteen of this article as applicable. Provided that the insured or the insured's health care provider files an expedited internal and external appeal within twenty-four hours from receipt of an adverse determination for inpatient ~~[substance-use]~~ substance-related and addictive disorder treatment for which coverage was provided while the initial utilization review determination was pending pursuant to paragraph three of subsection (c) of section four thousand nine hundred three of this title, a utilization review agent shall not deny on the basis of medical necessity or lack of prior authorization such ~~[substance-use]~~ substance-related and addictive disorder treatment while a determination by the utilization review agent or external appeal agent is pending.

§ 26. Subparagraph (iii) of paragraph (a) of subdivision 2 of section 4900 of the public health law, as amended by section 1 of part MM of chapter 57 of the laws of 2023, is amended to read as follows:

(iii) for purposes of a determination involving ~~[substance-use]~~ substance-related and addictive disorder treatment:

(A) a physician who possesses a current and valid non-restricted license to practice medicine and who specializes in behavioral health

1 and has experience in the delivery of [~~substance-use~~] substance-related
2 and addictive disorder courses of treatment; or

3 (B) a health care professional other than a licensed physician who
4 specializes in behavioral health and has experience in the delivery of
5 [~~substance-use~~] substance-related and addictive disorder courses of
6 treatment and, where applicable, possesses a current and valid non-res-
7 tricted license, certificate or registration or, where no provision for
8 a license, certificate or registration exists, is credentialed by the
9 national accrediting body appropriate to the profession; or

10 § 27. Clause (D) of subparagraph (i) of paragraph (b) of subdivision 2
11 of section 4900 of the public health law, as separately amended by
12 section 1 of part MM of chapter 57 and chapter 170 of the laws of 2023,
13 is amended to read as follows:

14 (D) for purposes of a determination involving [~~substance-use~~]
15 substance-related and addictive disorder treatment, possesses a current
16 and valid non-restricted license to practice medicine and specializes in
17 behavioral health and has experience in the delivery of [~~substance-use~~]
18 substance-related and addictive disorder courses of treatment;

19 § 28. Clause (E) of subparagraph (ii) of paragraph (b) of subdivision
20 2 of section 4900 of the public health law, as separately amended by
21 section 1 of part MM of chapter 57 and chapter 170 of the laws of 2023,
22 is amended to read as follows:

23 (E) for purposes of a determination involving [~~substance-use~~]
24 substance-related and addictive disorder, specializes in behavioral
25 health and has experience in the delivery of [~~substance-use~~] substance-
26 related and addictive disorder courses of treatment and, where applica-
27 ble, possesses a current and valid non-restricted license, certificate
28 or registration or, where no provision for a license, certificate or
29 registration exists, is credentialed by the national accrediting body
30 appropriate to the profession;

31 § 29. Paragraph (i) of subdivision 1 of section 4902 of the public
32 health law, as amended by section 43 of subpart A of part BB of chapter
33 57 of the laws of 2019, is amended to read as follows:

34 (i) When conducting utilization review for purposes of determining
35 health care coverage for [~~substance-use~~] substance-related and addictive
36 disorder treatment, a utilization review agent shall utilize an
37 evidence-based and peer reviewed clinical review tool that is appropri-
38 ate to the age of the patient. When conducting such utilization review
39 for treatment provided in this state, a utilization review agent shall
40 utilize an evidence-based and peer reviewed clinical tool designated by
41 the office of [~~alcoholism and substance abuse services~~] addiction
42 services and supports that is consistent with the treatment service
43 levels within the office of [~~alcoholism and substance abuse services~~]
44 addiction services and supports system. All approved tools shall have
45 inter rater reliability testing completed by December thirty-first, two
46 thousand sixteen.

47 § 30. Paragraph (b) of subdivision 2 of section 4903 of the public
48 health law, as added by chapter 371 of the laws of 2015, is amended to
49 read as follows:

50 (b) With regard to individual or group contracts authorized pursuant
51 to article forty-four of this chapter, for utilization review determi-
52 nations involving proposed mental health and/or [~~substance-use~~]
53 substance-related and addictive disorder services where the enrollee or
54 the enrollee's designee has, in a format prescribed by the superinten-
55 dent of financial services, certified in the request that the proposed
56 services are for an individual who will be appearing, or has appeared,

1 before a court of competent jurisdiction and may be subject to a court
2 order requiring such services, the utilization review agent shall make a
3 determination and provide notice of such determination to the enrollee
4 or the enrollee's designee by telephone within seventy-two hours of
5 receipt of the request. Written notice of the determination to the
6 enrollee or enrollee's designee shall follow within three business days.
7 Where feasible, such telephonic and written notice shall also be
8 provided to the court.

9 § 31. Subdivision 3 of section 4903 of the public health law, as
10 amended by chapter 41 of the laws of 2014, is amended to read as
11 follows:

12 3. (a) A utilization review agent shall make a determination involving
13 continued or extended health care services, additional services for an
14 enrollee undergoing a course of continued treatment prescribed by a
15 health care provider, or requests for inpatient [~~substance—use~~]
16 substance-related and addictive disorder treatment, or home health care
17 services following an inpatient hospital admission, and shall provide
18 notice of such determination to the enrollee or the enrollee's designee,
19 which may be satisfied by notice to the enrollee's health care provider,
20 by telephone and in writing within one business day of receipt of the
21 necessary information except, with respect to home health care services
22 following an inpatient hospital admission, within seventy-two hours of
23 receipt of the necessary information when the day subsequent to the
24 request falls on a weekend or holiday and except, with respect to inpa-
25 tient [~~substance—use~~] substance-related and addictive disorder treat-
26 ment, within twenty-four hours of receipt of the request for services
27 when the request is submitted at least twenty-four hours prior to
28 discharge from an inpatient admission. Notification of continued or
29 extended services shall include the number of extended services
30 approved, the new total of approved services, the date of onset of
31 services and the next review date.

32 (b) Provided that a request for home health care services and all
33 necessary information is submitted to the utilization review agent prior
34 to discharge from an inpatient hospital admission pursuant to this
35 subdivision, a utilization review agent shall not deny, on the basis of
36 medical necessity or lack of prior authorization, coverage for home
37 health care services while a determination by the utilization review
38 agent is pending.

39 (c) Provided that a request for inpatient treatment for [~~substance~~
40 ~~use~~] substance-related and addictive disorder is submitted to the utili-
41 zation review agent at least twenty-four hours prior to discharge from
42 an inpatient admission pursuant to this subdivision, a utilization
43 review agent shall not deny, on the basis of medical necessity or lack
44 of prior authorization, coverage for the inpatient [~~substance—use~~]
45 substance-related and addictive disorder treatment while a determination
46 by the utilization review agent is pending.

47 § 32. Paragraph (c) of subdivision 2 of section 4904 of the public
48 health law, as amended by chapter 371 of the laws of 2015, is amended to
49 read as follows:

50 (c) potential court-ordered mental health and/or [~~substance—use~~]
51 substance-related and addictive disorder services pursuant to paragraph
52 (b) of subdivision two of section forty-nine hundred three of this
53 title. Such process shall include mechanisms which facilitate resolution
54 of the appeal including but not limited to the sharing of information
55 from the enrollee's health care provider and the utilization review
56 agent by telephonic means or by facsimile. The utilization review agent

1 shall provide reasonable access to its clinical peer reviewer within one
2 business day of receiving notice of the taking of an expedited appeal.
3 Expedited appeals shall be determined within two business days of
4 receipt of necessary information to conduct such appeal except, with
5 respect to inpatient [~~substance-use~~] substance-related and addictive
6 disorder treatment provided pursuant to paragraph (c) of subdivision
7 three of section forty-nine hundred three of this title, expedited
8 appeals shall be determined within twenty-four hours of receipt of such
9 appeal. Expedited appeals which do not result in a resolution satisfac-
10 tory to the appealing party may be further appealed through the standard
11 appeal process, or through the external appeal process pursuant to
12 section forty-nine hundred fourteen of this article as applicable.
13 Provided that the enrollee or the enrollee's health care provider files
14 an expedited internal and external appeal within twenty-four hours from
15 receipt of an adverse determination for inpatient [~~substance-use~~]
16 substance-related and addictive disorder treatment for which coverage
17 was provided while the initial utilization review determination was
18 pending pursuant to paragraph (c) of subdivision three of section
19 forty-nine hundred three of this title, a utilization review agent shall
20 not deny on the basis of medical necessity or lack of prior authori-
21 zation such [~~substance-use~~] substance-related and addictive disorder
22 treatment while a determination by the utilization review agent or
23 external appeal agent is pending.
24 § 33. This act shall take effect January 1, 2027 and shall apply to
25 policies issued, renewed or modified on or after such date.

26 PART S

27 Section 1. Subdivision 10 of section 553 of the executive law is
28 REPEALED.

29 § 2. This act shall take effect April 1, 2026.

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

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