

STATE OF NEW YORK

S. 3007

A. 3007

SENATE - ASSEMBLY

January 22, 2025

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 known and projected department of health state fund medicaid expenditures (Part A); to amend part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates, in relation to extending the expiration thereof; to amend chapter 942 of the laws of 1983 and chapter 541 of the laws of 1984 relating to foster family care demonstration programs, in relation to extending the expirations thereof; to amend chapter 256 of the laws of 1985, amending the social services law and other laws relating to foster family care demonstration programs, in relation to extending the expiration thereof; to amend the social services law, in relation to extending provisions relating to health and mental hygiene; to amend part C of chapter 58 of the laws of 2009, amending the public health law relating to payment by governmental agencies for general hospital inpatient services, in relation to the effectiveness thereof; to amend chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential healthcare facilities, in relation to the effectiveness thereof; to amend section 2 of chapter 137 of the laws of 2023, amending the public health law relating to establishing a community-based paramedicine demonstration program, in relation to extending the effectiveness thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of certain provisions thereof; to amend part FFF of chapter 59 of the laws of 2018, amending the public health law relating to authorizing the commissioner of health to redeploy excess reserves of certain not-for-profit managed care organizations, in relation to the effectiveness thereof; to amend chapter 451 of the

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

LBD12571-01-5

laws of 2007, amending the public health law, the social services law and the insurance law relating to providing enhanced consumer and provider protections, in relation to the effectiveness of certain provisions relating to contracts between plans, insurers, or corporations and hospitals; to amend the public health law, in relation to reimbursement rate promulgation for residential health care facilities, and in relation to certified home health agency services payments; to amend part C of chapter 60 of the laws of 2014, amending the social services law relating to fair hearings within the Fully Integrated Duals Advantage program, in relation to the effectiveness thereof; to amend chapter 884 of the laws of 1990, amending the public health law relating to authorizing bad debt and charity care allowances for certified home health agencies, in relation to extending the provisions thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to the effectiveness of certain provisions thereof; to amend part A of chapter 56 of the laws of 2013, amending chapter 59 of the laws of 2011 amending the public health law and other laws relating to general hospital reimbursement for annual rates, in relation to extending government rates for behavioral services; to amend the public health law, in relation to gross receipts for general hospital assessments; to amend part MM of chapter 57 of the laws of 2021 amending the public health law relating to aiding in the transition to adulthood for children with medical fragility living in pediatric nursing homes and other settings, in relation to the effectiveness thereof; to amend chapter 633 of the laws of 2006, amending the public health law relating to the home based primary care for the elderly demonstration project, in relation to the effectiveness thereof; to amend chapter 19 of the laws of 1998, amending the social services law relating to limiting the method of payment for prescription drugs under the medical assistance program, in relation to the effectiveness thereof; to amend part BBB of chapter 56 of the laws of 2022, amending the public health law and other laws relating to permitting the commissioner of health to submit a waiver that expands eligibility for New York's basic health program and increases the federal poverty limit cap for basic health program eligibility from two hundred to two hundred fifty percent, in relation to extending certain provisions related to providing long-term services and supports under the essential plan; to amend the social services law, in relation to which contracts stay in force after September 30, 2025; and to amend part MM of chapter 56 of the laws of 2020 directing the department of health to establish or procure the services of an independent panel of clinical professionals and to develop and implement a uniform task-based assessment tool, in relation to which contracts stay in force after September 30, 2025 (Part B); to amend the public health law, in relation to prescriber prevails; and to repeal certain provisions of the social services law relating to coverage for certain prescription drugs (Part C); to amend the public health law, in relation to reducing the hospital capital rate add-on (Part D); to amend the financial services law, in relation to excluding managed care plans from the independent resolution process; and to amend the social services law, in relation to shifting long-term nursing home stays from managed care to fee for service, and authorizing penalties for managed care plans that do not meet contractual obligations (Part E); to amend the public health law, in relation to establishing a tax on managed care providers; to amend the state

finance law, in relation to the healthcare stability fund; and to amend part I of chapter 57 of the laws of 2022 providing a one percent across the board payment increase to all qualifying fee-for-service Medicaid rates, in relation to certain Medicaid payments made for certain medical services (Part F); to amend chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to 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 G); to repeal section 461-s of the social services law relating to enhancing the quality of adult living; to repeal paragraph (c) of subdivision 1 of section 461-b of the social services law, relating to enriched housing programs; to amend the public health law and the state finance law, in relation to the discontinuation of the empire clinical research investigator program; and to repeal article 27-H of the public health law relating to the tick-borne disease institute (Part H); to amend the public health law, in relation to eliminating the fees paid by funeral directors for permits for burials and removals which are used to support the electronic death registration system; and to repeal certain provisions of such law relating thereto (Part I); to amend the public health law, in relation to the due date for awards applied for under the statewide health care facility transformation III program (Part J); to amend the public health law, in relation to appointing a temporary operator for general hospitals, diagnostic and treatment centers, and adult care facilities (Part K); to amend the public health law, in relation to removing the requirement that consent for the payment of certain medical services must occur after such services are administered (Part L); to amend the public health law, in relation to requiring general hospitals to report community benefit spending (Part M); to amend the public health law, in relation to expanding the purposes of the spinal cord injury research board (Part N); to amend the public health law, in relation to updating controlled substance schedules to conform with those of the federal drug enforcement administration and updating the term "addict" to "person with a substance use disorder" (Part O); to amend the public health law, in relation to emergency medical treatment protocols for maternity patients; and to amend the education law, in relation to labeling of abortion medications (Part P); to amend the social services law and the public health law, in relation to establishing increased coverage of care as well as availability of care for infertility treatments; and to repeal section 4 of part K of chapter 82 of the laws of 2002 amending the insurance law and the public health law relating to coverage for the diagnosis and treatment of infertility, relating to the establishment of a program to provide grants to health care providers for improving access to infertility services (Part Q); to amend the public health law and the general municipal law, in relation to requiring the development of a statewide comprehensive emergency medical system plan and county EMS plans, and

declaring EMS an essential service (Part R); to amend the public health law, in relation to strengthening material transactions reporting requirements (Part S); to amend the public health law, in relation to requiring hospitals to maintain sexual assault forensic examiners at their facilities (Part T); to amend the public health law, in relation to eliminating administrative barriers to, and offset actual costs of, timely fulfillment of vital records requests; and to repeal certain provisions of such law relating thereto (Part U); 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 A); to amend the education law and the public health law, in relation to the scope and practice of medical assistants (Subpart B); to amend the education law, in relation to the administration of certain immunizations by pharmacists and pharmacy technicians (Subpart C); to amend the education law, in relation to authorizing a licensed pharmacist to prescribe and order medications to treat nicotine dependence for smoking cessation (Subpart D); to repeal certain articles of the education law governing certain healthcare professions and adding such laws to the public health law and transferring all functions, powers, duties, obligations and appropriations relating thereto (Subpart E); and to amend the education law and the public health law, in relation to physician assistants (Subpart F) (Part V); to amend the education law, in relation to enacting the nurse licensure compact (Part W); to amend the education law, in relation to the scope of practice of dental hygienists (Part X); to amend the public health law, in relation to extending hospital services outside the facility and into patients' residences (Part Y); to amend chapter 565 of the laws of 2022 amending the state finance law relating to preferred source status for entities that provide employment to certain persons, in relation to the effectiveness thereof (Part Z); to amend part NN of chapter 58 of the laws of 2015, amending the mental hygiene law relating to clarifying the authority of the commissioners in the department of mental hygiene to design and implement time-limited demonstration programs, in relation to the effectiveness thereof (Part AA); to amend part L of chapter 59 of the laws of 2016, amending the mental hygiene law relating to the appointment of temporary operators for the continued operation of programs and the provision of services for persons with serious mental illness and/or developmental disabilities and/or chemical dependence, in relation to the effectiveness thereof (Part BB); to amend part A of chapter 56 of the laws of 2013, amending the social services law and other laws relating to enacting the major components of legislation necessary to implement the health and mental hygiene budget for the 2013-2014 state fiscal year, in relation to the effectiveness of certain provisions thereof (Part CC); to amend the mental hygiene law and the public health law, in relation to adding homeless youth to the definition of minors for the purpose of consent for certain treatment (Part DD); to amend the mental hygiene law, in relation to involuntary admission and assisted outpatient treatment (Part EE); and in relation to establishing a targeted inflationary increase for designated programs (Part FF)

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

1 Section 1. This act enacts into law major components of legislation
2 necessary to implement the state health and mental hygiene budget for
3 the 2025-2026 state fiscal year. Each component is wholly contained
4 within a Part identified as Parts A through FF. The effective date for
5 each particular provision contained within such Part is set forth in the
6 last section of such Part. Any provision in any section contained within
7 a Part, including the effective date of the Part, which makes a refer-
8 ence to a section "of this act", when used in connection with that
9 particular component, shall be deemed to mean and refer to the corre-
10 sponding section of the Part in which it is found. Section three of this
11 act sets forth the general effective date of this act.

12 PART A

13 Section 1. Paragraph (a) of subdivision 1 of section 92 of part H of
14 chapter 59 of the laws of 2011, amending the public health law and other
15 laws relating to general hospital reimbursement for annual rates, as
16 amended by section 1 of part A of chapter 57 of the laws of 2024, is
17 amended to read as follows:

18 (a) For state fiscal years 2011-12 through ~~[2025-26]~~ 2026-27, the
19 director of the budget, in consultation with the commissioner of health
20 referenced as "commissioner" for purposes of this section, shall assess
21 on a quarterly basis, as reflected in quarterly reports pursuant to
22 subdivision five of this section known and projected department of
23 health state funds medicaid expenditures by category of service and by
24 geographic regions, as defined by the commissioner.

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

27 PART B

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

32 1-a. section fifty-two of this act shall expire and be deemed repealed
33 March 31, ~~[2025]~~ 2030;

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

37 § 3. This act shall take effect immediately and shall expire December
38 31, ~~[2025]~~ 2027.

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

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

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

50 § 6. This act shall take effect immediately and shall expire December
51 31, ~~[2025]~~ 2027 and upon such date the provisions of this act shall be
52 deemed to be repealed.

§ 5. The opening paragraph of paragraph (m) of subdivision 3 of section 461-l of the social services law, as amended by section 1 of part CC of chapter 57 of the laws of 2022, is amended to read as follows:

Beginning April first, two thousand [~~twenty-five~~] twenty-six, additional assisted living program beds shall be approved on a case by case basis whenever the commissioner of health is satisfied that public need exists at the time and place and under circumstances proposed by the applicant.

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

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

§ 7. Paragraph (a) of subdivision 1 of section 212 of chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential healthcare facilities, as amended by section 4 of part CC of chapter 57 of the laws of 2022, is amended to read as follows:

(a) Notwithstanding any inconsistent provision of law or regulation to the contrary, effective beginning August 1, 1996, for the period April 1, 1997 through March 31, 1998, April 1, 1998 for the period April 1, 1998 through March 31, 1999, August 1, 1999, for the period April 1, 1999 through March 31, 2000, April 1, 2000, for the period April 1, 2000 through March 31, 2001, April 1, 2001, for the period April 1, 2001 through March 31, 2002, April 1, 2002, for the period April 1, 2002 through March 31, 2003, and for the state fiscal year beginning April 1, 2005 through March 31, 2006, and for the state fiscal year beginning April 1, 2006 through March 31, 2007, and for the state fiscal year beginning April 1, 2007 through March 31, 2008, and for the state fiscal year beginning April 1, 2008 through March 31, 2009, and for the state fiscal year beginning April 1, 2009 through March 31, 2010, and for the state fiscal year beginning April 1, 2010 through March 31, 2016, and for the state fiscal year beginning April 1, 2016 through March 31, 2019, and for the state fiscal year beginning April 1, 2019 through March 31, 2022, and for the state fiscal year beginning April 1, 2022 through March 31, 2025, and for the state fiscal year beginning April 1, 2025 through March 31, 2028, the department of health is authorized to pay public general hospitals, as defined in subdivision 10 of section 2801 of the public health law, operated by the state of New York or by the state university of New York or by a county, which shall not include a city with a population of over one million, of the state of New York, and those public general hospitals located in the county of Westchester, the county of Erie or the county of Nassau, additional payments for inpatient hospital services as medical assistance payments pursuant to title 11 of article 5 of the social services law for patients eligible for federal financial participation under title XIX of the federal social security act in medical assistance pursuant to the federal laws and regulations governing disproportionate share payments to hospitals up to one hundred percent of each such public general hospital's medical assistance and uninsured patient losses after all other medical assistance, including disproportionate share payments to such public general hospital for 1996, 1997, 1998, and 1999, based initially for 1996 on reported 1994 reconciled data as further reconciled to actual reported

1 1996 reconciled data, and for 1997 based initially on reported 1995
2 reconciled data as further reconciled to actual reported 1997 reconciled
3 data, for 1998 based initially on reported 1995 reconciled data as
4 further reconciled to actual reported 1998 reconciled data, for 1999
5 based initially on reported 1995 reconciled data as further reconciled
6 to actual reported 1999 reconciled data, for 2000 based initially on
7 reported 1995 reconciled data as further reconciled to actual reported
8 2000 data, for 2001 based initially on reported 1995 reconciled data as
9 further reconciled to actual reported 2001 data, for 2002 based initial-
10 ly on reported 2000 reconciled data as further reconciled to actual
11 reported 2002 data, and for state fiscal years beginning on April 1,
12 2005, based initially on reported 2000 reconciled data as further recon-
13 ciled to actual reported data for 2005, and for state fiscal years
14 beginning on April 1, 2006, based initially on reported 2000 reconciled
15 data as further reconciled to actual reported data for 2006, for state
16 fiscal years beginning on and after April 1, 2007 through March 31,
17 2009, based initially on reported 2000 reconciled data as further recon-
18 ciled to actual reported data for 2007 and 2008, respectively, for state
19 fiscal years beginning on and after April 1, 2009, based initially on
20 reported 2007 reconciled data, adjusted for authorized Medicaid rate
21 changes applicable to the state fiscal year, and as further reconciled
22 to actual reported data for 2009, for state fiscal years beginning on
23 and after April 1, 2010, based initially on reported reconciled data
24 from the base year two years prior to the payment year, adjusted for
25 authorized Medicaid rate changes applicable to the state fiscal year,
26 and further reconciled to actual reported data from such payment year,
27 and to actual reported data for each respective succeeding year. The
28 payments may be added to rates of payment or made as aggregate payments
29 to an eligible public general hospital.

30 § 8. Section 2 of chapter 137 of the laws of 2023, amending the public
31 health law relating to establishing a community-based paramedicine
32 demonstration program, is amended to read as follows:

33 § 2. This act shall take effect immediately and shall expire and be
34 deemed repealed [2] 4 years after such date; provided, however, that if
35 this act shall have become a law on or after May 22, 2023 this act shall
36 take effect immediately and shall be deemed to have been in full force
37 and effect on and after May 22, 2023.

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

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

44 § 10. Section 2 of subpart B of part FFF of chapter 59 of the laws of
45 2018, amending the public health law relating to authorizing the commis-
46 sioner of health to redeploy excess reserves of certain not-for-profit
47 managed care organizations, as amended by chapter 197 of the laws of
48 2023, is amended to read as follows:

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

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

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

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

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

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

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

tion of the cost for high-utilization cases that exceed outlier thresholds of such payments.

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

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

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

§ 11. This act shall take effect immediately and:

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

(b) ~~sections four through ten shall expire on June 30, 2025, and~~
(c) provided that the amendment to section 2807-b of the public health law by section two of this act shall not affect the expiration of such section 2807-b as otherwise provided by law and shall be deemed to expire therewith.

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

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

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

§ 64-b. Notwithstanding any inconsistent provision of law, the provisions of subdivision 7 of section 3614 of the public health law, as amended, shall remain and be in full force and effect on April 1, 1995 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on and after April 1, 2000 through March 31, 2003 and on and after April 1, 2003 through March 31, 2007, and on and after April 1, 2007 through March 31, 2009, and on and after April 1, 2009 through March 31, 2011, and on and after April 1, 2011 through March 31, 2013, and on and after April 1, 2013 through March 31, 2015, and on and after April 1, 2015 through March 31, 2017 and on and after April 1, 2017 through March 31, 2019, and on and after April 1, 2019 through March 31, 2021, and on and after April 1, 2021 through March 31, 2023, and on and after April 1, 2023 through March 31, 2025, and thereafter.

§ 18. Section 4-a of part A of chapter 56 of the laws of 2013, amending chapter 59 of the laws of 2011 amending the public health law and

1 other laws relating to general hospital reimbursement for annual rates,
2 as amended by section 32 of part B of chapter 57 of the laws of 2023, is
3 amended to read as follows:

4 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section
5 2807-c of the public health law, section 21 of chapter 1 of the laws of
6 1999, or any other contrary provision of law, in determining rates of
7 payments by state governmental agencies effective for services provided
8 on and after January 1, 2017 [~~through March 31, 2025~~] and thereafter,
9 for inpatient and outpatient services provided by general hospitals, for
10 inpatient services and adult day health care outpatient services
11 provided by residential health care facilities pursuant to article 28 of
12 the public health law, except for residential health care facilities or
13 units of such facilities providing services primarily to children under
14 twenty-one years of age, for home health care services provided pursuant
15 to article 36 of the public health law by certified home health agen-
16 cies, long term home health care programs and AIDS home care programs,
17 and for personal care services provided pursuant to section 365-a of the
18 social services law, the commissioner of health shall apply no greater
19 than zero trend factors attributable to the 2017, 2018, 2019, 2020,
20 2021, 2022, 2023, 2024 and 2025 calendar years and thereafter in accord-
21 ance with paragraph (c) of subdivision 10 of section 2807-c of the
22 public health law, provided, however, that such no greater than zero
23 trend factors attributable to such 2017, 2018, 2019, 2020, 2021, 2022,
24 2023, 2024 and 2025 calendar years and thereafter shall also be applied
25 to rates of payment provided on and after January 1, 2017 [~~through March~~
26 ~~31, 2025~~] and thereafter for personal care services provided in those
27 local social services districts, including New York city, whose rates of
28 payment for such services are established by such local social services
29 districts pursuant to a rate-setting exemption issued by the commission-
30 er of health to such local social services districts in accordance with
31 applicable regulations; and provided further, however, that for rates of
32 payment for assisted living program services provided on and after Janu-
33 ary 1, 2017 [~~through March 31, 2025~~] and thereafter, such trend factors
34 attributable to the 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024 and
35 2025 calendar years and thereafter shall be established at no greater
36 than zero percent.

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

41 2. Sections five, seven through nine, twelve through fourteen, and
42 eighteen of this act shall be deemed to have been in full force and
43 effect on and after April 1, 1995 through March 31, 1999 and on and
44 after July 1, 1999 through March 31, 2000 and on and after April 1, 2000
45 through March 31, 2003 and on and after April 1, 2003 through March 31,
46 2006 and on and after April 1, 2006 through March 31, 2007 and on and
47 after April 1, 2007 through March 31, 2009 and on and after April 1,
48 2009 through March 31, 2011 and sections twelve, thirteen and fourteen
49 of this act shall be deemed to be in full force and effect on and after
50 April 1, 2011 through March 31, 2015 and on and after April 1, 2015
51 through March 31, 2017 and on and after April 1, 2017 through March 31,
52 2019, and on and after April 1, 2019 through March 31, 2021, and on and
53 after April 1, 2021 through March 31, 2023, and on and after April 1,
54 2023 through March 31, 2025, and thereafter;

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

(vi) Notwithstanding any contrary provision of this paragraph or any other provision of law or regulation to the contrary, for residential health care facilities the assessment shall be six percent of each residential health care facility's gross receipts received from all patient care services and other operating income on a cash basis for the period April first, two thousand two through March thirty-first, two thousand three for hospital or health-related services, including adult day services; provided, however, that residential health care facilities' gross receipts attributable to payments received pursuant to title XVIII of the federal social security act (medicare) shall be excluded from the assessment; provided, however, that for all such gross receipts received on or after April first, two thousand three through March thirty-first, two thousand five, such assessment shall be five percent, and further provided that for all such gross receipts received on or after April first, two thousand five through March thirty-first, two thousand nine, and on or after April first, two thousand nine through March thirty-first, two thousand eleven such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand eleven through March thirty-first, two thousand thirteen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand thirteen through March thirty-first, two thousand fifteen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand fifteen through March thirty-first, two thousand seventeen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand seventeen through March thirty-first, two thousand nineteen such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand nineteen through March thirty-first, two thousand twenty-one such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand twenty-one through March thirty-first, two thousand twenty-three such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand twenty-three through March thirty-first, two thousand twenty-five such assessment shall be six percent, and further provided that for all such gross receipts received on or after April first, two thousand twenty-five through March thirty-first, two thousand twenty-nine such assessment shall be six percent.

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

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

§ 22. Section 2 of chapter 633 of the laws of 2006, amending the public health law relating to the home based primary care for the elder-

ly demonstration project, as amended by section 1 of item 000 of subpart B of part XXX of chapter 58 of the laws of 2020, is amended to read as follows:

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

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

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

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

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

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

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

10. The department of health shall establish or procure the services of an independent assessor or assessors no later than October 1, 2022, in a manner and schedule as determined by the commissioner of health, to take over from local departments of social services, Medicaid Managed Care providers, and Medicaid managed long term care plans performance of assessments and reassessments required for determining individuals' needs for personal care services, including as provided through the consumer directed personal assistance program, and other services or programs available pursuant to the state's medical assistance program as determined by such commissioner for the purpose of improving efficiency, quality, and reliability in assessment and to determine individuals' eligibility for Medicaid managed long term care plans. Notwithstanding the provisions of section one hundred sixty-three of the state finance law, or sections one hundred forty-two and one hundred forty-three of the economic development law, or any contrary provision of law, contracts may be entered or the commissioner may amend and extend the terms of a contract awarded prior to the effective date and entered into to conduct enrollment broker and conflict-free evaluation services for

1 the Medicaid program, if such contract or contract amendment is for the
2 purpose of procuring such assessment services from an independent asses-
3 sor. Contracts entered into, amended, or extended pursuant to this
4 subdivision shall not remain in force beyond September 30, ~~[2025]~~ 2026.

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

10 § 20. The department of health shall establish or procure services of
11 an independent panel or panels of clinical professionals no later than
12 October 1, 2022, in a manner and schedule as determined by the commis-
13 sioner of health, to provide as appropriate independent physician or
14 other applicable clinician orders for personal care services, including
15 as provided through the consumer directed personal assistance program,
16 available pursuant to the state's medical assistance program and to
17 determine eligibility for the consumer directed personal assistance
18 program. Notwithstanding the provisions of section 163 of the state
19 finance law, or sections 142 and 143 of the economic development law, or
20 any contrary provision of law, contracts may be entered or the commis-
21 sioner of health may amend and extend the terms of a contract awarded
22 prior to the effective date and entered into to conduct enrollment
23 broker and conflict-free evaluation services for the Medicaid program,
24 if such contract or contract amendment is for the purpose of establish-
25 ing an independent panel or panels of clinical professionals as
26 described in this section. Contracts entered into, amended, or extended
27 pursuant to this section shall not remain in force beyond September 30,
28 ~~[2025]~~ 2026.

29 § 27. This act shall take effect immediately and shall be deemed to
30 have been in full force and effect on and after April 1, 2025.

31 PART C

32 Section 1. Paragraph (b) of subdivision 3 of section 273 of the public
33 health law, as added by section 10 of part C of chapter 58 of the laws
34 of 2005, is amended to read as follows:

35 (b) In the event that the patient does not meet the criteria in para-
36 graph (a) of this subdivision, the prescriber may provide additional
37 information to the program to justify the use of a prescription drug
38 that is not on the preferred drug list. The program shall provide a
39 reasonable opportunity for a prescriber to reasonably present ~~[his or~~
40 ~~her]~~ the prescriber's justification of prior authorization. ~~[If, after~~
41 ~~consultation with the program, the prescriber, in his or her reasonable~~
42 ~~professional judgment, determines that]~~ The program will consider the
43 additional information and the justification presented to determine
44 whether the use of a prescription drug that is not on the preferred drug
45 list is warranted, and the ~~[prescriber's]~~ program's determination shall
46 be final.

47 § 2. Subdivisions 25 and 25-a of section 364-j of the social services
48 law are REPEALED.

49 § 3. This act shall take effect January 1, 2026.

50 PART D

51 Section 1. The opening paragraph of subparagraph (i) of paragraph (i)
52 of subdivision 35 of section 2807-c of the public health law, as amended

1 by section 5 of part D of chapter 57 of the laws of 2024, is amended to
2 read as follows:

3 Notwithstanding any inconsistent provision of this subdivision or any
4 other contrary provision of law and subject to the availability of
5 federal financial participation, for each state fiscal year from July
6 first, two thousand ten through December thirty-first, two thousand
7 twenty-four; and for the calendar year January first, two thousand twen-
8 ty-five through December thirty-first, two thousand twenty-five[~~;~~ and
9 ~~for each calendar year thereafter~~], the commissioner shall make addi-
10 tional inpatient hospital payments up to the aggregate upper payment
11 limit for inpatient hospital services after all other medical assistance
12 payments, but not to exceed two hundred thirty-five million five hundred
13 thousand dollars for the period July first, two thousand ten through
14 March thirty-first, two thousand eleven, three hundred fourteen million
15 dollars for each state fiscal year beginning April first, two thousand
16 eleven, through March thirty-first, two thousand thirteen, and no less
17 than three hundred thirty-nine million dollars for each state fiscal
18 year until December thirty-first, two thousand twenty-four; and then
19 from calendar year January first, two thousand twenty-five through
20 December thirty-first, two thousand twenty-five[~~;~~ and ~~for each calendar~~
21 ~~year thereafter~~], to general hospitals, other than major public general
22 hospitals, providing emergency room services and including safety net
23 hospitals, which shall, for the purpose of this paragraph, be defined as
24 having either: a Medicaid share of total inpatient hospital discharges
25 of at least thirty-five percent, including both fee-for-service and
26 managed care discharges for acute and exempt services; or a Medicaid
27 share of total discharges of at least thirty percent, including both
28 fee-for-service and managed care discharges for acute and exempt
29 services, and also providing obstetrical services. Eligibility to
30 receive such additional payments shall be based on data from the period
31 two years prior to the rate year, as reported on the institutional cost
32 report submitted to the department as of October first of the prior rate
33 year. Such payments shall be made as medical assistance payments for
34 fee-for-service inpatient hospital services pursuant to title eleven of
35 article five of the social services law for patients eligible for feder-
36 al financial participation under title XIX of the federal social securi-
37 ty act and in accordance with the following:

38 § 2. Clause (A) of subparagraph (ii) of paragraph (b) of subdivision
39 5-d of section 2807-k of the public health law, as amended by section 1
40 of part E of chapter 57 of the laws of 2023, is amended to read as
41 follows:

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

45 (2) for the calendar years two thousand twenty-five and thereafter,
46 the total distributions to major public general hospitals shall be
47 subject to an aggregate reduction of one hundred thirteen million four
48 hundred thousand dollars annually, provided that general hospitals oper-
49 ated by the New York city health and hospitals corporation as estab-
50 lished by chapter one thousand sixteen of the laws of nineteen hundred
51 sixty-nine, as amended, shall not receive distributions pursuant to this
52 subdivision; and

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

1 Section 1. Section 602 of the financial services law, as added by
2 section 26 of part H of chapter 60 of the laws of 2014, is amended to
3 read as follows:

4 § 602. Applicability. ~~[(a)]~~ This article shall not apply to health
5 care services, including emergency services, where physician fees are
6 subject to schedules or other monetary limitations under any other law,
7 including the workers' compensation law and article fifty-one of the
8 insurance law, and shall not preempt any such law. This article also
9 shall not apply to health care services, including emergency services,
10 subject to medical assistance program coverage provided pursuant to
11 section three hundred sixty-four-j of the social services law.

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

14 (d-4) Notwithstanding paragraph (a) of this subdivision, the following
15 medical assistance recipients shall not be eligible to participate in
16 the managed care program authorized by this section or other care coor-
17 ordination model established by article forty-four of the public health
18 law: any person who is permanently placed in a residential health care
19 facility for a consecutive period of three months or more. However,
20 nothing in this paragraph should be construed to apply to enrollees in
21 the Medicaid Advantage Plus Program, developed to enroll persons in
22 managed long-term care who are nursing home certifiable and who are
23 dually eligible pursuant to section forty-four hundred three-f of the
24 public health law. In implementing this provision, the department shall
25 continue to support service delivery and outcomes that result in commu-
26 nity living for enrollees.

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

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

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

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

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

45 (iii) All penalties imposed by the commissioner pursuant to this
46 subdivision shall be paid out of the administrative costs and profits of
47 the managed care provider. The managed care provider shall not pass the
48 penalties imposed by the commissioner pursuant to this subdivision
49 through to any medical services provider and/or subcontractor.

50 (d) For the purposes of this subdivision a violation shall mean a
51 determination by the commissioner that the managed care provider failed
52 to act as required under the contract between the state and the managed
53 care provider in place at the time of the failure, or applicable federal
54 and state statutes, rules or regulations governing managed care provid-
55 ers. Each instance of a managed care provider failing to furnish neces-
56 sary and/or required medical services or items to each enrollee shall be

a separate violation and each day that an ongoing violation continues shall be a separate violation.

(e) No penalties shall be assessed pursuant to this subdivision without providing an opportunity for a formal hearing conducted in accordance with section twelve-a of the public health law.

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

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

§ 4. This act shall take effect immediately; provided, however, that section one of this act shall apply to disputes filed with the superintendent of financial services pursuant to article six of the financial services law on or after such effective date; provided further, however, that section two of this act is subject to federal financial participation; and provided further, however, that the amendments to section 364-j of the social services law made by sections two and three of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

PART F

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

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

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

(b) A child health insurance plan certified pursuant to section twenty-five hundred eleven of this chapter;

(c) Essential plan coverage certified pursuant to section three hundred sixty-nine-gg of the social services law;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

45 (b) The commissioner may waive a portion or all of either the interest
46 or penalties, or both, assessed under this section if the commissioner
47 determines, in their sole discretion, that the health plan has demon-
48 strated that imposition of the full amount of the MCO provider tax
49 pursuant to the timelines applicable under the approval letter has a
50 high likelihood of creating an undue financial hardship for the health
51 plan or creates a significant financial difficulty in providing needed
52 services to Medicaid beneficiaries. In addition, the commissioner may
53 waive a portion or all of either the interest or penalties, or both,
54 assessed under this section if the commissioner determines, in their
55 sole discretion, that the health plan did not have the information
56 necessary from the department to pay the tax required in this section.

1 Waiver of some or all of the interest or penalties pursuant to this
2 subdivision shall be conditioned on the health plan's agreement to make
3 MCO provider tax payments on an alternative schedule developed by the
4 department that takes into account the financial situation of the health
5 plan and the potential impact on the delivery of services to Medicaid
6 beneficiaries.

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

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

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

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

48 § 99-ss. Healthcare stability fund. 1. There is hereby established in
49 the joint custody of the state comptroller and the commissioner of taxa-
50 tion and finance a special fund to be known as the "healthcare stability
51 fund" ("fund").

52 2. (a) The fund shall consist of monies received from the imposition
53 of the centers for medicare and medicaid services-approved MCO provider
54 tax established pursuant to section twenty-eight hundred seven-ff of the
55 public health law, and all other monies appropriated, credited, or
56 transferred thereto from any other fund or source pursuant to law.

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

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

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

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

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

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

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

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

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

[6] 7. The director of the budget shall provide quarterly reports to the speaker of the assembly, the temporary president of the senate, the chair of the senate finance committee and the chair of the assembly ways and means committee, on the receipts and distributions of the healthcare stability fund, including an itemization of such receipts and disbursements, the historical and projected expenditures, and the projected fund balance.

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

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

§ 1-a. Notwithstanding any provision of law to the contrary, for the state fiscal years beginning April 1, 2023, and thereafter, Medicaid payments made for the operating component of hospital inpatient services shall be subject to a uniform rate increase of seven and one-half percent in addition to the increase contained in section one of this act, subject to the approval of the commissioner of health and the director of the budget. Notwithstanding any provision of law to the contrary, for the state fiscal years beginning April 1, 2023, and thereafter, Medicaid payments made for the operating component of hospital outpatient services shall be subject to a uniform rate increase of six and one-half percent in addition to the increase contained in section one of this act, subject to the approval of the commissioner of health and the director of the budget. Notwithstanding any provision of law to the contrary, for the period April 1, 2024 through March 31, 2025 Medicaid payments made for hospital services shall be increased by an aggregate amount of up to \$525,000,000 in addition to the increase contained in sections one and one-b of this act subject to the approval of the commissioner of health and the director of the budget. Notwithstanding any provision of law to the contrary, for the state fiscal years beginning April 1, 2025, and thereafter, Medicaid payments made for the operating component of hospital outpatient services shall be subject to a uniform rate increase pursuant to a plan approved by the director of the budget in addition to the applicable increase contained in section one of this act and this section, subject to the approval of the commissioner of health and the director of the budget. Notwithstanding any provision of law to the contrary, for the period April 1, 2025, and thereafter, Medicaid payments made for hospital services shall be increased by an aggregate amount of up to \$425,000,000 in addition to the increase contained in section one of this act and this section, subject to the approval of the commissioner of health and the director of the budget. Such rate increases shall be subject to federal financial participation and the provisions established under section one-f of this act.

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

§ 1-b. Notwithstanding any provision of law to the contrary, for the state fiscal years beginning April 1, 2023, and thereafter, Medicaid payments made for the operating component of residential health care facilities services shall be subject to a uniform rate increase of 6.5 percent in addition to the increase contained in subdivision 1 of section 1 of this part, subject to the approval of the commissioner of the department of health and the director of the division of the budget; provided, however, that such Medicaid payments shall be subject to a uniform rate increase of up to 7.5 percent in addition to the increase contained in subdivision 1 of section 1 of this part contingent upon approval of the commissioner of the department of health, the director of the division of the budget, and the Centers for Medicare and Medicaid Services. Notwithstanding any provision of law to the contrary, for the period April 1, 2024 through March 31, 2025 Medicaid payments made for nursing home services shall be increased by an aggregate amount of up to \$285,000,000 in addition to the increase contained in ~~[sections]~~ section one [and one-c] of this act and this section subject to the approval of the commissioner of health and the director of the budget. Such rate increases shall be subject to federal financial participation. Notwith-

standing any provision of law to the contrary, for state fiscal years beginning April 1, 2025, and thereafter Medicaid payments made for nursing home services shall be increased by an aggregate amount of up to \$385,000,000 in addition to the increase contained in section one of this act and this section, subject to the approval of the commissioner of health and the director of the budget. Such rate increases shall be subject to federal financial participation and the provisions established under section one-f of this act.

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

§ 1-c. Notwithstanding any provision of law to the contrary, for the period April 1, 2025, and thereafter, Medicaid payments made for clinic service provided by federally qualified health centers and diagnostic and treatment centers shall be increased by an aggregate amount of up to \$20,000,000 in addition to any applicable increase contained in section one of this act subject to the approval of the commissioner of health and the director of the budget. Such rate increases shall be subject to federal financial participation and the provisions established under section one-f of this act.

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

§ 1-d. Notwithstanding any provision of law to the contrary, for the state fiscal years beginning April 1, 2023, and thereafter, Medicaid payments made for the operating component of assisted living programs as defined by paragraph (a) of subdivision one of section 461-l of the social services law shall be subject to a uniform rate increase of 6.5 percent in addition to the increase contained in section one of this part, subject to the approval of the commissioner of the department of health and the director of division of the budget. Notwithstanding any provision of law to the contrary, for the period April 1, 2024 through March 31, 2025, Medicaid payments for assisted living programs shall be increased by up to \$15,000,000 in addition to the increase contained in this section subject to the approval of the commissioner of health and the director of the budget. Notwithstanding any provision of law to the contrary, for the state fiscal years beginning on April 1, 2025 and thereafter, Medicaid payments for assisted living programs shall be increased by up to \$15,000,000 in addition to the increase contained in this section subject to the approval of the commissioner of health and the director of the budget. Such rate increases shall be subject to federal financial participation and the provisions established under section one-f of this act.

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

§ 1-e. Such increases as added by the chapter of the laws of 2024 that added this section may take the form of increased rates of payment in Medicaid fee-for-service and/or Medicaid managed care, lump sum payments, or state directed payments under 42 CFR 438.6(c). Such rate

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

3 § 1-f. Such increases as added by the chapter of the laws of 2025 that
4 added this section shall be contingent upon the availability of funds
5 within the healthcare stability fund established by section 99-ss of the
6 state finance law. Upon a determination by the director of the budget
7 that the balance of such fund is projected to be insufficient to support
8 the continuation of such increases, the commissioner of health, subject
9 to the approval of the director of the budget, shall take steps neces-
10 sary to suspend or terminate such increases, until a determination is
11 made that there are sufficient balances to support these increases.

12 § 8. This act shall take effect immediately; provided, however, that
13 sections three, four, five, six and seven of this act shall be deemed to
14 have been in full force and effect on and after April 1, 2025.

15 PART G

16 Section 1. Paragraph (a) of subdivision 1 of section 18 of chapter 266
17 of the laws of 1986, amending the civil practice law and rules and other
18 laws relating to malpractice and professional medical conduct, as
19 amended by section 1 of part K of chapter 57 of the laws of 2024, is
20 amended and a new subdivision 9 is added to read as follows:

21 (a) The superintendent of financial services and the commissioner of
22 health or their designee shall, from funds available in the hospital
23 excess liability pool created pursuant to subdivision 5 of this section,
24 purchase a policy or policies for excess insurance coverage, as author-
25 ized by paragraph 1 of subsection (e) of section 5502 of the insurance
26 law; or from an insurer, other than an insurer described in section 5502
27 of the insurance law, duly authorized to write such coverage and actual-
28 ly writing medical malpractice insurance in this state; or shall
29 purchase equivalent excess coverage in a form previously approved by the
30 superintendent of financial services for purposes of providing equiv-
31 alent excess coverage in accordance with section 19 of chapter 294 of
32 the laws of 1985, for medical or dental malpractice occurrences between
33 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,
34 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June
35 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991
36 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July
37 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
38 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
39 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
40 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
41 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
42 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
43 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
44 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
45 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
46 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June
47 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
48 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July
49 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,
50 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June
51 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019
52 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July
53 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023,
54 between July 1, 2023 and June 30, 2024, [and] between July 1, 2024 and

1 June 30, 2025, and between July 1, 2025 and June 30, 2026 or reimburse
2 the hospital where the hospital purchases equivalent excess coverage as
3 defined in subparagraph (i) of paragraph (a) of subdivision 1-a of this
4 section for medical or dental malpractice occurrences between July 1,
5 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between
6 July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991,
7 between July 1, 1991 and June 30, 1992, between July 1, 1992 and June
8 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994
9 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July
10 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998,
11 between July 1, 1998 and June 30, 1999, between July 1, 1999 and June
12 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001
13 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July
14 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005,
15 between July 1, 2005 and June 30, 2006, between July 1, 2006 and June
16 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008
17 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July
18 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012,
19 between July 1, 2012 and June 30, 2013, between July 1, 2013 and June
20 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015
21 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July
22 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019,
23 between July 1, 2019 and June 30, 2020, between July 1, 2020 and June
24 30, 2021, between July 1, 2021 and June 30, 2022, between July 1, 2022
25 and June 30, 2023, between July 1, 2023 and June 30, 2024, ~~and~~ between
26 July 1, 2024 and June 30, 2025, and between July 1, 2025 and June 30,
27 2026 for physicians or dentists certified as eligible for each such
28 period or periods pursuant to subdivision 2 of this section by a general
29 hospital licensed pursuant to article 28 of the public health law;
30 provided that no single insurer shall write more than fifty percent of
31 the total excess premium for a given policy year; and provided, however,
32 that such eligible physicians or dentists must have in force an individ-
33 ual policy, from an insurer licensed in this state of primary malprac-
34 tice insurance coverage in amounts of no less than one million three
35 hundred thousand dollars for each claimant and three million nine
36 hundred thousand dollars for all claimants under that policy during the
37 period of such excess coverage for such occurrences or be endorsed as
38 additional insureds under a hospital professional liability policy which
39 is offered through a voluntary attending physician ("channeling")
40 program previously permitted by the superintendent of financial services
41 during the period of such excess coverage for such occurrences. During
42 such period, such policy for excess coverage or such equivalent excess
43 coverage shall, when combined with the physician's or dentist's primary
44 malpractice insurance coverage or coverage provided through a voluntary
45 attending physician ("channeling") program, total an aggregate level of
46 two million three hundred thousand dollars for each claimant and six
47 million nine hundred thousand dollars for all claimants from all such
48 policies with respect to occurrences in each of such years provided,
49 however, if the cost of primary malpractice insurance coverage in excess
50 of one million dollars, but below the excess medical malpractice insur-
51 ance coverage provided pursuant to this act, exceeds the rate of nine
52 percent per annum, then the required level of primary malpractice insur-
53 ance coverage in excess of one million dollars for each claimant shall
54 be in an amount of not less than the dollar amount of such coverage
55 available at nine percent per annum; the required level of such coverage
56 for all claimants under that policy shall be in an amount not less than

1 three times the dollar amount of coverage for each claimant; and excess
2 coverage, when combined with such primary malpractice insurance cover-
3 age, shall increase the aggregate level for each claimant by one million
4 dollars and three million dollars for all claimants; and provided
5 further, that, with respect to policies of primary medical malpractice
6 coverage that include occurrences between April 1, 2002 and June 30,
7 2002, such requirement that coverage be in amounts no less than one
8 million three hundred thousand dollars for each claimant and three
9 million nine hundred thousand dollars for all claimants for such occur-
10 rences shall be effective April 1, 2002.

11 (9) This subdivision shall apply only to excess insurance coverage or
12 equivalent excess coverage for physicians or dentists that is eligible
13 to be paid for from funds available in the hospital excess liability
14 pool.

15 (a) Notwithstanding any law to the contrary, for any policy period
16 beginning on or after July 1, 2024, excess coverage shall be purchased
17 by a physician or dentist directly from a provider of excess insurance
18 coverage or equivalent excess coverage. At the conclusion of the policy
19 period the superintendent of financial services and the commissioner of
20 health or their designee shall, from funds available in the hospital
21 excess liability pool created pursuant to subdivision 5 of this section,
22 pay fifty percent of the premium to the provider of excess insurance
23 coverage or equivalent excess coverage, and the remaining fifty percent
24 shall be paid one year thereafter.

25 (b) Notwithstanding any law to the contrary, for any policy period
26 beginning on or after July 1, 2025, excess coverage shall be purchased
27 by a physician or dentist directly from a provider of excess insurance
28 coverage or equivalent excess coverage. Such provider of excess insur-
29 ance coverage or equivalent excess coverage shall bill, in a manner
30 consistent with paragraph (f) of this subdivision, the physician or
31 dentist for an amount equal to fifty percent of the premium for such
32 coverage, as established pursuant to paragraph (d) of this subdivision,
33 during the policy period. At the conclusion of the policy period the
34 superintendent of financial services and the commissioner of health or
35 their designee shall, from funds available in the hospital excess
36 liability pool created pursuant to subdivision 5 of this section, pay
37 half of the remaining fifty percent of the premium to the provider of
38 excess insurance coverage or equivalent excess coverage, and the remain-
39 ing twenty-five percent shall be paid one year thereafter. If the funds
40 available in the hospital excess liability pool are insufficient to meet
41 the percent of the costs of the excess coverage, the provisions of
42 subdivision 8 of this section shall apply.

43 (c) If at the conclusion of the policy period, a physician or dentist,
44 eligible for excess coverage paid for from funds available in the hospi-
45 tal excess liability pool, has failed to pay an amount equal to fifty
46 percent of the premium as established pursuant to paragraph (d) of this
47 subdivision, such excess coverage shall be cancelled and shall be null
48 and void as of the first day on or after the commencement of a policy
49 period where the liability for payment pursuant to this subdivision has
50 not been met. The provider of excess coverage shall remit any portion of
51 premium paid by the eligible physician or dentist for such a policy
52 period.

53 (d) The superintendent of financial services shall establish a rate
54 consistent with subdivision 3 of this section that providers of excess
55 insurance coverage or equivalent excess coverage will charge for such
56 coverage for each policy period. For the policy period beginning July 1,

1 2025, the superintendent of financial services may direct that the
2 premium for that policy period be the same as it was for the policy
3 period that concluded June 30, 2024.

4 (e) No provider of excess insurance coverage or equivalent excess
5 coverage shall issue excess coverage to which this subdivision applies
6 to any physician or dentist unless that physician or dentist meets the
7 eligibility requirements for such coverage set forth in this section.
8 The superintendent of financial services and the commissioner of health
9 or their designee shall not make any payment under this subdivision to a
10 provider of excess insurance coverage or equivalent excess coverage for
11 excess coverage issued to a physician or dentist who does not meet the
12 eligibility requirements for participation in the hospital excess
13 liability pool program set forth in this section.

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

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

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

26 (3)(a) The superintendent of financial services shall determine and
27 certify to each general hospital and to the commissioner of health the
28 cost of excess malpractice insurance for medical or dental malpractice
29 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988
30 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July
31 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,
32 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June
33 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995
34 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July
35 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,
36 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June
37 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002
38 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July
39 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,
40 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June
41 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009
42 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July
43 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,
44 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June
45 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016
46 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July
47 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,
48 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June
49 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023
50 and June 30, 2024, [and] between July 1, 2024 and June 30, 2025, and
51 between July 1, 2025 and June 30, 2026 allocable to each general hospi-
52 tal for physicians or dentists certified as eligible for purchase of a
53 policy for excess insurance coverage by such general hospital in accord-
54 ance with subdivision 2 of this section, and may amend such determi-
55 nation and certification as necessary.

(b) The superintendent of financial services shall determine and certify to each general hospital and to the commissioner of health the cost of excess malpractice insurance or equivalent excess coverage for medical or dental malpractice occurrences between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023 and June 30, 2024, ~~and~~ between July 1, 2024 and June 30, 2025, and between July 1, 2025 and June 30, 2026 allocable to each general hospital for physicians or dentists certified as eligible for purchase of a policy for excess insurance coverage or equivalent excess coverage by such general hospital in accordance with subdivision 2 of this section, and may amend such determination and certification as necessary. The superintendent of financial services shall determine and certify to each general hospital and to the commissioner of health the ratable share of such cost allocable to the period July 1, 1987 to December 31, 1987, to the period January 1, 1988 to June 30, 1988, to the period July 1, 1988 to December 31, 1988, to the period January 1, 1989 to June 30, 1989, to the period July 1, 1989 to December 31, 1989, to the period January 1, 1990 to June 30, 1990, to the period July 1, 1990 to December 31, 1990, to the period January 1, 1991 to June 30, 1991, to the period July 1, 1991 to December 31, 1991, to the period January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30, 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1, 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to the period July 1, 2005 and June 30, 2006, to the period July 1, 2006 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the

1 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and
2 June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the
3 period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and
4 June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the
5 period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and
6 June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the
7 period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June
8 30, 2019, to the period July 1, 2019 to June 30, 2020, to the period
9 July 1, 2020 to June 30, 2021, to the period July 1, 2021 to June 30,
10 2022, to the period July 1, 2022 to June 30, 2023, to the period July 1,
11 2023 to June 30, 2024, [and] to the period July 1, 2024 to June 30,
12 2025, and to the period July 1, 2025 to June 30, 2026.

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

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

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

(c) If a physician or dentist liable for payment of a portion of the costs of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or covering the period July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or covering

1 the period July 1, 2016 to June 30, 2017, or covering the period July 1,
2 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,
3 2019, or covering the period July 1, 2019 to June 30, 2020, or covering
4 the period July 1, 2020 to June 30, 2021, or covering the period July 1,
5 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30,
6 2023, or covering the period July 1, 2023 to June 30, 2024, or covering
7 the period July 1, 2024 to June 30, 2025, or covering the period July 1,
8 2025 to June 30, 2026 determined in accordance with paragraph (a) of
9 this subdivision fails, refuses or neglects to make payment to the
10 provider of excess insurance coverage or equivalent excess coverage in
11 such time and manner as determined by the superintendent of financial
12 services pursuant to paragraph (b) of this subdivision, excess insurance
13 coverage or equivalent excess coverage purchased for such physician or
14 dentist in accordance with this section for such coverage period shall
15 be cancelled and shall be null and void as of the first day on or after
16 the commencement of a policy period where the liability for payment
17 pursuant to this subdivision has not been met.

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

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

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

55 § 4. Section 40 of chapter 266 of the laws of 1986, amending the civil
56 practice law and rules and other laws relating to malpractice and

1 professional medical conduct, as amended by section 4 of part K of chap-
2 ter 57 of the laws of 2024, is amended to read as follows:

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

1 1986, by this act and at any other time. Notwithstanding any provision
2 of the insurance law, rates already established and to be established by
3 the superintendent pursuant to this section are deemed adequate if such
4 rates would be adequate when taken together with the maximum authorized
5 annual surcharges to be imposed for a reasonable period of time whether
6 or not any such annual surcharge has been actually imposed as of the
7 establishment of such rates.

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

14 § 5. The superintendent of financial services and the commissioner of
15 health shall determine, no later than June 15, 2002, June 15, 2003, June
16 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,
17 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,
18 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June
19 15, 2018, June 15, 2019, June 15, 2020, June 15, 2021, June 15, 2022,
20 June 15, 2023, June 15, 2024, [and] June 15, 2025, and June 15, 2026 the
21 amount of funds available in the hospital excess liability pool, created
22 pursuant to section 18 of chapter 266 of the laws of 1986, and whether
23 such funds are sufficient for purposes of purchasing excess insurance
24 coverage for eligible participating physicians and dentists during the
25 period July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003,
26 or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or
27 July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July
28 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1,
29 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011
30 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to
31 June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June
32 30, 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,
33 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,
34 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,
35 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,
36 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30, 2026
37 as applicable.

38 (a) This section shall be effective only upon a determination, pursu-
39 ant to section five of this act, by the superintendent of financial
40 services and the commissioner of health, and a certification of such
41 determination to the state director of the budget, the chair of the
42 senate committee on finance and the chair of the assembly committee on
43 ways and means, that the amount of funds in the hospital excess liabil-
44 ity pool, created pursuant to section 18 of chapter 266 of the laws of
45 1986, is insufficient for purposes of purchasing excess insurance cover-
46 age for eligible participating physicians and dentists during the period
47 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July
48 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,
49 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007
50 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to
51 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June
52 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
53 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,
54 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,
55 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,
56 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,

1 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,
2 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30, 2026
3 as applicable.

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

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

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

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

1 Section 1. Section 461-s of the social services law is REPEALED.

2 § 2. Paragraph (c) of subdivision 1 of section 461-b of the social
3 services law is REPEALED.

4 § 3. Subdivision 1, paragraph (f) of subdivision 3, paragraphs (a) and
5 (d) of subdivision 5 and subdivisions 5-a and 12 of section 2807-m of
6 the public health law, subdivision 1, paragraph (f) of subdivision 3,
7 paragraph (a) of subdivision 5 and subdivision 12 as amended and para-
8 graph (d) of subdivision 5 as added by section 6 of part Y of chapter 56
9 of the laws of 2020 and subdivision 5-a as amended by section 6 of part
10 C of chapter 57 of the laws of 2023, are amended to read as follows:

11 1. Definitions. For purposes of this section, the following defi-
12 nitions shall apply, unless the context clearly requires otherwise:

13 (a) ~~["Clinical research" means patient-oriented research, epidemiolog-~~
14 ~~ic and behavioral studies, or outcomes research and health services~~
15 ~~research that is approved by an institutional review board by the time~~
16 ~~the clinical research position is filled.~~

17 (b) ~~"Clinical research plan" means a plan submitted by a consortium or~~
18 ~~teaching general hospital for a clinical research position which demon-~~
19 ~~strates, in a form to be provided by the commissioner, the following:~~

20 (i) ~~financial support for overhead, supervision, equipment and other~~
21 ~~resources equal to the amount of funding provided pursuant to subpara-~~
22 ~~graph (i) of paragraph (b) of subdivision five-a of this section by the~~
23 ~~teaching general hospital or consortium for the clinical research posi-~~
24 ~~tion;~~

25 (ii) ~~experience the sponsor-mentor and teaching general hospital has~~
26 ~~in clinical research and the medical field of the study;~~

27 (iii) ~~methods, data collection and anticipated measurable outcomes of~~
28 ~~the clinical research to be performed;~~

29 (iv) ~~training goals, objectives and experience the researcher will be~~
30 ~~provided to assess a future career in clinical research;~~

31 (v) ~~scientific relevance, merit and health implications of the~~
32 ~~research to be performed;~~

33 (vi) ~~information on potential scientific meetings and peer review~~
34 ~~journals where research results can be disseminated;~~

35 (vii) ~~clear and comprehensive details on the clinical research posi-~~
36 ~~tion;~~

37 (viii) ~~qualifications necessary for the clinical research position and~~
38 ~~strategy for recruitment;~~

39 (ix) ~~non-duplication with other clinical research positions from the~~
40 ~~same teaching general hospital or consortium;~~

41 (x) ~~methods to track the career of the clinical researcher once the~~
42 ~~term of the position is complete; and~~

43 (xi) ~~any other information required by the commissioner to implement~~
44 ~~subparagraph (i) of paragraph (b) of subdivision five-a of this section.~~

45 (xii) ~~The clinical review plan submitted in accordance with this para-~~
46 ~~graph may be reviewed by the commissioner in consultation with experts~~
47 ~~outside the department of health.~~

48 (c) ~~"Clinical research position" means a post-graduate residency posi-~~
49 ~~tion which:~~

50 (i) ~~shall not be required in order for the researcher to complete a~~
51 ~~graduate medical education program;~~

52 (ii) ~~may be reimbursed by other sources but only for costs in excess~~
53 ~~of the funding distributed in accordance with subparagraph (i) of para-~~
54 ~~graph (b) of subdivision five-a of this section;~~

~~(iii) shall exceed the minimum standards that are required by the residency review committee in the specialty the researcher has trained or is currently training;~~

~~(iv) shall not be previously funded by the teaching general hospital or supported by another funding source at the teaching general hospital in the past three years from the date the clinical research plan is submitted to the commissioner;~~

~~(v) may supplement an existing research project;~~

~~(vi) shall be equivalent to a full-time position comprising of no less than thirty-five hours per week for one or two years;~~

~~(vii) shall provide, or be filled by a researcher who has formalized instruction in clinical research, including biostatistics, clinical trial design, grant writing and research ethics;~~

~~(viii) shall be supervised by a sponsor-mentor who shall either (A) be employed, contracted for employment or paid through an affiliated faculty practice plan by a teaching general hospital which has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; (B) maintain a faculty appointment at a medical, dental or podiatric school located in New York state that has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; or (C) be collaborating in the clinical research plan with a researcher from another institution that has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; and~~

~~(ix) shall be filled by a researcher who is (A) enrolled or has completed a graduate medical education program, as defined in paragraph (i) of this subdivision; (B) a United States citizen, national, or permanent resident of the United States; and (C) a graduate of a medical, dental or podiatric school located in New York state, a graduate or resident in a graduate medical education program, as defined in paragraph (i) of this subdivision, where the sponsoring institution, as defined in paragraph (q) of this subdivision, is located in New York state, or resides in New York state at the time the clinical research plan is submitted to the commissioner.~~

~~(d)]~~ "Consortium" means an organization or association, approved by the commissioner in consultation with the council, of general hospitals which provide graduate medical education, together with any affiliated site; provided that such organization or association may also include other providers of health care services, medical schools, payors or consumers, and which meet other criteria pursuant to subdivision six of this section.

~~[(e)]~~ **(b)** "Council" means the New York state council on graduate medical education.

~~[(f)]~~ **(c)** "Direct medical education" means the direct costs of residents, interns and supervising physicians.

~~[(g)]~~ **(d)** "Distribution period" means each calendar year set forth in subdivision two of this section.

~~[(h)]~~ **(e)** "Faculty" means persons who are employed by or under contract for employment with a teaching general hospital or are paid through a teaching general hospital's affiliated faculty practice plan and maintain a faculty appointment at a medical school. Such persons shall not be limited to persons with a degree in medicine.

1 ~~(f)~~ (f) "Graduate medical education program" means a post-graduate
2 medical education residency in the United States which has received
3 accreditation from a nationally recognized accreditation body or has
4 been approved by a nationally recognized organization for medical,
5 osteopathic, podiatric or dental residency programs including, but not
6 limited to, specialty boards.

7 ~~(g)~~ (g) "Indirect medical education" means the estimate of costs,
8 other than direct costs, of educational activities in teaching hospitals
9 as determined in accordance with the methodology applicable for purposes
10 of determining an estimate of indirect medical education costs for
11 reimbursement for inpatient hospital service pursuant to title XVIII of
12 the federal social security act (medicare).

13 ~~(h)~~ (h) "Medicare" means the methodology used for purposes of reim-
14 bursing inpatient hospital services provided to beneficiaries of title
15 XVIII of the federal social security act.

16 ~~(i)~~ (i) "Primary care" residents specialties shall include family
17 medicine, general pediatrics, primary care internal medicine, and prima-
18 ry care obstetrics and gynecology. In determining whether a residency is
19 in primary care, the commissioner shall consult with the council.

20 ~~(j)~~ (j) "Regions", for purposes of this section, shall mean the
21 regions as defined in paragraph (b) of subdivision sixteen of section
22 twenty-eight hundred seven-c of this article as in effect on June thir-
23 tieth, nineteen hundred ninety-six. For purposes of distributions pursu-
24 ant to subdivision five-a of this section, except distributions made in
25 accordance with paragraph (a) of subdivision five-a of this section,
26 "regions" shall be defined as New York city and the rest of the state.

27 ~~(k)~~ (k) "Regional pool" means a professional education pool estab-
28 lished on a regional basis by the commissioner from funds available
29 pursuant to sections twenty-eight hundred seven-s and twenty-eight
30 hundred seven-t of this article.

31 ~~(l)~~ (l) "Resident" means a person in a graduate medical education
32 program which has received accreditation from a nationally recognized
33 accreditation body or in a program approved by any other nationally
34 recognized organization for medical, osteopathic or dental residency
35 programs including, but not limited to, specialty boards.

36 ~~(p) "Shortage specialty" means a specialty determined by the commis-~~
37 ~~sioner, in consultation with the council, to be in short supply in the~~
38 ~~state of New York.~~

39 ~~(q)~~ (m) "Sponsoring institution" means the entity that has the over-
40 all responsibility for a program of graduate medical education. Such
41 institutions shall include teaching general hospitals, medical schools,
42 consortia and diagnostic and treatment centers.

43 ~~(r)~~ (n) "Weighted resident count" means a teaching general hospi-
44 tal's total number of residents as of July first, nineteen hundred nine-
45 ty-five, including residents in affiliated non-hospital ambulatory
46 settings, reported to the commissioner. Such resident counts shall
47 reflect the weights established in accordance with rules and regulations
48 adopted by the state hospital review and planning council and approved
49 by the commissioner for purposes of implementing subdivision twenty-five
50 of section twenty-eight hundred seven-c of this article and in effect on
51 July first, nineteen hundred ninety-five. Such weights shall not be
52 applied to specialty hospitals, specified by the commissioner, whose
53 primary care mission is to engage in research, training and clinical
54 care in specialty eye and ear, special surgery, orthopedic, joint
55 disease, cancer, chronic care or rehabilitative services.

1 ~~(s)~~ ~~(o)~~ "Adjustment amount" means an amount determined for each
2 teaching hospital for periods prior to January first, two thousand nine
3 by:

4 (i) determining the difference between (A) a calculation of what each
5 teaching general hospital would have been paid if payments made pursuant
6 to paragraph (a-3) of subdivision one of section twenty-eight hundred
7 seven-c of this article between January first, nineteen hundred ninety-
8 six and December thirty-first, two thousand three were based solely on
9 the case mix of persons eligible for medical assistance under the
10 medical assistance program pursuant to title eleven of article five of
11 the social services law who are enrolled in health maintenance organiza-
12 tions and persons paid for under the family health plus program enrolled
13 in approved organizations pursuant to title eleven-D of article five of
14 the social services law during those years, and (B) the actual payments
15 to each such hospital pursuant to paragraph (a-3) of subdivision one of
16 section twenty-eight hundred seven-c of this article between January
17 first, nineteen hundred ninety-six and December thirty-first, two thou-
18 sand three.

19 (ii) reducing proportionally each of the amounts determined in subpar-
20 agraph (i) of this paragraph so that the sum of all such amounts totals
21 no more than one hundred million dollars;

22 (iii) further reducing each of the amounts determined in subparagraph
23 (ii) of this paragraph by the amount received by each hospital as a
24 distribution from funds designated in paragraph (a) of subdivision five
25 of this section attributable to the period January first, two thousand
26 three through December thirty-first, two thousand three, except that if
27 such amount was provided to a consortium then the amount of the
28 reduction for each hospital in the consortium shall be determined by
29 applying the proportion of each hospital's amount determined under
30 subparagraph (i) of this paragraph to the total of such amounts of all
31 hospitals in such consortium to the consortium award;

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

35 (v) dividing each of the amounts determined in subparagraph (iii) of
36 this paragraph by seven.

37 ~~(t)~~ ~~(p)~~ "Extra reduction amount" shall mean an amount determined for
38 a teaching hospital for which an adjustment amount is calculated pursu-
39 ant to paragraph ~~(s)~~ ~~(o)~~ of this subdivision that is the hospital's
40 proportionate share of the sum of the amounts specified in paragraph
41 ~~(u)~~ ~~(q)~~ of this subdivision determined based upon a comparison of the
42 hospital's remaining liability calculated pursuant to paragraph ~~(s)~~
43 ~~(o)~~ of this subdivision to the sum of all such hospital's remaining
44 liabilities.

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

47 (i) for a hospital for which an adjustment amount pursuant to para-
48 graph ~~(s)~~ ~~(o)~~ of this subdivision does not apply, the amount received
49 by the hospital pursuant to paragraph (a) of subdivision five of this
50 section attributable to the period January first, two thousand three
51 through December thirty-first, two thousand three, or

52 (ii) for a hospital for which an adjustment amount pursuant to para-
53 graph ~~(s)~~ ~~(o)~~ of this subdivision applies and which received a
54 distribution pursuant to paragraph (a) of subdivision five of this
55 section attributable to the period January first, two thousand three
56 through December thirty-first, two thousand three that is greater than

1 the hospital's adjustment amount, the difference between the distrib-
2 ution amount and the adjustment amount.

3 (f) Effective January first, two thousand five through December thir-
4 ty-first, two thousand eight, each teaching general hospital shall
5 receive a distribution from the applicable regional pool based on its
6 distribution amount determined under paragraphs (c), (d) and (e) of this
7 subdivision and reduced by its adjustment amount calculated pursuant to
8 paragraph ~~[(s)]~~ ~~(o)~~ of subdivision one of this section and, for distrib-
9 utions for the period January first, two thousand five through December
10 thirty-first, two thousand five, further reduced by its extra reduction
11 amount calculated pursuant to paragraph ~~[(t)]~~ ~~(p)~~ of subdivision one of
12 this section.

13 (a) Up to thirty-one million dollars annually for the periods January
14 first, two thousand through December thirty-first, two thousand three,
15 and up to twenty-five million dollars plus the sum of the amounts speci-
16 fied in paragraph ~~[(n)]~~ ~~(k)~~ of subdivision one of this section for the
17 period January first, two thousand five through December thirty-first,
18 two thousand five, and up to thirty-one million dollars annually for the
19 period January first, two thousand six through December thirty-first,
20 two thousand seven, shall be set aside and reserved by the commissioner
21 from the regional pools established pursuant to subdivision two of this
22 section for supplemental distributions in each such region to be made by
23 the commissioner to consortia and teaching general hospitals in accord-
24 ance with a distribution methodology developed in consultation with the
25 council and specified in rules and regulations adopted by the commis-
26 sioner.

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

32 5-a. Graduate medical education innovations pool. (a) Supplemental
33 distributions. (i) Thirty-one million dollars for the period January
34 first, two thousand eight through December thirty-first, two thousand
35 eight, shall be set aside and reserved by the commissioner from the
36 regional pools established pursuant to subdivision two of this section
37 and shall be available for distributions pursuant to subdivision five of
38 this section and in accordance with section 86-1.89 of title 10 of the
39 codes, rules and regulations of the state of New York as in effect on
40 January first, two thousand eight [~~; provided, however, for purposes of~~
41 ~~funding the empire clinical research investigation program (ECRIP) in~~
42 ~~accordance with paragraph eight of subdivision (e) and paragraph two of~~
43 ~~subdivision (f) of section 86-1.89 of title 10 of the codes, rules and~~
44 ~~regulations of the state of New York, distributions shall be made using~~
45 ~~two regions defined as New York city and the rest of the state and the~~
46 ~~dollar amount set forth in subparagraph (i) of paragraph two of subdivi-~~
47 ~~sion (f) of section 86-1.89 of title 10 of the codes, rules and regu-~~
48 ~~lations of the state of New York shall be increased from sixty thousand~~
49 ~~dollars to seventy-five thousand dollars]~~.

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

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

~~Distributions shall first be made to consortia and teaching general hospitals for the empire clinical research investigator program (ECRIP) to help secure federal funding for biomedical research, train clinical researchers, recruit national leaders as faculty to act as mentors, and train residents and fellows in biomedical research skills based on hospital-specific data submitted to the commissioner by consortia and teaching general hospitals in accordance with clause (6) of this subparagraph. Such distributions shall be made in accordance with the following methodology:~~

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

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

~~(C) If the dollar amount for the total number of clinical research positions in the region calculated pursuant to clause (B) of this subparagraph exceeds the total amount appropriated for purposes of this paragraph, including clinical research positions that continue from and were funded in prior distribution periods, the commissioner shall eliminate one half of the clinical research positions submitted by each consortium or teaching general hospital rounded down to the nearest one position. Such reduction shall be repeated until the dollar amount for the total number of clinical research positions in the region does not~~

~~1 exceed the total amount appropriated for purposes of this paragraph. If
2 the repeated reduction of the total number of clinical research posi-
3 tions in the region by one half does not render a total funding amount
4 that is equal to or less than the total amount reserved for that region
5 within the appropriation, the funding for each clinical research posi-
6 tion in that region shall be reduced proportionally in one thousand
7 dollar increments until the total dollar amount for the total number of
8 clinical research positions in that region does not exceed the total
9 amount reserved for that region within the appropriation. Any reduction
10 in funding will be effective for the duration of the award. No clinical
11 research positions that continue from and were funded in prior distrib-
12 ution periods shall be eliminated or reduced by such methodology.~~

~~13 (D) Each consortium or teaching general hospital shall receive its
14 annual distribution amount in accordance with the following:~~

~~15 (I) Each consortium or teaching general hospital with a one-year ECRIP
16 award shall receive its annual distribution amount in full upon
17 completion of the requirements set forth in items (I) and (II) of clause
18 (G) of this subparagraph. The requirements set forth in items (IV) and
19 (V) of clause (G) of this subparagraph must be completed by the consor-
20 tium or teaching general hospital in order for the consortium or teach-
21 ing general hospital to be eligible to apply for ECRIP funding in any
22 subsequent funding cycle.~~

~~23 (II) Each consortium or teaching general hospital with a two-year
24 ECRIP award shall receive its first annual distribution amount in full
25 upon completion of the requirements set forth in items (I) and (II) of
26 clause (G) of this subparagraph. Each consortium or teaching general
27 hospital will receive its second annual distribution amount in full upon
28 completion of the requirements set forth in item (III) of clause (G) of
29 this subparagraph. The requirements set forth in items (IV) and (V) of
30 clause (G) of this subparagraph must be completed by the consortium or
31 teaching general hospital in order for the consortium or teaching gener-
32 al hospital to be eligible to apply for ECRIP funding in any subsequent
33 funding cycle.~~

~~34 (E) Each consortium or teaching general hospital receiving distrib-
35 utions pursuant to this subparagraph shall reserve seventy-five thousand
36 dollars to primarily fund salary and fringe benefits of the clinical
37 research position with the remainder going to fund the development of
38 faculty who are involved in biomedical research, training and clinical
39 care.~~

~~40 (F) Undistributed or returned funds available to fund clinical
41 research positions pursuant to this paragraph for a distribution period
42 shall be available to fund clinical research positions in a subsequent
43 distribution period.~~

~~44 (G) In order to be eligible for distributions pursuant to this subpar-
45 agraph, each consortium and teaching general hospital shall provide to
46 the commissioner by July first of each distribution period, the follow-
47 ing data and information on a hospital-specific basis. Such data and
48 information shall be certified as to accuracy and completeness by the
49 chief executive officer, chief financial officer or chair of the consor-
50 tium governing body of each consortium or teaching general hospital and
51 shall be maintained by each consortium and teaching general hospital for
52 five years from the date of submission:~~

~~53 (I) For each clinical research position, information on the type,
54 scope, training objectives, institutional support, clinical research
55 experience of the sponsor-mentor, plans for submitting research outcomes
56 to peer reviewed journals and at scientific meetings, including a meet-~~

~~ing sponsored by the department, the name of a principal contact person responsible for tracking the career development of researchers placed in clinical research positions, as defined in paragraph (c) of subdivision one of this section, and who is authorized to certify to the commissioner that all the requirements of the clinical research training objectives set forth in this subparagraph shall be met. Such certification shall be provided by July first of each distribution period;~~

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

~~(III) Information on the status of the clinical research plan, accomplishments, changes in research activities, progress, and performance of the researcher shall be provided upon completion of one-half of the award term;~~

~~(IV) A final report detailing training experiences, accomplishments, activities and performance of the clinical researcher, and data, methods, results and analyses of the clinical research plan shall be provided three months after the clinical research position ends; and~~

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

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

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

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

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

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

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

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

~~(c)] 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 thou-~~

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

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

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

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

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

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

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

49 ~~[(d)]~~ (c) Physician practice support. Four million nine hundred thou-
50 sand dollars for the period January first, two thousand eight through
51 December thirty-first, two thousand eight, four million nine hundred
52 thousand dollars annually for the period January first, two thousand
53 nine through December thirty-first, two thousand ten, one million two
54 hundred twenty-five thousand dollars for the period January first, two
55 thousand eleven through March thirty-first, two thousand eleven, four
56 million three hundred thousand dollars each state fiscal year for the

1 period April first, two thousand eleven through March thirty-first, two
2 thousand fourteen, up to four million three hundred sixty thousand
3 dollars each state fiscal year for the period April first, two thousand
4 fourteen through March thirty-first, two thousand seventeen, up to four
5 million three hundred sixty thousand dollars for each state fiscal year
6 for the period April first, two thousand seventeen through March thir-
7 ty-first, two thousand twenty, up to four million three hundred sixty
8 thousand dollars for each fiscal year for the period April first, two
9 thousand twenty through March thirty-first, two thousand twenty-three,
10 and up to four million three hundred sixty thousand dollars for each
11 fiscal year for the period April first, two thousand twenty-three
12 through March thirty-first, two thousand twenty-six, shall be set aside
13 and reserved by the commissioner from the regional pools established
14 pursuant to subdivision two of this section and shall be available for
15 purposes of physician practice support. Notwithstanding any contrary
16 provision of this section, sections one hundred twelve and one hundred
17 sixty-three of the state finance law, or any other contrary provision of
18 law, such funding shall be allocated regionally with one-third of avail-
19 able funds going to New York city and two-thirds of available funds
20 going to the rest of the state and shall be distributed in a manner to
21 be determined by the commissioner without a competitive bid or request
22 for proposal process as follows:

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

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

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

37 ~~[(e)]~~ (d) Work group. For funding available pursuant to paragraphs (b)
38 and (c) ~~[(d) and (e)]~~ of this subdivision:

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

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

51 ~~[(f)]~~ (e) Study on physician workforce. Five hundred ninety thousand
52 dollars annually for the period January first, two thousand eight
53 through December thirty-first, two thousand ten, one hundred forty-eight
54 thousand dollars for the period January first, two thousand eleven
55 through March thirty-first, two thousand eleven, five hundred sixteen
56 thousand dollars each state fiscal year for the period April first, two

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

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

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

53 12. Notwithstanding any provision of law to the contrary, applications
54 submitted on or after April first, two thousand sixteen, for the physi-
55 cian loan repayment program pursuant to paragraph ~~[(c)]~~ (b) of subdivi-
56 sion five-a of this section and subdivision ten of this section or the

1 physician practice support program pursuant to paragraph ~~[(d)]~~ [(c)] of
2 subdivision five-a of this section, shall be subject to the following
3 changes:

4 (a) Awards shall be made from the total funding available for new
5 awards under the physician loan repayment program and the physician
6 practice support program, with neither program limited to a specific
7 funding amount within such total funding available;

8 (b) An applicant may apply for an award for either physician loan
9 repayment or physician practice support, but not both;

10 (c) An applicant shall agree to practice for three years in an under-
11 served area and each award shall provide up to forty thousand dollars
12 for each of the three years; and

13 (d) To the extent practicable, awards shall be timed to be of use for
14 job offers made to applicants.

15 § 4. Subparagraph (xvi) of paragraph (a) of subdivision 7 of section
16 2807-s of the public health law, as amended by section 8 of part Y of
17 chapter 56 of the laws of 2020, is amended to read as follows:

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

23 § 5. Subdivision (c) of section 92-dd of the state finance law, as
24 amended by section 9 of part Y of chapter 56 of the laws of 2020, is
25 amended to read as follows:

26 (c) The pool administrator shall, from appropriated funds transferred
27 to the pool administrator from the comptroller, continue to make
28 payments as required pursuant to sections twenty-eight hundred seven-k,
29 twenty-eight hundred seven-m (not including payments made pursuant to
30 subdivision five-b and paragraphs (b), (c) ~~[(d)]~~, ~~[(f)]~~ and ~~[(g)]~~ [(f)] of
31 subdivision five-a of section twenty-eight hundred seven-m), and twen-
32 ty-eight hundred seven-w of the public health law, paragraph (e) of
33 subdivision twenty-five of section twenty-eight hundred seven-c of the
34 public health law, paragraphs (b) and (c) of subdivision thirty of
35 section twenty-eight hundred seven-c of the public health law, paragraph
36 (b) of subdivision eighteen of section twenty-eight hundred eight of the
37 public health law, subdivision seven of section twenty-five hundred-d of
38 the public health law and section eighty-eight of chapter one of the
39 laws of nineteen hundred ninety-nine.

40 § 6. Article 27-H of the public health law, as added by chapter 550 of
41 the laws of 1998, is REPEALED.

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

44 PART I

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

47 1. The department is hereby authorized and directed to design, imple-
48 ment and maintain an electronic death registration system for collect-
49 ing, storing, recording, transmitting, amending, correcting and authen-
50 ticating information, as necessary and appropriate to complete a death
51 registration, and to generate such documents as determined by the
52 department in relation to a death occurring in this state. As part of
53 the design and implementation of the system established by this section,
54 the department shall consult with all persons authorized to use such

1 system to the extent practicable and feasible. [~~The payment referenced~~
2 ~~in subdivision five of this section shall be collected for each burial~~
3 ~~or removal permit issued on or after the effective date of this section~~
4 ~~from the licensed funeral director or undertaker to whom such permit is~~
5 ~~issued, in the manner specified by the department and shall be used~~
6 ~~solely for the purpose set forth in subdivision five of this section.~~]

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

12 § 2. Subdivision 5 of section 4148 of the public health law is
13 REPEALED.

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

16 PART J

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

20 Notwithstanding subdivision two of this section or any inconsistent
21 provision of law to the contrary, and upon approval of the director of
22 the budget, the commissioner may, subject to the availability of lawful
23 appropriation, award up to four hundred fifty million dollars of the
24 funds made available pursuant to this section for unfunded project
25 applications submitted in response to the request for application number
26 18406 issued by the department on September thirtieth, two thousand
27 twenty-one pursuant to section twenty-eight hundred twenty-five-f of
28 this article. Authorized amounts to be awarded pursuant to applications
29 submitted in response to the request for application number 18406 shall
30 be awarded no later than [~~December thirty first, two thousand twenty-~~
31 ~~two~~] February twenty-eighth, two thousand twenty-three. Provided, howev-
32 er, that a minimum of:

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

35 PART K

36 Section 1. Subdivisions 1, 2, 3, 4, 5 and 6 of section 2806-a of the
37 public health law, as added by section 50 of part E of chapter 56 of the
38 laws of 2013, paragraph (g) of subdivision 1 as added by section 7,
39 paragraph (a) of subdivision 2 as amended by section 8, and subparagraph
40 (iii) of paragraph (c) of subdivision 5 as amended by section 9 of part
41 K of chapter 57 of the laws of 2015, are amended to read as follows:

42 1. For the purposes of this section:

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

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

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

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

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

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

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

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

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

2. (a) In the event that: (i) a facility seeks extraordinary financial assistance ~~[and]~~ or the commissioner finds that the facility is experiencing serious financial instability that is jeopardizing existing or continued access to essential services within the community~~[,]~~; or (ii) the commissioner finds that there are conditions within the facility that seriously endanger the life, health or safety of residents or patients~~[, the commissioner may appoint a temporary operator to assume sole control and sole responsibility for the operations of that facility,]~~; or (iii) the commissioner finds that there has been an improper delegation of management authority by the governing authority or operator of a general hospital~~[,]~~; the commissioner ~~[shall]~~ may appoint a temporary operator to assume sole control and sole responsibility for the operations of that facility. The appointment of the temporary operator shall be effectuated pursuant to this section and shall be in addition to any other remedies provided by law.

(b) The established operator of a facility may at any time request the commissioner to appoint a temporary operator. Upon receiving such a request, the commissioner may, if ~~[he or she determines]~~ they determine that such an action is necessary to restore or maintain the provision of

1 quality care to the residents or patients, or alleviate the facility's
2 financial instability, enter into an agreement with the established
3 operator for the appointment of a temporary operator to assume sole
4 control and sole responsibility for the operations of that facility.

5 3. (a) A temporary operator appointed pursuant to this section shall,
6 ~~[prior to his or her]~~ within thirty days of their appointment as tempo-
7 rary operator, provide the commissioner with a work plan satisfactory to
8 the commissioner to address the facility's deficiencies and serious
9 financial instability and a schedule for implementation of such plan. [~~A~~
10 ~~work plan shall not be required prior to the appointment of the tempo-~~
11 ~~rary operator pursuant to clause (ii) of paragraph (a) of subdivision~~
12 ~~two of this section if the commissioner has determined that the immedi-~~
13 ~~ate appointment of a temporary operator is necessary because public~~
14 ~~health or safety is in imminent danger or there exists any condition or~~
15 ~~practice or a continuing pattern of conditions or practices which poses~~
16 ~~imminent danger to the health or safety of any patient or resident of~~
17 ~~the facility. Where such immediate appointment has been found to be~~
18 ~~necessary, the temporary operator shall provide the commissioner with a~~
19 ~~work plan satisfactory to the commissioner as soon as practicable.]~~

20 (b) The temporary operator shall use ~~[his or her]~~ their best efforts
21 to implement the work plan provided to the commissioner, if applicable,
22 and to correct or eliminate any deficiencies or financial instability in
23 the facility and to promote the quality and accessibility of health care
24 services in the community served by the facility. The temporary opera-
25 tor's authority shall include, but not be limited to, hiring or firing
26 of the facility administrator and other key management employees; main-
27 tenance and control of the books and records; authority over the dispo-
28 sition of assets and the incurring of liabilities on behalf of the
29 facility; and the adoption and enforcement of policies regarding the
30 operation of the facility. Such correction or elimination of deficien-
31 cies or serious financial instability shall not include major alter-
32 ations of the physical structure of the facility. During the term of
33 ~~[his or her]~~ their appointment, the temporary operator shall have the
34 sole authority to direct the management of the facility in all aspects
35 of operation and shall be afforded full access to the accounts and
36 records of the facility. The temporary operator shall, during this peri-
37 od, operate the facility in such a manner as to promote safety and the
38 quality and accessibility of health care services or residential care in
39 the community served by the facility. The temporary operator shall have
40 the power to let contracts therefor or incur expenses on behalf of the
41 facility, provided that where individual items of repairs, improvements
42 or supplies exceed ten thousand dollars, the temporary operator shall
43 obtain price quotations from at least three reputable sources. The
44 temporary operator shall not be required to file any bond. No security
45 interest in any real or personal property comprising the facility or
46 contained within the facility, or in any fixture of the facility, shall
47 be impaired or diminished in priority by the temporary operator. Neither
48 the temporary operator nor the department shall engage in any activity
49 that constitutes a confiscation of property without the payment of fair
50 compensation.

51 4. The temporary operator shall be entitled to a reasonable fee, as
52 determined by the commissioner, and necessary expenses incurred during
53 ~~[his or her]~~ their performance as temporary operator, to be paid from
54 the revenue of the facility. The temporary operator shall collect incom-
55 ing payments from all sources and apply them to the reasonable fee and
56 to costs incurred in the performance of ~~[his or her]~~ their functions as

1 temporary operator in correcting deficiencies and causes of serious
2 financial instability. The temporary operator shall be liable only in
3 ~~[his or her]~~ their capacity as temporary operator for injury to person
4 and property by reason of conditions of the facility in a case where an
5 established operator would have been liable; ~~[he or she]~~ they shall not
6 have any liability in ~~[his or her]~~ their personal capacity, except for
7 gross negligence and intentional acts.

8 5. (a) The initial term of the appointment of the temporary operator
9 shall not exceed one hundred eighty days. After one hundred eighty days,
10 if the commissioner determines that termination of the temporary opera-
11 tor would cause significant deterioration of the quality of, or access
12 to, health care or residential care in the community or that reappoint-
13 ment is necessary to correct the conditions within the facility that
14 seriously endanger the life, health or safety of residents or patients,
15 or the financial instability that required the appointment of the tempo-
16 rary operator, the commissioner may authorize up to two additional
17 ~~[ninety-day]~~ one hundred eighty-day terms.

18 (b) Upon the completion of the ~~[two ninety-day]~~ up to three one
19 hundred eighty-day terms referenced in paragraph (a) of this subdivi-
20 sion,

21 (i) if the established operator is the debtor in a bankruptcy proceed-
22 ing, and the commissioner determines that the temporary operator
23 requires additional terms to operate the facility during the pendency of
24 the bankruptcy proceeding and to carry out any plan resulting from the
25 proceeding, the commissioner may reappoint the temporary operator for
26 additional ninety-day terms until the termination of the bankruptcy
27 proceeding, provided that the commissioner shall provide for notice and
28 a hearing as set forth in subdivision six of this section; or

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

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

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

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

42 (iii) recommended actions for the ongoing operation of the facility
43 subsequent to the term of the temporary operator including recommenda-
44 tions regarding the proper management of the facility and ongoing agree-
45 ments with individuals or entities with proper delegation of management
46 authority; and

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

55 Each report pursuant to this paragraph shall be reviewed by the commis-
56 sioner, who may consult with the temporary operator and the established

operator and make modifications if necessary. Prior to expiration of the temporary operator's final term, a final report shall be submitted by the temporary operator and approved by the commissioner. The established operator shall implement the recommended actions according to the final report. If the established operator at any time demonstrates unwillingness to make or implement changes identified in the final report, the commissioner may extend the term of, or reinstate, the temporary operator, and/or the commissioner may move to amend or revoke the established operator's operating certificate.

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

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

(b) Should the commissioner and the established operator be unable to establish a plan of correction pursuant to paragraph (a) of this subdivision, or should the established operator fail to respond to the commissioner's initial notification, a temporary operator shall be appointed as soon as is practicable and shall operate pursuant to the provisions of this section.

(c) The established operator shall be afforded an opportunity for an administrative hearing on the commissioner's determination to appoint a temporary operator. ~~[Such administrative hearing shall occur prior to such appointment, except that the hearing shall not be required prior to the appointment of the temporary operator pursuant to clause (ii) of paragraph (a) of subdivision two of this section if the commissioner has determined that the immediate appointment of a temporary operator is necessary because public health or safety is in imminent danger or there exists any condition or practice or a continuing pattern of conditions or practices which poses imminent danger to the health or safety of any~~

~~patient or resident of the facility.~~] An administrative hearing as provided for under this paragraph shall begin no later than ~~[sixty]~~ thirty days from the date ~~[of the notice to the established operator]~~ the temporary operator is appointed and shall not be extended without the consent of both parties. Any such hearing shall be strictly limited to the issue of whether the determination of the commissioner to appoint a temporary operator is supported by substantial evidence. A ~~[copy of the]~~ decision shall be made and sent to the ~~[established operator]~~ parties no later than ten business days after completion of the hearing.

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

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

PART L

Section 1. Section 18-c of the public health law, as added by section 4 of part 0 of chapter 57 of the laws of 2024, is amended to read as follows:

§ 18-c. Separate patient consent for treatment and payment for health care services. Informed consent from a patient to provide any treatment, procedure, examination or other direct health care services shall be obtained separately from such patient's consent to pay for the services. Consent to pay for any non-emergency health care services by a patient shall not be given prior to ~~[the patient receiving such services and]~~ discussing treatment costs. For purposes of this section, "consent" means an action which: (a) clearly and conspicuously communicates the individual's authorization of an act or practice; (b) is made in the absence of any mechanism in the user interface that has the purpose or substantial effect of obscuring, subverting, or impairing decision-making or choice to obtain consent; and (c) cannot be inferred from inaction.

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

PART M

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

4. Every general hospital operating under the provisions of this article shall file with the commissioner, in a format prescribed by the department, within one hundred eighty days after the end of its fiscal year, a certified report, to be conspicuously posted on the department's website, showing how the hospital spent community benefit expenses, including but not limited to:

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

(b) Unreimbursed costs from Medicaid;

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

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

(e) Health professions education programs that result in a degree or certificate or training necessary for residents or interns to be certified;

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

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

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

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

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

PART N

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

1. A spinal cord injury research board is hereby created within the department for the purpose of administering spinal cord injury research projects and administering the spinal cord injury research trust fund created pursuant to section ninety-nine-f of the state finance law. The purpose of research projects administered by the board shall be [~~neurological~~] research towards treatment and a cure for such injuries and their effects including, but not limited to, health-related quality of life improvements. The members of the spinal cord injury research board shall include but not be limited to representatives of the following fields: neuroscience, neurology, neuro-surgery, neuro-pharmacology, and spinal cord rehabilitative medicine. The board shall be composed of thirteen members, seven of whom shall be appointed by the governor, two

1 of whom shall be appointed by the temporary president of the senate, two
2 of whom shall be appointed by the speaker of the assembly, one of whom
3 shall be appointed by the minority leader of the senate, and one of whom
4 shall be appointed by the minority leader of the assembly.

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

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

16 § 3. This act shall take effect immediately.

17 PART 0

18 Section 1. Subdivision (b) of schedule I of section 3306 of the public
19 health law is amended by adding eighteen new paragraphs 93, 94, 95, 96,
20 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109 and 110 to
21 read as follows:

22 (93) 1-methoxy-3-{4-(2-methoxy-2-phenylethyl)piperazin-1-yl}-1-phenylp
23 ropan-2-ol. Other name: Zipeprol.

24 (94) N,N-diethyl-2-(2-(4-methoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)ethan-1-amine. Other name: Metonitazene.

25 (95) N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide.
26 Other name: meta-Fluorofentanyl.

27 (96) N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide.
28 Other name: meta-Fluoroisobutyryl fentanyl.

29 (97) N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxa
30 mide. Other name: para-Methoxyfuranylfentanyl.

31 (98) N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide. Other
32 name: 3-Furanyl fentanyl.

33 (99) N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropiona
34 mide. Other name: 2',5'-Dimethoxyfentanyl.

35 (100) 3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide. Other
36 name: Isovaleryl fentanyl.

37 (101) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxa
38 mide. Other name: ortho-Fluorofuranylfentanyl.

39 (102) 2-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide. Other
40 name: alpha'-Methyl butyryl fentanyl.

41 (103) N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecar
42 boxamide. Other name: para-Methylcyclopropyl fentanyl.

43 (104) 2-(2-(4-ethoxybenzyl)-1H-benzimidazol-1-yl)-N,N-diethylethan-1-
44 amine. Other names: Etodesnitazene; Etazene.

45 (105) 2-(4-ethoxybenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzi
46 midazole. Other names: N-pyrrolidinoetionitazene; Etonitazepyne.

47 (106) N,N-diethyl-2-(5-nitro-2-(4-propoxybenzyl)-1H-benzimidazol-1-yl)
48 ethan-1-amine. Other name: Protonitazene.

49 (107) 1-(2-Methyl-4-(3-phenylprop-2-en-1-yl)piperazin-1-yl)butan-1-
50 one. Other name: 2-Methyl AP-237.

51 (108) 2-(2-(4-butoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethyl
52 ethan-1-amine. Other name: Butonitazene.

(109) N,N-diethyl-2-(2-(4-fluorobenzyl)-5-nitro-1H-benzimidazol-1-yl)ethan-1-amine. Other name: Flunitazene.

(110) N,N-diethyl-2-(2-(4-methoxybenzyl)-1H-benzimidazol-1-yl)ethan-1-amine). Other name: Metodesnitazene.

§ 2. Paragraphs 11 and 36 of subdivision (d) of schedule I of section 3306 of the public health law, paragraph 11 as added by chapter 664 of the laws of 1985 and paragraph 36 as added by section 5 of part BB of chapter 57 of the laws of 2018, are amended to read as follows:

(11) [~~Ibogano~~] Ibogaine. Some trade and other names: [~~7-ethyl-6, 6&, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5h-pyrido{1',2':1,2} azepino [5,4-b] indole: tabernanthe iboga.~~] 7-Ethyl-6,6&,7,8,9,10,12,13-octahydro-2-methoxy-6, 9-methano-5H-pyrido{1',2':1,2} azepino {5,4-b} indole; Tabernanthe iboga.

(36) 5-methoxy-N,N-dimethyltryptamine. Some trade or other names: 5-methoxy-3-{2-(dimethylamino)ethyl}indole; 5-MeO-DMT.

§ 3. Subdivision (d) of schedule I of section 3306 of the public health law is amended by adding nineteen new paragraphs 32, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55 and 56 to read as follows:

(32) 4-methyl-N-ethylcathinone. Some trade or other names: 4-MEC.

(39) 4-methyl-alpha-pyrrolidinopropiophenone. Some trade or other names: 4-MePPP.

(40) Alpha-pyrrolidinopentiophenone. Some trade or other names: @-PVP.

(41) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one. Some trade or other names: Butylone; bk-MBDB.

(42) 2-(methylamino)-1-phenylpentan-1-one. Some trade or other names: Pentedrone.

(43) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one. Some trade or other names: Pentytone; bk-MBDP.

(44) 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl)pentan-1-one. Some trade or other names: Naphyrone.

(45) Alpha-pyrrolidinobutiophenone. Some trade or other names: @-PBP.

(46) 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one. Some trade or other names: Ethylone.

(47) N-ethylpentytone. Some trade or other names: Ephylone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)pentan-1-one).

(48) 1-(4-methoxyphenyl)-N-methylpropan-2-amine. Some trade or other names: Para-methoxymethamphetamine; PMMA.

(49) N-Ethylhexedrone. Some trade or other names: @-ethylaminohexanophenone; 2-(ethylamino)-1-phenylhexan-1-one.

(50) alpha-Pyrrolidinohexanophenone. Some trade or other names: @-PHP; 1-phenyl-2-(pyrrolidin-1-yl)hexan-1-one.

(51) 4-Methyl-alpha-ethylaminopentiophenone. Some trade or other names: 4-MEAP; 2-(ethylamino)-1-(4-methylphenyl)pentan-1-one.

(52) 4'-Methyl-alpha-pyrrolidinohexiophenone. Some trade or other names: MPHP; 4'-methyl-alpha-pyrrolidinohexanophenone; 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)hexan-1-one.

(53) alpha-Pyrrolidinoheptaphenone. Some trade or other names: PV8; 1-phenyl-2-(pyrrolidin-1-yl)heptan-1-one.

(54) 4'-Chloro-alpha-pyrrolidinovalerophenone. Some trade or other names: 4-chloro-@-PVP; 4'-Chloro-alpha-pyrrolidinopentiophenone; 1-(4-chlorophenyl)-2-(pyrrolidin-1-yl)pentan-1-one.

(55) 2-(ethylamino)-2-(3-methoxyphenyl)cyclohexan-1-one. Some trade or other names: Methoxetamine; MXE.

(56) 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)butan-1-one. Some trade or other names: Eutylone; bk-EBDB.

§ 4. Subdivision (e) of schedule I of section 3306 of the public health law is amended by adding five new paragraphs 7, 8, 9, 10 and 11 to read as follows:

(7) 4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno{3,2-f}{1,2,4}triazolo{4,3-a}{1,4}diazepine. Some trade or other names: Etizolam.

(8) 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-benzo{f}{1,2,4}triazolo{4,3-a}{1,4}diazepine. Some trade or other names: Flualprazolam.

(9) 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-benzo{f}{1,2,4}triazolo{4,3-a}{1,4}diazepine. Some trade or other names: Clonazolam.

(10) 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-benzo{f}{1,2,4}triazolo{4,3-a}{1,4}diazepine. Some trade or other names: Flubromazolam.

(11) 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo{e}{1,4}diazepin-2-one. Some trade or other names: Diclazepam.

§ 5. Paragraphs 13 and 14 of subdivision (f) of schedule I of section 3306 of the public health law, as added by chapter 341 of the laws of 2013, are amended and five new paragraphs 25, 26, 27, 28, and 29 are added to read as follows:

(13) 3-Fluoromethcathinone. Some trade or other names: 3-fluoro-N-methylcathinone; 3-FMC.

(14) 4-Fluoromethcathinone. Some trade or other names: 4-fluoro-N-methylcathinone; 4-FMC; Flephedrone.

(25) 7-((10,11-dihydro-5H-dibenzo{a,d}cyclohepten-5-yl)amino)heptanoic acid. Other name: Amineptine.

(26) N-phenyl-N'-(3-(1-phenylpropan-2-yl)-1,2,3-oxadiazol-3-ium-5-yl)carbamimidate. Other name: Mesocarb.

(27) N-methyl-1-(thiophen-2-yl)propan-2-amine. Other name: Methiopropamine.

(28) 4,4'-Dimethylaminorex. Some trade or other names: 4,4'-DMAR; 4,5-dihydro-4-methyl-5-(4-methylphenyl)-2-oxazolamine; 4-methyl-5-(4-methylphenyl)-4,5-dihydro-1,3-oxazol-2-amine.

(29) Ethyl 2-phenyl-2-(piperidin-2-yl)acetate. Other name: Ethylphenidate.

§ 6. Paragraphs 2, 6 and 10 of subdivision (g) of schedule I of section 3306 of the public health law, as added by section 7 of part BB of chapter 57 of the laws of 2018, are amended to read as follows:

(2) [~~{1-(5-fluoropentyl)-1H-indol-3-yl}(2,2,3,3-tetramethylcyclopropyl)methanone.~~] {1-(5-fluoro-pentyl)-1H-indol-3-yl}(2,2,3,3-tetramethylcyclopropyl)methanone. Some trade names or other names: 5-fluoro-UR-144[~~r~~]; XLR11.

(6) [~~N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide.] N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide.~~ Some trade or other names: AB- FUBINACA.

(10) [~~{1-(5-fluoropentyl)-1H-indazol-3-yl}(naphthalen-1-yl)methanone.] {1-(5-fluoropentyl)-1H-indazol-3-yl}(naphthalen-1-yl)methanone.~~ Some trade or other names: THJ-2201.

§ 7. Subdivision (g) of schedule I of section 3306 of the public health law is amended by adding nineteen new paragraphs 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 and 29 to read as follows:

(11) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide. Some trade or other names: MAB-CHMINACA; ADB-CHMINACA.

(12) methyl 2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate. Some trade or other names: FUB-AMB; MMB-FUBINACA; AMB-FUBINACA.

- (13) methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate. Some trade or other names: MDMB-CHMICA; MMB-CHMINACA.
- (14) methyl 2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate. Some trade or other names: MDMB-FUBINACA.
- (15) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide. Some trade or other names: ADB-FUBINACA.
- (16) N-(adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide. Some trade or other names: 5F-APINACA; 5F-AKB48.
- (17) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3-methylbutanoate. Some trade or other names: 5F-AMB.
- (18) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate. Some trade or other names: 5F-ADB; 5F-MDMB-PINACA.
- (19) Naphthalen-1-yl 1-(5-fluoropentyl)-1H-indole-3-carboxylate. Some trade or other names: NM2201; CBL2201.
- (20) N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide. Some trade or other names: 5F-AB-PINACA.
- (21) 1-(4-cyanobutyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide. Some trade or other names: 4-CN-CUMYL-BUTINACA; 4-cyano-CUMYL-BUTINACA; 4-CN-CUMYL BINACA; CUMYL-4CN-BINACA; SGT-78.
- (22) methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3-methylbutanoate. Some trade or other names: MMB-CHMICA; AMB-CHMICA.
- (23) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-pyrrolo[2,3-b]pyridine-3-carboxamide. Some trade or other names: 5F-CUMYL-P7AICA.
- (24) methyl 2-(1-(4-fluorobutyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate. Some trade or other names: 4F-MDMB-BINACA; 4F-MDMB-BUTINACA.
- (25) ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate. Some trade or other names: 5F-EDMB-PINACA.
- (26) methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate. Some trade or other names: 5F-MDMB-PICA; 5F-MDMB-2201.
- (27) N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide. Some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-FLUOROBENZYL).
- (28) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide. Some trade or other names: 5F-CUMYL-PINACA; SGT-25.
- (29) 1-(4-fluorobenzyl)-1H-indol-3-yl(2,2,3,3-tetramethylcyclopropyl)methanone. Some trade or other names: FUB-144.

§ 8. Paragraph 1 of subdivision (b) of schedule II of section 3306 of the public health law, as amended by section 1 of part C of chapter 447 of the laws of 2012, is amended to read as follows:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding apomorphine, dextrophan, nalbuphine, naldemedine, nalmefene, naloxegol, naloxone, [and] 6&-naltrexol, naltrexone, and samidorphan, and their respective salts, but including the following:

1. Raw opium.
2. Opium extracts.
3. Opium fluid.
4. Powdered opium.
5. Granulated opium.
6. Tincture of opium.
7. Codeine.
8. Ethylmorphine.
9. Etorphine hydrochloride.
10. Hydrocodone (also known as dihydrocodeinone).
11. Hydromorphone.

12. Metopon.
13. Morphine.
14. Oxycodone.
15. Oxymorphone.
16. Thebaine.
17. Dihydroetorphine.
18. Oripavine.

19. Noroxymorphone.

§ 9. Paragraph 4 of subdivision (b) of schedule II of section 3306 of the public health law, as amended by chapter 244 of the laws of 2016, is amended to read as follows:

(4) Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances including cocaine and ecgonine, their salts, isomers, and salts of isomers, except that the substances shall not include: (A) decocainized coca leaves or extraction of coca leaves, which extractions do not contain cocaine or ecgonine; ~~or~~ (B) {123I} ioflupane; or (C) {18F}FP-CIT.

§ 10. Subdivision (c) of schedule II of section 3306 of the public health law is amended by adding a new paragraph 30 to read as follows:

(30) Oliceridine. (N-{{(3-methoxythiophen-2-yl)methyl}}({2-{{(9R)-9-(pyridin-2-yl)-6-oxaspiro{4.5}decan-9-yl}ethyl}})amine).

§ 11. Subdivision (f) of schedule II of section 3306 of the public health law, as amended by chapter 589 of the laws of 1996, the undesignated paragraph as amended by chapter 575 of the laws of 2001, is amended to read as follows:

(f) Hallucinogenic substances.

~~[Nabilone: Another name for nabilone: (+, -) trans-3-(1,1-dimethylheptyl)-6, 6a, 7, 8, 10, 10a-hexahydro-1-hydroxy-6, 6-dimethyl-9H-dibenzo{b,d}pyran-9-one.] (1) Nabilone. Another name for nabilone: (+, -)-trans-3-(1,1-dimethylheptyl)-6, 6a, 7, 8, 10, 10a-hexahydro-1-hydroxy-6, 6-dimethyl-9H-dibenzo{b,d}pyran-9-one.~~

(2) Dronabinol {{(-)-delta-9-tetrahydrocannabinol}} in an oral solution in a drug product approved for marketing by the United States Food and Drug Administration.

§ 12. Subparagraph (i) of paragraph 3 of subdivision (g) of schedule II of section 3306 of the public health law, as amended by section 2 of part BB of chapter 57 of the laws of 2023, is amended to read as follows:

(i) ~~[4-anilino-N-phenethylpiperidine]~~ 4-anilino-N-phenethylpiperidine (ANPP) ~~[-];~~

§ 13. Subdivision (h) of schedule II of section 3306 of the public health law, as amended by section 8 of part C of chapter 447 of the laws of 2012, is amended to read as follows:

(h) (1) Anabolic steroids. Unless specifically excepted or unless listed in another schedule, "anabolic steroid" shall mean any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, corticosteroids and dehydroepiandrosterone) and includes:

~~[(1) 3{beta}, 17-dihydroxy-5a-androstane]~~ (i) 3{beta}, 17{beta}-dihydroxy-5{alpha}-androstane.

~~[(2) 3{alpha}, 17{beta}-dihydroxy-5a-androstane]~~ (ii) 3{alpha}, 17{beta}-dihydroxy-5{alpha}-androstane.

~~[(3)]~~ (iii) 5{alpha}-androst-3,17-dione.

~~[(4)]~~ (iv) 1-androstenediol (3{beta}, 17{beta}-dihydroxy-5{alpha}-androst-1-ene).

- 1 [~~(5)~~] (v) 1-androstenediol (3{alpha},17{beta}-dihydroxy-5{alpha}-
- 2 androst-1-ene).
- 3 [~~(6)~~] (vi) 4-androstenediol [~~(3{beta},17{beta}-dihydroxy-androst~~
- 4 ~~4-ene)~~] (3{beta},17{beta}-dihydroxy-androst-4-ene).
- 5 [~~(7)~~] (vii) 5-androstenediol [~~(3{beta},17{beta}-dihydroxy-androst-5-~~
- 6 ~~ene)~~] (3{beta},17{beta}-dihydroxy-androst-5-ene).
- 7 [~~(8)~~] (viii) 1-androstenedione [~~(5{alpha})-androst-1-en-3,17-dione)~~
- 8 (5{alpha}-androst-1-en-3,17-dione).
- 9 [~~(9)~~] (ix) 4-androstenedione (androst-4-en-3,17-dione).
- 10 [~~(10)~~] (x) 5-androstenedione (androst-5-en-3,17-dione).
- 11 [~~(11)~~] (xi) Bolasterone [~~(7{alpha},17{alpha}-dimethyl-17{beta}-~~
- 12 ~~hydroxyandrost-4-en-3-one)~~] (7{alpha},17{alpha}-dimethyl-17{beta}-hydro
- 13 xyandrost-4-en-3-one).
- 14 [~~(12)~~] (xii) Boldenone [~~(17{beta}-hydroxyandrost-1,4,17-dione-3-one)~~
- 15 (17{beta}-hydroxyandrost-1,4-diene-3-one).
- 16 [~~(13)~~] (xiii) Boldione (androst-1,4-diene-3,17-dione).
- 17 [~~(14)~~] (xiv) Calusterone [~~(7{beta},17{alpha}-dimethyl-17{beta}-~~
- 18 ~~hydroxyandrost-4-en-3-one)~~] (7{beta},17{alpha}-dimethyl-17{beta}-hydroxy
- 19 androst-4-en-3-one).
- 20 [~~(15)~~] (xv) Clostebol [~~(4-chloro-17{beta}-hydroxyandrost-4-en-3-one)~~
- 21 (4-chloro-17{beta}-hydroxyandrost-4-en-3-one).
- 22 [~~(16)~~] (xvi) Dehydrochloromethyltestosterone (4-chloro-17{beta}-
- 23 hydroxy-17{alpha}-methyl-androst-1,4-dien-3-one).
- 24 [~~(17)~~] ~~{Delta}1-dihydrotestosterone~~ (xvii) {Delta}1-dihydrotestos
- 25 terone (a.k.a. '1-testosterone') (17{beta}-hydroxy-5{alpha}-androst-1-
- 26 en-3-one).
- 27 [~~(18)~~] (xviii) 4-dihydrotestosterone (17{beta}-hydroxy-androstan-
- 28 3-one).
- 29 [~~(19)~~] (xix) Drostanolone (17{beta}-hydroxy-2{alpha}-methyl
- 30 -5{alpha}-androstan-3-one).
- 31 [~~(20)~~] (xx) Ethylestrenol (17{alpha}-ethyl-17{beta}-hydroxyestr-
- 32 4-ene).
- 33 [~~(21)~~] (xxi) Fluoxymesterone [~~(9-fluoro-17{alpha}-methyl-11{beta},17~~
- 34 ~~{beta}-dihydroxyandrost-4-en-3-one)~~] (9-fluoro-17{alpha}-methyl-
- 35 11{beta},17{beta}-dihydroxyandrost-4-en-3-one).
- 36 [~~(22)~~] (xxii) Formebolone [~~(2-formyl-17{alpha}-methyl-11{alpha},~~
- 37 ~~17{beta}-dihydroxyandrost-1,4-dien-3-one)~~] (2-formyl-17{alpha}-methyl
- 38 -11{alpha},17{beta}-dihydroxyandrost-1,4-dien-3-one).
- 39 [~~(23)~~] (xxiii) Furazabol [~~(17{alpha}-methyl-17{beta}-hydroxyandrostano~~
- 40 ~~{2,3-c}-furazan)~~] (17{alpha}-methyl-17{beta}-hydroxyandrostano{2,3-c}-
- 41 furazan).
- 42 [~~(24)~~] ~~13{beta}-ethyl-17{beta}-hydroxygon-4-en-3-one~~ (xxiv) 13{beta}-
- 43 ethyl-17{beta}-hydroxygon-4-en-3-one).
- 44 [~~(25)~~] (xxv) 4-hydroxytestosterone [~~(4,17{beta}-dihydroxy-androst-4-~~
- 45 ~~en-3-one)~~] (4,17{beta}-dihydroxy-androst-4-en-3-one).
- 46 [~~(26)~~] (xxvi) 4-hydroxy-19-nortestosterone [~~(4,17{beta}-dihydroxy~~
- 47 ~~-estr-4-en-3-one)~~] (4,17{beta}-dihydroxyestr-4-en-3-one).
- 48 [~~(27)~~] ~~desoxymethyltestosterone~~ (xxvii) Desoxymethyltestosterone
- 49 (17{alpha}-methyl-5{alpha}-androst-2-en-17{beta}-ol) (a.k.a., [~~madol~~])
- 50 'madol').
- 51 [~~(28)~~] (xxviii) Mestanolone [~~(17{alpha}-methyl-17{beta}-hydroxy-5-~~
- 52 ~~androstan-3-one)~~] (17{alpha}-methyl-17{beta}-hydroxy-5-{alpha}-androstan-3-one).
- 53 [~~(29)~~] (xxix) Mesterolone [~~(1{alpha}-methyl-17{beta}-hydroxy-~~
- 54 ~~5{alpha}-androstan-3-one)~~] (1{alpha}-methyl-17{beta}-hydroxy-5{alpha}-
- 55 androstan-3-one).
- 56 [~~(30)~~] (xxx) Mestranolone [~~(1{alpha}-methyl-17{beta}-hydroxy-5{alpha}-~~

~~[{30}] (xxx) Methandienone [{17{alpha}-methyl-17{beta}-hydroxyandrost-1,4-dien-3-one}]~~ [{17{alpha}-methyl-17{beta}-hydroxyandrost-1,4-dien-3-one}].
~~[{31}] (xxxi) Methandriol [{17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-5-ene}]~~ [{17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-5-ene}].
~~[{32}] (xxxii) Methenolone [{1-methyl-17{beta}-hydroxy-5{alpha}-androst-1-en-3-one}]~~ [{1-methyl-17{beta}-hydroxy-5{alpha}-androst-1-en-3-one}].
~~[{33}] 17{alpha}-methyl-3{beta},17{beta}-dihydroxy-5-androstane]~~
~~(xxxiii)~~ 17{alpha}-methyl-3{beta},17{beta}-dihydroxy-5{alpha}-androstane.
~~[{34}] 17{alpha}-methyl-3{alpha},17{beta}-dihydroxy-5a-androstane]~~
~~(xxxiv)~~ 17{alpha}-methyl-3{alpha},17{beta}-dihydroxy-5{alpha}-androstane.
~~[{35}] 17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-4-ene.]~~
~~(xxxv)~~ 17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-4-ene.
~~[{36}] 17{alpha}-methyl-4-hydroxynandrolone (17{alpha}-methyl-4-hydroxy-17{beta}-hydroxyestr-4-en-3-one).]~~ (xxxvi) 17{alpha}-methyl-4-hydroxynandrolone (17{alpha}-methyl-4-hydroxy-17{beta}-hydroxyestr-4-en-3-one).
~~[{37}] (xxxvii) Methyl dienolone [{17{alpha}-methyl-17{beta}-hydroxyestra-4,9(10)-dien-3-one}.]~~ [{17{alpha}-methyl-17{beta}-hydroxyestra-4,9(10)-dien-3-one}.]
~~[{38}] (xxxviii) Methyl trienolone [{17{alpha}-methyl-17{beta}-hydroxyestra-4,9,11-trien-3-one}.]~~ [{17{alpha}-methyl-17{beta}-hydroxyestra-4,9,11-trien-3-one}.]
~~[{39}] (xxxix) Methyl testosterone (17{alpha}-methyl-17{beta}-hydroxyandrost-4-en-3-one).~~
~~[{40}] (xl) Mibolerone (7{alpha},17{alpha}-dimethyl-17{beta}-hydroxyestr-4-en-3-one).~~
~~[{41}] 17{alpha}-methyl-{Delta}1-dihydrotestosterone (17{beta}-hydroxy-17{alpha}-methyl-5{alpha}-androst-1-en-3-one)]~~ (xli) 17{alpha}-methyl-{Delta}1-dihydrotestosterone (17{beta}-hydroxy-17{alpha}-methyl-5{alpha}-androst-1-en-3-one) (a.k.a. '17-{alpha}-methyl-1-testosterone').
~~[{42}] Nandrolone (17{beta}-hydroxyestr-4-en-3-one).]~~ (xlii) Nandrolone (17{beta}-hydroxyestr-4-en-3-one).
~~[{43}] (xlili) 19-nor-4-androstenediol [{3{beta},17{beta}-dihydroxyestr-4-ene}.]~~ (3{beta},17{beta}-dihydroxyestr-4-ene).
~~[{44}] (xliv) 19-nor-4-androstenediol [{3{alpha},17{beta}-dihydroxyestr-4-ene}.]~~ (3{alpha},17{beta}-dihydroxyestr-4-ene).
~~[{45}] (xlv) 19-nor-5-androstenediol [{3{beta},17{beta}-dihydroxyestr-5-ene}.]~~ (3{beta},17{beta}-dihydroxyestr-5-ene).
~~[{46}] (xlvi) 19-nor-5-androstenediol [{3{alpha},17{beta}-dihydroxyestr-5-ene}.]~~ (3{alpha},17{beta}-dihydroxyestr-5-ene).
~~[{47}] 19-nor-4,9(10)-androstadienedione (estra-4,9(10)-dione-3,17-dione).]~~ (xlvii) 19-nor-4,9(10)-androstadienedione (estra-4,9(10)-diene-3,17-dione).
~~[{48}] (xlviii) 19-nor-4-androstenedione (estr-4-en-3,17-dione).~~
~~[{49}] (xlix) 19-nor-5-androstenedione (estr-5-en-3,17-dione).~~
~~[{50}] (l) Norbolethone [{13{beta},17{alpha}-diethyl-17{beta}-hydroxygon-4-en-3-one}.]~~ [{13{beta},17{alpha}-diethyl-17{beta}-hydroxygon-4-en-3-one}.]
~~[{51}] (li) Norclostebol [{4-chloro-17{beta}-hydroxyestr-4-en-3-one}.]~~ (4-chloro-17{beta}-hydroxyestr-4-en-3-one).
~~[{52}] (lii) Norethandrolone (17{alpha}-ethyl-17{beta}-hydroxyestr-4-en-3-one).~~

- 1 ~~[(53)] (liii) Normethandrolone [(17{alpha}-methyl-17{beta}-hydroxestr-~~
2 ~~4-en-3-one)-].~~ (17{alpha}-methyl-17{beta}-hydroxyestr-4-en-3-one).
- 3 ~~[(54)] (liv) Oxandrolone [(17{alpha}-methyl-17{beta}-hydroxy-2-oxa-~~
4 ~~{5{alpha}}-androstan-3-one)-].~~ (17{alpha}-methyl-17{beta}-hydroxy-2-oxa-
5 5{alpha}-androstan-3-one).
- 6 ~~[(55)] (lv) Oxymesterone [(17{alpha}-methyl-4, 17{beta}-dihydroxy~~
7 ~~androst-4-en-3-one)-].~~ (17{alpha}-methyl-4,17{beta}-dihydroxyandrost-4-
8 en-3-one).
- 9 ~~[(56)] (lvi) Oxymetholone [(17{alpha}-methyl-2-hydroxymethylene-17~~
10 ~~{beta}-hydroxy-5{alpha}-androstan-3-one)-].~~ (17{alpha}-methyl-2-hydro
11 xymethylene-17{beta}-hydroxy-5{alpha}-androstan-3-one).
- 12 ~~[(57)] (lvii) Stanazolol [(17{alpha}-methyl-17{beta}-hydroxy-~~
13 ~~{5{alpha}}-androst-2-eno{3,2-c}-pyrazole)-].~~ (17{alpha}-methyl-17{beta}-
14 hydroxy-5{alpha}-androst-2-eno{3,2-c}-pyrazole).
- 15 ~~[(58)] (lviii) Stenbolone [(17{beta}-hydroxy-2-methyl-{5{alpha}}-~~
16 ~~androst-1-en-3-one)-].~~ (17{beta}-hydroxy-2-methyl-5{alpha}-androst-1-en-
17 3-one).
- 18 ~~[(59)] (lix) Testolactone [(13-hydroxy-3-oxo-13, 17-secoandrosta-1,~~
19 ~~4-dien-17-oic acid lactone)-].~~ (13-hydroxy-3-oxo-13,17-secoandrosta1,4-
20 dien-17-oic acid lactone).
- 21 ~~[(60)] (lx) Testosterone (17{beta}-hydroxyandrost-4-en-3-one).~~
- 22 ~~[(61)] (lxi) Tetrahydrogestrinone [(13{beta}, 17{alpha}-diethyl-~~
23 ~~17{beta}-hydroxygon-4, 9, 11-trien-3-one)-].~~ (13{beta},17{alpha}-diethyl-
24 17{beta}-hydroxygon-4,9,11-trien-3-one).
- 25 ~~[(62)] (lxii) Trenbolone [(17{beta}-hydroxyestr-4, 9, 11-trien-~~
26 ~~3-one)-].~~ (17{beta}-hydroxyestr-4,9,11-trien-3-one).
- 27 ~~[(63)] (lxiii) 5{alpha}-androstan-3,6,17-trione.~~
- 28 (lxiv) 6-bromo-androsta-1,4-diene-3,17-dione.
- 29 (lxv) 6-bromo-androstan-3,17-dione.
- 30 (lxvi) 4-chloro-17{alpha}-methyl-androsta-1,4-diene-3,17{beta}-diol.
- 31 (lxvii) 4-chloro-17{alpha}-methyl-androst-4-ene-3{beta},17{beta}-diol.
- 32 (lxviii) 4-chloro-17{alpha}-methyl-17{beta}hydroxy-androst-4-en-3-one.
- 33 (lxix) 4-chloro-17{alpha}-methyl-17{beta}hydroxy-androst-4-ene-3,11-
34 dione.
- 35 (lxx) 2{alpha},17{alpha}-dimethyl-17{beta}-hydroxy-5{beta}-androstan-
36 3-one.
- 37 (lxxi) 2{alpha},3{alpha}-epithio-17{alpha}-methyl-5{alpha}androstan-17
38 {beta}-ol.
- 39 (lxxii) estra-4,9,11-triene-3,17-dione.
- 40 (lxxiii) {3,2-c}furazan-5{alpha}-androstan-17{beta}-ol.
- 41 (lxxiv) 18a-homo-3-hydroxy-estra-2,5(10)-dien-17-one.
- 42 (lxxv) 4-hydroxy-androst-4-ene-3,17-dione.
- 43 (lxxvi) 17{beta}-hydroxy-androstano{2,3-d}isoxazole.
- 44 (lxxvii) 17{beta}-hydroxy-androstano{3,2-c}isoxazole.
- 45 (lxxviii) 3{beta}-hydroxy-estra-4,9,11-trien-17-one.
- 46 (lxxix) Methasterone (2{alpha},17{alpha}-dimethyl-5{alpha}-androstan-
47 17{beta}-ol-3-one or 2{alpha},17{alpha}-dimethyl-17{beta}-hydroxy-
48 5{alpha}-androstan-3-one).
- 49 (lxxx) 17{alpha}-methyl-androsta-1,4-diene-3,17{beta}-diol.
- 50 (lxxxii) 17{alpha}-methyl-5{alpha}-androstan-17{beta}-ol.
- 51 (lxxxiii) 17{alpha}-methyl-androstan-3-hydroxyimine-17{beta}-ol.
- 52 (lxxxiiii) 6{alpha}-methyl-androst-4-ene-3,17-dione.
- 53 (lxxxiv) 17{alpha}-methyl-androst-2-ene-3,17{beta}diol.
- 54 (lxxxv) Prostanazol (17{beta}-hydroxy-5{alpha}-androstano{3,2-c}
55 pyrazole) or {3,2-c}pyrazole-5{alpha}-androstan-17{beta}-ol.
- 56 (lxxxvi) {3,2-c}pyrazole-androst-4-en-17{beta}-ol.

(lxxxvii) Any salt, ester or ether of a drug or substance described or listed in this subdivision.

(2) (i) Subject to subparagraph (ii) of this paragraph, a drug or hormonal substance, other than estrogens, progestins, corticosteroids, and dehydroepiandrosterone, that is not listed in paragraph one of this subdivision and is derived from, or has a chemical structure substantially similar to, one or more anabolic steroids listed in paragraph one of this subdivision shall be considered to be an anabolic steroid for purposes of this schedule if:

(A) the drug or substance has been created or manufactured with the intent of producing a drug or other substance that either:

1. promotes muscle growth; or

2. otherwise causes a pharmacological effect similar to that of testosterone; or

(B) the drug or substance has been, or is intended to be, marketed or otherwise promoted in any manner suggesting that consuming it will promote muscle growth or any other pharmacological effect similar to that of testosterone.

(ii) A substance shall not be considered to be a drug or hormonal substance for purposes of this subdivision if:

(A) it is:

1. an herb or other botanical;

2. a concentrate, metabolite, or extract of, or a constituent isolated directly from, an herb or other botanical; or

3. a combination of two or more substances described in clause one or two of this item;

(B) it is a dietary ingredient for purposes of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.); and

(C) it is not anabolic or androgenic.

(iii) In accordance with subdivision one of section thirty-three hundred ninety-six of this article, any person claiming the benefit of an exemption or exception under subparagraph (ii) of this paragraph shall bear the burden of going forward with the evidence with respect to such exemption or exception.

§ 14. Subdivision (c) of schedule III of section 3306 of the public health law is amended by adding a new paragraph 15 to read as follows:

(15) Perampanel, its salts, isomers and salts of isomers.

§ 15. Subdivision (c) of schedule IV of section 3306 of the public health law is amended by adding seven new paragraphs 54, 55, 56, 57, 58, 59 and 60 to read as follows:

(54) Alfaxalone.

(55) Brexanolone.

(56) Daridorexant.

(57) Lemborexant.

(58) Remimazolam.

(59) Suvorexant.

(60) Zuranolone.

§ 16. Paragraph 10 of subdivision (e) of schedule IV of section 3306 of the public health law, as amended by chapter 589 of the laws of 1996, is amended and two new paragraphs 13 and 14 are added to read as follows:

(10) SPA((-)[+]-1-dimethylamino-1, 2-diphenylethane).

(13) Serdexmethylphenidate.

(14) Solriamfetol (2-amino-3-phenylpropyl carbamate; benzenepropanol, beta-amino-, carbamate(ester)).

§ 17. Subdivision (f) of schedule IV of section 3306 of the public health law, as added by chapter 664 of the laws of 1985, paragraph 2 as added by chapter 457 of the laws of 2006 and paragraph 3 as added by section 14 of part C of chapter 447 of the laws of 2012, is amended to read as follows:

(f) Other substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of such isomers, whenever the existence of such salts, isomers, and salts of isomers is possible:

(1) Pentazocine.

(2) Butorphanol (including its optical isomers).

(3) Tramadol in any quantities.

(4) Eluxadoline (5-{{{(2S))-2-amino-3-{4-(aminocarbonyl)-2,6-dimethylphenyl}-1-oxopropyl}}{(1S)-1-(4-phenyl-1H-imidazol-2-yl)ethyl}amino}methyl}-2-methoxybenzoic acid) (including its optical isomers) and its salts, isomers, and salts of isomers.

(5) Lorcaserin.

§ 18. Subdivision (d) of schedule V of section 3306 of the public health law, as amended by section 16 of part C of chapter 447 of the laws of 2012, is amended to read as follows:

(d) Depressants. Unless specifically exempted or excluded or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers:

(1) Ezogabine [~~{N-[2-amino-4-(4-fluorobenzylamino)-phenyl]-carbamic acid ethyl ester}~~] {N-[2-amino-4-(4-fluorobenzylamino)-phenyl]-carbamic acid ethyl ester}.

(2) Lacosamide [~~{(R)-2-acetoamido-N-benzyl-3-methoxy-propionamide}~~] {(R)-2-acetoamido-N-benzyl-3-methoxy-propionamide}.

(3) Pregabalin [~~{(S)-3-(aminomethyl)-5-methylhexanoic acid}~~] {(S)-3-(aminomethyl)-5-methylhexanoic acid}.

(4) Brivaracetam ((2S)-2-{(4R)-2-oxo-4-propylpyrrolidin-1-yl}butanamide). Some trade or other names: BRV; UCB-34714; Briviact.

(5) Cenobamate ({(1R)-1-(2-chlorophenyl)-2-(tetrazol-2-yl)ethyl} carbamate; 2H-tetrazole-2-ethanol, alpha-(2-chlorophenyl)-, carbamate (ester), (alphaR)-; carbamic acid(R)-(+)-1-(2-chlorophenyl)-2-(2H-tetrazol-2-yl)ethyl ester).

(6) Ganaxolone (3{alpha}-hydroxy-3{beta}-methyl-5{alpha}-pregnan-20-one).

(7) Lasmiditan (2,4,6-trifluoro-N-(6-(1-methylpiperidine-4-carbonyl)pyridine-2-yl)-benzamide).

§ 19. Subdivision 2 of section 3342 of the public health law, as amended by chapter 466 of the laws of 2024, is amended to read as follows:

2. An institutional dispenser may dispense controlled substances for use off its premises only pursuant to a prescription, prepared and filed in conformity with this title, provided, however, that, in an emergency situation as defined by rule or regulation of the department, a practitioner in a hospital without a full-time pharmacy may dispense controlled substances to a patient in a hospital emergency room for use off the premises of the institutional dispenser for a period not to exceed twenty-four hours, ~~[unless the federal drug enforcement administration has authorized a longer time period for the purpose of initiating maintenance treatment, detoxification treatment, or both]~~ and

provided further that a practitioner in any institutional dispenser may dispense controlled substances as emergency treatment to a patient for use off the premises of the institutional dispenser as authorized by the federal drug enforcement administration for the purpose of initiating maintenance treatment, detoxification treatment, or both.

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

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

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

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

§ 22. The title heading of title 5 of article 33 of the public health law, as added by chapter 878 of the laws of 1972, is amended to read as follows:

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

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

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

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

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

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

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

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

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

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

3. Methadone, or such other controlled substance designated by the commissioner as appropriate for such use, may be ordered for use ~~[of an addict]~~ by a person with a substance use disorder by a practitioner and dispensed or administered by a practitioner or ~~[his]~~ their designated

1 agent as interim treatment for ~~[an addict on a waiting list for admis-~~
2 ~~sion to an authorized maintenance program]~~ a person with a substance use
3 disorder while arrangements are being made for referral to treatment for
4 such substance use disorder.

5 4. Methadone, or such other controlled substance designated by the
6 commissioner as appropriate for such use, may be administered to ~~[an~~
7 ~~addict]~~ a person with a substance use disorder by a practitioner or by
8 ~~[his]~~ their designated agent acting under the direction and supervision
9 of a practitioner, as part of a ~~[regime]~~ regimen designed and intended
10 as maintenance or detoxification treatment or to withdraw a patient from
11 addiction to controlled substances.

12 5. ~~[Methadone]~~ Notwithstanding any other law and consistent with
13 federal requirements, methadone, or such other controlled substance
14 designated by the commissioner as appropriate for such use, may be
15 administered or dispensed directly to ~~[an addict]~~ a person with a
16 substance use disorder by a practitioner or by ~~[his]~~ their designated
17 agent acting under the direction and supervision of a practitioner, as
18 part of a substance ~~[abuse or chemical dependence]~~ use disorder program
19 approved pursuant to article ~~[twenty-three or]~~ thirty-two of the mental
20 hygiene law.

21 § 25. Section 3372 of the public health law, as amended by chapter 195
22 of the laws of 1973, is amended to read as follows:

23 § 3372. Practitioner patient reporting. It shall be the duty of every
24 attending practitioner and every consulting practitioner to report
25 promptly to the commissioner, or ~~[his]~~ the commissioner's duly desig-
26 nated agent, the name and, if possible, the address of, and such other
27 data as may be required by the commissioner with respect to, any person
28 under treatment if ~~[he]~~ the commissioner finds that such person is ~~[an~~
29 ~~addict or a habitual user of any narcotic drug]~~ a person with a
30 substance use disorder. Such report shall be kept confidential and may
31 be utilized only for statistical, epidemiological or research purposes,
32 except that those reports which originate in the course of a criminal
33 proceeding other than under section 81.25 of the mental hygiene law
34 shall be subject only to the confidentiality requirements of section
35 thirty-three hundred seventy-one of this article.

36 § 26. This act shall take effect immediately; provided, however, that
37 the amendments to subdivision 2 of section 3342 of the public health law
38 made by section nineteen of this act, shall take effect on the same date
39 and in the same manner as chapter 466 of the laws of 2024, takes effect.

40 PART P

41 Section 1. Section 2805-b of the public health law is amended by
42 adding a new subdivision 6 to read as follows:

43 6. When emergency services are provided as an organized service of a
44 general hospital licensed pursuant to this article, the hospital must
45 terminate the pregnancy of any individual presenting for care at the
46 hospital if the individual has an emergency medical condition, and
47 termination of the pregnancy is needed to stabilize that individual,
48 unless the individual (or the individual's legally authorized represen-
49 tative, when the legally authorized representative is authorized to act
50 on behalf of the individual) does not consent to the treatment. If such
51 consent is not provided, a general hospital meets the requirements of
52 this subdivision with respect to an individual if the hospital offers
53 the individual the treatment. Hospitals that have limited capability for
54 receiving and treating high risk maternity patients in need of special-

1 ized emergency care shall develop and implement standard descriptions of
2 such patients and have triage, treatment, and transfer protocols. Such
3 protocols shall provide that patients shall be transferred to another
4 hospital only when:

5 (a) the patient's condition is stable or being managed;
6 (b) the attending practitioner has authorized the transfer; and
7 (c) the receiving hospital is informed, can provide the necessary
8 resources to care for the patient, and has accepted the patient.

9 § 2. Section 2599-bb of the public health law is amended by adding a
10 new subdivision 1-a to read as follows:

11 1-a. At a health care prescriber's request, the prescription label for
12 abortion medications, including, but not limited to, mifepristone and
13 misoprostol shall include the prescribing health care facility name or
14 address instead of the name of the practitioner. The prescriber shall
15 inform the patient whether the prescriber has requested to include the
16 health care facility name or address on the prescription label.

17 § 3. Subdivision 1 of section 6810 of the education law, as amended by
18 section 2 of part V of chapter 57 of the laws of 2012, is amended and a
19 new subdivision 10-b is added to read as follows:

20 1. No drug for which a prescription is required by the provisions of
21 the Federal Food, Drug and Cosmetic Act or by the commissioner of health
22 shall be distributed or dispensed to any person except upon a
23 prescription written by a person legally authorized to issue such
24 prescription. Such drug shall be compounded or dispensed by a licensed
25 pharmacist, and no such drug shall be dispensed without affixing to the
26 immediate container in which the drug is sold or dispensed a label bear-
27 ing the name and address of the owner of the establishment in which it
28 was dispensed, the date compounded, the number of the prescription under
29 which it is recorded in the pharmacist's prescription files, the name of
30 the prescriber, or the name or address of the prescribing health care
31 facility pursuant to section twenty-five hundred ninety-nine-bb of the
32 public health law, the name and address of the patient, and the
33 directions for the use of the drug by the patient as given upon the
34 prescription. All labels shall conform to such rules and regulations as
35 promulgated by the commissioner pursuant to section sixty-eight hundred
36 twenty-nine of this article. The prescribing and dispensing of a drug
37 which is a controlled substance shall be subject to additional require-
38 ments provided in article thirty-three of the public health law. The
39 words "drug" and "prescription required drug" within the meaning of this
40 article shall not be construed to include soft or hard contact lenses,
41 eyeglasses, or any other device for the aid or correction of vision.
42 Nothing in this subdivision shall prevent a pharmacy from furnishing a
43 drug to another pharmacy which does not have such drug in stock for the
44 purpose of filling a prescription.

45 10-b. At the request of a practitioner pursuant to section twenty-five
46 hundred ninety-nine-bb of the public health law, a pharmacy that
47 receives an electronic prescription shall list the prescribing health
48 care facility name or address on the prescription label instead of the
49 name of the practitioner.

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

52 PART Q

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

(nn) (i) Medical assistance shall include the coverage of the following services for individuals with iatrogenic infertility directly or indirectly caused by medical treatment, which is an impairment of fertility resulting from surgery, radiation, chemotherapy, sickle cell treatment, or other medical treatment affecting reproductive organs or processes:

(1) standard fertility preservation services to prevent or treat infertility, which shall include medically necessary collection, freezing, preservation and storage of oocytes or sperm, and such other standard services that are not experimental or investigational; together with prescription drugs, which shall be limited to federal food and drug administration approved medications and subject to medical assistance program coverage requirements. In vitro fertilization (IVF) shall not be covered as a fertility preservation service; and

(2) coverage of the costs of storage of oocytes or sperm shall be subject to continued medical assistance program eligibility of the individual with iatrogenic infertility, and shall terminate upon any discontinuance of medical assistance eligibility.

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

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

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

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

2. Services, treatments, and procedures paid for pursuant to the grant program shall be made available only in accordance with standards, protocols, and other parameters established by the commissioner, which shall incorporate but not be limited to the American Society for Reproductive Medicine (ASRM) and the American College of Obstetricians and Gynecologists (ACOG) standards for the appropriateness of individuals, providers, treatments, and procedures.

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

§ 4. 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 section one of this act shall take effect October 1, 2025. Effective immediately, the addition, amendment and/or repeal of any rule

1 or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such date.

4 PART R

5 Section 1. Section 3001 of the public health law is amended by adding three new subdivisions 22, 23 and 24 to read as follows:

7 22. "Emergency medical services agencies" shall mean organized entities certified or licensed by the department to provide emergency medical service, including ambulance services, advanced life support first response services, and other integrated first response services responsible for providing emergency medical services.

12 23. "Communities" shall include counties, cities, towns, villages, and special districts within New York state.

14 24. "Scoring matrix" shall refer to the emergency medical community assessment program framework of criteria and weightings established by the department for evaluating emergency medical services systems and agencies.

18 § 2. Section 3008 of the public health law is amended by adding a new subdivision 4-a to read as follows:

20 4-a. In determining public need for additional emergency medical services, the regional emergency medical services councils shall consider factors related to access, community need, consistency with state emergency medical system plans, and the feasibility and impact of the proposed service, including any innovations or improvements in service delivery, and other factors as determined by the commissioner.

26 § 3. The public health law is amended by adding a new section 3019 to read as follows:

28 § 3019. Emergency medical community assessment program. 1. The emergency medical community assessment program is hereby established to evaluate and enhance the emergency medical services throughout the state. The program shall assess the capabilities and performance of emergency medical services agencies and the service they provide to the communities they serve, assigning scores to identify strengths, deficiencies, and areas for improvement.

35 2. The department, in consultation with the state council and other stakeholders, shall establish the criteria and scoring matrix to evaluate emergency medical services systems. Criteria shall include, but not be limited to, system organization, access to care, response effectiveness, operational efficiency, and quality improvement. The scoring matrix shall ensure objective evaluations and consistency statewide, with assessments informing resource allocation and system improvements. Assessment results shall be publicly accessible and integrated into county emergency medical services plans to identify gaps, prioritize resources, and enhance system readiness and sustainability.

45 3. The department shall prepare and publish, in a manner determined by the department, a comprehensive statewide report of the emergency medical community assessment program results at least every five years, or at such intervals as deemed necessary by the commissioner.

49 4. All jurisdictions and emergency medical services agencies, except cities with populations of one million or more, shall participate in the program and provide timely and accurate information.

51 5. The commissioner is authorized to allocate funding to assist counties and agencies in implementing the program, conducting assessments, addressing deficiencies, and improving system performance and shall

1 prioritize areas with significant resource gaps and align with program
2 objectives.

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

5 § 3019-a. Statewide comprehensive emergency medical system plan. 1.
6 The state emergency medical services council, in collaboration and with
7 final approval of the department, shall develop and maintain a statewide
8 comprehensive emergency medical system plan that shall provide for a
9 coordinated emergency medical system within the state, which shall
10 include but not be limited to:

11 (a) establishing a comprehensive statewide emergency medical system,
12 consisting of facilities, transportation, workforce, communications, and
13 other components to improve the delivery, access and utilization of
14 emergency medical services and thereby decrease morbidity, hospitaliza-
15 tion, disability, and mortality;

16 (b) improving the accessibility of high-quality emergency medical
17 services;

18 (c) coordinating professional medical organizations, hospitals, and
19 other public and private agencies in developing alternative delivery
20 models for persons who are presently using emergency departments for
21 routine, nonurgent and primary medical care to be served appropriately
22 and economically; provided, however, that the provisions of this subdi-
23 vision shall not be mandated for cities with a population of one million
24 or more; and

25 (d) developing, conducting, promoting, and encouraging programs of
26 initial and advanced education and training designed to enhance and
27 recognize the knowledge and skills of emergency medical services practi-
28 tioners throughout the state with emphasis on regions underserved by or
29 with limited access to emergency medical services.

30 2. The statewide comprehensive emergency medical system plan shall be
31 reviewed, updated if necessary, and published every five years on the
32 department's website, or at such earlier times as may be necessary to
33 improve the effectiveness and efficiency of the state's emergency
34 medical services system.

35 3. Each county shall develop and maintain a comprehensive county emer-
36 gency medical system plan, in a manner and format established by the
37 department, that shall provide for a coordinated emergency medical
38 system within the county to provide essential emergency medical services
39 for all residents within the county. The county office of emergency
40 medical services shall be responsible for the development, implementa-
41 tion, and maintenance of the comprehensive county emergency medical
42 system plan.

43 (a) County plans shall require review and approval by the department.
44 The state emergency medical services council and the regional emergency
45 medical services council may review county plans and provide recommenda-
46 tions to the department prior to final approval.

47 (b) Any permanent modifications to the approved county emergency
48 medical system plan, including the dissolution of an ambulance service
49 district or other significant modification of emergency medical services
50 agency coverage, including but not limited to an agency choosing to stop
51 servicing an area that is not otherwise served by an agency, shall
52 require review and approval by the department prior to implementation.
53 Such modifications shall be submitted in writing to the department no
54 less than one hundred eighty days before the proposed effective date of
55 the county plans.

(c) The county plan shall designate a primary responding emergency medical services agency or agencies responsible for responding to requests for emergency medical services within each part of the county. No emergency medical services agency designated in the county plan, may refuse to respond to a request for service within their primary response area or as listed in the plan unless they can prove, to the satisfaction of the department, that they are unable to respond because of capacity limitations.

(d) The county plan shall incorporate all ambulance services that hold a valid ambulance service certificate and have any designated geographic area within the county listed as primary territory on the operating certificate issued by the department.

(e) No county shall remove or reassign an area served by an existing emergency medical services agency where such emergency medical services agency is compliant with all statutory and regulatory requirements, and has agreed to participate in the provision of the approved county plan.

(f) The county plan shall incorporate findings from the emergency medical community assessment program, as described in section three thousand nineteen of this article, to identify opportunities for improvement, prioritize resource allocation, and determine additional needs for emergency medical services within the county.

(g) The county plan shall include any findings which demonstrate a public need for additional emergency medical services based on the considerations outlined in section three thousand eight of this article. Such findings shall be submitted to the regional emergency medical services council and the state emergency medical services council to provide recommendations and inform decisions related to regional determinations of public need.

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

[Any] General ambulance services are an essential service and a matter of state concern. Every county, city, town ~~or~~ and village, acting individually or jointly or in conjunction with a special district, ~~may provide~~ shall ensure that an emergency medical service, a general ambulance service or a combination of such services are provided for the purpose of providing prehospital emergency medical treatment or transporting sick or injured persons found within the boundaries of the municipality or the municipalities acting jointly to a hospital, clinic, sanatorium or other place for treatment of such illness or injury, ~~and for~~ provided, however, the provisions of this subdivision shall not apply to a city with a population of one million or more. For purposes of this section, "special district" shall have the same meaning as "improvement districts" as defined in article twelve-a of the town law. In furtherance of that purpose, a county, city, town or village may:

(g) Establish a special district for the financing and operation of general ambulance services, including support for agencies currently providing emergency medical services, as set forth by this section, whereby any county, city, town or village, acting individually, or jointly with any other county, city, town and/or village, through its governing body or bodies, following applicable procedures as are required for the establishment of fire districts in article eleven of the town law or following applicable procedures as are required for the establishment of joint fire districts in article eleven-A of the town law, with such special district being authorized by this section to be established in all or any part of any such participating county or coun-

1 ties, town or towns, city or cities and/or village or villages; provided
2 that the term "town board", "town", or "commissioner", insofar as either
3 is used in article eleven or article eleven-A of the town law, shall
4 mean the legislative body of a village, city having a population less
5 than one million, and county outside of any such city, as applicable for
6 such village, city, and county to establish or extend a special district
7 or special improvement district as authorized under this section.
8 Notwithstanding any provision of this article, rule or regulation to the
9 contrary, any special district created under this section shall not
10 overlap with a pre-existing city, town or village ambulance district
11 unless such existing district is merged into the newly created district.
12 No city, town or village shall eliminate or dissolve a pre-existing
13 ambulance district without express approval and consent by the county to
14 assume responsibility for the emergency medical services previously
15 provided by such district. Such express county approval and consent
16 shall be adopted by resolution of the county legislative body, and the
17 resolution shall be filed with the Department of State. When a special
18 district is established pursuant to this article, the cities, towns, or
19 villages contained within the county shall not reduce current ambulance
20 funding without such changes being incorporated into the comprehensive
21 county emergency medical system plan.

22 § 6. Section 3000 of the public health law, as amended by chapter 804
23 of the laws of 1992, is amended to read as follows:

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

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

43 § 7. Subdivision 1 of section 3001 of public health law, as amended by
44 chapter 804 of the laws of 1992, is amended to read as follows:

45 1. "Emergency medical service" means [~~initial emergency medical~~
46 ~~assistance including, but not limited to, the treatment of trauma,~~
47 ~~burns, respiratory, circulatory and obstetrical emergencies.~~] a coordi-
48 nated system of medical response, including assessment, treatment,
49 transportation, emergency medical dispatch, medical direction, and emer-
50 gency medical services education that provides essential emergency and
51 non-emergency care and transportation for the ill and injured, while
52 supporting public health, emergency preparedness, and risk mitigation
53 through an organized and planned response system.

54 § 8. The public health law is amended by adding a new section 3003-c
55 to read as follows:

§ 3003-c. Emergency medical services demonstration programs. 1. The purpose of this section is to promote innovation in emergency medical services by enabling agencies and practitioners to develop and test novel delivery models and care strategies that address the diverse needs of their communities. This includes improving patient outcomes, system efficiency, and cost-effectiveness, particularly in rural and underserved regions. Demonstration programs may enhance the operational goals of state and county emergency medical services plans and serve as models for broader adoption statewide.

2. The commissioner is authorized to:

(a) approve emergency medical services demonstration programs that align with the objectives of this section, ensuring that they address regional needs and promote system-level improvements;

(b) provide financial support for these programs, subject to the availability of appropriated funds; and

(c) grant narrowly tailored waivers for specific provisions of this article, article thirty-A of this chapter, or applicable regulations, as necessary to implement approved demonstration programs. Waivers shall prioritize patient safety and the integrity of care delivery.

3. Emergency medical services demonstration programs shall be submitted to the department for review and approval prior to implementation. Proposals must include a detailed plan outlining program objectives, operational details, anticipated outcomes, and mechanisms to ensure patient safety and compliance with applicable laws and regulations. Approved demonstration programs shall undergo periodic evaluation, assessing metrics such as patient outcomes, system performance, and cost-effectiveness, to ensure alignment with program goals and inform potential statewide adoption.

4. Demonstration programs approved under this section shall not include, overlap, or replicate services included in the community-based paramedicine demonstration program as defined under section three thousand eighteen of this article.

§ 9. Section 3020 of the public health law is amended by adding a new subdivision 3 to read as follows:

3. The department, in consultation with the state council, shall establish standards for the licensure of emergency medical services practitioners by the commissioner. Such standards shall align with existing requirements for certification and shall not impose additional burdens or requirements beyond those necessary to ensure competence and public safety. The term "licensed" shall replace "certified" to reflect the professional status of emergency medical services practitioners, including but not limited to emergency medical technicians and advanced emergency medical technicians.

§ 10. This act shall take effect six months after it shall have become a law.

PART S

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

§ 4552. Notice of material transactions; requirements. 1. A health care entity shall submit to the department written notice, with supporting documentation as described below and further defined in regulation developed by the department, which the department shall be in receipt of at least [~~thirty~~] sixty days before the closing date of the transaction,

1 in the form and manner prescribed by the department. Immediately upon
2 the submission to the department, the department shall submit electronic
3 copies of such notice with supporting documentation to the antitrust,
4 health care and charities bureaus of the office of the New York attorney
5 general. Such written notice shall include, but not be limited to:

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

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

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

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

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

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

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

21 (ii) any commitments by the health care entity to address anticipated
22 impacts[+];

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

30 (h) A statement as to whether a sale-leaseback agreement or mortgage
31 or lease payments or other payments associated with real estate are a
32 component of the proposed transaction and if so, the parties shall
33 provide the proposed sale-leaseback agreement or mortgage, lease, or
34 real estate documents with the notice.

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

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

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

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

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

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

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

52 (b) Annually, for a five-year period following closing of the trans-
53 action and on the date of such anniversary, parties to a material trans-
54 action shall notify the department, in the form and manner prescribed by
55 the department, of factors and metrics to assess the impacts of the
56 transaction on cost, quality, access, health equity, and competition.

1 The department may require that any party to a transaction, including
2 any parents or subsidiaries thereof, submit additional documents and
3 information in connection with the annual report required under this
4 paragraph, to the extent such additional information is necessary to
5 assess the impacts of the transaction on cost, quality, access, health
6 equity, and competition or to verify or clarify information submitted in
7 support or as part of the annual report required under this paragraph.
8 Parties shall submit such information within twenty-one days of request.

9 4. (a) The department shall conduct a preliminary review of all
10 proposed transactions. Review of a material transaction notice may also,
11 at the discretion of the department, consist of a full cost and market
12 impact review. The department shall notify the parties if and when it
13 determines that a full cost and market impact review is required and, if
14 so, the date that the preliminary review is completed.

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 parents or subsidiaries thereof, submit additional docu-
27 ments and information in connection with a material transaction notice
28 or a full cost and market impact review required under this section, to
29 the extent such additional information is necessary to conduct a prelim-
30 inary review of the transaction; to assess the impacts of the trans-
31 action on cost, quality, access, health equity, and competition; or to
32 verify or clarify information submitted pursuant to subdivision one of
33 this section. Parties shall submit such information within twenty-one
34 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 healthcare 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 ~~8.~~ Failure to [~~notify the department of a material transaction under~~
2 comply with any requirement of this section shall be subject to civil
3 penalties under section twelve of this chapter. Each day in which the
4 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 T

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

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

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

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

23 (i) be a registered professional nurse, certified nurse practitioner,
24 licensed physician assistant or licensed physician acting within their
25 lawful scope of practice and specially trained in forensic examination
26 of sexual offense victims and the preservation of forensic evidence in
27 such cases and certified as qualified to provide such services, pursuant
28 to regulations promulgated by the commissioner; and

29 (ii) have successfully completed a didactic and clinical training
30 course and post course preceptorship as appropriate to scope of practice
31 that aligns with guidance released by the commissioner.

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

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

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

39 (a) Notwithstanding any other provision of law, rule, or regulation to
40 the contrary, when any New York state accredited hospital, accredited
41 sexual assault examiner program, or licensed health care provider
42 furnishes services to any sexual assault survivor, including but not
43 limited to a health care forensic examination in accordance with the sex
44 offense evidence collection protocol and standards established by the
45 department of health, such hospital, sexual assault examiner program, or
46 licensed healthcare provider shall provide such services to the person
47 without charge and shall bill the office directly. The office, in
48 consultation with the department of health, shall define the specific
49 services to be covered by the sexual assault forensic exam reimbursement
50 fee, which must include at a minimum forensic examiner services, hospi-
51 tal or healthcare facility services related to the exam, and any neces-
52 sary related laboratory tests or pharmaceuticals; including but not
53 limited to HIV post-exposure prophylaxis provided by a hospital emergen-
54 cy room at the time of the forensic rape examination pursuant to para-

graph ~~(e)~~ (f) of subdivision one of section twenty-eight hundred five-i of the public health law. For a person eighteen years of age or older, follow-up HIV post-exposure prophylaxis costs shall continue to be reimbursed according to established office procedure. The office, in consultation with the department of health, shall also generate the necessary regulations and forms for the direct reimbursement procedure.

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

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

(c) provide emergency contraception to such survivor, unless contraindicated, upon ~~her~~ such survivor's request. No hospital may be required to provide emergency contraception to a rape survivor who is pregnant.

§ 4. 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 sections one and two of this act shall take effect October 1, 2025.

PART U

Section 1. Paragraph (g) of subdivision 2 of section 4100 of the public health law is REPEALED.

§ 2. Paragraphs (h) and (i) of subdivision 2 of section 4100 of the public health law, paragraph (h) as added by chapter 545 of the laws of 1965 and paragraph (i) as added by chapter 690 of the laws of 1994, are amended to read as follows:

~~(h)~~ (g) prescribe and prepare the necessary methods and forms for obtaining and preserving records and statistics of autopsies which are conducted by a coroner or by a medical examiner, or by ~~his~~ their order, within the state of New York, and shall require all those performing such autopsies, for the purpose of determining the cause of death or the means or manner of death, to enter upon such record the pathological appearances and findings embodying such information as may be prescribed, and to append thereto the diagnosis of the cause of death and the means or manner of death~~[-]; and~~

~~(i)~~ (h) upon notification by the division of criminal justice services that a person who was born in the state is a missing child, flag the certificate record of that person in such manner that whenever a copy of the record is requested, ~~he or she~~ such person shall be alerted to the fact that the record is that of a missing child. The commissioner shall also notify the appropriate registrar to likewise flag ~~his or her~~ their records. The commissioner or registrar shall immediately report to the local law enforcement authority and the division of criminal justice services any request concerning flagged birth records or knowledge as to the whereabouts of any missing child. Upon notification by the division of criminal justice services that the missing child has been recovered, the commissioner shall remove the flag from the person's certificate record and shall notify any other previously notified registrar to remove the flag from ~~his or her~~ their record. In the city of New York, the commissioner of the department of health for the city of New York shall implement the requirements of this paragraph.

§ 3. Section 4104 of the public health law, as amended by chapter 491 of the laws of 2019, is amended to read as follows:

§ 4104. Vital statistics; application of article. The provisions of this article except for the provisions contained in paragraph ~~(i)~~ (h) of subdivision two and subdivision four of section four thousand one hundred, section four thousand one hundred three, subdivision two of section four thousand one hundred thirty-five, section four thousand one hundred thirty-five-b, subdivision eight of section four thousand one hundred seventy-four, paragraphs (b) and (e) of subdivision one, paragraph (a) and (b) of subdivision three, and subdivisions five and eight of section four thousand one hundred thirty-eight, subdivision eleven of section four thousand one hundred thirty-eight-c, paragraph (b) of subdivision three of section four thousand one hundred thirty-eight-d, section four thousand one hundred thirty-eight-e and section four thousand one hundred seventy-nine of this article, shall not apply to the city of New York.

§ 4. Subdivision (h) of section 4170 of the public health law, as added by chapter 690 of the laws of 1994, is amended to read as follows:

(h) immediately notify the division of criminal justice services in the event that a copy of a birth certificate or information concerning the birth records of any person whose record is flagged pursuant to paragraph ~~(i)~~ (h) of subdivision two of section four thousand one hundred of this article is requested. In the event that a copy of the birth certificate of a person whose record is so flagged is requested in person, the registrar's personnel accepting the request shall immediately notify ~~his or her~~ their supervisor who shall notify the local law enforcement agency and department in accordance with regulations promulgated by the department. The person making the request shall complete a form as prescribed by the commissioner, which shall include the name, address, telephone numbers and social security numbers of the person making the request. A motor vehicle operator's license, or if such license is not available, such other identification as the commissioner determines to be satisfactory, shall be presented, photocopied and returned to ~~him or her~~ them. When a copy of the birth certificate of a person whose record has been flagged is requested in writing, the registrar shall notify the local law enforcement agency and the department in accordance with regulations promulgated by the department.

§ 5. Subdivisions 2, 3, 8, and 9 of section 4174 of the public health law, subdivisions 2 and 3 as amended by section 2 and subdivision 9 as added by section 3 of part W2 of chapter 62 of the laws of 2003 and subdivision 8 as added by chapter 690 of the laws of 1994, are amended to read as follows:

2. Each applicant for a certification of birth or death, certificate of birth data or for a certified copy or certified transcript of a birth or death certificate or certificate of birth data shall remit to the commissioner with such application a fee of ~~thirty~~ forty-five dollars in payment for the search of the files and records and the furnishing of a certification, certified copy or certified transcript if such record is found or for a certification that a search discloses no record of a birth or of a death.

3. ~~For any~~ Regarding requests to search ~~of the files and~~ vital records ~~conducted~~ for authorized genealogical or research purposes ~~the commissioner or any person authorized by him shall be entitled to, and the applicant shall pay, a fee of twenty dollars for each hour or fractional part of an hour of time of search, together with a fee of two dollars for each uncertified copy or abstract of such record requested by the applicant or for a certification that a search discloses no record.~~ ;

(a) Notwithstanding any contrary provision of law, the commissioner shall have the authority to determine the means and methods by which the following genealogical records may be released to an applicant meeting the qualifications to receive the relevant record type as described in this article or article three of the domestic relations law: (1) a record of birth which has been on file for at least one hundred twenty-five years, when the person to whom the record relates is known to be deceased, (2) a record of death which has been on file for at least seventy-five years, or (3) a record of marriage or dissolution of marriage which has been on file for at least one hundred years, when both parties to the marriage are known to be deceased. No such record or abstract of such record shall be subject to disclosure under article six of the public officers law.

(b) The commissioner or any person authorized by them shall have the authority to approve a request for records sought for research purposes. In the event that such approval is granted, the commissioner or any person authorized by them shall be entitled to, and the applicant shall pay, a fee of fifty dollars for each hour or fractional part of each hour of time devoted to search or retrieval of records, together with a fee of forty-five dollars for each uncertified copy or abstract of an individual record or for a certification that a search discloses no record.

8. The commissioner, the commissioner of health of the city of New York, or any person authorized by the commissioner having jurisdiction shall immediately notify the division of criminal justice services in the event that a copy of a birth certificate or information concerning the birth records of any person whose record is flagged pursuant to paragraph ~~[(i)]~~ (h) of subdivision two of section four thousand one hundred of this article is requested. In the event that a copy of the birth certificate of a person whose record is so flagged is requested in person, the personnel accepting the request shall immediately notify ~~[his or her]~~ their supervisor. The person making the request shall complete a form as prescribed by the commissioner or, in the city of New York, the commissioner of health of the city of New York, which shall include the name, address and telephone numbers and social security number of the person making the request. A motor vehicle operator's license, or if such license is not available, such other identification as the commissioner, or in the city of New York, the commissioner of the New York city department of health, determines to be satisfactory, of the person making the request shall be presented, shall be photocopied and returned to ~~[him or her]~~ them. The person receiving the request shall note the physical description of the person making the request and ~~[his or her]~~ their supervisor shall immediately notify the local law enforcement authority as to the request and the information obtained pursuant to this ~~[subsection]~~ subdivision. When a copy of the birth certificate of a person whose record has been flagged is requested in writing, the law enforcement authority having jurisdiction shall be notified as to the request and shall be provided with a copy of the written request. The registrar shall retain the original written response.

9. The commissioner may institute an additional fee of ~~[fifteen]~~ thirty dollars for priority handling for each certification, certified copy or certified transcript of certificates of birth, death, or dissolution of marriage; or ~~[fifteen]~~ thirty dollars for priority handling for each certification, certified copy or certified transcript of certificate of marriage.

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

PART V

Section 1. This part enacts into law major components of legislation relating to the scope of practice of certified nurse aides, medical assistants, pharmacists, and pharmacy technicians. Each component is wholly contained within a Subpart identified as Subparts A through F. The effective date for each particular provision contained within such Subpart is set forth in the last section of such Subpart. Any provision in any section contained within a Subpart, including the effective date of the Subpart, which makes reference to a section "of this act", when used in connection with that particular component, shall be deemed to mean and refer to the corresponding section of the Subpart in which it is found. Section three of this Part sets forth the general effective date of this Part.

SUBPART A

Section 1. Section 6908 of the education law is amended by adding a new subdivision 3 to read as follows:

3. This article shall not be construed as prohibiting medication related tasks provided by a certified medication aide working in a residential health care facility, as defined in section twenty-eight hundred one of the public health law, in accordance with regulations developed by the commissioner of health, in consultation with the commissioner. The commissioner of health, in consultation with the commissioner, shall adopt regulations governing certified medication aides that, at a minimum, shall:

a. specify the medication-related tasks that may be performed by certified medication aides pursuant to this subdivision. Such tasks shall include the administration of medications which are routine and pre-filled or otherwise packaged in a manner that promotes relative ease of administration, provided that administration of medications by injection, sterile procedures, and central line maintenance shall be prohibited. Provided, however, such prohibition shall not apply to injections of insulin or other injections for diabetes care, to injections of low molecular weight heparin, and to pre-filled auto-injections of naloxone and epinephrine for emergency purposes, and provided, further, that entities employing certified medication aides pursuant to this subdivision shall establish a systematic approach to address drug diversion;

b. provide that medication-related tasks performed by certified medication aides may be performed only under appropriate supervision as determined by the commissioner of health;

c. establish a process by which a registered professional nurse may assign medication-related tasks to a certified medication aide. Such process shall include, but not be limited to:

(i) allowing assignment of medication-related tasks to a certified medication aide only where such certified medication aide has demonstrated to the satisfaction of the supervising registered professional nurse competency in every medication-related task that such certified medication aide is authorized to perform, a willingness to perform such medication-related tasks, and the ability to effectively and efficiently

1 communicate with the individual receiving services and understand such
2 individual's needs;

3 (ii) authorizing the supervising registered professional nurse to
4 revoke any assigned medication-related task from a certified medication
5 aide for any reason; and

6 (iii) authorizing multiple registered professional nurses to jointly
7 agree to assign medication-related tasks to a certified medication aide,
8 provided further that only one registered professional nurse shall be
9 required to determine if the certified medication aide has demonstrated
10 competency in the medication-related task to be performed;

11 d. provide that medication-related tasks may be performed only in
12 accordance with and pursuant to an authorized health practitioner's
13 ordered care;

14 e. provide that only a certified nurse aide may perform medication-re-
15 lated tasks as a certified medication aide when such aide has:

16 (i) a valid New York state nurse aide certificate;

17 (ii) a high school diploma, or its equivalent;

18 (iii) evidence of being at least eighteen years old;

19 (iv) at least one year of experience providing nurse aide services in
20 a residential health care facility licensed pursuant to article twenty-
21 eight of the public health law or a similarly licensed facility in
22 another state or United States territory;

23 (v) the ability to read, write, and speak English and to perform basic
24 math skills;

25 (vi) completed the requisite training and demonstrated competencies of
26 a certified medication aide as determined by the commissioner of health
27 in consultation with the commissioner;

28 (vii) successfully completed competency examinations satisfactory to
29 the commissioner of health in consultation with the commissioner; and

30 (viii) meets other appropriate qualifications as determined by the
31 commissioner of health in consultation with the commissioner;

32 f. prohibit a certified medication aide from holding themselves out,
33 or accepting employment as, a person licensed to practice nursing under
34 the provisions of this article;

35 g. provide that a certified medication aide is not required nor
36 permitted to assess the medication or medical needs of an individual;

37 h. provide that a certified medication aide shall not be authorized to
38 perform any medication-related tasks or activities pursuant to this
39 subdivision that are outside the scope of practice of a licensed practi-
40 cal nurse or any medication-related tasks that have not been appropri-
41 ately assigned by the supervising registered professional nurse;

42 i. provide that a certified medication aide shall document all medica-
43 tion-related tasks provided to an individual, including medication
44 administration to each individual through the use of a medication admin-
45 istration record; and

46 j. provide that the supervising registered professional nurse shall
47 retain the discretion to decide whether to assign medication-related
48 tasks to certified medication aides under this program and shall not be
49 subject to coercion, retaliation, or the threat of retaliation.

50 § 2. Section 6909 of the education law is amended by adding a new
51 subdivision 12 to read as follows:

52 12. A registered professional nurse, while working for a residential
53 health care facility licensed pursuant to article twenty-eight of the
54 public health law, may, in accordance with this subdivision, assign
55 certified medication aides to perform medication-related tasks for indi-
56 viduals pursuant to the provisions of subdivision three of section

1 sixty-nine hundred eight of this article and supervise certified medica-
2 tion aides who perform assigned medication-related tasks.

3 § 3. Paragraph (a) of subdivision 3 of section 2803-j of the public
4 health law, as added by chapter 717 of the laws of 1989, is amended to
5 read as follows:

6 (a) Identification of individuals who have successfully completed a
7 nurse aide training and competency evaluation program, ~~[or]~~ a nurse aide
8 competency evaluation program, or a medication aide program;

9 § 4. The commissioner of health shall, in consultation with the
10 commissioner of education, issue a report on the implementation of
11 certified medication aides in residential care facilities in the state
12 two years after the effective date of this act. Such report shall
13 include the number of certified medication aides authorized pursuant to
14 this act; the impact, if any, that the introduction of certified medica-
15 tion aides had on workforce availability in residential care facilities
16 and/or the retention of registered nurses and/or licensed practical
17 nurses working in residential care facilities; the number of complaints
18 pertaining to services provided by certified medication aides that were
19 reported to the department of health; and the number of certified medi-
20 cation aides who had their authorization limited or revoked. Such report
21 shall provide recommendations to the governor and the chairs of the
22 senate and assembly health and higher education committees regarding the
23 implementation of certified medication aides pursuant to this act, and
24 any recommendations related thereto.

25 § 5. This act shall take effect on the one hundred eightieth day after
26 it shall have become a law and shall expire ten years following such
27 effective date when upon such date the provisions of this act shall
28 expire and be deemed repealed.

29 SUBPART B

30 Section 1. Section 6526 of the education law is amended by adding a
31 new subdivision 9-a to read as follows:

32 9-a. A medical assistant when drawing and administering an immuniza-
33 tion in an outpatient office setting under the direct supervision of a
34 physician or a physician assistant.

35 § 2. The public health law is amended by adding a new section 2113 to
36 read as follows:

37 § 2113. Administration of immunizations; medical assistants. Notwith-
38 standing any other law, rule, or regulation to the contrary, physicians
39 and physician assistants are hereby authorized to delegate the task of
40 drawing up and administering immunizations to medical assistants in
41 outpatient office settings provided such immunizations are recommended
42 by the advisory committee for immunization practices (ACIP) of the
43 Centers for Disease Control and Prevention; and provided further that
44 medical assistants receive appropriate training and adequate supervision
45 determined pursuant to regulations by the commissioner in consultation
46 with the commissioner of education.

47 § 3. This act shall take effect on the one hundred eightieth day after
48 it shall have become a law. Effective immediately, the addition, amend-
49 ment and/or repeal of any rule or regulation necessary for the implemen-
50 tation of this act on its effective date are authorized to be made and
51 completed on or before such effective date.

52 SUBPART C

1 Section 1. Paragraph (a) and (b) of subdivision 7 of section 6527 of
2 the education law, as amended by chapter 555 of the laws of 2021, are
3 amended to read as follows:

4 (a) administering immunizations to prevent influenza and COVID-19 to
5 patients two years of age or older; and (b) administering immunizations
6 to prevent pneumococcal, acute herpes zoster, hepatitis A, hepatitis B,
7 human papillomavirus, measles, mumps, rubella, varicella, [~~COVID-19,~~
8 meningococcal, tetanus, diphtheria or pertussis disease and medications
9 required for emergency treatment of anaphylaxis to patients eighteen
10 years of age or older; and

11 § 2. Paragraph (b) of subdivision 4 of section 6801 of the education
12 law, as amended by section 1 of part DD of chapter 57 of the laws of
13 2018, is amended to read as follows:

14 (b) education materials on influenza and COVID-19 vaccinations for
15 children as determined by the commissioner and the commissioner of
16 health.

17 § 3. Subparagraph 2 of paragraph (a) of subdivision 22 of section 6802
18 of the education law, as amended by chapter 802 of the laws of 2022, is
19 amended to read as follows:

20 (2) the direct application of an immunizing agent to children between
21 the ages of two and eighteen years of age, whether by injection, inges-
22 tion, inhalation or any other means, pursuant to a patient specific
23 order or non-patient specific regimen prescribed or ordered by a physi-
24 cian or certified nurse practitioner, for immunization to prevent influ-
25 enza and COVID-19 and medications required for emergency treatment of
26 anaphylaxis resulting from such immunization. If the commissioner of
27 health determines that there is an outbreak of influenza or COVID-19, or
28 that there is the imminent threat of an outbreak of influenza or COVID-
29 19, then the commissioner of health may issue a non-patient specific
30 regimen applicable statewide.

31 § 4. Paragraphs (a) and (b) of subdivision 7 of section 6909 of the
32 education law, as amended by chapter 555 of the laws of 2021, are
33 amended to read as follows:

34 (a) administering immunizations to prevent influenza and COVID-19 to
35 patients two years of age or older; and (b) administering immunizations
36 to prevent pneumococcal, acute herpes zoster, hepatitis A, hepatitis B,
37 human papillomavirus, measles, mumps, rubella, varicella, [~~COVID-19,~~
38 meningococcal, tetanus, diphtheria or pertussis disease and medications
39 required for emergency treatment of anaphylaxis to patients eighteen
40 years of age or older; and

41 § 5. Subdivision 1 of section 6841 of the education law, as added by
42 chapter 414 of the laws of 2019, is amended to read as follows:

43 1. (a) A registered pharmacy technician may, under the direct personal
44 supervision of a licensed pharmacist, assist such licensed pharmacist,
45 as directed, in compounding, preparing, labeling, or dispensing of drugs
46 used to fill valid prescriptions or medication orders or in compounding,
47 preparing, and labeling in anticipation of a valid prescription or medi-
48 cation order for a patient to be served by the facility, in accordance
49 with article one hundred thirty-seven of this title where such tasks
50 require no professional judgment. Such professional judgment shall only
51 be exercised by a licensed pharmacist. A registered pharmacy technician
52 may administer the same immunizations as licensed pharmacists are
53 authorized to administer under the direct supervision of a licensed
54 pharmacist consistent with the training and other requirements in arti-
55 cle one hundred thirty-seven of this title. A registered pharmacy tech-
56 nician may only practice in a facility licensed in accordance with arti-

cle twenty-eight of the public health law, or a pharmacy owned and operated by such a facility, under the direct personal supervision of a licensed pharmacist employed in such a facility or pharmacy. Such facility shall be responsible for ensuring that the registered pharmacy technician has received appropriate training, in accordance with paragraph (b) of this subdivision, to ensure competence before ~~[he or she]~~ such registered pharmacy technician begins assisting a licensed pharmacist in compounding, administering immunizations, preparing, labeling, or dispensing of drugs, in accordance with this article and article one hundred thirty-seven of this title. For the purposes of this article, direct personal supervision means supervision of procedures based on instructions given directly by a supervising licensed pharmacist who remains in the immediate area where the procedures are being performed, authorizes the procedures and evaluates the procedures performed by the registered pharmacy technicians and a supervising licensed pharmacist shall approve all work performed by the registered pharmacy technician prior to the actual dispensing of any drug.

(b) No registered pharmacy technician shall administer immunizing agents without receiving training satisfactory to the commissioner, in consultation with the commissioner of health, as prescribed in regulations of the commissioner, which shall include, but not be limited to: techniques for screening individuals and obtaining informed consent; techniques of administration; indications, precautions, and contraindications in the use of an agent or agents; recordkeeping of immunization and information; and handling emergencies, including anaphylaxis and needlestick injuries. The registered pharmacy technician and the facility shall maintain documentation that the registered pharmacy technician has completed the required training, pursuant to regulations of the commissioner.

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

SUBPART D

Section 1. Section 6801 of the education law is amended by adding a new subdivision 10 to read as follows:

10. A licensed pharmacist within their lawful scope of practice may prescribe and order medications to treat nicotine dependence approved by the federal food and drug administration for smoking cessation.

§ 2. This act shall take effect nine months after it shall have become a law.

SUBPART E

Section 1. Notwithstanding any other provision of law, rule, or regulation to the contrary, the following articles of title 8 of the education law governing the healthcare professions are hereby REPEALED and all removed provisions, and all powers authorized pursuant to such provisions, are hereby added to the public health law under the authority of the commissioner of health, pursuant to a plan to be proposed not inconsistent with this section, which shall include the text of the new laws to be adopted.

Article 131 MEDICINE

Article 131-A DEFINITIONS OF PROFESSIONAL MISCONDUCT APPLICABLE TO PHYSICIANS, PHYSICIAN'S ASSISTANTS AND SPECIALIST'S ASSISTANTS

Article 131-B PHYSICIAN ASSISTANTS

1 Article 131-C SPECIALIST ASSISTANTS

2 § 2. Transfer of functions, powers, duties and obligations. Notwith-
3 standing any inconsistent provisions of law to the contrary, effective
4 January 1, 2026, all functions, powers, duties and obligations of the
5 education department concerning the professions of medicine, physicians,
6 physician assistants, and specialist assistants under title 8 of the
7 education law shall be transferred to the New York state department of
8 health.

9 § 3. Transfer of records. All books, papers and property of the state
10 education department with respect to the functions, powers and duties
11 transferred by sections one through nine of this act are to be delivered
12 to the appropriate offices within the department of health, at such
13 place and time, and in such manner as the department of health requires.

14 § 4. Continuity of authority. For the purpose of all functions,
15 powers, duties and obligations of the state education department trans-
16 ferred to and assumed by the department of health, the department of
17 health shall continue the operation of the provisions previously done by
18 the state education department, pursuant to sections one through ten of
19 this act.

20 § 5. Completion of unfinished business. Any business or other matter
21 undertaken or commenced by the state education department pertaining to
22 or connected with the functions, powers, duties and obligations hereby
23 transferred and assigned to the department of health and pending on the
24 effective date of January 1, 2026 shall be conducted and completed by
25 the department of health in the same manner and under the same terms and
26 conditions and with the same effect as if conducted and completed by the
27 state education department.

28 § 6. Continuation of rules and regulations. All rules, regulations,
29 acts, orders, determinations, and decisions of the state education
30 department in force at the time of such transfer and assumption, shall
31 continue in force and effect as rules, regulations, acts, orders, deter-
32 minations and decisions of the department of health until duly modified
33 or abrogated by the department of health.

34 § 7. Terms occurring in laws, contracts and other documents. When-
35 ever the state education department is referred to or designated in any
36 law, contract or document pertaining to the functions, powers, obli-
37 gations and duties hereby transferred and assigned, such reference or
38 designation shall be deemed to refer to department of health or the
39 commissioner thereof.

40 § 8. Existing rights and remedies preserved. No existing right or
41 remedy of any character shall be lost, impaired or affected by reason of
42 sections one through ten of this act.

43 § 9. Pending actions or proceedings. No action or proceeding pending
44 at the time when sections one through ten of this act shall take effect
45 relating to the functions, powers and duties of the state education
46 department transferred pursuant to sections one through eight of this
47 act, brought by or against the state education department or board of
48 regents shall be affected by any provision of this act, but the same may
49 be prosecuted or defended in the name of the commissioner of the depart-
50 ment of health. In all such actions and proceedings, the commissioner of
51 health, upon application to the court, shall be substituted as a party.

52 § 10. Transfer of appropriations heretofore made to the state educa-
53 tion department. Upon the transfer pursuant to sections one through nine
54 of this act of the functions and powers possessed by and of the obli-
55 gations and duties of the education department, all appropriations and
56 reappropriations which shall have been made available as of the date of

1 such transfer to the education department, or segregated pursuant to
2 law, to the extent of remaining unexpended or unencumbered balances
3 thereof, whether allocated or unallocated and whether obligated or unob-
4 ligated, shall be transferred to and made available for use and expendi-
5 ture by the department of health and shall be payable on vouchers certi-
6 fied or approved by the commissioner of taxation and finance, on audit
7 and warrant of the comptroller. Payments of liabilities for expenses of
8 personnel services, maintenance and operation which shall have been
9 incurred as of the date of such transfer by the education department,
10 and for liabilities incurred and to be incurred in completing its
11 affairs, shall also be made on vouchers certified or approved by the
12 commissioner of education on audit and warrant of the comptroller.

13 § 11. This act shall take effect January 1, 2026.

14 SUBPART F

15 Section 1. Section 6542 of the education law, as amended by chapter
16 520 of the laws of 2024, is amended to read as follows:

17 § 6542. Performance of medical services. 1. Notwithstanding any other
18 provision of law, a physician assistant may perform medical services,
19 but only when under the supervision of a physician and only when such
20 acts and duties as are assigned to such physician assistant are within
21 the scope of practice of such supervising physician unless otherwise
22 permitted by this section.

23 1-a. (a) A physician assistant may practice without the supervision of
24 a physician under the following circumstances:

25 (i) Where the physician assistant, licensed under section sixty-five
26 hundred forty-one of this article has practiced for more than eight
27 thousand hours within the same or a substantially similar specialty that
28 the physician assistant seeks to practice in without supervision; and
29 (A) is practicing in primary care. For purposes of this clause, "primary
30 care" shall mean non-surgical care in the fields of general pediatrics,
31 general adult medicine, general geriatric medicine, general internal
32 medicine, obstetrics and gynecology, family medicine, or such other
33 related areas as determined by the commissioner of health; or (B) is
34 employed by a health system or hospital established under article twen-
35 ty-eight of the public health law, and the health system or hospital
36 determines the physician assistant meets the qualifications of the
37 medical staff bylaws and the health system or hospital gives the physi-
38 cian assistant privileges; and

39 (ii) Where a physician assistant licensed under section sixty-five
40 hundred forty-one of this article has completed a program approved by
41 the department of health, in consultation with the department, when such
42 services are performed within the scope of such program.

43 (b) The department and the department of health are authorized to
44 promulgate and update regulations pursuant to this section.

45 (c) In the event that a physician assistant seeks to practice in a
46 substantially different specialty, the physician assistant shall
47 complete at least eight thousand hours of practice in such new specialty
48 before such physician assistant may practice without physician super-
49 vision pursuant to subdivision (a) of this section.

50 2. [~~Supervision~~] Where supervision is required by this section, it
51 shall be continuous but shall not be construed as necessarily requiring
52 the physical presence of the supervising physician at the time and place
53 where such services are performed.

~~3. [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. 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.~~

~~6. Notwithstanding any other provision of law, a trainee in an approved program may perform medical services when such services are performed within the scope of such program] meet the qualifications of the medical staff bylaws and are given privileges and otherwise meet the requirements of this section.~~

~~[7.] 4. A physician assistant shall be authorized to prescribe, dispense, order, administer, or procure items necessary to commence or complete a course of therapy.~~

~~5. A physician assistant may prescribe and order a patient specific order or non-patient specific regimen to a licensed pharmacist or registered professional nurse, pursuant to regulations promulgated by the commissioner of health, and consistent with the public health law, for administering immunizations. Nothing in this subdivision shall authorize unlicensed persons to administer immunizations, vaccines or other drugs.~~

~~6. A physician assistant may prescribe and order a non-patient specific regimen to a registered professional nurse, pursuant to regulations promulgated by the commissioner, and consistent with the public health law, for:~~

- ~~(a) administering immunizations.~~
- ~~(b) the emergency treatment of anaphylaxis.~~
- ~~(c) administering purified protein derived (PPD) tests or other tests to detect or screen for tuberculosis infections.~~
- ~~(d) administering tests to determine the presence of the human immunodeficiency virus.~~
- ~~(e) administering tests to determine the presence of the hepatitis C virus.~~
- ~~(f) the urgent or emergency treatment of opioid related overdose or suspected opioid related overdose.~~
- ~~(g) screening of persons at increased risk of syphilis, gonorrhea, and chlamydia.~~
- ~~(h) administering electrocardiogram tests to detect signs and symptoms of acute coronary syndrome.~~
- ~~(i) administering point-of-care blood glucose tests to evaluate acute mental status changes in persons with suspected hypoglycemia.~~
- ~~(j) administering tests and intravenous lines to persons that meet severe sepsis and septic shock criteria.~~
- ~~(k) administering tests to determine pregnancy.~~
- ~~(l) administering tests to determine the presence of COVID-19 or its antibodies or influenza virus.~~

~~[8.] 7. Nothing in this article, or in article thirty-seven of the public health law, shall be construed to authorize physician assistants to perform those specific functions and duties specifically delegated by law to those persons licensed as allied health professionals under the public health law or this chapter.~~

§ 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 section 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 or certified nurse practitioner'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]~~ the supervising physician as applicable under section sixty-five hundred forty-two of the education law, may prescribe controlled substances as a practitioner under article thirty-three of this chapter, to patients under the care of such physician responsible for ~~[his or her]~~ such physician assistant's 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. Paragraph a of subdivision 2 of section 902 of the education law, as amended by chapter 376 of the laws of 2015, is amended to read as follows:

a. The board of education, and the trustee or board of trustees of each school district, shall employ, at a compensation to be agreed upon by the parties, a qualified physician, a physician assistant, or a nurse

1 practitioner to the extent authorized by the nurse practice act and
2 consistent with subdivision three of section six thousand nine hundred
3 two of this chapter, to perform the duties of the director of school
4 health services, including any duties conferred on the school physician
5 or school medical inspector under any provision of law, to perform and
6 coordinate the provision of health services in the public schools and to
7 provide health appraisals of students attending the public schools in
8 the city or district. The physicians, physician assistants, or nurse
9 practitioners so employed shall be duly licensed pursuant to applicable
10 law.

11 § 6. Subdivision 27 of section 3302 of the public health law, as
12 amended by chapter 92 of the laws of 2021, is amended to read as
13 follows:

14 27. "Practitioner" means:

15 A physician, physician assistant, dentist, podiatrist, veterinarian,
16 scientific investigator, or other person licensed, or otherwise permit-
17 ted to dispense, administer or conduct research with respect to a
18 controlled substance in the course of a licensed professional practice
19 or research licensed pursuant to this article. Such person shall be
20 deemed a "practitioner" only as to such substances, or conduct relating
21 to such substances, as is permitted by [~~his~~] their license, permit or
22 otherwise permitted by law.

23 § 7. This act shall take effect December 31, 2025; provided, however,
24 that if the provisions of chapter 520 of the laws of 2024 have taken
25 effect on or before such date, then sections one and three of this act
26 shall take effect on the same date and in the same manner as such chap-
27 ter of the laws of 2024 takes effect; and provided further, however,
28 that the amendments to paragraph (l) of subdivision 7 of section 6542 of
29 the education law made by section one of this act shall not affect the
30 repeal of such paragraph and shall be deemed repealed therewith.

31 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
32 sion, section, or subpart of this part shall be adjudged by any court of
33 competent jurisdiction to be invalid, such judgment shall not affect,
34 impair, or invalidate the remainder of that subpart or this part, but
35 shall be confined in its operation to the clause, sentence, paragraph,
36 subdivision, section, or subpart directly involved in the controversy in
37 which such judgment shall have been rendered. It is hereby declared to
38 be the intent of the legislature that this part and each subpart herein
39 would have been enacted even if such invalid provisions had not been
40 included herein.

41 § 3. This act shall take effect immediately and shall be deemed to
42 have been in full force and effect on and after April 1, 2025; provided,
43 however, that the applicable effective dates of Subparts A through F of
44 this act shall be as specifically set forth in the last section of such
45 Subparts.

46 PART W

47 Section 1. Article 170 of the education law is renumbered article 171
48 and a new article 170 is added to title 8 of the education law to read
49 as follows:

50 ARTICLE 170

51 NURSE LICENSURE COMPACT

52 Section 8900. Nurse licensure compact.

53 8901. Findings and declaration of purpose.

54 8902. Definitions.

8903. General provisions and jurisdiction.

8904. Applications for licensure in a party state.

8905. Additional authorities invested in party state licensing boards.

8906. Coordinated licensure information system and exchange of information.

8907. Establishment of the interstate commission of nurse licensure compact administrators.

8908. Rulemaking.

8909. Oversight, dispute resolution and enforcement.

8910. Effective date, withdrawal and amendment.

8911. Construction and severability.

§ 8900. Nurse licensure compact. The nurse license compact as set forth in the article is hereby adopted and entered into with all party states joining therein.

§ 8901. Findings and declaration of purpose 1. Findings. The party states find that:

a. The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;

b. Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;

c. The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

d. New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;

e. The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant for both nurses and states; and

f. Uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.

2. Declaration of purpose. The general purposes of this compact are to:

a. Facilitate the states' responsibility to protect the public's health and safety;

b. Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;

c. Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;

d. Promote compliance with the laws governing the practice of nursing in each jurisdiction;

e. Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;

f. Decrease redundancies in the consideration and issuance of nurse licenses; and

g. Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

§ 8902. Definitions. 1. Definitions. As used in this compact:

a. "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against a nurse, including actions against an individual's license or multistate licensure privilege such

1 as revocation, suspension, probation, monitoring of the licensee, limi-
2 tation on the licensee's practice, or any other encumbrance on licensure
3 affecting a nurse's authorization to practice, including issuance of a
4 cease and desist action.

5 b. "Alternative program" means a non-disciplinary monitoring program
6 approved by a licensing board.

7 c. "Coordinated licensure information system" means an integrated
8 process for collecting, storing and sharing information on nurse licen-
9 sure and enforcement activities related to nurse licensure laws that is
10 administered by a nonprofit organization composed of and controlled by
11 licensing boards.

12 d. "Commission" means the interstate commission of nurse licensure
13 compact administrators.

14 e. "Current significant investigative information" means:

15 1. Investigative information that a licensing board, after a prelimi-
16 nary inquiry that includes notification and an opportunity for the nurse
17 to respond, if required by state law, has reason to believe is not
18 groundless and, if proved true, would indicate more than a minor infrac-
19 tion; or

20 2. Investigative information that indicates that the nurse represents
21 an immediate threat to public health and safety regardless of whether
22 the nurse has been notified and had an opportunity to respond.

23 f. "Encumbrance" means a revocation or suspension of, or any limita-
24 tion on, the full and unrestricted practice of nursing imposed by a
25 licensing board.

26 g. "Home state" means the party state which is the nurse's primary
27 state of residence.

28 h. "Licensing board" means a party state's regulatory body responsible
29 for issuing nurse licenses.

30 i. "Multistate license" means a license to practice as a registered
31 nurse (RN) or as a licensed practical/vocational nurse (LPN/VN), which
32 is issued by a home state licensing board, and which authorizes the
33 licensed nurse to practice in all party states under a multistate licen-
34 sure privilege.

35 j. "Multistate licensure privilege" means a legal authorization asso-
36 ciated with a multistate license permitting the practice of nursing as
37 either a RN or a LPN/VN in a remote state.

38 k. "Nurse" means RN or LPN/VN, as those terms are defined by each
39 party state's practice laws.

40 l. "Party state" means any state that has adopted this compact.

41 m. "Remote state" means a party state, other than the home state.

42 n. "Single-state license" means a nurse license issued by a party
43 state that authorizes practice only within the issuing state and does
44 not include a multistate licensure privilege to practice in any other
45 party state.

46 o. "State" means a state, territory or possession of the United States
47 and the District of Columbia.

48 p. "State practice laws" means a party state's laws, rules and regu-
49 lations that govern the practice of nursing, define the scope of nursing
50 practice, and create the methods and grounds for imposing discipline.
51 "State practice laws" shall not include requirements necessary to obtain
52 and retain a license, except for qualifications or requirements of the
53 home state.

54 § 8903. General provisions and jurisdiction. 1. General provisions and
55 jurisdiction. a. A multistate license to practice registered or licensed
56 practical/vocational nursing issued by a home state to a resident in

1 that state will be recognized by each party state as authorizing a nurse
2 to practice as a registered nurse (RN) or as a licensed
3 practical/vocational nurse (LPN/VN), under a multistate licensure privi-
4 lege, in each party state.

5 b. A state shall implement procedures for considering the criminal
6 history records of applicants for an initial multistate license or
7 licensure by endorsement. Such procedures shall include the submission
8 of fingerprints or other biometric-based information by applicants for
9 the purpose of obtaining an applicant's criminal history record informa-
10 tion from the federal bureau of investigation and the agency responsible
11 for retaining that state's criminal records.

12 c. Each party state shall require its licensing board to authorize an
13 applicant to obtain or retain a multistate license in the home state
14 only if the applicant:

15 i. Meets the home state's qualifications for licensure or renewal of
16 licensure, and complies with all other applicable state laws;

17 ii. (1) Has graduated or is eligible to graduate from a licensing
18 board-approved RN or LPN/VN prelicensure education program; or

19 (2) Has graduated from a foreign RN or LPN/VN prelicensure education
20 program that has been: (A) approved by the authorized accrediting body
21 in the applicable country, and (B) verified by an independent creden-
22 tials review agency to be comparable to a licensing board-approved pre-
23 licensure education program;

24 iii. Has, if a graduate of a foreign prelicensure education program
25 not taught in English or if English is not the individual's native
26 language, successfully passed an English proficiency examination that
27 includes the components of reading, speaking, writing and listening;

28 iv. Has successfully passed an NCLEX-RN or NCLEX-PN examination or
29 recognized predecessor, as applicable;

30 v. Is eligible for or holds an active, unencumbered license;

31 vi. Has submitted, in connection with an application for initial
32 licensure or licensure by endorsement, fingerprints or other biometric
33 data for the purpose of obtaining criminal history record information
34 from the federal bureau of investigation and the agency responsible for
35 retaining that state's criminal records;

36 vii. Has not been convicted or found guilty, or has entered into an
37 agreed disposition, of a felony offense under applicable state or feder-
38 al criminal law;

39 viii. Has not been convicted or found guilty, or has entered into an
40 agreed disposition, of a misdemeanor offense related to the practice of
41 nursing as determined on a case-by-case basis;

42 ix. Is not currently enrolled in an alternative program;

43 x. Is subject to self-disclosure requirements regarding current
44 participation in an alternative program; and

45 xi. Has a valid United States social security number.

46 d. All party states shall be authorized, in accordance with existing
47 state due process law, to take adverse action against a nurse's multi-
48 state licensure privilege such as revocation, suspension, probation or
49 any other action that affects a nurse's authorization to practice under
50 a multistate licensure privilege, including cease and desist actions. If
51 a party state takes such action, it shall promptly notify the adminis-
52 trator of the coordinated licensure information system. The administra-
53 tor of the coordinated licensure information system shall promptly noti-
54 fy the home state of any such actions by remote states.

55 e. A nurse practicing in a party state shall comply with the state
56 practice laws of the state in which the client is located at the time

1 service is provided. The practice of nursing is not limited to patient
2 care but shall include all nursing practice as defined by the state
3 practice laws of the party state in which the client is located. The
4 practice of nursing in a party state under a multistate licensure privi-
5 lege will subject a nurse to the jurisdiction of the licensing board,
6 the courts and the laws of the party state in which the client is
7 located at the time service is provided.

8 f. Individuals not residing in a party state shall continue to be able
9 to apply for a party state's single-state license as provided under the
10 laws of each party state. However, the single-state license granted to
11 these individuals will not be recognized as granting the privilege to
12 practice nursing in any other party state. Nothing in this compact shall
13 affect the requirements established by a party state for the issuance of
14 a single-state license.

15 g. Any nurse holding a home state multistate license, on the effective
16 date of this compact, may retain and renew the multistate license issued
17 by the nurse's then-current home state, provided that:

18 i. A nurse, who changes primary state of residence after this
19 compact's effective date, shall meet all applicable requirements set
20 forth in this article to obtain a multistate license from a new home
21 state.

22 ii. A nurse who fails to satisfy the multistate licensure requirements
23 set forth in this article due to a disqualifying event occurring after
24 this compact's effective date shall be ineligible to retain or renew a
25 multistate license, and the nurse's multistate license shall be revoked
26 or deactivated in accordance with applicable rules adopted by the
27 commission.

28 § 8904. Applications for licensure in a party state. 1. Applications
29 for licensure in a party state. a. Upon application for a multistate
30 license, the licensing board in the issuing party state shall ascertain,
31 through the coordinated licensure information system, whether the appli-
32 cant has ever held, or is the holder of, a license issued by any other
33 state, whether there are any encumbrances on any license or multistate
34 licensure privilege held by the applicant, whether any adverse action
35 has been taken against any license or multistate licensure privilege
36 held by the applicant and whether the applicant is currently participat-
37 ing in an alternative program.

38 b. A nurse may hold a multistate license, issued by the home state, in
39 only one party state at a time.

40 c. If a nurse changes primary state of residence by moving between two
41 party states, the nurse must apply for licensure in the new home state,
42 and the multistate license issued by the prior home state will be deac-
43 tivated in accordance with applicable rules adopted by the commission.

44 i. The nurse may apply for licensure in advance of a change in primary
45 state of residence.

46 ii. A multistate license shall not be issued by the new home state
47 until the nurse provides satisfactory evidence of a change in primary
48 state of residence to the new home state and satisfies all applicable
49 requirements to obtain a multistate license from the new home state.

50 d. If a nurse changes primary state of residence by moving from a
51 party state to a non-party state, the multistate license issued by the
52 prior home state will convert to a single-state license, valid only in
53 the former home state.

54 § 8905. Additional authorities invested in party state licensing
55 boards. 1. Licensing board authority. In addition to the other powers
56 conferred by state law, a licensing board shall have the authority to:

1 a. Take adverse action against a nurse's multistate licensure privilege to practice within that party state.

2 i. Only the home state shall have the power to take adverse action against a nurse's license issued by the home state.

3 ii. For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.

4 b. Issue cease and desist orders or impose an encumbrance on a nurse's authority to practice within that party state.

5 c. Complete any pending investigations of a nurse who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take appropriate action or actions and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

6 d. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, as well as the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located.

7 e. Obtain and submit, for each nurse licensure applicant, fingerprint or other biometric-based information to the federal bureau of investigation for criminal background checks, receive the results of the federal bureau of investigation record search on criminal background checks and use the results in making licensure decisions.

8 f. If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse.

9 g. Take adverse action based on the factual findings of the remote state, provided that the licensing board follows its own procedures for taking such adverse action.

10 2. Adverse actions. a. If adverse action is taken by the home state against a nurse's multistate license, the nurse's multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against a nurse's multistate license shall include a statement that the nurse's multistate licensure privilege is deactivated in all party states during the pendency of the order.

11 b. Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the multistate licensure privilege under the multistate license of any nurse for the duration of the nurse's participation in an alternative program.

12 § 8906. Coordinated licensure information system and exchange of information. 1. Coordinated licensure information system and exchange of information. a. All party states shall participate in a coordinated licensure information system of all licensed registered nurses (RNs) and

1 licensed practical/vocational nurses (LPNs/VNs). This system will
2 include information on the licensure and disciplinary history of each
3 nurse, as submitted by party states, to assist in the coordination of
4 nurse licensure and enforcement efforts.

5 b. The commission, in consultation with the administrator of the coor-
6 ordinated licensure information system, shall formulate necessary and
7 proper procedures for the identification, collection and exchange of
8 information under this compact.

9 c. All licensing boards shall promptly report to the coordinated
10 licensure information system any adverse action, any current significant
11 investigative information, denials of applications with the reasons for
12 such denials and nurse participation in alternative programs known to
13 the licensing board regardless of whether such participation is deemed
14 nonpublic or confidential under state law.

15 d. Current significant investigative information and participation in
16 nonpublic or confidential alternative programs shall be transmitted
17 through the coordinated licensure information system only to party state
18 licensing boards.

19 e. Notwithstanding any other provision of law, all party state licens-
20 ing boards contributing information to the coordinated licensure infor-
21 mation system may designate information that may not be shared with
22 non-party states or disclosed to other entities or individuals without
23 the express permission of the contributing state.

24 f. Any personally identifiable information obtained from the coordi-
25 nated licensure information system by a party state licensing board
26 shall not be shared with non-party states or disclosed to other entities
27 or individuals except to the extent permitted by the laws of the party
28 state contributing the information.

29 g. Any information contributed to the coordinated licensure informa-
30 tion system that is subsequently required to be expunged by the laws of
31 the party state contributing that information shall also be expunged
32 from the coordinated licensure information system.

33 h. The compact administrator of each party state shall furnish a
34 uniform data set to the compact administrator of each other party state,
35 which shall include, at a minimum:

36 i. Identifying information;

37 ii. Licensure data;

38 iii. Information related to alternative program participation; and

39 iv. Other information that may facilitate the administration of this
40 compact, as determined by commission rules.

41 i. The compact administrator of a party state shall provide all inves-
42 tigative documents and information requested by another party state.

43 § 8907. Establishment of the interstate commission of nurse licensure
44 compact administrators. 1. Commission of nurse licensure compact admin-
45 istrators. The party states hereby create and establish a joint public
46 entity known as the interstate commission of nurse licensure compact
47 administrators. The commission is an instrumentality of the party
48 states.

49 2. Venue. Venue is proper, and judicial proceedings by or against the
50 commission shall be brought solely and exclusively, in a court of compe-
51 tent jurisdiction where the principal office of the commission is
52 located. The commission may waive venue and jurisdictional defenses to
53 the extent it adopts or consents to participate in alternative dispute
54 resolution proceedings.

55 3. Sovereign immunity. Nothing in this compact shall be construed to
56 be a waiver of sovereign immunity.

1 4. Membership, voting and meetings. a. Each party state shall have and
2 be limited to one administrator. The head of the state licensing board
3 or designee shall be the administrator of this compact for each party
4 state. Any administrator may be removed or suspended from office as
5 provided by the law of the state from which the administrator is
6 appointed. Any vacancy occurring in the commission shall be filled in
7 accordance with the laws of the party state in which the vacancy exists.

8 b. Each administrator shall be entitled to one vote with regard to the
9 promulgation of rules and creation of bylaws and shall otherwise have an
10 opportunity to participate in the business and affairs of the commis-
11 sion. An administrator shall vote in person or by such other means as
12 provided in the bylaws. The bylaws may provide for an administrator's
13 participation in meetings by telephone or other means of communication.

14 c. The commission shall meet at least once during each calendar year.
15 Additional meetings shall be held as set forth in the bylaws or rules of
16 the commission.

17 d. All meetings shall be open to the public, and public notice of
18 meetings shall be given in the same manner as required under the rule-
19 making provisions in section eighty-nine hundred eight of this article.

20 5. Closed meetings. a. The commission may convene in a closed, nonpub-
21 lic meeting if the commission shall discuss:

22 i. Noncompliance of a party state with its obligations under this
23 compact;

24 ii. The employment, compensation, discipline or other personnel
25 matters, practices or procedures related to specific employees or other
26 matters related to the commission's internal personnel practices and
27 procedures;

28 iii. Current, threatened or reasonably anticipated litigation;

29 iv. Negotiation of contracts for the purchase or sale of goods,
30 services or real estate;

31 v. Accusing any person of a crime or formally censuring any person;

32 vi. Disclosure of trade secrets or commercial or financial information
33 that is privileged or confidential;

34 vii. Disclosure of information of a personal nature where disclosure
35 would constitute a clearly unwarranted invasion of personal privacy;

36 viii. Disclosure of investigatory records compiled for law enforcement
37 purposes;

38 ix. Disclosure of information related to any reports prepared by or on
39 behalf of the commission for the purpose of investigation of compliance
40 with this compact; or

41 x. Matters specifically exempted from disclosure by federal or state
42 statute.

43 b. If a meeting, or portion of a meeting, is closed pursuant to this
44 paragraph the commission's legal counsel or designee shall certify that
45 the meeting may be closed and shall reference each relevant exempting
46 provision. The commission shall keep minutes that fully and clearly
47 describe all matters discussed in a meeting and shall provide a full and
48 accurate summary of actions taken, and the reasons therefor, including a
49 description of the views expressed. All documents considered in
50 connection with an action shall be identified in such minutes. All
51 minutes and documents of a closed meeting shall remain under seal,
52 subject to release by a majority vote of the commission or order of a
53 court of competent jurisdiction.

54 c. The commission shall, by a majority vote of the administrators,
55 prescribe bylaws or rules to govern its conduct as may be necessary or

1 appropriate to carry out the purposes and exercise the powers of this
2 compact, including but not limited to:

3 i. Establishing the fiscal year of the commission;

4 ii. Providing reasonable standards and procedures:

5 (1) For the establishment and meetings of other committees; and

6 (2) Governing any general or specific delegation of any authority or
7 function of the commission;

8 iii. Providing reasonable procedures for calling and conducting meet-
9 ings of the commission, ensuring reasonable advance notice of all meet-
10 ings and providing an opportunity for attendance of such meetings by
11 interested parties, with enumerated exceptions designed to protect the
12 public's interest, the privacy of individuals, and proprietary informa-
13 tion, including trade secrets. The commission may meet in closed session
14 only after a majority of the administrators vote to close a meeting in
15 whole or in part. As soon as practicable, the commission must make
16 public a copy of the vote to close the meeting revealing the vote of
17 each administrator, with no proxy votes allowed;

18 iv. Establishing the titles, duties and authority and reasonable
19 procedures for the election of the officers of the commission;

20 v. Providing reasonable standards and procedures for the establishment
21 of the personnel policies and programs of the commission. Notwithstand-
22 ing any civil service or other similar laws of any party state, the
23 bylaws shall exclusively govern the personnel policies and programs of
24 the commission; and

25 vi. Providing a mechanism for winding up the operations of the commis-
26 sion and the equitable disposition of any surplus funds that may exist
27 after the termination of this compact after the payment or reserving of
28 all of its debts and obligations.

29 6. General provisions. a. The commission shall publish its bylaws and
30 rules, and any amendments thereto, in a convenient form on the website
31 of the commission.

32 b. The commission shall maintain its financial records in accordance
33 with the bylaws.

34 c. The commission shall meet and take such actions as are consistent
35 with the provisions of this compact and the bylaws.

36 7. Powers of the commission. The commission shall have the following
37 powers:

38 a. To promulgate uniform rules to facilitate and coordinate implemen-
39 tation and administration of this compact. The rules shall have the
40 force and effect of law and shall be binding in all party states;

41 b. To bring and prosecute legal proceedings or actions in the name of
42 the commission, provided that the standing of any licensing board to sue
43 or be sued under applicable law shall not be affected;

44 c. To purchase and maintain insurance and bonds;

45 d. To borrow, accept or contract for services of personnel, including,
46 but not limited to, employees of a party state or nonprofit organiza-
47 tions;

48 e. To cooperate with other organizations that administer state
49 compacts related to the regulation of nursing, including but not limited
50 to sharing administrative or staff expenses, office space or other
51 resources;

52 f. To hire employees, elect or appoint officers, fix compensation,
53 define duties, grant such individuals appropriate authority to carry out
54 the purposes of this compact, and to establish the commission's person-
55 nel policies and programs relating to conflicts of interest, qualifica-
56 tions of personnel and other related personnel matters;

1 g. To accept any and all appropriate donations, grants and gifts of
2 money, equipment, supplies, materials and services, and to receive,
3 utilize and dispose of the same; provided that at all times the commis-
4 sion shall avoid any appearance of impropriety or conflict of interest;

5 h. To lease, purchase, accept appropriate gifts or donations of, or
6 otherwise to own, hold, improve or use, any property, whether real,
7 personal or mixed; provided that at all times the commission shall avoid
8 any appearance of impropriety;

9 i. To sell, convey, mortgage, pledge, lease, exchange, abandon or
10 otherwise dispose of any property, whether real, personal or mixed;

11 j. To establish a budget and make expenditures;

12 k. To borrow money;

13 l. To appoint committees, including advisory committees comprised of
14 administrators, state nursing regulators, state legislators or their
15 representatives, and consumer representatives, and other such interested
16 persons;

17 m. To provide and receive information from, and to cooperate with, law
18 enforcement agencies;

19 n. To adopt and use an official seal; and

20 o. To perform such other functions as may be necessary or appropriate
21 to achieve the purposes of this compact consistent with the state regu-
22 lation of nurse licensure and practice.

23 8. Financing of the commission. a. The commission shall pay, or
24 provide for the payment of, the reasonable expenses of its establish-
25 ment, organization and ongoing activities.

26 b. The commission may also levy on and collect an annual assessment
27 from each party state to cover the cost of its operations, activities
28 and staff in its annual budget as approved each year. The aggregate
29 annual assessment amount, if any, shall be allocated based upon a formu-
30 la to be determined by the commission, which shall promulgate a rule
31 that is binding upon all party states.

32 c. The commission shall not incur obligations of any kind prior to
33 securing the funds adequate to meet the same; nor shall the commission
34 pledge the credit of any of the party states, except by, and with the
35 authority of, such party state.

36 d. The commission shall keep accurate accounts of all receipts and
37 disbursements. The receipts and disbursements of the commission shall be
38 subject to the audit and accounting procedures established under its
39 bylaws. However, all receipts and disbursements of funds handled by the
40 commission shall be audited yearly by a certified or licensed public
41 accountant, and the report of the audit shall be included in and become
42 part of the annual report of the commission.

43 9. Qualified immunity, defense and indemnification. a. The administra-
44 tors, officers, executive director, employees and representatives of the
45 commission shall be immune from suit and liability, either personally or
46 in their official capacity, for any claim for damage to or loss of prop-
47 erty or personal injury or other civil liability caused by or arising
48 out of any actual or alleged act, error or omission that occurred, or
49 that the person against whom the claim is made had a reasonable basis
50 for believing occurred, within the scope of the commission's employment,
51 duties or responsibilities; provided that nothing in this paragraph
52 shall be construed to protect any such person from suit or liability for
53 any damage, loss, injury or liability caused by the intentional, willful
54 or wanton misconduct of that person.

55 b. The commission shall defend any administrator, officer, executive
56 director, employee or representative of the commission in any civil

1 action seeking to impose liability arising out of any actual or alleged
2 act, error or omission that occurred within the scope of the commis-
3 sion's employment, duties or responsibilities, or that the person
4 against whom the claim is made had a reasonable basis for believing
5 occurred within the scope of the commission's employment, duties or
6 responsibilities; provided that nothing herein shall be construed to
7 prohibit that person from retaining such person's own counsel; and
8 provided further that the actual or alleged act, error or omission did
9 not result from that person's intentional, willful or wanton misconduct.

10 c. The commission shall indemnify and hold harmless any administrator,
11 officer, executive director, employee or representative of the commis-
12 sion for the amount of any settlement or judgment obtained against that
13 person arising out of any actual or alleged act, error or omission that
14 occurred within the scope of the commission's employment, duties or
15 responsibilities, or that such person had a reasonable basis for believ-
16 ing occurred within the scope of the commission's employment, duties or
17 responsibilities, provided that the actual or alleged act, error or
18 omission did not result from the intentional, willful or wanton miscon-
19 duct of that person.

20 § 8908. Rulemaking. 1. Rulemaking. a. The commission shall exercise
21 its rulemaking powers pursuant to the criteria set forth in this article
22 and the rules adopted thereunder. Rules and amendments shall become
23 binding as of the date specified in each rule or amendment and shall
24 have the same force and effect as provisions of this compact.

25 b. Rules or amendments to the rules shall be adopted at a regular or
26 special meeting of the commission.

27 2. Notice. a. Prior to promulgation and adoption of a final rule or
28 rules by the commission, and at least sixty days in advance of the meet-
29 ing at which the rule will be considered and voted upon, the commission
30 shall file a notice of proposed rulemaking:

31 i. On the website of the commission; and
32 ii. On the website of each licensing board or the publication in which
33 each state would otherwise publish proposed rules.

34 b. The notice of proposed rulemaking shall include:

35 i. The proposed time, date and location of the meeting in which the
36 rule will be considered and voted upon;

37 ii. The text of the proposed rule or amendment, and the reason for the
38 proposed rule;

39 iii. A request for comments on the proposed rule from any interested
40 person; and

41 iv. The manner in which interested persons may submit notice to the
42 commission of their intention to attend the public hearing and any writ-
43 ten comments.

44 c. Prior to adoption of a proposed rule, the commission shall allow
45 persons to submit written data, facts, opinions and arguments, which
46 shall be made available to the public.

47 3. Public hearings on rules. a. The commission shall grant an opportu-
48 nity for a public hearing before it adopts a rule or amendment.

49 b. The commission shall publish the place, time and date of the sched-
50 uled public hearing.

51 i. Hearings shall be conducted in a manner providing each person who
52 wishes to comment a fair and reasonable opportunity to comment orally or
53 in writing. All hearings will be recorded, and a copy will be made
54 available upon request.

1 ii. Nothing in this section shall be construed as requiring a separate
2 hearing on each rule. Rules may be grouped for the convenience of the
3 commission at hearings required by this section.

4 c. If no one appears at the public hearing, the commission may proceed
5 with promulgation of the proposed rule.

6 d. Following the scheduled hearing date, or by the close of business
7 on the scheduled hearing date if the hearing was not held, the commis-
8 sion shall consider all written and oral comments received.

9 4. Voting on rules. The commission shall, by majority vote of all
10 administrators, take final action on the proposed rule and shall deter-
11 mine the effective date of the rule, if any, based on the rulemaking
12 record and the full text of the rule.

13 5. Emergency rules. Upon determination that an emergency exists, the
14 commission may consider and adopt an emergency rule without prior
15 notice, opportunity for comment or hearing, provided that the usual
16 rulemaking procedures provided in this compact and in this section shall
17 be retroactively applied to the rule as soon as reasonably possible, in
18 no event later than ninety days after the effective date of the rule.
19 For the purposes of this provision, an emergency rule is one that must
20 be adopted immediately in order to:

21 a. Meet an imminent threat to public health, safety or welfare;

22 b. Prevent a loss of the commission or party state funds; or

23 c. Meet a deadline for the promulgation of an administrative rule that
24 is required by federal law or rule.

25 6. Revisions. The commission may direct revisions to a previously
26 adopted rule or amendment for purposes of correcting typographical
27 errors, errors in format, errors in consistency or grammatical errors.
28 Public notice of any revisions shall be posted on the website of the
29 commission. The revision shall be subject to challenge by any person for
30 a period of thirty days after posting. The revision may be challenged
31 only on grounds that the revision results in a material change to a
32 rule. A challenge shall be made in writing, and delivered to the
33 commission, prior to the end of the notice period. If no challenge is
34 made, the revision will take effect without further action. If the
35 revision is challenged, the revision may not take effect without the
36 approval of the commission.

37 § 8909. Oversight, dispute resolution and enforcement. 1. Oversight.

38 a. Each party state shall enforce this compact and take all actions
39 necessary and appropriate to effectuate this compact's purposes and
40 intent.

41 b. The commission shall be entitled to receive service of process in
42 any proceeding that may affect the powers, responsibilities or actions
43 of the commission, and shall have standing to intervene in such a
44 proceeding for all purposes. Failure to provide service of process in
45 such proceeding to the commission shall render a judgment or order void
46 as to the commission, this compact or promulgated rules.

47 2. Default, technical assistance and termination. a. If the commission
48 determines that a party state has defaulted in the performance of its
49 obligations or responsibilities under this compact or the promulgated
50 rules, the commission shall:

51 i. Provide written notice to the defaulting state and other party
52 states of the nature of the default, the proposed means of curing the
53 default or any other action to be taken by the commission; and

54 ii. Provide remedial training and specific technical assistance
55 regarding the default.

1 b. If a state in default fails to cure the default, the defaulting
2 state's membership in this compact may be terminated upon an affirmative
3 vote of a majority of the administrators, and all rights, privileges and
4 benefits conferred by this compact may be terminated on the effective
5 date of termination. A cure of the default does not relieve the offend-
6 ing state of obligations or liabilities incurred during the period of
7 default.

8 c. Termination of membership in this compact shall be imposed only
9 after all other means of securing compliance have been exhausted. Notice
10 of intent to suspend or terminate shall be given by the commission to
11 the governor of the defaulting state and to the executive officer of the
12 defaulting state's licensing board and each of the party states.

13 d. A state whose membership in this compact has been terminated is
14 responsible for all assessments, obligations and liabilities incurred
15 through the effective date of termination, including obligations that
16 extend beyond the effective date of termination.

17 e. The commission shall not bear any costs related to a state that is
18 found to be in default or whose membership in this compact has been
19 terminated unless agreed upon in writing between the commission and the
20 defaulting state.

21 f. The defaulting state may appeal the action of the commission by
22 petitioning the U.S. District Court for the District of Columbia or the
23 federal district in which the commission has its principal offices. The
24 prevailing party shall be awarded all costs of such litigation, includ-
25 ing reasonable attorneys' fees.

26 3. Dispute resolution. a. Upon request by a party state, the commis-
27 sion shall attempt to resolve disputes related to the compact that arise
28 among party states and between party and non-party states.

29 b. The commission shall promulgate a rule providing for both mediation
30 and binding dispute resolution for disputes, as appropriate.

31 c. In the event the commission cannot resolve disputes among party
32 states arising under this compact:

33 i. The party states may submit the issues in dispute to an arbitration
34 panel, which will be comprised of individuals appointed by the compact
35 administrator in each of the affected party states, and an individual
36 mutually agreed upon by the compact administrators of all the party
37 states involved in the dispute.

38 ii. The decision of a majority of the arbitrators shall be final and
39 binding.

40 4. Enforcement. a. The commission, in the reasonable exercise of its
41 discretion, shall enforce the provisions and rules of this compact.

42 b. By majority vote, the commission may initiate legal action in the
43 U.S. District Court for the District of Columbia or the federal
44 district in which the commission has its principal offices against a
45 party state that is in default to enforce compliance with the provisions
46 of this compact and its promulgated rules and bylaws. The relief sought
47 may include both injunctive relief and damages. In the event judicial
48 enforcement is necessary, the prevailing party shall be awarded all
49 costs of such litigation, including reasonable attorneys' fees.

50 c. The remedies herein shall not be the exclusive remedies of the
51 commission. The commission may pursue any other remedies available under
52 federal or state law.

53 § 8910. Effective date, withdrawal and amendment. 1. Effective date.

54 a. This compact shall become effective and binding on the earlier of
55 the date of legislative enactment of this compact into law by no less
56 than twenty-six states or the effective date of the chapter of the laws

1 of two thousand twenty-five that enacted this compact. Thereafter, the
2 compact shall become effective and binding as to any other compacting
3 state upon enactment of the compact into law by that state. All party
4 states to this compact, that also were parties to the prior nurse licen-
5 sure compact, superseded by this compact, (herein referred to as "prior
6 compact"), shall be deemed to have withdrawn from said prior compact
7 within six months after the effective date of this compact.

8 b. Each party state to this compact shall continue to recognize a
9 nurse's multistate licensure privilege to practice in that party state
10 issued under the prior compact until such party state has withdrawn from
11 the prior compact.

12 2. Withdrawal. a. Any party state may withdraw from this compact by
13 enacting a statute repealing the same. A party state's withdrawal shall
14 not take effect until six months after enactment of the repealing stat-
15 ute.

16 b. A party state's withdrawal or termination shall not affect the
17 continuing requirement of the withdrawing or terminated state's licens-
18 ing board to report adverse actions and significant investigations
19 occurring prior to the effective date of such withdrawal or termination.

20 c. Nothing contained in this compact shall be construed to invalidate
21 or prevent any nurse licensure agreement or other cooperative arrange-
22 ment between a party state and a non-party state that is made in accord-
23 ance with the other provisions of this compact.

24 3. Amendment. a. This compact may be amended by the party states. No
25 amendment to this compact shall become effective and binding upon the
26 party states unless and until it is enacted into the laws of all party
27 states.

28 b. Representatives of non-party states to this compact shall be
29 invited to participate in the activities of the commission, on a nonvot-
30 ing basis, prior to the adoption of this compact by all states.

31 § 8911. Construction and severability. 1. Construction and severabil-
32 ity. This compact shall be liberally construed so as to effectuate the
33 purposes thereof. The provisions of this compact shall be severable, and
34 if any phrase, clause, sentence or provision of this compact is declared
35 to be contrary to the constitution of any party state or of the United
36 States, or if the applicability thereof to any government, agency,
37 person or circumstance is held to be invalid, the validity of the
38 remainder of this compact and the applicability thereof to any govern-
39 ment, agency, person or circumstance shall not be affected thereby. If
40 this compact shall be held to be contrary to the constitution of any
41 party state, this compact shall remain in full force and effect as to
42 the remaining party states and in full force and effect as to the party
43 state affected as to all severable matters.

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

46 PART X

47 Section 1. Section 6605-b of the education law, as added by chapter
48 437 of the laws of 2001 and subdivision 1 as amended by chapter 198 of
49 the laws of 2022, is amended to read as follows:

50 § 6605-b. Dental hygiene restricted local infiltration and block
51 anesthesia/nitrous oxide analgesia certificate. 1. A dental hygienist
52 shall not administer or monitor nitrous oxide analgesia or local infil-
53 tration or block anesthesia in the practice of dental hygiene without a
54 dental hygiene restricted local infiltration and block

1 anesthesia/nitrous oxide analgesia certificate and except under the
2 personal supervision of a dentist and in accordance with regulations
3 promulgated by the commissioner. Personal supervision, for purposes of
4 this section, means that the supervising dentist remains in the dental
5 office where the local infiltration or block anesthesia or nitrous oxide
6 analgesia services are being performed, personally authorizes and
7 prescribes the use of local infiltration or block anesthesia or nitrous
8 oxide analgesia for the patient and, before dismissal of the patient,
9 personally examines the condition of the patient after the use of local
10 infiltration or block anesthesia or nitrous oxide analgesia is
11 completed. It is professional misconduct for a dentist to fail to
12 provide the supervision required by this section, and any dentist found
13 guilty of such misconduct under the procedures prescribed in section
14 sixty-five hundred ten of this title shall be subject to the penalties
15 prescribed in section sixty-five hundred eleven of this title.

16 2. The commissioner shall promulgate regulations establishing stand-
17 ards and procedures for the issuance of such certificate. Such standards
18 shall require completion of an educational program and/or course of
19 training or experience sufficient to ensure that a dental hygienist is
20 specifically trained in the administration and monitoring of nitrous
21 oxide analgesia and local infiltration or block anesthesia, the possible
22 effects of such use, and in the recognition of and response to possible
23 emergency situations.

24 3. The fee for a dental hygiene restricted local infiltration and
25 block anesthesia/nitrous oxide analgesia certificate shall be twenty-
26 five dollars and shall be paid on a triennial basis upon renewal of such
27 certificate. A certificate may be suspended or revoked in the same
28 manner as a license to practice dental hygiene.

29 § 2. Subdivision 1 of section 6606 of the education law, as amended by
30 chapter 239 of the laws of 2013, is amended to read as follows:

31 1. The practice of the profession of dental hygiene is defined as the
32 performance of dental services which shall include removing calcareous
33 deposits, accretions and stains from the exposed surfaces of the teeth
34 which begin at the epithelial attachment and applying topical agents
35 indicated for a complete dental prophylaxis, removing cement, placing or
36 removing rubber dam, removing sutures, placing matrix band, providing
37 patient education, applying topical medication, placing pre-fit ortho-
38 dontic bands, using light-cure composite material, taking cephalometric
39 radiographs, taking two-dimensional and three-dimensional photography of
40 dentition, adjusting removable appliances including nightguards, bleach-
41 ing trays, retainers and dentures, placing and exposing diagnostic
42 dental X-ray films, performing topical fluoride applications and topical
43 anesthetic applications, polishing teeth, taking medical history, chart-
44 ing caries, taking impressions for study casts, placing and removing
45 temporary restorations, administering and monitoring nitrous oxide
46 analgesia and administering and monitoring local infiltration and block
47 anesthesia, subject to certification in accordance with section sixty-
48 six hundred five-b of this article, and any other function in the defi-
49 nition of the practice of dentistry as may be delegated by a licensed
50 dentist in accordance with regulations promulgated by the commissioner.
51 The practice of dental hygiene may be conducted in the office of any
52 licensed dentist or in any appropriately equipped school or public
53 institution but must be done either under the supervision of a licensed
54 dentist or, in the case of a registered dental hygienist working for a
55 hospital as defined in article twenty-eight of the public health law[7]
56 or pursuant to a collaborative arrangement with a licensed and regis-

tered dentist [~~who has a formal relationship with the same hospital~~]
pursuant to section sixty-six hundred seven-a of this article and in
accordance with regulations promulgated by the department in consulta-
tion with the department of health. [~~Such collaborative arrangement
shall not obviate or supersede any law or regulation which requires
identified services to be performed under the personal supervision of a
dentist. When dental hygiene services are provided pursuant to a colla-
borative agreement, such dental hygienist shall instruct individuals to
visit a licensed dentist for comprehensive examination or treatment.~~]

§ 3. The education law is amended by adding a new section 6607-a to
read as follows:

§ 6607-a. Practice of collaborative practice dental hygiene and use of
title "registered dental hygienist, collaborative practice" (RDH-CP). 1.
The practice of the profession of dental hygiene, as defined under this
article, may be performed in collaboration with a licensed dentist
provided such services are performed in accordance with a written prac-
tice agreement and written practice protocols to be known as a collabo-
rative practice agreement. Under a collaborative practice agreement,
dental hygienists may perform all services which are designated in regu-
lation without prior evaluation of a dentist or medical professional and
may be performed without supervision in a collaborative practice
setting.

2. (a) The collaborative practice agreement shall include consider-
ation for medically compromised patients, specific medical conditions,
and age-and procedure-specific practice protocols, including, but not
limited to recommended intervals for the performance of dental hygiene
services and a periodicity in which an examination by a dentist should
occur.

(b) The collaborative agreement shall be:

(i) signed and maintained by the dentist, the dental hygienist, and
the facility, program, or organization;

(ii) reviewed annually by the collaborating dentist and dental hygien-
ist; and

(iii) made available to the department and other interested parties
upon request.

(c) Only one agreement between a collaborating dentist and registered
dental hygienist, collaborative practice (RDH-CP) may be in force at a
time.

3. Before performing any services authorized under this section, a
dental hygienist shall provide the patient with a written statement
advising the patient that the dental hygiene services provided are not a
substitute for a dental examination by a licensed dentist and instruct-
ing individuals to visit a licensed dentist for comprehensive examina-
tion or treatment. If the dental hygienist makes any referrals to the
patient for further dental procedures, the dental hygienist must fill
out a referral form and provide a copy of the form to the collaborating
dentist.

4. The collaborative practice dental hygienist may enter into a
contractual arrangement with any New York state licensed and registered
dentist, health care facility, program, and/or non-profit organization
to perform dental hygiene services in the following settings: dental
offices; long-term care facilities/skilled nursing facilities; public or
private schools; public health agencies/federally qualified health
centers; correctional facilities; public institutions/mental health
facilities; drug treatment facilities; and domestic violence shelters.

1 5. A collaborating dentist shall have collaborative agreements with no
2 more than six collaborative practice dental hygienists. The department
3 may grant exceptions to these limitations for public health settings on
4 a case-by-case basis.

5 6. A dental hygienist must make application to the department to prac-
6 tice as a registered dental hygienist, collaborative practice (RDH-CP)
7 and pay a fee set by the department. As a condition of collaborative
8 practice, the dental hygienist shall have been engaged in practice for
9 at least three years with a minimum of four thousand five hundred prac-
10 tice hours and shall complete an eight hour continuing education program
11 that includes instruction in medical emergency procedures, review of
12 clinical recommendations and standards for providing preventive services
13 (for example sealants and fluoride varnish) in public health settings,
14 risk management, dental hygiene jurisprudence and professional ethics.

15 § 4. This act shall take effect on the one hundred eightieth day after
16 it shall have become a law.

17 PART Y

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

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

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

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

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

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

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

44 (f) The department is authorized to establish medical assistance
45 program rates to effectuate this subdivision. For the purposes of the
46 department determining the applicable rates pursuant to such authority,
47 any general hospital approved pursuant to this subdivision shall report
48 to the department, in the form and format required by the department,
49 its annual operating costs and statistics, specifically for such off-
50 site acute services. Failure to timely submit such cost data to the
51 department may result in revocation of authority to participate in a
52 program under this section due to the inability to establish appropriate
53 reimbursement rates.

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

3 PART Z

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

7 § 4. This act shall take effect immediately; provided that [~~section~~
8 ~~one of this act shall expire and be deemed repealed three years after~~
9 ~~such effective date; and provided further that~~] this act shall not apply
10 to any contracts or requests for proposals issued by government entities
11 before such date.

12 § 2. This act shall take effect immediately.

13 PART AA

14 Section 1. Section 2 of part NN of chapter 58 of the laws of 2015,
15 amending the mental hygiene law relating to clarifying the authority of
16 the commissioners in the department of mental hygiene to design and
17 implement time-limited demonstration programs, as amended by section 1
18 of part Z of chapter 57 of the laws of 2024, is amended to read as
19 follows:

20 § 2. This act shall take effect immediately [~~and shall expire and be~~
21 ~~deemed repealed March 31, 2025~~].

22 § 2. This act shall take effect immediately.

23 PART BB

24 Section 1. Section 4 of part L of chapter 59 of the laws of 2016,
25 amending the mental hygiene law relating to the appointment of temporary
26 operators for the continued operation of programs and the provision of
27 services for persons with serious mental illness and/or developmental
28 disabilities and/or chemical dependence, as amended by section 1 of part
29 00 of chapter 57 of the laws of 2022, is amended to read as follows:

30 § 4. This act shall take effect immediately and shall be deemed to
31 have been in full force and effect on and after April 1, 2016[
32 ~~provided, however, that sections one and two of this act shall expire~~
33 ~~and be deemed repealed on March 31, 2025~~].

34 § 2. This act shall take effect immediately.

35 PART CC

36 Section 1. Subdivision 1-a of section 84 of part A of chapter 56 of
37 the laws of 2013, amending the social services law and other laws relat-
38 ing to enacting the major components of legislation necessary to imple-
39 ment the health and mental hygiene budget for the 2013-2014 state fiscal
40 year, as amended by section 1 of part EE of chapter 57 of the laws of
41 2023, is amended to read as follows:

42 1-a. sections seventy-three through eighty-a shall expire and be
43 deemed repealed December 31, [~~2025~~] 2027;

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

46 PART DD

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

4 (a) For the purposes of this section, the word "minor" shall mean a
5 person under eighteen years of age, but does not include a person who is
6 the parent of a child or has married or who is emancipated, or is a
7 homeless youth, as defined in section five hundred thirty-two-a of the
8 executive law, or receives services at an approved runaway and homeless
9 youth crisis services program or a transitional independent living
10 support program as defined in section five hundred thirty-two-a of the
11 executive law.

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

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

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

26 1. Any person who is eighteen years of age or older, or is the parent
27 of a child or has married, or is a homeless youth as defined in section
28 five hundred thirty-two-a of the executive law, or receives services at
29 an approved runaway and homeless youth crisis services program or a
30 transitional independent living support program as defined in section
31 five hundred thirty-two-a of the executive law, may give effective
32 consent for medical, dental, health and hospital services, including
33 behavioral health services, for themselves, and the consent of no other
34 person shall be necessary.

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

37 PART EE

38 Section 1. The second and third undesignated paragraphs of section
39 9.01 of the mental hygiene law, as amended by chapter 723 of the laws of
40 1989, are amended to read as follows:

41 "in need of involuntary care and treatment" means that a person has a
42 mental illness for which care and treatment as a patient in a hospital
43 is essential to such person's welfare and whose judgment is so impaired
44 that [~~he~~] the person is unable to understand the need for such care and
45 treatment.

46 "likelihood to result in serious harm" or "likely to result in serious
47 harm" means (a) a substantial risk of physical harm to the person as
48 manifested by threats of or attempts at suicide or serious bodily harm
49 or other conduct demonstrating that the person is dangerous to [~~himself~~
50 ~~or herself~~] themselves, or (b) a substantial risk of physical harm to
51 other persons as manifested by homicidal or other violent behavior by
52 which others are placed in reasonable fear of serious physical harm, or
53 (c) a substantial risk of physical harm to the person due to an inability
54 to provide for their

1 own essential needs such as food, clothing, medical care, safety, or
2 shelter.

3 § 2. The mental hygiene law is amended by adding a new section 9.04 to
4 read as follows:

5 § 9.04 Clinical determination of likelihood to result in serious harm.

6 In making a clinical determination of whether a person's mental
7 illness is likely to result in serious harm to self or others, the eval-
8 uating clinician shall review:

9 1. medical records available to the evaluating clinician;

10 2. all credible reports of the person's recent behavior;

11 3. any credible, known information related to the person's medical and
12 behavioral history; and

13 4. any other available relevant information.

14 § 3. Subdivisions (a), (d), (e), and (i) of section 9.27 of the mental
15 hygiene law, as renumbered by chapter 978 of the laws of 1977 and subdi-
16 vision (i) as amended by chapter 847 of the laws of 1987, are amended to
17 read as follows:

18 (a) The director of a hospital may receive and retain therein as a
19 patient any person alleged to be mentally ill and in need of involuntary
20 care and treatment upon the [~~certificate~~] certificates of two examining
21 physicians, or upon the certificates of an examining physician and a
22 psychiatric nurse practitioner. Such certificates shall be accompanied
23 by an application for the admission of such person. The examination may
24 be conducted jointly but each [~~examining physician~~] certifying practi-
25 tioner shall execute a separate certificate.

26 (d) Before an examining physician or psychiatric nurse practitioner
27 completes the certificate of examination of a person for involuntary
28 care and treatment, [~~he~~] they shall consider alternative forms of care
29 and treatment that might be adequate to provide for the person's needs
30 without requiring involuntary hospitalization. If the examining physi-
31 cian or psychiatric nurse practitioner knows that the person [~~he is~~]
32 they are examining for involuntary care and treatment has been under
33 prior treatment, [~~he~~] they shall, insofar as possible, consult with the
34 physician or psychologist furnishing such prior treatment prior to
35 completing [~~his~~] their certificate. Nothing in this section shall
36 prohibit or invalidate any involuntary admission made in accordance with
37 the provisions of this chapter.

38 (e) The director of the hospital where such person is brought shall
39 cause such person to be examined forthwith by a physician who shall be a
40 member of the psychiatric staff of such hospital other than the original
41 examining physicians or psychiatric nurse practitioner whose certificate
42 or certificates accompanied the application and, if such person is found
43 to be in need of involuntary care and treatment, [~~he~~] they may be admit-
44 ted thereto as a patient as herein provided.

45 (i) After an application for the admission of a person has been
46 completed and both [~~physicians~~] certifying practitioners have examined
47 such person and separately certified that [~~he or she~~] such person is
48 mentally ill and in need of involuntary care and treatment in a hospi-
49 tal, either [~~physician~~] certifying practitioner is authorized to request
50 peace officers, when acting pursuant to their special duties, or police
51 officers, who are members of an authorized police department or force or
52 of a sheriff's department, to take into custody and transport such
53 person to a hospital for determination by the director whether such
54 person qualifies for admission pursuant to this section. Upon the
55 request of either [~~physician~~] certifying practitioner, an ambulance
56 service, as defined by subdivision two of section three thousand one of

1 the public health law, is authorized to transport such person to a
2 hospital for determination by the director whether such person qualifies
3 for admission pursuant to this section.

4 § 4. Subsection (a) of section 9.37 of the mental hygiene law, as
5 renumbered by chapter 978 of the laws of 1977, is amended to read as
6 follows:

7 (a) The director of a hospital, upon application by a director of
8 community services or an examining physician duly designated by [~~him~~]
9 ~~them~~, may receive and care for in such hospital as a patient any person
10 who, in the opinion of the director of community services or [~~his~~] ~~their~~
11 designee, has a mental illness for which immediate inpatient care and
12 treatment in a hospital is appropriate and which is likely to result in
13 serious harm to [~~himself~~] ~~themselves~~ or others; "likelihood of serious
14 harm" shall mean:

15 1. substantial risk of physical harm to [~~himself~~] ~~themselves~~ as mani-
16 fested by threats of or attempts at suicide or serious bodily harm or
17 other conduct demonstrating that [~~he is~~] ~~they are~~ dangerous to [~~himself~~]
18 ~~themselves~~, or

19 2. a substantial risk of physical harm to other persons as manifested
20 by homicidal or other violent behavior by which others are placed in
21 reasonable fear or serious physical harm[~~-~~]; or

22 3. a substantial risk of physical harm to the person due to an inabil-
23 ity or refusal, as a result of their mental illness, to provide for
24 their own essential needs such as food, clothing, medical care, safety,
25 or shelter.

26 The need for immediate hospitalization shall be confirmed by a staff
27 physician of the hospital prior to admission. Within seventy-two hours,
28 excluding Sunday and holidays, after such admission, if such patient is
29 to be retained for care and treatment beyond such time and [~~he does~~]
30 ~~they do~~ not agree to remain in such hospital as a voluntary patient, the
31 certificate of another examining physician who is a member of the
32 psychiatric staff of the hospital that the patient is in need of invol-
33 untary care and treatment shall be filed with the hospital. From the
34 time of [~~his~~] ~~their~~ admission under this section the retention of such
35 patient for care and treatment shall be subject to the provisions for
36 notice, hearing, review, and judicial approval of continued retention or
37 transfer and continued retention provided by this article for the admis-
38 sion and retention of involuntary patients, provided that, for the
39 purposes of such provisions, the date of admission of the patient shall
40 be deemed to be the date when the patient was first received in the
41 hospital under this section.

42 § 5. Subsection (a) of section 9.39 of the mental hygiene law, as
43 amended by chapter 789 of the laws of 1985, is amended to read as
44 follows:

45 (a) The director of any hospital maintaining adequate staff and facil-
46 ities for the observation, examination, care, and treatment of persons
47 alleged to be mentally ill and approved by the commissioner to receive
48 and retain patients pursuant to this section may receive and retain
49 therein as a patient for a period of fifteen days any person alleged to
50 have a mental illness for which immediate observation, care, and treat-
51 ment in a hospital is appropriate and which is likely to result in seri-
52 ous harm to [~~himself~~] ~~themselves~~ or others. "Likelihood to result in seri-
53 ous harm" as used in this article shall mean:

54 1. substantial risk of physical harm to [~~himself~~] ~~themselves~~ as mani-
55 fested by threats of or attempts at suicide or serious bodily harm or

1 other conduct demonstrating that [~~he is~~] they are dangerous to [~~himself~~]
2 themselves, or

3 2. a substantial risk of physical harm to other persons as manifested
4 by homicidal or other violent behavior by which others are placed in
5 reasonable fear of serious physical harm[~~7~~], or

6 3. a substantial risk of physical harm to the person due to an inabil-
7 ity or refusal, as a result of their mental illness, to provide for
8 their own essential needs such as food, clothing, medical care, safety,
9 or shelter.

10 § 6. Subdivision (a) of section 9.45 of the mental hygiene law, as
11 amended by section 6 of part AA of chapter 57 of the laws of 2021, is
12 amended to read as follows:

13 (a) The director of community services or the director's designee
14 shall have the power to direct the removal of any person, within [~~his or~~
15 ~~her~~] their jurisdiction, to a hospital approved by the commissioner
16 pursuant to subdivision (a) of section 9.39 of this article, or to a
17 comprehensive psychiatric emergency program pursuant to subdivision (a)
18 of section 9.40 of this article, if the parent, adult sibling, spouse
19 [~~or~~], domestic partner as defined in section twenty-nine hundred nine-
20 ty-four-a of the public health law, child of the person, cohabitant of
21 the person's residential unit, the committee or legal guardian of the
22 person, a licensed psychologist, registered professional nurse or certi-
23 fied social worker currently responsible for providing treatment
24 services to the person, a supportive or intensive case manager currently
25 assigned to the person by a case management program which program is
26 approved by the office of mental health for the purpose of reporting
27 under this section, a licensed physician, health officer, peace officer
28 or police officer reports to [~~him or her~~] the director of community
29 services or the director's designee that such person has a mental
30 illness for which immediate care and treatment is appropriate and
31 [~~which~~] that is likely to result in serious harm to [~~himself or herself~~]
32 self or others. It shall be the duty of peace officers, when acting
33 pursuant to their special duties, or police officers[~~7~~] who are members
34 of an authorized police department, or force or of a sheriff's depart-
35 ment to assist representatives of such director to take into custody and
36 transport any such person. Upon the request of a director of community
37 services or the director's designee, an ambulance service, as defined in
38 subdivision two of section three thousand one of the public health law,
39 is authorized to transport any such person. Such person may then be
40 retained in a hospital pursuant to the provisions of section 9.39 of
41 this article or in a comprehensive psychiatric emergency program pursu-
42 ant to the provisions of section 9.40 of this article.

43 § 7. Subparagraph (iii) of paragraph 4 and paragraph 7 of subdivision
44 (c), subparagraph (ii) of paragraph 1 of subdivision (e), paragraph 2 of
45 subdivision (h), and paragraph 3 of subdivision (i) of section 9.60 of
46 the mental hygiene law, as amended by chapter 158 of the laws of 2005,
47 and subparagraph (iii) of paragraph 4 of subdivision (c) and paragraph 2
48 of subdivision (h) as amended by section 2 of subpart H of part UU of
49 chapter 56 of the laws of 2022, are amended to read as follows:

50 (iii) notwithstanding subparagraphs (i) and (ii) of this paragraph,
51 resulted in the issuance of a court order for assisted outpatient treat-
52 ment [~~which~~] that has expired within the last six months, and since the
53 expiration of the order[~~7~~]; (a) the person has experienced a substantial
54 increase in symptoms of mental illness [~~and such symptoms~~] that substan-
55 tially interferes with or limits [~~one or more major life activities as~~
56 ~~determined by a director of community services who previously was~~

~~required to coordinate and monitor the care of any individual who was subject to such expired assisted outpatient treatment order. The applicable director of community services or their designee shall arrange for the individual to be evaluated by a physician. If the physician determines court ordered services are clinically necessary and the least restrictive option, the director of community services may initiate a court proceeding.]~~ the person's ability to maintain their health or safety; or (b) the person, due to a lack of compliance with recommended treatment, has received emergency treatment or inpatient care or has been incarcerated;

(7) is likely to benefit from assisted outpatient treatment. Previous non-compliance with court oversight or mandated treatment shall not preclude a finding that the person is likely to benefit from assisted outpatient treatment.

(ii) the parent, spouse, domestic partner, sibling eighteen years of age or older, or child eighteen years of age or older of the subject of the petition; or

(2) The court shall not order assisted outpatient treatment unless an examining physician, who recommends assisted outpatient treatment and has personally examined the subject of the petition no more than ten days before the filing of the petition, testifies in person or by video-conference at the hearing. ~~[Provided however, a physician shall only be authorized to testify by video conference when it has been: (i) shown that diligent efforts have been made to attend such hearing in person and the subject of the petition consents to the physician testifying by video conference; or (ii) the court orders the physician to testify by video conference upon a finding of good cause.]~~ Such physician shall state the facts and clinical determinations which support the allegation that the subject of the petition meets each of the criteria for assisted outpatient treatment.

(3) The court shall not order assisted outpatient treatment unless a physician appearing on behalf of a director testifies in person or by video conference to explain the written proposed treatment plan. Such physician shall state the categories of assisted outpatient treatment recommended, the rationale for each such category, facts which establish that such treatment is the least restrictive alternative, and, if the recommended assisted outpatient treatment plan includes medication, such physician shall state the types or classes of medication recommended, the beneficial and detrimental physical and mental effects of such medication, and whether such medication should be self-administered or administered by an authorized professional. If the subject of the petition has executed a health care proxy, such physician shall state the consideration given to any directions included in such proxy in developing the written treatment plan. If a director is the petitioner, testimony pursuant to this paragraph shall be given at the hearing on the petition. If a person other than a director is the petitioner, such testimony shall be given on the date set by the court pursuant to paragraph three of subdivision (j) of this section.

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

§ 9.64 Notice of admission determination to community provider.

Upon an admission to a hospital or received as a patient in a comprehensive psychiatric emergency program pursuant to the provisions of this article, the director of such hospital or program shall ensure that reasonable efforts are made to identify and promptly notify of such

1 determination any community provider of mental health services that
2 maintains such person on its caseload.

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

6 (f) The discharge or conditional release of all clients at develop-
7 mental centers, patients at psychiatric centers or patients at psychiat-
8 ric inpatient services subject to licensure by the office of mental
9 health shall be in accordance with a written service plan prepared by
10 staff familiar with the case history of the client or patient to be
11 discharged or conditionally released and in cooperation with appropriate
12 social services officials and directors of local governmental units. In
13 causing such plan to be prepared, the director of the facility shall
14 take steps to assure that the following persons are interviewed,
15 provided an opportunity to actively participate in the development of
16 such plan and advised of whatever services might be available to the
17 patient through the mental hygiene legal service: the patient to be
18 discharged or conditionally released; a representative of a community
19 provider of mental health services, including a provider of case manage-
20 ment services, that maintains the patient on its caseload; an authorized
21 representative of the patient, to include the parent or parents if the
22 patient is a minor, unless such minor sixteen years of age or older
23 objects to the participation of the parent or parents and there has been
24 a clinical determination by a physician that the involvement of the
25 parent or parents is not clinically appropriate and such determination
26 is documented in the clinical record and there is no plan to discharge
27 or release the minor to the home of such parent or parents; and upon the
28 request of the patient sixteen years of age or older, [~~a significant~~ an
29 individual significant to the patient including any relative, close
30 friend or individual otherwise concerned with the welfare of the
31 patient, other than an employee of the facility.

32 § 10. This act shall take effect ninety days after it shall have
33 become a law; provided, however, section four of this act shall take
34 effect on the same date as the reversion of subsection (a) of section
35 9.37 of the mental hygiene law as provided in section 21 of chapter 723
36 of the laws of 1989, as amended; provided further, however, the amend-
37 ments to section 9.45 of the mental hygiene law made by section six of
38 this act shall not affect the repeal of such section and shall be deemed
39 repealed therewith; and provided further, however, the amendments to
40 section 9.60 of the mental hygiene law made by section seven of this act
41 shall not affect the repeal of such section and shall be deemed repealed
42 therewith.

43 PART FF

44 Section 1. 1. Subject to available appropriations and approval of the
45 director of the budget, the commissioners of the office of mental
46 health, office for people with developmental disabilities, office of
47 addiction services and supports, office of temporary and disability
48 assistance, office of children and family services, and the state office
49 for the aging (hereinafter "the commissioners") shall establish a state
50 fiscal year 2025-2026 targeted inflationary increase, effective April 1,
51 2025, for projecting for the effects of inflation upon rates of
52 payments, contracts, or any other form of reimbursement for the programs
53 and services listed in subdivision four of this section. The targeted
54 inflationary increase established herein shall be applied to the appro-

1 priate portion of reimbursable costs or contract amounts. Where appro-
2 priate, transfers to the department of health (DOH) shall be made as
3 reimbursement for the state and/or local share of medical assistance.

4 2. Notwithstanding any inconsistent provision of law, subject to the
5 approval of the director of the budget and available appropriations
6 therefor, for the period of April 1, 2025 through March 31, 2026, the
7 commissioners shall provide funding to support a two and one-tenth
8 percent (2.1%) targeted inflationary increase under this section for all
9 eligible programs and services as determined pursuant to subdivision
10 four of this section.

11 3. Notwithstanding any inconsistent provision of law, and as approved
12 by the director of the budget, the 2.1 percent targeted inflationary
13 increase established herein shall be inclusive of all other inflationary
14 increases, cost of living type increases, inflation factors, or trend
15 factors that are newly applied effective April 1, 2025. Except for the
16 2.1 percent targeted inflationary increase established herein, for the
17 period commencing on April 1, 2025 and ending March 31, 2026 the commis-
18 sioners shall not apply any other new targeted inflationary increases or
19 cost of living adjustments for the purpose of establishing rates of
20 payments, contracts or any other form of reimbursement. The phrase "all
21 other inflationary increases, cost of living type increases, inflation
22 factors, or trend factors" as defined in this subdivision shall not
23 include payments made pursuant to the American Rescue Plan Act or other
24 federal relief programs related to the Coronavirus Disease 2019 (COVID-
25 19) pandemic public health emergency. This subdivision shall not
26 prevent the office of children and family services from applying addi-
27 tional trend factors or staff retention factors to eligible programs and
28 services under paragraph (v) of subdivision four of this section.

29 4. Eligible programs and services. (i) Programs and services funded,
30 licensed, or certified by the office of mental health (OMH) eligible for
31 the targeted inflationary increase established herein, pending federal
32 approval where applicable, include: office of mental health licensed
33 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of
34 the office of mental health regulations including clinic (mental health
35 outpatient treatment and rehabilitative services programs), continuing
36 day treatment, day treatment, intensive outpatient programs and partial
37 hospitalization; outreach; crisis residence; crisis stabilization,
38 crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric
39 emergency program services; crisis intervention; home based crisis
40 intervention; family care; supported single room occupancy; supported
41 housing programs/services excluding rent; treatment congregate;
42 supported congregate; community residence - children and youth;
43 treatment/apartment; supported apartment; community residence single
44 room occupancy; on-site rehabilitation; employment programs; recreation;
45 respite care; transportation; psychosocial club; assertive community
46 treatment; case management; care coordination, including health home
47 plus services; local government unit administration; monitoring and
48 evaluation; children and youth vocational services; single point of
49 access; school-based mental health program; family support children and
50 youth; advocacy/support services; drop in centers; recovery centers;
51 transition management services; bridger; home and community based waiver
52 services; behavioral health waiver services authorized pursuant to the
53 section 1115 MRT waiver; self-help programs; consumer service dollars;
54 conference of local mental hygiene directors; multicultural initiative;
55 ongoing integrated supported employment services; supported education;
56 mentally ill/chemical abuse (MICA) network; personalized recovery

1 oriented services; children and family treatment and support services;
2 residential treatment facilities operating pursuant to part 584 of title
3 14-NYCRR; geriatric demonstration programs; community-based mental
4 health family treatment and support; coordinated children's service
5 initiative; homeless services; and promise zones.

6 (ii) Programs and services funded, licensed, or certified by the
7 office for people with developmental disabilities (OPWDD) eligible for
8 the targeted inflationary increase established herein, pending federal
9 approval where applicable, include: local/unified services; chapter 620
10 services; voluntary operated community residential services; article 16
11 clinics; day treatment services; family support services; 100% day
12 training; epilepsy services; traumatic brain injury services; hepatitis
13 B services; independent practitioner services for individuals with
14 intellectual and/or developmental disabilities; crisis services for
15 individuals with intellectual and/or developmental disabilities; family
16 care residential habilitation; supervised residential habilitation;
17 supportive residential habilitation; respite; day habilitation; prevoca-
18 tional services; supported employment; community habilitation; interme-
19 diate care facility day and residential services; specialty hospital;
20 pathways to employment; intensive behavioral services; community transi-
21 tion services; family education and training; fiscal intermediary;
22 support broker; and personal resource accounts.

23 (iii) Programs and services funded, licensed, or certified by the
24 office of addiction services and supports (OASAS) eligible for the
25 targeted inflationary increase established herein, pending federal
26 approval where applicable, include: medically supervised withdrawal
27 services - residential; medically supervised withdrawal services -
28 outpatient; medically managed detoxification; inpatient rehabilitation
29 services; outpatient opioid treatment; residential opioid treatment;
30 residential opioid treatment to abstinence; problem gambling treatment;
31 medically supervised outpatient; outpatient rehabilitation; specialized
32 services substance abuse programs; home and community based waiver
33 services pursuant to subdivision 9 of section 366 of the social services
34 law; children and family treatment and support services; continuum of
35 care rental assistance case management; NY/NY III post-treatment hous-
36 ing; NY/NY III housing for persons at risk for homelessness; permanent
37 supported housing; youth clubhouse; recovery community centers; recovery
38 community organizing initiative; residential rehabilitation services for
39 youth (RRSY); intensive residential; community residential; supportive
40 living; residential services; job placement initiative; case management;
41 family support navigator; local government unit administration; peer
42 engagement; vocational rehabilitation; HIV early intervention services;
43 dual diagnosis coordinator; problem gambling resource centers; problem
44 gambling prevention; prevention resource centers; primary prevention
45 services; other prevention services; comprehensive outpatient clinic;
46 jail-based supports; and regional addiction resource centers.

47 (iv) Programs and services funded, licensed, or certified by the
48 office of temporary and disability assistance (OTDA) eligible for the
49 targeted inflationary increase established herein, pending federal
50 approval where applicable, include: the nutrition outreach and education
51 program (NOEP).

52 (v) Programs and services funded, licensed, or certified by the office
53 of children and family services (OCFS) eligible for the targeted infla-
54 tionary increase established herein, pending federal approval where
55 applicable, include: programs for which the office of children and fami-
56 ly services establishes maximum state aid rates pursuant to section

1 398-a of the social services law and section 4003 of the education law;
2 emergency foster homes; foster family boarding homes and therapeutic
3 foster homes; supervised settings as defined by subdivision twenty-two
4 of section 371 of the social services law; adoptive parents receiving
5 adoption subsidy pursuant to section 453 of the social services law; and
6 congregate and scattered supportive housing programs and supportive
7 services provided under the NY/NY III supportive housing agreement to
8 young adults leaving or having recently left foster care.

9 (vi) Programs and services funded, licensed, or certified by the state
10 office for the aging (SOFA) eligible for the targeted inflationary
11 increase established herein, pending federal approval where applicable,
12 include: community services for the elderly; expanded in-home services
13 for the elderly; and the wellness in nutrition program.

14 5. Each local government unit or direct contract provider receiving
15 funding for the targeted inflationary increase established herein shall
16 submit a written certification, in such form and at such time as each
17 commissioner shall prescribe, attesting how such funding will be or was
18 used to first promote the recruitment and retention of support staff,
19 direct care staff, clinical staff, non-executive administrative staff,
20 or respond to other critical non-personal service costs prior to
21 supporting any salary increases or other compensation for executive
22 level job titles.

23 6. Notwithstanding any inconsistent provision of law to the contrary,
24 agency commissioners shall be authorized to recoup funding from a local
25 governmental unit or direct contract provider for the targeted infla-
26 tionary increase established herein determined to have been used in a
27 manner inconsistent with the appropriation, or any other provision of
28 this section. Such agency commissioners shall be authorized to employ
29 any legal mechanism to recoup such funds, including an offset of other
30 funds that are owed to such local governmental unit or direct contract
31 provider.

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

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

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