

# STATE OF NEW YORK

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S. 3007--A

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## SENATE - ASSEMBLY

January 22, 2025

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

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

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

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

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law relating to authorizing the commissioner of health to redeploy excess reserves of certain not-for-profit managed care organizations, in relation to the effectiveness thereof; to amend chapter 451 of the laws of 2007, amending the public health law, the social services law 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:

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and shall expire December 31, ~~2025~~ 2027 and upon such date the provisions of this act shall be deemed to be repealed.

§ 5. The opening paragraph of paragraph (m) of subdivision 3 of section 461-1 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 assist-

1 ance, including disproportionate share payments to such public general  
2 hospital for 1996, 1997, 1998, and 1999, based initially for 1996 on  
3 reported 1994 reconciled data as further reconciled to actual reported  
4 1996 reconciled data, and for 1997 based initially on reported 1995  
5 reconciled data as further reconciled to actual reported 1997 reconciled  
6 data, for 1998 based initially on reported 1995 reconciled data as  
7 further reconciled to actual reported 1998 reconciled data, for 1999  
8 based initially on reported 1995 reconciled data as further reconciled  
9 to actual reported 1999 reconciled data, for 2000 based initially on  
10 reported 1995 reconciled data as further reconciled to actual reported  
11 2000 data, for 2001 based initially on reported 1995 reconciled data as  
12 further reconciled to actual reported 2001 data, for 2002 based initial-  
13 ly on reported 2000 reconciled data as further reconciled to actual  
14 reported 2002 data, and for state fiscal years beginning on April 1,  
15 2005, based initially on reported 2000 reconciled data as further recon-  
16 ciled to actual reported data for 2005, and for state fiscal years  
17 beginning on April 1, 2006, based initially on reported 2000 reconciled  
18 data as further reconciled to actual reported data for 2006, for state  
19 fiscal years beginning on and after April 1, 2007 through March 31,  
20 2009, based initially on reported 2000 reconciled data as further recon-  
21 ciled to actual reported data for 2007 and 2008, respectively, for state  
22 fiscal years beginning on and after April 1, 2009, based initially on  
23 reported 2007 reconciled data, adjusted for authorized Medicaid rate  
24 changes applicable to the state fiscal year, and as further reconciled  
25 to actual reported data for 2009, for state fiscal years beginning on  
26 and after April 1, 2010, based initially on reported reconciled data  
27 from the base year two years prior to the payment year, adjusted for  
28 authorized Medicaid rate changes applicable to the state fiscal year,  
29 and further reconciled to actual reported data from such payment year,  
30 and to actual reported data for each respective succeeding year. The  
31 payments may be added to rates of payment or made as aggregate payments  
32 to an eligible public general hospital.

33 § 8. Subdivision 3 of section 3018 of the public health law, as added  
34 by section 2 of chapter 137 of the laws of 2023, is amended to read as  
35 follows:

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

44 § 8-a. Section 2 of chapter 137 of the laws of 2023, amending the  
45 public health law relating to establishing a community-based paramedi-  
46 cine demonstration program, is amended to read as follows:

47 § 2. This act shall take effect immediately and shall expire and be  
48 deemed repealed [~~2~~] **4** years after such date; provided, however, that if  
49 this act shall have become a law on or after May 22, 2023 this act shall  
50 take effect immediately and shall be deemed to have been in full force  
51 and effect on and after May 22, 2023.

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

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

§ 10. Section 2 of subpart B of 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, as amended by chapter 197 of the laws of 2023, is amended to read as follows:

§ 2. This act shall take effect August 1, 2018 and shall expire and be deemed repealed August 1, ~~2025~~ 2027, but, shall not apply to any entity or any subsidiary or affiliate of such entity that disposes of all or a material portion of its assets pursuant to a transaction that: (1) was the subject of a request for regulatory approval first made to the commissioner of health between January 1, 2017, and December 31, 2017; and (2) receives regulatory approval from the commissioner of health 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 limitation 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 other laws relating to general hospital reimbursement for annual rates, as amended by section 32 of part B of chapter 57 of the laws of 2023, is amended to read as follows:

§ 4-a. Notwithstanding paragraph (c) of subdivision 10 of section 2807-c of the public health law, section 21 of chapter 1 of the laws of 1999, or any other contrary provision of law, in determining rates of payments by state governmental agencies effective for services provided on and after January 1, 2017 [~~through March 31, 2025~~] and thereafter, for inpatient and outpatient services provided by general hospitals, for inpatient services and adult day health care outpatient services provided by residential health care facilities pursuant to article 28 of the public health law, except for residential health care facilities or units of such facilities providing services primarily to children under twenty-one years of age, for home health care services provided pursuant to article 36 of the public health law by certified home health agencies, long term home health care programs and AIDS home care programs, and for personal care services provided pursuant to section 365-a of the social services law, the commissioner of health shall apply no greater than zero trend factors attributable to the 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024 and 2025 calendar years and thereafter in accordance with paragraph (c) of subdivision 10 of section 2807-c of the public health law, provided, however, that such no greater than zero trend factors attributable to such 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024 and 2025 calendar years and thereafter shall also be applied to rates of payment provided on and after January 1, 2017 [~~through March 31, 2025~~] and thereafter for personal care services provided in those local social services districts, including New York city, whose rates of payment for such services are established by such local social services districts pursuant to a rate-setting exemption issued by the commissioner of health to such local social services districts in accordance with applicable regulations; and provided further, however, that for rates of payment for assisted living program services provided on and after January 1, 2017 [~~through March 31, 2025~~] and thereafter, such trend factors attributable to the 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024 and 2025 calendar years and thereafter shall be established at no greater than zero percent.

§ 19. Subdivision 2 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 33 of part B of chapter 57 of the laws of 2023, is amended to read as follows:

2. Sections five, seven through nine, twelve through fourteen, and eighteen 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, 2006 and on and after April 1, 2006 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 sections twelve, thirteen and fourteen of this act shall be deemed to be in full force and effect on and after April 1, 2011 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;

§ 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 elderly 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

1 take over from local departments of social services, Medicaid Managed  
2 Care providers, and Medicaid managed long term care plans performance of  
3 assessments and reassessments required for determining individuals'  
4 needs for personal care services, including as provided through the  
5 consumer directed personal assistance program, and other services or  
6 programs available pursuant to the state's medical assistance program as  
7 determined by such commissioner for the purpose of improving efficiency,  
8 quality, and reliability in assessment and to determine individuals'  
9 eligibility for Medicaid managed long term care plans. Notwithstanding  
10 the provisions of section one hundred sixty-three of the state finance  
11 law, or sections one hundred forty-two and one hundred forty-three of  
12 the economic development law, or any contrary provision of law,  
13 contracts may be entered or the commissioner may amend and extend the  
14 terms of a contract awarded prior to the effective date and entered into  
15 to conduct enrollment broker and conflict-free evaluation services for  
16 the Medicaid program, if such contract or contract amendment is for the  
17 purpose of procuring such assessment services from an independent asses-  
18 sor. Contracts entered into, amended, or extended pursuant to this  
19 subdivision shall not remain in force beyond September 30, ~~2025~~ 2026.

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

25 § 20. The department of health shall establish or procure services of  
26 an independent panel or panels of clinical professionals no later than  
27 October 1, 2022, in a manner and schedule as determined by the commis-  
28 sioner of health, to provide as appropriate independent physician or  
29 other applicable clinician orders for personal care services, including  
30 as provided through the consumer directed personal assistance program,  
31 available pursuant to the state's medical assistance program and to  
32 determine eligibility for the consumer directed personal assistance  
33 program. Notwithstanding the provisions of section 163 of the state  
34 finance law, or sections 142 and 143 of the economic development law, or  
35 any contrary provision of law, contracts may be entered or the commis-  
36 sioner of health may amend and extend the terms of a contract awarded  
37 prior to the effective date and entered into to conduct enrollment  
38 broker and conflict-free evaluation services for the Medicaid program,  
39 if such contract or contract amendment is for the purpose of establish-  
40 ing an independent panel or panels of clinical professionals as  
41 described in this section. Contracts entered into, amended, or extended  
42 pursuant to this section shall not remain in force beyond September 30,  
43 ~~2025~~ 2026.

44 § 27. 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 C

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

50 (b) In the event that the patient does not meet the criteria in para-  
51 graph (a) of this subdivision, the prescriber may provide additional  
52 information to the program to justify the use of a prescription drug  
53 that is not on the preferred drug list. The program shall provide a  
54 reasonable opportunity for a prescriber to reasonably present ~~his or~~

1 ~~her]~~ the prescriber's justification of prior authorization. [~~If, after~~  
2 ~~consultation with the program, the prescriber, in his or her reasonable~~  
3 ~~professional judgment, determines that]~~ The program will consider the  
4 additional information and the justification presented to determine  
5 whether the use of a prescription drug that is not on the preferred drug  
6 list is warranted, and the [~~prescriber's~~] program's determination shall  
7 be final.

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

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

11 PART D

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

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

51 § 2. Clause (A) of subparagraph (ii) of paragraph (b) of subdivision  
52 5-d of section 2807-k of the public health law, as amended by section 1  
53 of part E of chapter 57 of the laws of 2023, is amended to read as  
54 follows:

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

4 (2) for the calendar years two thousand twenty-five and thereafter,  
5 the total distributions to major public general hospitals shall be  
6 subject to an aggregate reduction of one hundred thirteen million four  
7 hundred thousand dollars annually, provided that general hospitals oper-  
8 ated by the New York city health and hospitals corporation as estab-  
9 lished by chapter one thousand sixteen of the laws of nineteen hundred  
10 sixty-nine, as amended, shall not receive distributions pursuant to this  
11 subdivision; and

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

14 PART E

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

18 § 602. Applicability. ~~[(a)]~~ This article shall not apply to health  
19 care services, including emergency services, where physician fees are  
20 subject to schedules or other monetary limitations under any other law,  
21 including the workers' compensation law and article fifty-one of the  
22 insurance law, and shall not preempt any such law. This article also  
23 shall not apply to health care services, including emergency services,  
24 subject to medical assistance program coverage provided pursuant to  
25 section three hundred sixty-four-j of the social services law.

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

28 (d-4) Notwithstanding paragraph (a) of this subdivision, the following  
29 medical assistance recipients shall not be eligible to participate in  
30 the managed care program authorized by this section or other care coor-  
31 ordination model established by article forty-four of the public health  
32 law: any person who is permanently placed in a residential health care  
33 facility for a consecutive period of three months or more. However,  
34 nothing in this paragraph should be construed to apply to enrollees in  
35 the Medicaid Advantage Plus Program, developed to enroll persons in  
36 managed long-term care who are nursing home certifiable and who are  
37 dually eligible pursuant to section forty-four hundred three-f of the  
38 public health law. In implementing this provision, the department shall  
39 continue to support service delivery and outcomes that result in commu-  
40 nity living for enrollees.

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

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

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

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

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

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

(d) For the purposes of this subdivision a violation shall mean a determination by the commissioner that the managed care provider failed to act as required under the contract between the state and the managed care provider in place at the time of the failure, or applicable federal and state statutes, rules or regulations governing managed care providers. Each instance of a managed care provider failing to furnish necessary 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]~~ serving individuals enrolled pursuant to ~~[section twenty-five hundred eleven]~~ title 1-A of article twenty-five of this chapter;

(c) Essential plan coverage certified pursuant to ~~[section three hundred sixty-nine-gg]~~ title 11-D of article five 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:

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

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

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

(d) For essential plan member months less than two hundred fifty thousand member months, a health plan shall pay thirteen dollars per member month;

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

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

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

5. A health plan shall remit the MCO provider tax due pursuant to this section to the commissioner or their designee quarterly or at a frequency defined by the commissioner.

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

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

(b) If a health plan fails to file reports required pursuant to this subdivision within sixty days of the date such reports are due and after

1 notification of such reporting delinquency, the commissioner may assess  
2 a civil penalty of up to ten thousand dollars for each failure;  
3 provided, however, that such civil penalty shall not be imposed if the  
4 health plan demonstrates good cause for the failure to timely file such  
5 reports.

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

10 (b) The commissioner may waive a portion or all of either the interest  
11 or penalties, or both, assessed under this section if the commissioner  
12 determines, in their sole discretion, that the health plan has demon-  
13 strated that imposition of the full amount of the MCO provider tax  
14 pursuant to the timelines applicable under the approval letter has a  
15 high likelihood of creating an undue financial hardship for the health  
16 plan or creates a significant financial difficulty in providing needed  
17 services to Medicaid beneficiaries. In addition, the commissioner may  
18 wave a portion or all of either the interest or penalties, or both,  
19 assessed under this section if the commissioner determines, in their  
20 sole discretion, that the health plan did not have the information  
21 necessary from the department to pay the tax required in this section.  
22 Waiver of some or all of the interest or penalties pursuant to this  
23 subdivision shall be conditioned on the health plan's agreement to make  
24 MCO provider tax payments on an alternative schedule developed by the  
25 department that takes into account the financial situation of the health  
26 plan and the potential impact on the delivery of services to Medicaid  
27 beneficiaries.

28 (c) Overpayment by or on behalf of a health plan of a payment shall be  
29 applied to any other payment due from the health plan pursuant to this  
30 section, or, if no payment is due, at the election of the health plan,  
31 shall be applied to future payments or refunded to the health plan.  
32 Interest shall be paid on overpayments from the date of overpayment to  
33 the date of crediting or refunding at the rate determined in accordance  
34 with this subdivision only if the overpayment was made at the direction  
35 of the commissioner. Interest under this paragraph shall not be paid if  
36 the amount thereof is less than one dollar.

37 9. Payments and reports submitted or required to be submitted to the  
38 commissioner pursuant to this section by a health plan shall be subject  
39 to audit by the commissioner for a period of six years following the  
40 close of the calendar year in which such payments and reports are due,  
41 after which such payments shall be deemed final and not subject to  
42 further adjustment or reconciliation, including through offset adjust-  
43 ments or reconciliations made by a health plan; provided, however, that  
44 nothing in this section shall be construed as precluding the commission-  
45 er from pursuing collection of any such payments which are identified as  
46 delinquent within such six-year period, or which are identified as  
47 delinquent as a result of an audit commenced within such six-year peri-  
48 od, or from conducting an audit of any adjustment or reconciliation made  
49 by a health plan, or from conducting an audit of payments made prior to  
50 such six-year period which are found to be commingled with payments  
51 which are otherwise subject to timely audit pursuant to this section.

52 10. In the event of a merger, acquisition, establishment, or any other  
53 similar transaction that results in the transfer of health plan respon-  
54 sibility for all enrollees under this section from a health plan to  
55 another health plan or similar entity, and that occurs at any time  
56 during which this section is effective, the resultant health plan or

similar entity shall be responsible for paying the full tax amount as provided in this section that would have been the responsibility of the health plan to which that full tax amount was assessed upon the effective date of any such transaction. If a merger, acquisition, establishment, or any other similar transaction results in the transfer of health plan responsibility for only some of a health plan's enrollees under this section but not all enrollees, the full tax amount as provided in this section shall remain the responsibility of that health plan to which that full tax amount was assessed.

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

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

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

1 consultation with the director of the budget, be invested by the comp-  
2 troller in obligations of the United States or the state. Any income  
3 earned by the investment of such monies shall be added to and become a  
4 part of and shall be used for the purposes of such fund.

5 ~~[6]~~ 7. The director of the budget shall provide quarterly reports to  
6 the speaker of the assembly, the temporary president of the senate, the  
7 chair of the senate finance committee and the chair of the assembly ways  
8 and means committee, on the receipts and distributions of the healthcare  
9 stability fund, including an itemization of such receipts and disburse-  
10 ments, the historical and projected expenditures, and the projected fund  
11 balance.

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

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

21 § 1-a. Notwithstanding any provision of law to the contrary, for the  
22 state fiscal years beginning April 1, 2023, and thereafter, Medicaid  
23 payments made for the operating component of hospital inpatient services  
24 shall be subject to a uniform rate increase of seven and one-half  
25 percent in addition to the increase contained in section one of this  
26 act, subject to the approval of the commissioner of health and the  
27 director of the budget. Notwithstanding any provision of law to the  
28 contrary, for the state fiscal years beginning April 1, 2023, and there-  
29 after, Medicaid payments made for the operating component of hospital  
30 outpatient services shall be subject to a uniform rate increase of six  
31 and one-half percent in addition to the increase contained in section  
32 one of this act, subject to the approval of the commissioner of health  
33 and the director of the budget. Notwithstanding any provision of law to  
34 the contrary, for the period April 1, 2024 through March 31, 2025 Medi-  
35 caid payments made for hospital services shall be increased by an aggre-  
36 gate amount of up to \$525,000,000 in addition to the increase contained  
37 in sections one and one-b of this act subject to the approval of the  
38 commissioner of health and the director of the budget. Notwithstanding  
39 any provision of law to the contrary, for the state fiscal years begin-  
40 ning April 1, 2025, and thereafter, Medicaid payments made for the oper-  
41 ating component of hospital outpatient services shall be subject to a  
42 uniform rate increase pursuant to a plan approved by the director of the  
43 budget in addition to the applicable increase contained in section one  
44 of this act and this section, subject to the approval of the commission-  
45 er of health and the director of the budget. Notwithstanding any  
46 provision of law to the contrary, for the period April 1, 2025, and  
47 thereafter, Medicaid payments made for hospital services shall be  
48 increased by an aggregate amount of up to \$425,000,000 in addition to  
49 the increase contained in section one of this act and this section,  
50 subject to the approval of the commissioner of health and the director  
51 of the budget. Such rate increases shall be subject to federal financial  
52 participation and the provisions established under section one-f of this  
53 act.

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

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. Notwithstanding 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 461-1 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

1 March 31, 2025, Medicaid payments for assisted living programs shall be  
2 increased by up to \$15,000,000 in addition to the increase contained in  
3 this section subject to the approval of the commissioner of health and  
4 the director of the budget. Notwithstanding any provision of law to the  
5 contrary, for the state fiscal years beginning on April 1, 2025 and  
6 thereafter, Medicaid payments for assisted living programs shall be  
7 increased by up to \$15,000,000 in addition to the increase contained in  
8 this section subject to the approval of the commissioner of health and  
9 the director of the budget. Such rate increases shall be subject to  
10 federal financial participation and the provisions established under  
11 section one-f of this act.

12 § 7. Section 1-e of part I of chapter 57 of the laws of 2022 providing  
13 a one percent across the board payment increase to all qualifying fee-  
14 for-service Medicaid rates, as added by section 4 of part NN of chapter  
15 57 of the laws of 2024, and as renumbered by section five of this act,  
16 is amended and a new section 1-f is added to read as follows:

17 § 1-e. Such increases as added by the chapter of the laws of 2024 that  
18 added this section may take the form of increased rates of payment in  
19 Medicaid fee-for-service and/or Medicaid managed care, lump sum  
20 payments, or state directed payments under 42 CFR 438.6(c). Such rate  
21 increases shall be subject to federal financial participation and the  
22 provisions established under section one-f of this act.

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

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

## 35 PART G

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

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

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

1 period of such excess coverage for such occurrences or be endorsed as  
2 additional insureds under a hospital professional liability policy which  
3 is offered through a voluntary attending physician ("channeling")  
4 program previously permitted by the superintendent of financial services  
5 during the period of such excess coverage for such occurrences. During  
6 such period, such policy for excess coverage or such equivalent excess  
7 coverage shall, when combined with the physician's or dentist's primary  
8 malpractice insurance coverage or coverage provided through a voluntary  
9 attending physician ("channeling") program, total an aggregate level of  
10 two million three hundred thousand dollars for each claimant and six  
11 million nine hundred thousand dollars for all claimants from all such  
12 policies with respect to occurrences in each of such years provided,  
13 however, if the cost of primary malpractice insurance coverage in excess  
14 of one million dollars, but below the excess medical malpractice insur-  
15 ance coverage provided pursuant to this act, exceeds the rate of nine  
16 percent per annum, then the required level of primary malpractice insur-  
17 ance coverage in excess of one million dollars for each claimant shall  
18 be in an amount of not less than the dollar amount of such coverage  
19 available at nine percent per annum; the required level of such coverage  
20 for all claimants under that policy shall be in an amount not less than  
21 three times the dollar amount of coverage for each claimant; and excess  
22 coverage, when combined with such primary malpractice insurance cover-  
23 age, shall increase the aggregate level for each claimant by one million  
24 dollars and three million dollars for all claimants; and provided  
25 further, that, with respect to policies of primary medical malpractice  
26 coverage that include occurrences between April 1, 2002 and June 30,  
27 2002, such requirement that coverage be in amounts no less than one  
28 million three hundred thousand dollars for each claimant and three  
29 million nine hundred thousand dollars for all claimants for such occur-  
30 rences shall be effective April 1, 2002.

31 (9) This subdivision shall apply only to excess insurance coverage or  
32 equivalent excess coverage for physicians or dentists that is eligible  
33 to be paid for from funds available in the hospital excess liability  
34 pool.

35 (a) Notwithstanding any law to the contrary, for any policy period  
36 beginning on or after July 1, 2024, excess coverage shall be purchased  
37 by a physician or dentist directly from a provider of excess insurance  
38 coverage or equivalent excess coverage. At the conclusion of the policy  
39 period the superintendent of financial services and the commissioner of  
40 health or their designee shall, from funds available in the hospital  
41 excess liability pool created pursuant to subdivision 5 of this section,  
42 pay fifty percent of the premium to the provider of excess insurance  
43 coverage or equivalent excess coverage, and the remaining fifty percent  
44 shall be paid one year thereafter.

45 (b) Notwithstanding any law to the contrary, for any policy period  
46 beginning on or after July 1, 2025, excess coverage shall be purchased  
47 by a physician or dentist directly from a provider of excess insurance  
48 coverage or equivalent excess coverage. Such provider of excess insur-  
49 ance coverage or equivalent excess coverage shall bill, in a manner  
50 consistent with paragraph (f) of this subdivision, the physician or  
51 dentist for an amount equal to fifty percent of the premium for such  
52 coverage, as established pursuant to paragraph (d) of this subdivision,  
53 during the policy period. At the conclusion of the policy period the  
54 superintendent of financial services and the commissioner of health or  
55 their designee shall, from funds available in the hospital excess  
56 liability pool created pursuant to subdivision 5 of this section, pay

1 half of the remaining fifty percent of the premium to the provider of  
2 excess insurance coverage or equivalent excess coverage, and the remain-  
3 ing twenty-five percent shall be paid one year thereafter. If the funds  
4 available in the hospital excess liability pool are insufficient to meet  
5 the percent of the costs of the excess coverage, the provisions of  
6 subdivision 8 of this section shall apply.

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

17 (d) The superintendent of financial services shall establish a rate  
18 consistent with subdivision 3 of this section that providers of excess  
19 insurance coverage or equivalent excess coverage will charge for such  
20 coverage for each policy period. For the policy period beginning July 1,  
21 2025, the superintendent of financial services may direct that the  
22 premium for that policy period be the same as it was for the policy  
23 period that concluded June 30, 2024.

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

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

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

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

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

1 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002  
2 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July  
3 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,  
4 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June  
5 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009  
6 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July  
7 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,  
8 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June  
9 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016  
10 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July  
11 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,  
12 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June  
13 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023  
14 and June 30, 2024, [and] between July 1, 2024 and June 30, 2025, and  
15 between July 1, 2025 and June 30, 2026 allocable to each general hospi-  
16 tal for physicians or dentists certified as eligible for purchase of a  
17 policy for excess insurance coverage by such general hospital in accord-  
18 ance with subdivision 2 of this section, and may amend such determi-  
19 nation and certification as necessary.

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

1 July 1, 1990 to December 31, 1990, to the period January 1, 1991 to June  
2 30, 1991, to the period July 1, 1991 to December 31, 1991, to the period  
3 January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December  
4 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period  
5 July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June  
6 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period  
7 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December  
8 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period  
9 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June  
10 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period  
11 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December  
12 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period  
13 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June  
14 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period  
15 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,  
16 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,  
17 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to  
18 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006  
19 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the  
20 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and  
21 June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the  
22 period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and  
23 June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the  
24 period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and  
25 June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the  
26 period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June  
27 30, 2019, to the period July 1, 2019 to June 30, 2020, to the period  
28 July 1, 2020 to June 30, 2021, to the period July 1, 2021 to June 30,  
29 2022, to the period July 1, 2022 to June 30, 2023, to the period July 1,  
30 2023 to June 30, 2024, ~~[and]~~ to the period July 1, 2024 to June 30,  
31 2025, and to the period July 1, 2025 to June 30, 2026.

32 § 3. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section  
33 18 of chapter 266 of the laws of 1986, amending the civil practice law  
34 and rules and other laws relating to malpractice and professional  
35 medical conduct, as amended by section 3 of part K of chapter 57 of the  
36 laws of 2024, are amended to read as follows:

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

1 30, 2012, during the period July 1, 2012 to June 30, 2013, during the  
2 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to  
3 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during  
4 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017  
5 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,  
6 during the period July 1, 2019 to June 30, 2020, during the period July  
7 1, 2020 to June 30, 2021, during the period July 1, 2021 to June 30,  
8 2022, during the period July 1, 2022 to June 30, 2023, during the period  
9 July 1, 2023 to June 30, 2024, [and] during the period July 1, 2024 to  
10 June 30, 2025, and during the period July 1, 2025 to June 30 2026 allo-  
11 cated or reallocated in accordance with paragraph (a) of subdivision 4-a  
12 of this section to rates of payment applicable to state governmental  
13 agencies, each physician or dentist for whom a policy for excess insur-  
14 ance coverage or equivalent excess coverage is purchased for such period  
15 shall be responsible for payment to the provider of excess insurance  
16 coverage or equivalent excess coverage of an allocable share of such  
17 insufficiency, based on the ratio of the total cost of such coverage for  
18 such physician to the sum of the total cost of such coverage for all  
19 physicians applied to such insufficiency.

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

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

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

(d) Each provider of excess insurance coverage or equivalent excess coverage shall notify the superintendent of financial services and the commissioner of health or their designee of each physician and dentist eligible for purchase of a policy for excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to

1 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or  
2 covering the period July 1, 2013 to June 30, 2014, or covering the peri-  
3 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to  
4 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or  
5 covering the period July 1, 2017 to June 30, 2018, or covering the peri-  
6 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to  
7 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or  
8 covering the period July 1, 2021 to June 30, 2022, or covering the peri-  
9 od July 1, 2022 to June 30, 2023, or covering the period July 1, 2023 to  
10 June 30, 2024, or covering the period July 1, 2024 to June 30, 2025, or  
11 covering the period July 1, 2025 to June 30, 2026 that has made payment  
12 to such provider of excess insurance coverage or equivalent excess  
13 coverage in accordance with paragraph (b) of this subdivision and of  
14 each physician and dentist who has failed, refused or neglected to make  
15 such payment.

16 (e) A provider of excess insurance coverage or equivalent excess  
17 coverage shall refund to the hospital excess liability pool any amount  
18 allocable to the period July 1, 1992 to June 30, 1993, and to the period  
19 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June  
20 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the  
21 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to  
22 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to  
23 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000  
24 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,  
25 and to the period April 1, 2002 to June 30, 2002, and to the period July  
26 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,  
27 2004, and to the period July 1, 2004 to June 30, 2005, and to the period  
28 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June  
29 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the  
30 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to  
31 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to  
32 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012  
33 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and  
34 to the period July 1, 2014 to June 30, 2015, and to the period July 1,  
35 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and  
36 to the period July 1, 2017 to June 30, 2018, and to the period July 1,  
37 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,  
38 and to the period July 1, 2020 to June 30, 2021, and to the period July  
39 1, 2021 to June 30, 2022, and to the period July 1, 2022 to June 30,  
40 2023, and to the period July 1, 2023 to June 30, 2024, and to the period  
41 July 1, 2024 to June 30, 2025, and to the period July 1, 2025 to June  
42 30, 2026 received from the hospital excess liability pool for purchase  
43 of excess insurance coverage or equivalent excess coverage covering the  
44 period July 1, 1992 to June 30, 1993, and covering the period July 1,  
45 1993 to June 30, 1994, and covering the period July 1, 1994 to June 30,  
46 1995, and covering the period July 1, 1995 to June 30, 1996, and cover-  
47 ing the period July 1, 1996 to June 30, 1997, and covering the period  
48 July 1, 1997 to June 30, 1998, and covering the period July 1, 1998 to  
49 June 30, 1999, and covering the period July 1, 1999 to June 30, 2000,  
50 and covering the period July 1, 2000 to June 30, 2001, and covering the  
51 period July 1, 2001 to October 29, 2001, and covering the period April  
52 1, 2002 to June 30, 2002, and covering the period July 1, 2002 to June  
53 30, 2003, and covering the period July 1, 2003 to June 30, 2004, and  
54 covering the period July 1, 2004 to June 30, 2005, and covering the  
55 period July 1, 2005 to June 30, 2006, and covering the period July 1,  
56 2006 to June 30, 2007, and covering the period July 1, 2007 to June 30,

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

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

22 § 40. The superintendent of financial services shall establish rates  
23 for policies providing coverage for physicians and surgeons medical  
24 malpractice for the periods commencing July 1, 1985 and ending June 30,  
25 ~~[2025]~~ 2026; provided, however, that notwithstanding any other provision  
26 of law, the superintendent shall not establish or approve any increase  
27 in rates for the period commencing July 1, 2009 and ending June 30,  
28 2010. The superintendent shall direct insurers to establish segregated  
29 accounts for premiums, payments, reserves and investment income attrib-  
30 utable to such premium periods and shall require periodic reports by the  
31 insurers regarding claims and expenses attributable to such periods to  
32 monitor whether such accounts will be sufficient to meet incurred claims  
33 and expenses. On or after July 1, 1989, the superintendent shall impose  
34 a surcharge on premiums to satisfy a projected deficiency that is  
35 attributable to the premium levels established pursuant to this section  
36 for such periods; provided, however, that such annual surcharge shall  
37 not exceed eight percent of the established rate until July 1, ~~[2025]~~  
38 2026, at which time and thereafter such surcharge shall not exceed twen-  
39 ty-five percent of the approved adequate rate, and that such annual  
40 surcharges shall continue for such period of time as shall be sufficient  
41 to satisfy such deficiency. The superintendent shall not impose such  
42 surcharge during the period commencing July 1, 2009 and ending June 30,  
43 2010. On and after July 1, 1989, the surcharge prescribed by this  
44 section shall be retained by insurers to the extent that they insured  
45 physicians and surgeons during the July 1, 1985 through June 30, ~~[2025]~~  
46 2026 policy periods; in the event and to the extent physicians and  
47 surgeons were insured by another insurer during such periods, all or a  
48 pro rata share of the surcharge, as the case may be, shall be remitted  
49 to such other insurer in accordance with rules and regulations to be  
50 promulgated by the superintendent. Surcharges collected from physicians  
51 and surgeons who were not insured during such policy periods shall be  
52 apportioned among all insurers in proportion to the premium written by  
53 each insurer during such policy periods; if a physician or surgeon was  
54 insured by an insurer subject to rates established by the superintendent  
55 during such policy periods, and at any time thereafter a hospital,  
56 health maintenance organization, employer or institution is responsible

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

27 § 5. Section 5 and subdivisions (a) and (e) of section 6 of part J of  
28 chapter 63 of the laws of 2001, amending chapter 266 of the laws of  
29 1986, amending the civil practice law and rules and other laws relating  
30 to malpractice and professional medical conduct, as amended by section 5  
31 of part K of chapter 57 of the laws of 2024, are amended to read as  
32 follows:

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

(a) This section shall be effective only upon a determination, pursuant to section five of this act, by the superintendent of financial services and the commissioner of health, and a certification of such determination to the state director of the budget, the chair of the senate committee on finance and the chair of the assembly committee on ways and means, that the amount of funds in the hospital excess liability pool, created pursuant to section 18 of chapter 266 of the laws of 1986, is insufficient for purposes of purchasing excess insurance coverage for eligible participating physicians and dentists during the period July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30, 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30, 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30, 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30, 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30, 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30, 2026 as applicable.

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

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

§ 20. Notwithstanding any law, rule or regulation to the contrary, only physicians or dentists who were eligible, and for whom the superintendent of financial services and the commissioner of health, or their designee, purchased, with funds available in the hospital excess liability pool, a full or partial policy for excess coverage or equivalent excess coverage for the coverage period ending the thirtieth of June, two thousand ~~[twenty-four]~~ twenty-five, shall be eligible to apply for such coverage for the coverage period beginning the first of July, two thousand ~~[twenty-four]~~ twenty-five; provided, however, if the total number of physicians or dentists for whom such excess coverage or equivalent excess coverage was purchased for the policy year ending the thirtieth of June, two thousand ~~[twenty-four]~~ twenty-five exceeds the total number of physicians or dentists certified as eligible for the coverage

1 period beginning the first of July, two thousand ~~[twenty-four]~~ twenty-  
2 five, then the general hospitals may certify additional eligible physi-  
3 cians or dentists in a number equal to such general hospital's propor-  
4 tional share of the total number of physicians or dentists for whom  
5 excess coverage or equivalent excess coverage was purchased with funds  
6 available in the hospital excess liability pool as of the thirtieth of  
7 June, two thousand ~~[twenty-four]~~ twenty-five, as applied to the differ-  
8 ence between the number of eligible physicians or dentists for whom a  
9 policy for excess coverage or equivalent excess coverage was purchased  
10 for the coverage period ending the thirtieth of June, two thousand  
11 ~~[twenty-four]~~ twenty-five and the number of such eligible physicians or  
12 dentists who have applied for excess coverage or equivalent excess  
13 coverage for the coverage period beginning the first of July, two thou-  
14 sand ~~[twenty-four]~~ twenty-five.

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

17 PART H

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(viii) qualifications necessary for the clinical research position and strategy for recruitment;~~  
~~(ix) non-duplication with other clinical research positions from the same teaching general hospital or consortium;~~  
~~(x) methods to track the career of the clinical researcher once the term of the position is complete; and~~  
~~(xi) any other information required by the commissioner to implement subparagraph (i) of paragraph (b) of subdivision five a of this section.~~  
~~(xii) The clinical review plan submitted in accordance with this paragraph may be reviewed by the commissioner in consultation with experts outside the department of health.~~  
~~(c) "Clinical research position" means a post graduate residency position which:~~  
~~(i) shall not be required in order for the researcher to complete a graduate medical education program;~~  
~~(ii) may be reimbursed by other sources but only for costs in excess of the funding distributed in accordance with subparagraph (i) of paragraph (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.~~

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

8 ~~(e)~~ ~~(b)~~ "Council" means the New York state council on graduate  
9 medical education.

10 ~~(f)~~ ~~(c)~~ "Direct medical education" means the direct costs of resi-  
11 dents, interns and supervising physicians.

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

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

19 ~~(i)~~ ~~(f)~~ "Graduate medical education program" means a post-graduate  
20 medical education residency in the United States which has received  
21 accreditation from a nationally recognized accreditation body or has  
22 been approved by a nationally recognized organization for medical,  
23 osteopathic, podiatric or dental residency programs including, but not  
24 limited to, specialty boards.

25 ~~(j)~~ ~~(g)~~ "Indirect medical education" means the estimate of costs,  
26 other than direct costs, of educational activities in teaching hospitals  
27 as determined in accordance with the methodology applicable for purposes  
28 of determining an estimate of indirect medical education costs for  
29 reimbursement for inpatient hospital service pursuant to title XVIII of  
30 the federal social security act (medicare).

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

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

38 ~~(m)~~ ~~(j)~~ "Regions", for purposes of this section, shall mean the  
39 regions as defined in paragraph (b) of subdivision sixteen of section  
40 twenty-eight hundred seven-c of this article as in effect on June thir-  
41 tieth, nineteen hundred ninety-six. For purposes of distributions pursu-  
42 ant to subdivision five-a of this section, except distributions made in  
43 accordance with paragraph (a) of subdivision five-a of this section,  
44 "regions" shall be defined as New York city and the rest of the state.

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

49 ~~(o)~~ ~~(l)~~ "Resident" means a person in a graduate medical education  
50 program which has received accreditation from a nationally recognized  
51 accreditation body or in a program approved by any other nationally  
52 recognized organization for medical, osteopathic or dental residency  
53 programs including, but not limited to, specialty boards.

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

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

5 ~~(r)~~ ~~(n)~~ "Weighted resident count" means a teaching general hospi-  
6 tal's total number of residents as of July first, nineteen hundred nine-  
7 ty-five, including residents in affiliated non-hospital ambulatory  
8 settings, reported to the commissioner. Such resident counts shall  
9 reflect the weights established in accordance with rules and regulations  
10 adopted by the state hospital review and planning council and approved  
11 by the commissioner for purposes of implementing subdivision twenty-five  
12 of section twenty-eight hundred seven-c of this article and in effect on  
13 July first, nineteen hundred ninety-five. Such weights shall not be  
14 applied to specialty hospitals, specified by the commissioner, whose  
15 primary care mission is to engage in research, training and clinical  
16 care in specialty eye and ear, special surgery, orthopedic, joint  
17 disease, cancer, chronic care or rehabilitative services.

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

21 (i) determining the difference between (A) a calculation of what each  
22 teaching general hospital would have been paid if payments made pursuant  
23 to paragraph (a-3) of subdivision one of section twenty-eight hundred  
24 seven-c of this article between January first, nineteen hundred ninety-  
25 six and December thirty-first, two thousand three were based solely on  
26 the case mix of persons eligible for medical assistance under the  
27 medical assistance program pursuant to title eleven of article five of  
28 the social services law who are enrolled in health maintenance organiza-  
29 tions and persons paid for under the family health plus program enrolled  
30 in approved organizations pursuant to title eleven-D of article five of  
31 the social services law during those years, and (B) the actual payments  
32 to each such hospital pursuant to paragraph (a-3) of subdivision one of  
33 section twenty-eight hundred seven-c of this article between January  
34 first, nineteen hundred ninety-six and December thirty-first, two thou-  
35 sand three.

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

39 (iii) further reducing each of the amounts determined in subparagraph  
40 (ii) of this paragraph by the amount received by each hospital as a  
41 distribution from funds designated in paragraph (a) of subdivision five  
42 of this section attributable to the period January first, two thousand  
43 three through December thirty-first, two thousand three, except that if  
44 such amount was provided to a consortium then the amount of the  
45 reduction for each hospital in the consortium shall be determined by  
46 applying the proportion of each hospital's amount determined under  
47 subparagraph (i) of this paragraph to the total of such amounts of all  
48 hospitals in such consortium to the consortium award;

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

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

54 ~~(t)~~ ~~(p)~~ "Extra reduction amount" shall mean an amount determined for  
55 a teaching hospital for which an adjustment amount is calculated pursu-  
56 ant to paragraph ~~(s)~~ ~~(o)~~ of this subdivision that is the hospital's

1 proportionate share of the sum of the amounts specified in paragraph  
2 [~~(u)~~] (q) of this subdivision determined based upon a comparison of the  
3 hospital's remaining liability calculated pursuant to paragraph [~~(s)~~]  
4 (o) of this subdivision to the sum of all such hospital's remaining  
5 liabilities.

6 [~~(u)~~] (q) "Allotment amount" shall mean an amount determined for  
7 teaching hospitals as follows:

8 (i) for a hospital for which an adjustment amount pursuant to para-  
9 graph [~~(s)~~] (o) of this subdivision does not apply, the amount received  
10 by the hospital pursuant to paragraph (a) of subdivision five of this  
11 section attributable to the period January first, two thousand three  
12 through December thirty-first, two thousand three, or

13 (ii) for a hospital for which an adjustment amount pursuant to para-  
14 graph [~~(s)~~] (o) of this subdivision applies and which received a  
15 distribution pursuant to paragraph (a) of subdivision five of this  
16 section attributable to the period January first, two thousand three  
17 through December thirty-first, two thousand three that is greater than  
18 the hospital's adjustment amount, the difference between the distrib-  
19 ution amount and the adjustment amount.

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

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

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

49 5-a. Graduate medical education innovations pool. (a) Supplemental  
50 distributions. (i) Thirty-one million dollars for the period January  
51 first, two thousand eight through December thirty-first, two thousand  
52 eight, shall be set aside and reserved by the commissioner from the  
53 regional pools established pursuant to subdivision two of this section  
54 and shall be available for distributions pursuant to subdivision five of  
55 this section and in accordance with section 86-1.89 of title 10 of the  
56 codes, rules and regulations of the state of New York as in effect on

January first, two thousand eight[; ~~provided, however, for purposes of funding the empire clinical research investigation program (ECRIP) in accordance with paragraph eight of subdivision (e) and paragraph two of subdivision (f) of section 86-1.89 of title 10 of the codes, rules and regulations of the state of New York, distributions shall be made using two regions defined as New York city and the rest of the state and the dollar amount set forth in subparagraph (i) of paragraph two of subdivision (f) of section 86-1.89 of title 10 of the codes, rules and regulations of the state of New York shall be increased from sixty thousand dollars to seventy-five thousand dollars~~].

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

(b) [~~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 (G) of this subparagraph. Such distributions shall be made in accordance with the following methodology:~~

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

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

~~(C) If the dollar amount for the total number of clinical research positions in the region calculated pursuant to clause (B) of this subparagraph exceeds the total amount appropriated for purposes of this 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 exceed the total amount appropriated for purposes of this paragraph. If the repeated reduction of the total number of clinical research positions in the region by one half does not render a total funding amount that is equal to or less than the total amount reserved for that region within the appropriation, the funding for each clinical research position in that region shall be reduced proportionally in one thousand dollar increments until the total dollar amount for the total number of clinical research positions in that region does not exceed the total amount reserved for that region within the appropriation. Any reduction in funding will be effective for the duration of the award. No clinical research positions that continue from and were funded in prior distribution periods shall be eliminated or reduced by such methodology.~~

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

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

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

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

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

~~(G) In order to be eligible for distributions pursuant to this subparagraph, each consortium and teaching general hospital shall provide to the commissioner by July first of each distribution period, the following data and information on a hospital specific basis. Such data and information shall be certified as to accuracy and completeness by the chief executive officer, chief financial officer or chair of the consortium governing body of each consortium or teaching general hospital and shall be maintained by each consortium and teaching general hospital for five years from the date of submission:~~

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

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

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

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

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

(iv) In addition to the funds allocated under this paragraph, for the period April first, two thousand fifteen through March thirty-first, two

1 thousand sixteen, two million dollars shall be available for the  
2 purposes described in subdivision ten of this section;

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

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

12 ~~(d)~~ (c) Physician practice support. Four million nine hundred thou-  
13 sand dollars for the period January first, two thousand eight through  
14 December thirty-first, two thousand eight, four million nine hundred  
15 thousand dollars annually for the period January first, two thousand  
16 nine through December thirty-first, two thousand ten, one million two  
17 hundred twenty-five thousand dollars for the period January first, two  
18 thousand eleven through March thirty-first, two thousand eleven, four  
19 million three hundred thousand dollars each state fiscal year for the  
20 period April first, two thousand eleven through March thirty-first, two  
21 thousand fourteen, up to four million three hundred sixty thousand  
22 dollars each state fiscal year for the period April first, two thousand  
23 fourteen through March thirty-first, two thousand seventeen, up to four  
24 million three hundred sixty thousand dollars for each state fiscal year  
25 for the period April first, two thousand seventeen through March thir-  
26 ty-first, two thousand twenty, up to four million three hundred sixty  
27 thousand dollars for each fiscal year for the period April first, two  
28 thousand twenty through March thirty-first, two thousand twenty-three,  
29 and up to four million three hundred sixty thousand dollars for each  
30 fiscal year for the period April first, two thousand twenty-three  
31 through March thirty-first, two thousand twenty-six, shall be set aside  
32 and reserved by the commissioner from the regional pools established  
33 pursuant to subdivision two of this section and shall be available for  
34 purposes of physician practice support. Notwithstanding any contrary  
35 provision of this section, sections one hundred twelve and one hundred  
36 sixty-three of the state finance law, or any other contrary provision of  
37 law, such funding shall be allocated regionally with one-third of avail-  
38 able funds going to New York city and two-thirds of available funds  
39 going to the rest of the state and shall be distributed in a manner to  
40 be determined by the commissioner without a competitive bid or request  
41 for proposal process as follows:

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

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

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

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

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

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

15 ~~[(f)]~~ (e) Study on physician workforce. Five hundred ninety thousand  
16 dollars annually for the period January first, two thousand eight  
17 through December thirty-first, two thousand ten, one hundred forty-eight  
18 thousand dollars for the period January first, two thousand eleven  
19 through March thirty-first, two thousand eleven, five hundred sixteen  
20 thousand dollars each state fiscal year for the period April first, two  
21 thousand eleven through March thirty-first, two thousand fourteen, up to  
22 four hundred eighty-seven thousand dollars each state fiscal year for  
23 the period April first, two thousand fourteen through March thirty-  
24 first, two thousand seventeen, up to four hundred eighty-seven thousand  
25 dollars for each state fiscal year for the period April first, two thou-  
26 sand seventeen through March thirty-first, two thousand twenty, up to  
27 four hundred eighty-seven thousand dollars each state fiscal year for  
28 the period April first, two thousand twenty through March thirty-first,  
29 two thousand twenty-three, and up to four hundred eighty-seven thousand  
30 dollars each state fiscal year for the period April first, two thousand  
31 twenty-three through March thirty-first, two thousand twenty-six, shall  
32 be set aside and reserved by the commissioner from the regional pools  
33 established pursuant to subdivision two of this section and shall be  
34 available to fund a study of physician workforce needs and solutions  
35 including, but not limited to, an analysis of residency programs and  
36 projected physician workforce and community needs. The commissioner  
37 shall enter into agreements with one or more organizations to conduct  
38 such study based on a request for proposal process.

39 ~~[(g)]~~ (f) Diversity in medicine/post-baccalaureate program. Notwith-  
40 standing any inconsistent provision of section one hundred twelve or one  
41 hundred sixty-three of the state finance law or any other law, one  
42 million nine hundred sixty thousand dollars annually for the period  
43 January first, two thousand eight through December thirty-first, two  
44 thousand ten, four hundred ninety thousand dollars for the period Janu-  
45 ary first, two thousand eleven through March thirty-first, two thousand  
46 eleven, one million seven hundred thousand dollars each state fiscal  
47 year for the period April first, two thousand eleven through March thir-  
48 ty-first, two thousand fourteen, up to one million six hundred five  
49 thousand dollars each state fiscal year for the period April first, two  
50 thousand fourteen through March thirty-first, two thousand seventeen, up  
51 to one million six hundred five thousand dollars each state fiscal year  
52 for the period April first, two thousand seventeen through March thir-  
53 ty-first, two thousand twenty, up to one million six hundred five thou-  
54 sand dollars each state fiscal year for the period April first, two  
55 thousand twenty through March thirty-first, two thousand twenty-three,  
56 and up to one million six hundred five thousand dollars each state

1 fiscal year for the period April first, two thousand twenty-three  
2 through March thirty-first, two thousand twenty-six, shall be set aside  
3 and reserved by the commissioner from the regional pools established  
4 pursuant to subdivision two of this section and shall be available for  
5 distributions to the Associated Medical Schools of New York to fund its  
6 diversity program including existing and new post-baccalaureate programs  
7 for minority and economically disadvantaged students and encourage  
8 participation from all medical schools in New York. The associated  
9 medical schools of New York shall report to the commissioner on an annu-  
10 al basis regarding the use of funds for such purpose in such form and  
11 manner as specified by the commissioner.

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

17 12. Notwithstanding any provision of law to the contrary, applications  
18 submitted on or after April first, two thousand sixteen, for the physi-  
19 cian loan repayment program pursuant to paragraph ~~[(c)]~~ (b) of subdivi-  
20 sion five-a of this section and subdivision ten of this section or the  
21 physician practice support program pursuant to paragraph ~~[(d)]~~ (c) of  
22 subdivision five-a of this section, shall be subject to the following  
23 changes:

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

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

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

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

35 § 4. Subparagraph (xvi) of paragraph (a) of subdivision 7 of section  
36 2807-s of the public health law, as amended by section 8 of part Y of  
37 chapter 56 of the laws of 2020, is amended to read as follows:

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

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

46 (c) The pool administrator shall, from appropriated funds transferred  
47 to the pool administrator from the comptroller, continue to make  
48 payments as required pursuant to sections twenty-eight hundred seven-k,  
49 twenty-eight hundred seven-m (not including payments made pursuant to  
50 subdivision five-b and paragraphs (b), (c) ~~[(d)], [(f)]~~ and ~~[(g)]~~ (f) of  
51 subdivision five-a of section twenty-eight hundred seven-m), and twen-  
52 ty-eight hundred seven-w of the public health law, paragraph (e) of  
53 subdivision twenty-five of section twenty-eight hundred seven-c of the  
54 public health law, paragraphs (b) and (c) of subdivision thirty of  
55 section twenty-eight hundred seven-c of the public health law, paragraph  
56 (b) of subdivision eighteen of section twenty-eight hundred eight of the

1 public health law, subdivision seven of section twenty-five hundred-d of  
2 the public health law and section eighty-eight of chapter one of the  
3 laws of nineteen hundred ninety-nine.

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

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

8

## PART I

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

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

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

30 § 2. Subdivision 5 of section 4148 of the public health law is  
31 REPEALED.

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

34

## PART J

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

38 Notwithstanding subdivision two of this section or any inconsistent  
39 provision of law to the contrary, and upon approval of the director of  
40 the budget, the commissioner may, subject to the availability of lawful  
41 appropriation, award up to four hundred fifty million dollars of the  
42 funds made available pursuant to this section for unfunded project  
43 applications submitted in response to the request for application number  
44 18406 issued by the department on September thirtieth, two thousand  
45 twenty-one pursuant to section twenty-eight hundred twenty-five-f of  
46 this article. Authorized amounts to be awarded pursuant to applications  
47 submitted in response to the request for application number 18406 shall  
48 be awarded no later than [~~December thirty first, two thousand twenty-~~  
49 ~~two~~] February twenty-eighth, two thousand twenty-three. Provided, howev-  
50 er, that a minimum of:

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

1

## PART K

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

8 1. For the purposes of this section:

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

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

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

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

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

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

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

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

41 (g) "improper delegation of management authority by the governing  
42 authority or operator" of a general hospital shall include, but not be  
43 limited to, the delegation to an entity that has not been established as  
44 an operator of the general hospital of (i) authority to hire or fire the  
45 administrator or other key management employees; (ii) maintenance and  
46 control of the books and records; (iii) authority over the disposition  
47 of assets and the incurring of liabilities on behalf of the facility;  
48 and (iv) the adoption and enforcement of policies regarding the opera-  
49 tion of the facility. The criteria set forth in this paragraph shall not  
50 be the sole determining factors, but indicators to be considered with  
51 such other factors that may be pertinent in particular instances.  
52 Professional expertise shall be exercised in the utilization of the  
53 criteria. All of the listed indicia need not be present in a given  
54 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~~[7];~~ 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~~[7];~~ 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 quality care to the residents or patients, or alleviate the facility's financial instability, enter into an agreement with the established operator for the appointment of a temporary operator to assume sole control and sole responsibility for the operations of that facility.

3. (a) A temporary operator appointed pursuant to this section shall, ~~[prior to his or her]~~ within thirty days of their appointment as temporary operator, provide the commissioner with a work plan satisfactory to the commissioner to address the facility's deficiencies and serious financial instability and a schedule for implementation of such plan. ~~[A work plan 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 temporary operator shall provide the commissioner with a work plan satisfactory to the commissioner as soon as practicable.]~~

(b) The temporary operator shall use ~~[his or her]~~ their best efforts to implement the work plan provided to the commissioner, if applicable, and to correct or eliminate any deficiencies or financial instability in the facility and to promote the quality and accessibility of health care services in the community served by the facility. Notwithstanding any other provision of law, the temporary operator's authority shall include, but not be limited to, hiring or firing of the facility administrator and other key management employees; maintenance and control of the books and records; authority over the disposition of assets and the incurring of liabilities on behalf of the facility; and the adoption and enforcement of policies regarding the operation of the facility. Such correction or elimination of deficiencies or serious financial instability shall not include major alterations of the physical structure of the facility. During the term of ~~[his or her]~~ their appointment, the temporary operator shall have the sole authority to direct the management of the facility in all aspects of operation and shall be afforded full access to the accounts and records of the facility. The temporary operator shall, during this period, operate the facility in such a manner as

1 to promote safety and the quality and accessibility of health care  
2 services or residential care in the community served by the facility.  
3 The temporary operator shall have the power to let contracts therefor or  
4 incur expenses on behalf of the facility, provided that where individual  
5 items of repairs, improvements or supplies exceed ten thousand dollars,  
6 the temporary operator shall obtain price quotations from at least three  
7 reputable sources. The temporary operator shall not be required to file  
8 any bond. No security interest in any real or personal property  
9 comprising the facility or contained within the facility, or in any  
10 fixture of the facility, shall be impaired or diminished in priority by  
11 the temporary operator. Neither the temporary operator nor the depart-  
12 ment shall engage in any activity that constitutes a confiscation of  
13 property without the payment of fair compensation.

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

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

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

40 (i) if the established operator is the debtor in a bankruptcy proceed-  
41 ing, and the commissioner determines that the temporary operator  
42 requires additional terms to operate the facility during the pendency of  
43 the bankruptcy proceeding and to carry out any plan resulting from the  
44 proceeding, the commissioner may reappoint the temporary operator for  
45 additional ninety-day terms until the termination of the bankruptcy  
46 proceeding, provided that the commissioner shall provide for notice and  
47 a hearing as set forth in subdivision six of this section; or

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

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

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

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

(iii) recommended actions for the ongoing operation of the facility subsequent to the term of the temporary operator including recommendations regarding the proper management of the facility and ongoing agreements with individuals or entities with proper delegation of management authority; and

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

Each report pursuant to this paragraph shall be reviewed by the commissioner, 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

1 patient or resident of the facility. Where such immediate appointment  
2 has been found to be necessary, the commissioner shall provide the  
3 established operator with a notice as required under this paragraph on  
4 the date of the appointment of the temporary operator.

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

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

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

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

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.

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

5 PART N

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

8 1. A spinal cord injury research board is hereby created within the  
9 department for the purpose of administering spinal cord injury research  
10 projects and administering the spinal cord injury research trust fund  
11 created pursuant to section ninety-nine-f of the state finance law. The  
12 purpose of research projects administered by the board shall be [~~neuro-~~  
13 ~~logical~~] research towards treatment and a cure for such injuries and  
14 their effects including, but not limited to, health-related quality of  
15 life improvements. The members of the spinal cord injury research board  
16 shall include but not be limited to representatives of the following  
17 fields: neuroscience, neurology, neuro-surgery, neuro-pharmacology, and  
18 spinal cord rehabilitative medicine. The board shall be composed of  
19 thirteen members, seven of whom shall be appointed by the governor, two  
20 of whom shall be appointed by the temporary president of the senate, two  
21 of whom shall be appointed by the speaker of the assembly, one of whom  
22 shall be appointed by the minority leader of the senate, and one of whom  
23 shall be appointed by the minority leader of the assembly.

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

26 2. Solicit, receive, and review applications from public and private  
27 agencies and organizations and qualified research institutions for  
28 grants from the spinal cord injury research trust fund, created pursuant  
29 to section ninety-nine-f of the state finance law, to conduct research  
30 programs which focus on the treatment and cure of spinal cord [~~injury~~  
31 injuries and their effects]. The board shall make recommendations to the  
32 commissioner, and the commissioner shall, in [~~his or her~~] their  
33 discretion, grant approval of applications for grants from those appli-  
34 cations recommended by the board.

35 § 3. This act shall take effect immediately.

36 PART O

37 Section 1. Subdivision (b) of schedule I of section 3306 of the public  
38 health law is amended and eighteen new paragraphs 93, 94, 95, 96, 97,  
39 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109 and 110 are  
40 added to read as follows:

41 (b) Opiates. Unless specifically excepted or unless listed in another  
42 schedule, any of the following opiates, including their isomers, esters,  
43 ethers, salts, and salts of isomers, esters, and ethers, whenever the  
44 existence of such isomers, esters, ethers and salts is possible within  
45 the specific chemical designation (for purposes of [~~3-methylfontanyl~~]  
46 3-methylthiofentanyl only, the term isomer includes the optical and  
47 geometric isomers):

48 (93) 1-methoxy-3-{4-(2-methoxy-2-phenylethyl)piperazin-1-yl}-1-phenylp  
49 ropan-2-ol. Other name: Zipeprol.

50 (94) N,N-diethyl-2-(2-(4-methoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)e  
51 than-1-amine. Other name: Metonitazene.

1 (95) N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide.  
 2 Other name: meta-Fluorofentanyl.  
 3 (96) N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide.  
 4 Other name: meta-Fluoroisobutyryl fentanyl.  
 5 (97) N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxa  
 6 mide. Other name: para-Methoxyfuranylfentanyl.  
 7 (98) N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide. Other  
 8 name: 3-Furanyl fentanyl.  
 9 (99) N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropiona  
 10 mide. Other name: 2',5'-Dimethoxyfentanyl.  
 11 (100) 3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide. Other  
 12 name: Isovaleryl fentanyl.  
 13 (101) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxa  
 14 mide. Other name: ortho-Fluorofuranylfentanyl.  
 15 (102) 2-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide. Other  
 16 name: alpha'-Methyl butyryl fentanyl.  
 17 (103) N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecar  
 18 boxamide. Other name: para-Methylcyclopropyl fentanyl.  
 19 (104) 2-(2-(4-ethoxybenzyl)-1H-benzimidazol-1-yl)-N,N-diethylethan-1-  
 20 amine. Other names: Etodesnitazene; Etazene.  
 21 (105) 2-(4-ethoxybenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzi  
 22 midazole. Other names: N-pyrrolidinoetonitazene; Etonitazepyne.  
 23 (106) N,N-diethyl-2-(5-nitro-2-(4-propoxybenzyl)-1H-benzimidazol-1-yl)  
 24 ethan-1-amine. Other name: Protonitazene.  
 25 (107) 1-(2-Methyl-4-(3-phenylprop-2-en-1-yl)piperazin-1-yl)butan-1-  
 26 one. Other name: 2-Methyl AP-237.  
 27 (108) 2-(2-(4-butoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethyl  
 28 ethan-1-amine. Other name: Butonitazene.  
 29 (109) N,N-diethyl-2-(2-(4-fluorobenzyl)-5-nitro-1H-benzimidazol-1-yl)  
 30 ethan-1-amine. Other name: Flunitazene.  
 31 (110) N,N-diethyl-2-(2-(4-methoxybenzyl)-1H-benzimidazol-1-yl)ethan-1-  
 32 amine). Other name: Metodesnitazene.  
 33 § 2. Paragraphs 11 and 36 of subdivision (d) of schedule I of section  
 34 3306 of the public health law, paragraph 11 as added by chapter 664 of  
 35 the laws of 1985 and paragraph 36 as added by section 5 of part BB of  
 36 chapter 57 of the laws of 2018, are amended to read as follows:  
 37 (11) [~~Ibogane~~] Ibogaine. Some trade and other names: [~~7-ethyl-6,6&,7,8,9,10,12,13-octahydro-2-methoxy-6,9-methano-5H-pyrido~~  
 38 ~~{1',2':1,2} azepino {5,4-b} indole: tabernanthe iboga.~~]  
 39 7-Ethyl-6,6&,7,8,9,10,12,13-octahydro-2-methoxy-6,9-methano-5H-pyrido{1'  
 40 ,2':1,2} azepino {5,4-b} indole; Tabernanthe iboga.  
 41 (36) 5-methoxy-N,N-dimethyltryptamine. Some trade or other names:  
 42 5-methoxy-3-{2-(dimethylamino)ethyl}indole; 5-MeO-DMT.  
 43 § 3. Subdivision (d) of schedule I of section 3306 of the public  
 44 health law is amended by adding nineteen new paragraphs 32, 39, 40, 41,  
 45 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55 and 56 to read as  
 46 follows:  
 47 (32) 4-methyl-N-ethylcathinone. Some trade or other names: 4-MEC.  
 48 (39) 4-methyl-alpha-pyrrolidinopropiophenone. Some trade or other  
 49 names: 4-MePPP.  
 50 (40) Alpha-pyrrolidinopentiophenone. Some trade or other names: @-PVP.  
 51 (41) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one. Some trade  
 52 or other names: Butylone; bk-MBDB.  
 53 (42) 2-(methylamino)-1-phenylpentan-1-one. Some trade or other names:  
 54 Pentedrone.

- (43) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one. Some trade or other names: Pentyllone; bk-MBDP.
- (44) 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl)pentan-1-one. Some trade or other names: Naphyrone.
- (45) Alpha-pyrrolidinobutienone. Some trade or other names: @-PBP.
- (46) 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one. Some trade or other names: Ethyllone.
- (47) N-ethylpentyllone. Some trade or other names: Ephyllone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)pentan-1-one).
- (48) 1-(4-methoxyphenyl)-N-methylpropan-2-amine. Some trade or other names: Paramethoxymethamphetamine; 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}triazol-5-yl)-1-methyl-4H-benzo{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: Ethylphenide.

§ 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[7]; 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-transtetrahydrocannabinol} 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).]~~

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

~~[(6) (vi) 4-androstenediol [(3{beta}, 17{beta}-dihydroxy-androst-4-ene)] (3{beta}, 17{beta}-dihydroxy-androst-4-ene).]~~

~~[(7) (vii) 5-androstenediol [(3{beta}, 17{beta}-dihydroxy-androst-5-ene)] (3{beta}, 17{beta}-dihydroxy-androst-5-ene).]~~

~~[(8) (viii) 1-androstenedione [(5{alpha})-androst-1-en-3,17-dione)] (5{alpha}-androst-1-en-3,17-dione).]~~

~~[(9) (ix) 4-androstenedione (androst-4-en-3,17-dione).]~~

~~[(10) (x) 5-androstenedione (androst-5-en-3,17-dione).]~~

~~[(11) (xi) Bolasterone [(7{alpha}, 17{alpha})-dimethyl-17{beta}-hydroxyandrost-4-en-3-one)] (7{alpha}, 17{alpha}-dimethyl-17{beta}-hydroxyandrost-4-en-3-one).]~~

~~[(12) (xii) Boldenone [(17{beta})-hydroxyandrost-1, 4, dione-3-one)] (17{beta}-hydroxyandrost-1, 4-diene-3-one).]~~

~~[(13) (xiii) Boldione (androsta-1,4-diene-3,17-dione).]~~

~~[(14) (xiv) Calusterone [(7{beta}, 17{alpha})-dimethyl-17{beta}-hydroxyandrost-4-en-3-one)] (7{beta}, 17{alpha}-dimethyl-17{beta}-hydroxyandrost-4-en-3-one).]~~

~~[(15) (xv) Clostebol [(4-chloro-17{beta})-hydroxyandrost-4-en-3-one)] (4-chloro-17{beta}-hydroxyandrost-4-en-3-one).]~~

~~[(16) (xvi) Dehydrochloromethyltestosterone (4-chloro-17{beta}-hydroxy-17{alpha}-methyl-androst-1, 4-dien-3-one).]~~

~~[(17) {Delta} 1-dihydrotestosterone]~~ (xvii) {Delta}1-dihydrotestosterone (a.k.a. '1-testosterone') (17{beta}-hydroxy-5{alpha}-androst-1-en-3-one).

1 ~~[(18)]~~ (xviii) 4-dihydrotestosterone (17{beta}-hydroxy-androstan-  
2 3-one).  
3 ~~[(19)]~~ (xix) Drostanolone (17{beta}-hydroxy-2{alpha}-methyl  
4 -5{alpha}-androstan-3-one).  
5 ~~[(20)]~~ (xx) Ethylestrenol (17{alpha}-ethyl-17{beta}-hydroxyestr-  
6 4-ene).  
7 ~~[(21)]~~ (xxi) Fluoxymesterone [~~(9-fluoro-17{alpha}-methyl-11{beta},17~~  
8 ~~{beta}-dihydroxyandrost-4-en-3-one)~~] (9-fluoro-17{alpha}-methyl-  
9 11{beta},17{beta}-dihydroxyandrost-4-en-3-one).  
10 ~~[(22)]~~ (xxii) Formebolone [~~(2-formyl-17{alpha}-methyl-11{alpha},~~  
11 ~~17{beta}-dihydroxyandrost-1,4-dien-3-one)~~] (2-formyl-17{alpha}-methyl  
12 -11{alpha},17{beta}-dihydroxyandrost-1,4-dien-3-one).  
13 ~~[(23)]~~ (xxiii) Furazabol [~~(17{alpha}-methyl-17{beta}-hydroxyandrostano~~  
14 ~~{2,3-c}-furazan)~~] (17{alpha}-methyl-17{beta}-hydroxyandrostano{2,3-c}-  
15 furazan).  
16 ~~[(24)]~~ (xxiv) ~~13{beta}-ethyl-17{beta}-hydroxygon-4-en-3-one~~ 13{beta}-  
17 ethyl-17{beta}-hydroxygon-4-en-3-one.  
18 ~~[(25)]~~ (xxv) 4-hydroxytestosterone [~~(4,17{beta}-dihydroxy-androst-4-~~  
19 ~~en-3-one)~~] (4,17{beta}-dihydroxy-androst-4-en-3-one).  
20 ~~[(26)]~~ (xxvi) 4-hydroxy-19-nortestosterone [~~(4,17{beta}-dihydroxy~~  
21 ~~-estr-4-en-3-one)~~] (4,17{beta}-dihydroxyestr-4-en-3-one).  
22 ~~[(27)]~~ (xxvii) ~~Desoxymethyltestosterone~~ Desoxymethyltestosterone  
23 (17{alpha}-methyl-5 {alpha}-androst-2-en-17{beta}-ol) (a.k.a., [~~madol~~]  
24 'madol').  
25 ~~[(28)]~~ (xxviii) Mestanolone [~~(17{alpha}-methyl-17{beta}-hydroxy-5-~~  
26 ~~androstan-3-one)~~] (17{alpha}-methyl-17{beta}-hydroxy-5-{alpha}-androstan-3-one).  
27 ~~[(29)]~~ (xxix) Mesterolone [~~(1{alpha}-methyl-17{beta}-hydroxy-~~  
28 ~~5{alpha}-androstan-3-one)~~] (1{alpha}-methyl-17{beta}-hydroxy-5{alpha}-  
29 -androstan-3-one).  
30 ~~[(30)]~~ (xxx) Methandienone [~~(17{alpha}-methyl-17{beta}-hydroxyandrost-~~  
31 ~~1,4-dien-3-one)~~] (17{alpha}-methyl-17{beta}-hydroxyandrost-1,4-dien-3-  
32 one).  
33 ~~[(31)]~~ (xxxi) Methandriol [~~(17{alpha}-methyl-3{beta},17{beta}-dihydro~~  
34 ~~xyandrost-5-ene)~~] (17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-  
35 5-ene).  
36 ~~[(32)]~~ (xxxii) Methenolone [~~(1-methyl-17{beta}-hydroxy-5{alpha}-~~  
37 ~~androst-1-en-3-one)~~] (1-methyl-17{beta}-hydroxy-5{alpha}-androst-1-  
38 en-3-one).  
39 ~~[(33)]~~ (xxxiii) ~~17{alpha}-methyl-3{beta},17{beta}-dihydroxy-5-androstane~~  
40 17{alpha}-methyl-3{beta},17{beta}-dihydroxy-5{alpha}-androstane.  
41 ~~[(34)]~~ (xxxiv) ~~17{alpha}-methyl-3{alpha},17{beta}-dihydroxy-5a-androstane~~  
42 17{alpha}-methyl-3{alpha},17{beta}-dihydroxy-5{alpha}-andros-  
43 tane.  
44 ~~[(35)]~~ (xxxv) ~~17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-4-ene~~  
45 17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-4-ene.  
46 ~~[(36)]~~ (xxxvi) ~~17{alpha}-methyl-4-hydroxynandrolone (17{alpha}-methyl-4-hydroxy~~  
47 ~~-17{beta}-hydroxyestr-4-en-3-one)~~ 17{alpha}-methyl-4-hydroxy  
48 nandrolone (17{alpha}-methyl-4-hydroxy-17{beta}-hydroxyestr-4-en-3-one).  
49 ~~[(37)]~~ (xxxvii) Methyldienolone [~~(17{alpha}-methyl-17{beta}-hydroxy~~  
50 ~~estra-4,9(10)-dien-3-one)~~] (17{alpha}-methyl-17{beta}-hydroxyestra-4,9  
51 (10)-dien-3-one).  
52 ~~[(38)]~~ (xxxviii) Methyltrienolone [~~(17{alpha}-methyl-17{beta}-hydroxy~~  
53 ~~estra-4,9,11-trien-3-one)~~] (17{alpha}-methyl-17{beta}-hydroxyestra-4,  
54 9,11-trien-3-one).  
55  
56

1 ~~[40]~~ (xxxix) Methyltestosterone (17{alpha}-methyl-17{beta}-hydroxy  
2 androst-4-en-3-one).  
3 ~~[40]~~ (xli) Mibolerone (7{alpha},17{alpha}-dimethyl-17{beta}-hydroxy  
4 estr-4-en-3-one).  
5 ~~[41] 17{alpha}-methyl-{Delta}1-dihydrotestosterone(17{beta}-hydroxy~~  
6 ~~-17{alpha}-methyl-5{alpha}-androst-1-en-3-one)]~~ (xli) 17{alpha}-methyl-  
7 {Delta}1-dihydrotestosterone(17{beta}-hydroxy-17{alpha}-methyl-5{alpha}-  
8 androst-1-en-3-one) (a.k.a. '17-{alpha}-methyl-1-testosterone').  
9 ~~[42] Nandrolone(17{beta}-hydroxyestr-4-en-3-one)-]~~ (xlii) Nandrolone  
10 (17{beta}-hydroxyestr-4-en-3-one).  
11 ~~[43]~~ (xliii) 19-nor-4-androstenediol ~~[3{beta},17{beta}-dihydroxy~~  
12 ~~estr-4-ene)-]~~ (3{beta},17{beta}-dihydroxyestr-4-ene).  
13 ~~[44]~~ (xliv) 19-nor-4-androstenediol ~~[3{alpha},17{beta}-dihydroxy~~  
14 ~~estr-4-ene)-]~~ (3{alpha},17{beta}-dihydroxyestr-4-ene).  
15 ~~[45]~~ (xlv) 19-nor-5-androstenediol ~~[3{beta},17{beta}-dihydroxyestr~~  
16 ~~-5-ene)-]~~ (3{beta},17{beta}-dihydroxyestr-5-ene).  
17 ~~[46]~~ (xlvi) 19-nor-5-androstenediol ~~[3{alpha},17{beta}-dihydrox-~~  
18 ~~yestr-5-ene)-]~~ (3{alpha},17{beta}-dihydroxyestr-5-ene).  
19 ~~[47] 19-nor-4,9(10)-androstadienedione (estra-4,9(10)-dione-3,17-~~  
20 ~~dione)-]~~ (xlvii) 19-nor-4,9 (10)-androstadienedione (estra-4,9(10)-  
21 diene-3,17-dione).  
22 ~~[48]~~ (xlviii) 19-nor-4-androstenedione (estr-4-en-3,17-dione).  
23 ~~[49]~~ (xlix) 19-nor-5-androstenedione (estr-5-en-3,17-dione).  
24 ~~[50]~~ (l) Norbolethone ~~[13{beta}, 17{alpha}-diethyl-17{beta}-~~  
25 ~~hydroxygon-4-en-3-one)-]~~ (13{beta},17{alpha}-diethyl-17{beta}-hydroxygon  
26 -4-en-3-one).  
27 ~~[51]~~ (li) Norclostebol ~~[4-chloro-17{beta}-hydroxyestr-4-en-3-~~  
28 ~~one)-]~~ (4-chloro-17{beta}-hydroxyestr-4-en-3-one).  
29 ~~[52]~~ (lii) Norethandrolone (17{alpha}-ethyl-17{beta}-hydroxyestr-  
30 4-en-3-one).  
31 ~~[53]~~ (liii) Normethandrolone ~~[17{alpha}-methyl-17{beta}-hydroxestr-~~  
32 ~~4-en-3-one)-]~~ (17{alpha}-methyl-17{beta}-hydroxyestr-4-en-3-one).  
33 ~~[54]~~ (liv) Oxandrolone ~~[17{alpha}-methyl-17{beta}-hydroxy-2-oxa-~~  
34 ~~{5{alpha}}-androstan-3-one)-]~~ (17{alpha}-methyl-17{beta}-hydroxy-2-oxa-  
35 5{alpha}-androstan-3-one).  
36 ~~[55]~~ (lv) Oxymesterone ~~[17{alpha}-methyl-4, 17{beta}-dihydroxy~~  
37 ~~androst-4-en-3-one)-]~~ (17{alpha}-methyl-4,17{beta}-dihydroxyandrost-4-  
38 en-3-one).  
39 ~~[56]~~ (lvi) Oxymetholone ~~[17{alpha}-methyl-2-hydroxymethylene-17~~  
40 ~~{beta}-hydroxy-{5{alpha}}-androstan-3-one)-]~~ (17{alpha}-methyl-2-hydro  
41 xymethylene-17{beta}-hydroxy-5{alpha}-androstan-3-one).  
42 ~~[57]~~ (lvii) Stanozolol ~~[17{alpha}-methyl-17{beta}-hydroxy-~~  
43 ~~{5{alpha}}-androst-2-eno{3,2-c}-pyrazole)-]~~ (17{alpha}-methyl-17{beta}-  
44 hydroxy-5{alpha}-androst-2-eno{3,2-c}-pyrazole).  
45 ~~[58]~~ (lviii) Stenbolone ~~[17{beta}-hydroxy-2-methyl-{5{alpha}}-~~  
46 ~~androst-1-en-3-one)-]~~ (17{beta}-hydroxy-2-methyl-5{alpha}-androst-1-en-  
47 3-one).  
48 ~~[59]~~ (lix) Testolactone ~~[13-hydroxy-3-oxo-13, 17-secoandrosta-1,~~  
49 ~~4-dien-17-oic acid lactone)-]~~ (13-hydroxy-3-oxo-13,17-secoandrosta-1,4-  
50 dien-17-oic acid lactone).  
51 ~~[60]~~ (lx) Testosterone (17{beta}-hydroxyandrost-4-en-3-one).  
52 ~~[61]~~ (lxi) Tetrahydrogestrinone ~~[13{beta}, 17{alpha}-diethyl-~~  
53 ~~17{beta}-hydroxygon-4,9,11-trien-3-one)-]~~ (13{beta},17{alpha}-diethyl-  
54 17{beta}-hydroxygon-4,9,11-trien-3-one).  
55 ~~[62]~~ (lxii) Trenbolone ~~[17{beta}-hydroxyestr-4, 9, 11-trien-~~  
56 ~~3-one)-]~~ (17{beta}-hydroxyestr-4,9,11-trien-3-one).

~~(63)~~ (lxiii) 5{alpha}-androstan-3,6,17-trione.  
(lxiv) 6-bromo-androsta-1,4-diene-3,17-dione.  
(lxv) 6-bromo-androstan-3,17-dione.  
(lxvi) 4-chloro-17{alpha}-methyl-androsta-1,4-diene-3,17{beta}-diol.  
(lxvii) 4-chloro-17{alpha}-methyl-androst-4-ene-3{beta},17{beta}-diol.  
(lxviii) 4-chloro-17{alpha}-methyl-17{beta}hydroxy-androst-4-en-3-one.  
(lxix) 4-chloro-17{alpha}-methyl-17{beta}hydroxy-androst-4-ene-3,11-dione.  
(lxx) 2{alpha},17{alpha}-dimethyl-17{beta}-hydroxy-5{beta}-androstan-3-one.  
(lxxi) 2{alpha},3{alpha}-epithio-17{alpha}-methyl-5{alpha}-androstan-17{beta}-ol.  
(lxxii) estra-4,9,11-triene-3,17-dione.  
(lxxiii) {3,2-c}furazan-5{alpha}-androstan-17{beta}-ol.  
(lxxiv) 18a-homo-3-hydroxy-estra-2,5(10)-dien-17-one.  
(lxxv) 4-hydroxy-androst-4-ene-3,17-dione.  
(lxxvi) 17{beta}-hydroxy-androstano{2,3-d}isoxazole.  
(lxxvii) 17{beta}-hydroxy-androstano{3,2-c}isoxazole.  
(lxxviii) 3{beta}-hydroxy-estra-4,9,11-trien-17-one.  
(lxxix) Methasterone (2{alpha},17{alpha}-dimethyl-5{alpha}-androstan-17{beta}-ol-3-one or 2{alpha},17{alpha}-dimethyl-17{beta}-hydroxy-5{alpha}-androstan-3-one).  
(lxxx) 17{alpha}-methyl-androsta-1,4-diene-3,17{beta}-diol.  
(lxxxii) 17{alpha}-methyl-5{alpha}-androstan-17{beta}-ol.  
(lxxxiii) 17{alpha}-methyl-androstan-3-hydroxyimine-17{beta}-ol.  
(lxxxiv) 6{alpha}-methyl-androst-4-ene-3,17-dione.  
(lxxxv) Prostanazol (17{beta}-hydroxy-5{alpha}-androstano{3,2-c}pyrazole) or {3,2-c}pyrazole-5{alpha}-androstan-17{beta}-ol.  
(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. Paragraph 11 of subdivision (c) of schedule III of section 3306 of the public health law is amended and a new paragraph 15 is added to read as follows:

(11) Tiletamine and zolazepam or any salt thereof. Some trade or other names for a tiletamine-zolazepam combination product: Telazol. Some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl)-cyclohexanone. Some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1, 3, 8[~~i~~]-trimethylpyrazolo-{3,4-e}{1,4}-diazepin-7(1H)-one, flupyrzapon.

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

§ 15. Subdivision (f) of schedule III of section 3306 of the public health law is amended to read as follows:

(f) Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a U.S. Food and Drug Administration approved product. Some other names for dronabinol include: (6aR-trans)-6a, 7, 8, 10a-tetrahydro-6, 6, 9-trimethyl-3-pentyl-6H-dibenzo {b,d}pyran-1-o[~~4~~]1, or (-)-delta-9-(trans) - tetrahydrocannabinol.

§ 16. 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.

§ 17. 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)).

§ 18. 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.

§ 19. 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).

§ 20. 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.

§ 21. 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.

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

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

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

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

13 § 3350. Dispensing prohibition. Controlled substances may not be  
14 prescribed for, or administered or dispensed to ~~[addicts]~~ persons with a  
15 substance use disorder or habitual users of controlled substances,  
16 except as provided by this title or title III of this article.

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

20 § 3351. Dispensing for medical use. 1. Controlled substances may be  
21 prescribed for, or administered or dispensed to ~~[an addict]~~ a person  
22 with a substance use disorder or habitual user:

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

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

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

30 1-a. A practitioner may prescribe, administer and dispense any sched-  
31 ule III, IV, or V narcotic drug approved by the federal food and drug  
32 administration specifically for use in maintenance or detoxification  
33 treatment to a person with a substance use disorder or habitual user.

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

39 3. Methadone, or such other controlled substance designated by the  
40 commissioner as appropriate for such use, may be ordered for use ~~[of an~~  
41 ~~addict]~~ by a person with a substance use disorder by a practitioner and  
42 dispensed or administered by a practitioner or ~~[his]~~ their designated  
43 agent as interim treatment for ~~[an addict on a waiting list for admis-~~  
44 ~~sion to an authorized maintenance program]~~ a person with a substance use  
45 disorder while arrangements are being made for referral to treatment for  
46 such substance use disorder.

47 4. Methadone, or such other controlled substance designated by the  
48 commissioner as appropriate for such use, may be administered to ~~[an~~  
49 ~~addict]~~ a person with a substance use disorder by a practitioner or by  
50 ~~[his]~~ their designated agent acting under the direction and supervision  
51 of a practitioner, as part of a ~~[regime]~~ regimen designed and intended  
52 as maintenance or detoxification treatment or to withdraw a patient from  
53 addiction to controlled substances.

54 5. ~~[Methadone]~~ Notwithstanding any other law and consistent with  
55 federal requirements, methadone, or such other controlled substance

1 designated by the commissioner as appropriate for such use, may be  
2 administered or dispensed directly to ~~[an addict]~~ a person with a  
3 substance use disorder by a practitioner or by ~~[his]~~ their designated  
4 agent acting under the direction and supervision of a practitioner, as  
5 part of a substance ~~[abuse or chemical dependence]~~ use disorder program  
6 approved pursuant to article ~~[twenty-three or]~~ thirty-two of the mental  
7 hygiene law.

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

10 § 3372. Practitioner patient reporting. It shall be the duty of every  
11 attending practitioner and every consulting practitioner to report  
12 promptly to the commissioner, or ~~[his]~~ the commissioner's duly desig-  
13 nated agent, the name and, if possible, the address of, and such other  
14 data as may be required by the commissioner with respect to, any person  
15 under treatment if ~~[he]~~ the practitioner finds that such person is ~~[an~~  
16 ~~addict]~~ a person with an opioid use disorder or a habitual user of any  
17 narcotic drug. Such report shall be kept confidential and may be  
18 utilized only for statistical, epidemiological or research purposes,  
19 except that those reports which originate in the course of a criminal  
20 proceeding other than under section 81.25 of the mental hygiene law  
21 shall be subject only to the confidentiality requirements of section  
22 thirty-three hundred seventy-one of this article.

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

## 27 PART P

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

30 6. When emergency services are provided as an organized service of a  
31 general hospital licensed pursuant to this article, the hospital must  
32 terminate the pregnancy of any individual presenting for care at the  
33 hospital if the individual has an emergency medical condition, and  
34 termination of the pregnancy is needed to stabilize that individual,  
35 unless the individual (or the individual's legally authorized represen-  
36 tative, when the legally authorized representative is authorized to act  
37 on behalf of the individual) does not consent to the treatment. If such  
38 consent is not provided, a general hospital meets the requirements of  
39 this subdivision with respect to an individual if the hospital offers  
40 the individual the treatment. Hospitals that have limited capability for  
41 receiving and treating high risk maternity patients in need of special-  
42 ized emergency care shall develop and implement standard descriptions of  
43 such patients and have triage, treatment, and transfer protocols. Such  
44 protocols shall provide that patients shall be transferred to another  
45 hospital only when:

46 (a) the patient's condition is stable or being managed;

47 (b) the attending practitioner has authorized the transfer; and

48 (c) the receiving hospital is informed, can provide the necessary  
49 resources to care for the patient, and has accepted the patient.

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

52 1-a. At a health care prescriber's request, the prescription label for  
53 abortion medications, including, but not limited to, mifepristone and  
54 misoprostol shall include the prescribing health care facility name or

address instead of the name of the practitioner. The prescriber shall inform the patient whether the prescriber has requested to include the health care facility name or address on the prescription label.

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

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

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

§ 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.

#### PART Q

Section 1. Subdivision 2 of section 365-a of the social services law 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 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.

## PART R

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

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

1 first response services, and other integrated first response services  
2 responsible for providing emergency medical services.

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

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

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

11 4-a. In determining public need for additional emergency medical  
12 services, the regional emergency medical services councils shall consid-  
13 er factors related to access, community need, consistency with state  
14 emergency medical system plans, and the feasibility and impact of the  
15 proposed service, including any innovations or improvements in service  
16 delivery, and other factors as determined by the commissioner.

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

19 § 3019. Emergency medical community assessment program. 1. The emer-  
20 gency medical community assessment program is hereby established to  
21 evaluate and enhance the emergency medical services throughout the  
22 state. The program shall assess the capabilities and performance of  
23 emergency medical services agencies and the service they provide to the  
24 communities they serve, assigning scores to identify strengths, defi-  
25 ciencies, and areas for improvement.

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

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

40 4. All jurisdictions and emergency medical services agencies, except  
41 cities with populations of one million or more, shall participate in the  
42 program and provide timely and accurate information. Cities with popu-  
43 lations of one million or more may participate in the program.

44 5. The commissioner is authorized to allocate funding to assist coun-  
45 ties and agencies in implementing the program, conducting assessments,  
46 addressing deficiencies, and improving system performance and shall  
47 prioritize areas with significant resource gaps and align with program  
48 objectives.

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

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

1 (a) establishing a comprehensive statewide emergency medical system,  
2 consisting of facilities, transportation, workforce, communications, and  
3 other components to improve the delivery, access and utilization of  
4 emergency medical services and thereby decrease morbidity, hospitaliza-  
5 tion, disability, and mortality;

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

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

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

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

25 3. Each county shall develop and maintain a comprehensive county emer-  
26 gency medical system plan, in a manner and format established by the  
27 department, that shall provide for a coordinated emergency medical  
28 system within the county to provide essential emergency medical services  
29 for all residents within the county. The county office of emergency  
30 medical services shall be responsible for the development, implementa-  
31 tion, and maintenance of the comprehensive county emergency medical  
32 system plan.

33 (a) County plans shall require review and approval by the department.  
34 The state emergency medical services council and the regional emergency  
35 medical services council may review county plans and provide recommenda-  
36 tions to the department prior to final approval.

37 (b) Any permanent modifications to the approved county emergency  
38 medical system plan, including the dissolution of an ambulance service  
39 district or other significant modification of emergency medical services  
40 agency coverage, including but not limited to an agency choosing to stop  
41 servicing an area that is not otherwise served by an agency, shall  
42 require review and approval by the department prior to implementation.  
43 Such modifications shall be submitted in writing to the department no  
44 less than one hundred eighty days before the proposed effective date of  
45 the county plans.

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

54 (d) The county plan shall incorporate all ambulance services that hold  
55 a valid ambulance service certificate and have any designated geographic

1 area within the county listed as primary territory on the operating  
2 certificate issued by the department.

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

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

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

19 § 5. The opening paragraph of subdivision 1 of section 122-b of the  
20 general municipal law, as amended by chapter 471 of the laws of 2011, is  
21 amended and a new subdivision 6 is added to read as follows:

22 [Any] General ambulance services are an essential service and a matter  
23 of state concern. Every county, city, town [~~or~~] and village, acting  
24 individually or jointly or in conjunction with a special district, may  
25 provide an emergency medical service, a general ambulance service or a  
26 combination of such services for the purpose of providing prehospital  
27 emergency medical treatment or transporting sick or injured persons  
28 found within the boundaries of the municipality or the municipalities  
29 acting jointly to a hospital, clinic, sanatorium or other place for  
30 treatment of such illness or injury[~~, and for~~]. For purposes of this  
31 section, "special district" shall have the same meaning as "improvement  
32 districts" as defined in article twelve-a of the town law. In further-  
33 ance of that purpose, a county, city, town or village may:

34 6. A county may establish a special district for the financing and  
35 operation of general ambulance services, including support for agencies  
36 currently providing emergency medical services, as set forth by subdivi-  
37 sion one of this section, whereby any county, acting individually, or  
38 jointly with any other county, city, town and/or village, through its  
39 governing body or bodies, following applicable procedures as are  
40 required for the establishment of fire districts in article eleven of  
41 the town law or following applicable procedures as are required for the  
42 establishment of joint fire districts in article eleven-A of the town  
43 law, with such special district being authorized by this section to be  
44 established in all or any part of any such participating county or coun-  
45 ties. Notwithstanding any provision of this article, rule or regulation  
46 to the contrary, any special district created under this section shall  
47 not overlap with a pre-existing city, town or village ambulance district  
48 unless such existing district is merged into the newly created district.  
49 No city, town or village shall eliminate or dissolve a pre-existing  
50 ambulance district without express approval and consent by the county to  
51 assume responsibility for the emergency medical services previously  
52 provided by such district. Such express county approval and consent  
53 shall be adopted by resolution of the county legislative body, and the  
54 resolution shall be filed with the Department of State. When a special  
55 district is established pursuant to this article, the cities, towns, or  
56 villages contained within the county shall not reduce current ambulance

funding without such changes being incorporated into the comprehensive county emergency medical system plan.

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

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

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

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

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

§ 8. The public health law is amended by adding a new section 3003-c 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 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, in the form and manner prescribed by the department. Immediately upon the submission to the department, the department shall submit electronic copies of such notice with supporting documentation to the antitrust, health care and charities bureaus of the office of the New York attorney general. Such written notice shall include, but not be limited to:

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

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

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

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

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

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

1 (i) the anticipated impact of the material transaction on cost, quali-  
2 ty, access, health equity, and competition in the impacted markets,  
3 which may be supported by data and a formal market impact analysis; and  
4 (ii) any commitments by the health care entity to address anticipated  
5 impacts[+];

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

13 (h) A statement as to whether a sale-leaseback agreement or mortgage  
14 or lease payments or other payments associated with real estate are a  
15 component of the proposed transaction and if so, the parties shall  
16 provide the proposed sale-leaseback agreement or mortgage, lease, or  
17 real estate documents with the notice.

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

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

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

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

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

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

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

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

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

54 (b) In the event the department determines that a full cost and market  
55 impact review is required, the department shall have discretion to  
56 require parties to delay the proposed transaction closing until such

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

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

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

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

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

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

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

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

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

#### 48 PART T

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

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

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

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

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

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

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

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

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

(a) Notwithstanding any other provision of law, rule, or regulation to the contrary, when any New York state accredited hospital, accredited sexual assault examiner program, or licensed health care provider furnishes services to any sexual assault survivor, including but not limited to a health care forensic examination in accordance with the sex offense evidence collection protocol and standards established by the department of health, such hospital, sexual assault examiner program, or licensed healthcare provider shall provide such services to the person without charge and shall bill the office directly. The office, in consultation with the department of health, shall define the specific services to be covered by the sexual assault forensic exam reimbursement fee, which must include at a minimum forensic examiner services, hospital or healthcare facility services related to the exam, and any necessary related laboratory tests or pharmaceuticals; including but not limited to HIV post-exposure prophylaxis provided by a hospital emergency room at the time of the forensic rape examination pursuant to paragraph ~~(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.

1

## PART U

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

4 § 2. Paragraphs (h) and (i) of subdivision 2 of section 4100 of the  
5 public health law, paragraph (h) as added by chapter 545 of the laws of  
6 1965 and paragraph (i) as added by chapter 690 of the laws of 1994, are  
7 amended to read as follows:

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

17 ~~[(i)]~~ (h) upon notification by the division of criminal justice  
18 services that a person who was born in the state is a missing child,  
19 flag the certificate record of that person in such manner that whenever  
20 a copy of the record is requested, ~~[he or she]~~ such person shall be  
21 alerted to the fact that the record is that of a missing child. The  
22 commissioner shall also notify the appropriate registrar to likewise  
23 flag ~~[his or her]~~ their records. The commissioner or registrar shall  
24 immediately report to the local law enforcement authority and the divi-  
25 sion of criminal justice services any request concerning flagged birth  
26 records or knowledge as to the whereabouts of any missing child. Upon  
27 notification by the division of criminal justice services that the miss-  
28 ing child has been recovered, the commissioner shall remove the flag  
29 from the person's certificate record and shall notify any other previ-  
30 ously notified registrar to remove the flag from ~~[his or her]~~ their  
31 record. In the city of New York, the commissioner of the department of  
32 health for the city of New York shall implement the requirements of this  
33 paragraph.

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

36 § 4104. Vital statistics; application of article. The provisions of  
37 this article except for the provisions contained in paragraph ~~[(i)]~~ (h)  
38 of subdivision two and subdivision four of section four thousand one  
39 hundred, section four thousand one hundred three, subdivision two of  
40 section four thousand one hundred thirty-five, section four thousand one  
41 hundred thirty-five-b, subdivision eight of section four thousand one  
42 hundred seventy-four, paragraphs (b) and (e) of subdivision one, para-  
43 graph (a) and (b) of subdivision three, and subdivisions five and eight  
44 of section four thousand one hundred thirty-eight, subdivision eleven of  
45 section four thousand one hundred thirty-eight-c, paragraph (b) of  
46 subdivision three of section four thousand one hundred thirty-eight-d,  
47 section four thousand one hundred thirty-eight-e and section four thou-  
48 sand one hundred seventy-nine of this article, shall not apply to the  
49 city of New York.

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

52 (h) immediately notify the division of criminal justice services in  
53 the event that a copy of a birth certificate or information concerning  
54 the birth records of any person whose record is flagged pursuant to  
55 paragraph ~~[(i)]~~ (h) of subdivision two of section four thousand one

1 hundred of this article is requested. In the event that a copy of the  
2 birth certificate of a person whose record is so flagged is requested in  
3 person, the registrar's personnel accepting the request shall immediate-  
4 ly notify ~~[his or her]~~ their supervisor who shall notify the local law  
5 enforcement agency and department in accordance with regulations promul-  
6 gated by the department. The person making the request shall complete a  
7 form as prescribed by the commissioner, which shall include the name,  
8 address, telephone numbers and social security numbers of the person  
9 making the request. A motor vehicle operator's license, or if such  
10 license is not available, such other identification as the commissioner  
11 determines to be satisfactory, shall be presented, photocopied and  
12 returned to ~~[him or her]~~ them. When a copy of the birth certificate of a  
13 person whose record has been flagged is requested in writing, the  
14 registrar shall notify the local law enforcement agency and the depart-  
15 ment in accordance with regulations promulgated by the department.

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

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

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

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

50 (b) The commissioner or any person authorized by them shall have the  
51 authority to approve a request for records sought for research purposes.  
52 In the event that such approval is granted, the commissioner or any  
53 person authorized by them shall be entitled to, and the applicant shall  
54 pay, a fee of fifty dollars for each hour or fractional part of each  
55 hour of time devoted to search or retrieval of records, together with a  
56 fee of forty-five dollars for each uncertified copy or abstract of an

1 individual record or for a certification that a search discloses no  
2 record.

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

31 9. The commissioner may institute an additional fee of ~~[fifteen]~~ thir-  
32 ty dollars for priority handling for each certification, certified copy  
33 or certified transcript of certificates of birth, death, or dissolution  
34 of marriage; or ~~[fifteen]~~ thirty dollars for priority handling for each  
35 certification, certified copy or certified transcript of certificate of  
36 marriage.

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

39 PART V

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

52 SUBPART A

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

3 3. This article shall not be construed as prohibiting medication  
4 related tasks provided by a certified medication aide working in a resi-  
5 dential health care facility, as defined in section twenty-eight hundred  
6 one of the public health law, in accordance with regulations developed  
7 by the commissioner of health, in consultation with the commissioner.  
8 The commissioner of health, in consultation with the commissioner, shall  
9 adopt regulations governing certified medication aides that, at a mini-  
10 mum, shall:

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

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

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

30 (i) allowing assignment of medication-related tasks to a certified  
31 medication aide only where such certified medication aide has demon-  
32 strated to the satisfaction of the supervising registered professional  
33 nurse competency in every medication-related task that such certified  
34 medication aide is authorized to perform, a willingness to perform such  
35 medication-related tasks, and the ability to effectively and efficiently  
36 communicate with the individual receiving services and understand such  
37 individual's needs;

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

41 (iii) authorizing multiple registered professional nurses to jointly  
42 agree to assign medication-related tasks to a certified medication aide,  
43 provided further that only one registered professional nurse shall be  
44 required to determine if the certified medication aide has demonstrated  
45 competency in the medication-related task to be performed;

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

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

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

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

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

54 (iv) at least one year of experience providing nurse aide services in  
55 a residential health care facility licensed pursuant to article twenty-

eight of the public health law or a similarly licensed facility in another state or United States territory;

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

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

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

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

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

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

h. provide that a certified medication aide shall not be authorized to perform any medication-related tasks or activities pursuant to this subdivision that are outside the scope of practice of a licensed practical nurse or any medication-related tasks that have not been appropriately assigned by the supervising registered professional nurse;

i. provide that a certified medication aide shall document all medication-related tasks provided to an individual, including medication administration to each individual through the use of a medication administration record; and

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

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

12. A registered professional nurse, while working for a residential health care facility licensed pursuant to article twenty-eight of the public health law, may, in accordance with this subdivision, assign certified medication aides to perform medication-related tasks for individuals pursuant to the provisions of subdivision three of section sixty-nine hundred eight of this article and supervise certified medication aides who perform assigned medication-related tasks.

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

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

§ 4. The commissioner of health shall, in consultation with the commissioner of education, issue a report on the implementation of certified medication aides in residential care facilities in the state two years after the effective date of this act. Such report shall include the number of certified medication aides authorized pursuant to this act; the impact, if any, that the introduction of certified medication aides had on workforce availability in residential care facilities and/or the retention of registered nurses and/or licensed practical nurses working in residential care facilities; the number of complaints pertaining to services provided by certified medication aides that were reported to the department of health; and the number of certified medication aides who had their authorization limited or revoked. Such report

1 shall provide recommendations to the governor and the chairs of the  
2 senate and assembly health and higher education committees regarding the  
3 implementation of certified medication aides pursuant to this act, and  
4 any recommendations related thereto.

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

9

## SUBPART B

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

12 9-a. A medical assistant when drawing and administering an immuniza-  
13 tion in an outpatient office setting under the direct supervision of a  
14 physician or a physician assistant.

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

17 § 2113. Administration of immunizations; medical assistants. Notwith-  
18 standing any other law, rule, or regulation to the contrary, physicians  
19 and physician assistants are hereby authorized to delegate the task of  
20 drawing up and administering immunizations to medical assistants in  
21 outpatient office settings provided such immunizations are recommended  
22 by the advisory committee for immunization practices (ACIP) of the  
23 Centers for Disease Control and Prevention; and provided further that  
24 medical assistants receive appropriate training and adequate supervision  
25 determined pursuant to regulations by the commissioner in consultation  
26 with the commissioner of education.

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

32

## SUBPART C

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

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

43 § 2. Paragraph (b) of subdivision 4 of section 6801 of the education  
44 law, as amended by section 1 of part DD of chapter 57 of the laws of  
45 2018, is amended to read as follows:

46 (b) education materials on influenza and COVID-19 vaccinations for  
47 children as determined by the commissioner and the commissioner of  
48 health.

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

(2) the direct application of an immunizing agent to children between the ages of two and eighteen years of age, whether by injection, ingestion, inhalation or any other means, pursuant to a patient specific order or non-patient specific regimen prescribed or ordered by a physician or certified nurse practitioner, for immunization to prevent influenza and COVID-19 and medications required for emergency treatment of anaphylaxis resulting from such immunization. If the commissioner of health determines that there is an outbreak of influenza or COVID-19, or that there is the imminent threat of an outbreak of influenza or COVID-19, then the commissioner of health may issue a non-patient specific regimen applicable statewide.

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

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

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

1. (a) A registered pharmacy technician may, under the direct personal supervision of a licensed pharmacist, assist such licensed pharmacist, as directed, in compounding, preparing, labeling, or dispensing of drugs used to fill valid prescriptions or medication orders or in compounding, preparing, and labeling in anticipation of a valid prescription or medication order for a patient to be served by the facility, in accordance with article one hundred thirty-seven of this title where such tasks require no professional judgment. Such professional judgment shall only be exercised by a licensed pharmacist. A registered pharmacy technician may administer the same immunizations as licensed pharmacists are authorized to administer under the direct supervision of a licensed pharmacist consistent with the training and other requirements in article one hundred thirty-seven of this title. A registered pharmacy technician may only practice in a facility licensed in accordance with article 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. Article 131-A of the education law is REPEALED.

§ 2. Section 230-e of the public health law is REPEALED.

§ 3. Title 2-A of article 2 of the public health law is amended by adding five new sections 230-e, 230-f, 230-g, 230-h and 230-i to read as follows:

§ 230-e. Definitions of professional misconduct applicable to physicians, physician's assistants and specialist's assistants. Each of the following is professional misconduct, and any licensee found guilty of such misconduct under the procedures described in section two hundred thirty of this title shall be subject to penalties as prescribed in section two hundred thirty-a of this title except that the charges may be dismissed in the interest of justice:

1. Obtaining the license fraudulently;

2. Practicing the profession fraudulently or beyond its authorized scope;

3. Practicing the profession with negligence on more than one occasion;

4. Practicing the profession with gross negligence on a particular occasion;

5. Practicing the profession with incompetence on more than one occasion;

6. Practicing the profession with gross incompetence;

7. Practicing the profession while impaired by alcohol, drugs, physical disability, or mental disability;

8. Being a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects, except for a licensee who is maintained on an approved therapeutic regimen which does not impair the ability to practice, or having a psychiatric condition which impairs the licensee's ability to practice;

9.(a) Being convicted of committing an act constituting a crime under:

1 (i) New York state law, or  
2 (ii) federal law, or  
3 (iii) the law of another jurisdiction and which, if committed within  
4 this state, would have constituted a crime under New York state law;

5 (b) Having been found guilty of improper professional practice or  
6 professional misconduct by a duly authorized professional disciplinary  
7 agency of another state where the conduct upon which the finding was  
8 based would, if committed in New York state, constitute professional  
9 misconduct under the laws of New York state;

10 (c) Having been found guilty in an adjudicatory proceeding of violat-  
11 ing a state or federal statute or regulation, pursuant to a final deci-  
12 sion or determination, and when no appeal is pending, or after resol-  
13 ution of the proceeding by stipulation or agreement, and when the  
14 violation would constitute professional misconduct pursuant to this  
15 section;

16 (d) Having their license to practice medicine revoked, suspended or  
17 having other disciplinary action taken, or having their application for  
18 a license refused, revoked or suspended or having voluntarily or other-  
19 wise surrendered their license after a disciplinary action was insti-  
20 tuted by a duly authorized professional disciplinary agency of another  
21 state, where the conduct resulting in the revocation, suspension or  
22 other disciplinary action involving the license or refusal, revocation  
23 or suspension of an application for a license or the surrender of the  
24 license would, if committed in New York state, constitute professional  
25 misconduct under the laws of New York state;

26 (e) Having been found by the commissioner to be in violation of arti-  
27 cle thirty-three of this chapter;

28 10. Refusing to provide professional service to a person because of  
29 such person's race, creed, color or national origin;

30 11. Permitting, aiding or abetting an unlicensed person to perform  
31 activities requiring a license;

32 12. Participating in the profession while the license is suspended or  
33 inactive as defined in subdivision thirteen of section two hundred thir-  
34 ty of this title, or willfully failing to register or notify the depart-  
35 ment of any change of name or mailing address, or, if a professional  
36 service corporation, willfully failing to comply with sections fifteen  
37 hundred three and fifteen hundred fourteen of the business corporation  
38 law or, if a university faculty practice corporation willfully failing  
39 to comply with paragraphs (b), (c) and (d) of section fifteen hundred  
40 three and section fifteen hundred fourteen of the business corporation  
41 law;

42 13. A willful violation by a licensee of subdivision eleven of section  
43 two hundred thirty of this title;

44 14. A violation of sections twenty-eight hundred three-d, twenty-eight  
45 hundred five-k of this chapter or subparagraph (ii) of paragraph (h) of  
46 subdivision ten of section two hundred thirty of this title;

47 15. Failure to comply with an order issued pursuant to subdivision  
48 seven, paragraph (a) of subdivision ten, or subdivision seventeen of  
49 section two hundred thirty of this title;

50 16. A willful or grossly negligent failure to comply with substantial  
51 provisions of federal, state, or local laws, or regulations governing  
52 the practice of medicine;

53 17. Exercising undue influence on the patient, including the promotion  
54 of the sale of services, goods, appliances, or drugs in such manner as  
55 to exploit the patient for the financial gain of the licensee or of a  
56 third party;

1 18. Directly or indirectly offering, giving, soliciting, or receiving  
2 or agreeing to receive, any fee or other consideration to or from a  
3 third party for the referral of a patient or in connection with the  
4 performance of professional services;

5 19. Permitting any person to share in the fees for professional  
6 services, other than: a partner, employee, associate in a professional  
7 firm or corporation, professional subcontractor or consultant authorized  
8 to practice medicine, or a legally authorized trainee practicing under  
9 the supervision of a licensee. This prohibition shall include any  
10 arrangement or agreement whereby the amount received in payment for  
11 furnishing space, facilities, equipment or personnel services used by a  
12 licensee constitutes a percentage of, or is otherwise dependent upon,  
13 the income or receipts of the licensee from such practice, except as  
14 otherwise provided by law with respect to a facility licensed pursuant  
15 to article twenty-eight of this chapter or article thirteen of the  
16 mental hygiene law;

17 20. Conduct in the practice of medicine which evidences moral unfit-  
18 ness to practice medicine;

19 21. Willfully making or filing a false report, or failing to file a  
20 report required by law or by the department or the education department,  
21 or willfully impeding or obstructing such filing, or inducing another  
22 person to do so;

23 22. Failing to make available to a patient, upon request, copies of  
24 documents in the possession or under the control of the licensee which  
25 have been prepared for and paid for by the patient or client;

26 23. Revealing of personally identifiable facts, data, or information  
27 obtained in a professional capacity without the prior consent of the  
28 patient, except as authorized or required by law;

29 24. Practicing or offering to practice beyond the scope permitted by  
30 law, or accepting and performing professional responsibilities which the  
31 licensee knows or has reason to know that they are not competent to  
32 perform, or performing without adequate supervision professional  
33 services which the licensee is authorized to perform only under the  
34 supervision of a licensed professional, except in an emergency situation  
35 where a person's life or health is in danger;

36 25. Delegating professional responsibilities to a person when the  
37 licensee delegating such responsibilities knows or has reason to know  
38 that such person is not qualified, by training, by experience, or by  
39 licensure, to perform them;

40 26. With respect to any non-emergency treatment, procedure or surgery  
41 which is expected to involve local or general anesthesia, failing to  
42 disclose to the patient the identities of all physicians, except health-  
43 care professionals in certified anesthesiology training programs, podia-  
44 trists and dentists, reasonably anticipated to be actively involved in  
45 such treatment, procedure or surgery and to obtain such patient's  
46 informed consent to said practitioners' participation;

47 27. Performing professional services which have not been duly author-  
48 ized by the patient or their legal representative;

49 28. Advertising or soliciting for patronage that is not in the public  
50 interest;

51 (a) Advertising or soliciting not in the public interest shall  
52 include, but not be limited to, advertising or soliciting that:

53 (i) is false, fraudulent, deceptive, misleading, sensational, or flam-  
54 boyant;

55 (ii) represents intimidation or undue pressure;

56 (iii) uses testimonials;

1 (iv) guarantees any service;

2 (v) makes any claim relating to professional services or products or  
3 the costs or price therefor which cannot be substantiated by the licen-  
4 see, who shall have the burden of proof;

5 (vi) makes claims of professional superiority which cannot be substan-  
6 tiated by the licensee, who shall have the burden of proof; or

7 (vii) offers bonuses or inducements in any form other than a discount  
8 or reduction in an established fee or price for a professional service  
9 or product.

10 (b) The following shall be deemed appropriate means of informing the  
11 public of the availability of professional services:

12 (i) informational advertising not contrary to the foregoing prohibi-  
13 tions; and

14 (ii) the advertising in a newspaper, periodical or professional direc-  
15 tory or on radio or television of fixed prices, or a stated range of  
16 prices, for specified routine professional services, provided that if  
17 there is an additional charge for related services which are an integral  
18 part of the overall services being provided by the licensee, the adver-  
19 tisement shall so state, and provided further that the advertisement  
20 indicates the period of time for which the advertised prices shall be in  
21 effect.

22 (c)(i) All licensees placing advertisements shall maintain, or cause  
23 to be maintained, an exact copy of each advertisement, transcript, tape  
24 or video tape thereof as appropriate for the medium used, for a period  
25 of one year after its last appearance. This copy shall be made available  
26 for inspection upon demand of the department;

27 (ii) A licensee shall not compensate or give anything of value to  
28 representatives of the press, radio, television, or other communications  
29 media in anticipation of or in return for professional publicity in a  
30 news item;

31 (d) No demonstrations, dramatizations or other portrayals of profes-  
32 sional practice shall be permitted in advertising on radio or tele-  
33 vision;

34 29. Failing to respond within thirty days to written communications  
35 from the department and to make available any relevant records with  
36 respect to an inquiry or complaint about the licensee's professional  
37 misconduct. The period of thirty days shall commence on the date when  
38 such communication was delivered personally to the licensee. If the  
39 communication is sent from the department by registered or certified  
40 mail, with return receipt requested, to the address appearing in the  
41 last registration, the period of thirty days shall commence on the date  
42 of delivery of the licensee, as indicated by the return receipt;

43 30. Violating any term of probation or condition or limitation imposed  
44 on the licensee pursuant to section two hundred thirty of this title;

45 31. Abandoning or neglecting a patient under and in need of immediate  
46 professional care, without making reasonable arrangements for the  
47 continuation of such care, or abandoning a professional employment by a  
48 group practice, hospital, clinic or other health care facility, without  
49 reasonable notice and under circumstances which seriously impair the  
50 delivery of professional care or clients;

51 32. Willfully harassing, abusing, or intimidating a patient either  
52 physically or verbally;

53 33. Failing to maintain a record for each patient which accurately  
54 reflects the evaluation and treatment of the patient, provided, however,  
55 that a licensee who transfers an original mammogram to a medical insti-  
56 tution, or to a physician or health care provider of the patient, or to

1 the patient directly, as otherwise provided by law, shall have no obli-  
2 gation under this section to maintain the original or a copy thereof.  
3 Unless otherwise provided by law, all patient records must be retained  
4 for at least six years. Obstetrical records and records of minor  
5 patients must be retained for at least six years, and until one year  
6 after the minor patient reaches the age of eighteen years;

7 34. Failing to exercise appropriate supervision over persons who are  
8 authorized to practice only under the supervision of the licensee;

9 35. Guaranteeing that satisfaction or a cure will result from the  
10 performance of professional services;

11 36. Ordering of excessive tests, treatment, or use of treatment facil-  
12 ities not warranted by the condition of the patient;

13 37. Claiming or using any secret or special method of treatment which  
14 the licensee refused to divulge to the department;

15 38. Failing to wear an identifying badge, which shall be conspicuously  
16 displayed and legible, indicating the practitioner's name and profes-  
17 sional title authorized pursuant to article thirty-seven-B of this chap-  
18 ter or title eight of the education law while practicing as an employee  
19 or operator of a hospital, clinic, group practice or multi-professional  
20 facility, or at a commercial establishment offering health services to  
21 the public;

22 39. Entering into an arrangement or agreement with a pharmacy for the  
23 compounding and/or dispensing of coded or specially marked  
24 prescriptions;

25 40. With respect to all professional practices conducted under an  
26 assumed name, other than facilities licensed pursuant to article twen-  
27 ty-eight of this chapter or article thirteen of the mental hygiene law,  
28 failing to post conspicuously at the site of such practice the name and  
29 licensure field of all of the principal professional licensees engaged  
30 in the practice at that site, including but not limited to, principal  
31 partners, officers or principal shareholders;

32 41. Failing to provide access by qualified persons to patient informa-  
33 tion in accordance with the standards set forth in section eighteen of  
34 this chapter;

35 42. Knowingly or willfully performing a complete or partial autopsy on  
36 a deceased person without lawful authority;

37 43. Failing to comply with a signed agreement to practice medicine in  
38 New York state in an area designated by the commissioner or the commis-  
39 sioner of education as having a shortage of physicians or refusing to  
40 repay medical education costs in lieu of such required service, or fail-  
41 ing to comply with any provision of a written agreement with the state  
42 or any municipality within which the licensee has agreed to provide  
43 medical service, or refusing to repay funds in lieu of such service as  
44 consideration of awards made by the state or any municipality thereof  
45 for their professional education in medicine, or failing to comply with  
46 any agreement entered into to aid their medical education;

47 44. Failing to complete forms or reports required for the reimburse-  
48 ment of a patient by a third party. Reasonable fees may be charged for  
49 such forms or reports, but prior payment for the professional services  
50 to which such forms or reports relate may not be required as a condition  
51 for making such forms or reports available;

52 45. In the practice of psychiatry,

53 (a) any physical contact of a sexual nature between licensee and  
54 patient except the use of films and/or other audiovisual aids with indi-  
55 viduals or groups in the development of appropriate responses to over-  
56 come sexual dysfunction;

1 (b) in therapy groups, activities which promote explicit physical  
2 sexual contact between group members during sessions;

3 46. In the practice of ophthalmology, failing to provide a patient,  
4 upon request, with the patient's prescription including the name,  
5 address, and signature of the prescriber and the date of the  
6 prescription;

7 47. A violation of section two hundred thirty-nine of this chapter by  
8 a professional;

9 48. Failure to use scientifically accepted barrier precautions and  
10 infection control practices established by the department pursuant to  
11 section two hundred thirty-nine-a of this article;

12 49. A violation of section two hundred thirty-d of this title or the  
13 regulations of the commissioner enacted thereunder;

14 50. Except for good cause shown, failing to provide within one day any  
15 relevant records or other information requested by the state or local  
16 department of health with respect to an inquiry into a report of a  
17 communicable disease as defined in the state sanitary code, or HIV/AIDS;  
18 and

19 51. Performing a pelvic examination or supervising the performance of  
20 a pelvic examination in violation of subdivision seven of section twen-  
21 ty-five hundred four of this chapter.

22 § 230-f. Additional definition of professional misconduct, limited  
23 application. Notwithstanding any inconsistent provision of this title or  
24 any other provisions of law to the contrary, the license or registration  
25 of a person subject to the provisions of this title may be revoked,  
26 suspended, or annulled or such person may be subject to any other penal-  
27 ty provided in this title in accordance with the provisions and proce-  
28 dures of this title for the following:

29 That any person subject to this title has directly or indirectly  
30 requested, received or participated in the division, transference,  
31 assignment, rebate, splitting, or refunding of a fee for, or has direct-  
32 ly requested, received or profited by means of a credit or other valu-  
33 able consideration as a commission, discount or gratuity, in connection  
34 with the furnishing of professional care or service, including x-ray  
35 examination and treatment, or in connection with the sale, rental,  
36 supplying, or furnishing of clinical laboratory services or supplies,  
37 x-ray laboratory services or supplies, inhalation therapy service or  
38 equipment, ambulance service, hospital or medical supplies, physiothera-  
39 py or other therapeutic service or equipment, artificial limbs, teeth or  
40 eyes, orthopedic or surgical appliances or supplies, optical appliances,  
41 supplies, or equipment, devices for aid of hearing, drugs, medication,  
42 or medical supplies, or any other goods, services, or supplies  
43 prescribed for medical diagnosis, care, or treatment under this chapter  
44 except payment, not to exceed thirty-three and one-third percent of any  
45 fee received for x-ray examination, diagnosis, or treatment, to any  
46 hospital furnishing facilities for such examination, diagnosis, or  
47 treatment. Nothing contained in this section shall prohibit such  
48 persons from practicing as partners, in groups or as a professional  
49 corporation or as a university faculty practice corporation, nor from  
50 pooling fees and moneys received, either by the partnerships, profes-  
51 sional corporations, or university faculty practice corporations or  
52 groups by the individual members thereof, for professional services  
53 furnished by an individual professional member, or employee of such  
54 partnership, corporation, or group, nor shall the professionals consti-  
55 tuting the partnerships, corporations or groups be prohibited from shar-  
56 ing, dividing, or apportioning the fees and moneys received by them or

1 by the partnership, corporation, or group in accordance with a partner-  
2 ship or other agreement; provided that no such practice as partners,  
3 corporations, or groups, or pooling of fees or moneys received or  
4 shared, division or apportionment of fees shall be permitted with  
5 respect to and treatment under the workers' compensation law. Nothing  
6 contained in this chapter shall prohibit a corporation licensed pursuant  
7 to article forty-three of the insurance law pursuant to its contract  
8 with the subscribed from prorating a medical or dental expenses  
9 indemnity allowance among two or more professionals in proportion to the  
10 services rendered by each such professional at the request of the  
11 subscriber, provided that prior to payment thereof such professionals  
12 shall submit both to the corporation licensed pursuant to article  
13 forty-three of the insurance law and to the subscriber statements item-  
14 izing the services rendered by each such professional and the charges  
15 therefor.

16 § 230-g. Additional definition of professional misconduct, mental  
17 health professionals. 1. Definitions. For the purposes of this section:

18 (a) "Mental health professional" means a person subject to the  
19 provisions of article one hundred thirty-one of the education law.

20 (b) "Sexual orientation change efforts"

21 (i) means any practice by a mental health professional that seeks to  
22 change an individual's sexual orientation, including, but not limited  
23 to, efforts to change behaviors, gender identity, or gender expressions,  
24 or to eliminate or reduce sexual or romantic attractions or feelings  
25 towards individuals of the same sex; and

26 (ii) shall not include counseling for a person seeking to transition  
27 from one gender to another, or psychotherapies that:

28 (A) provide acceptance, support and understanding of patients or the  
29 facilitation of patients' coping, social support, and identity explora-  
30 tion and development, including sexual orientation-neutral interventions  
31 to prevent or address unlawful conduct or unsafe sexual practices; and

32 (B) do not seek to change sexual orientation.

33 2. It shall be professional misconduct for a mental health profes-  
34 sional to engage in sexual orientation change efforts upon any patient  
35 under the age of eighteen years, and any mental health professional  
36 found guilty of such misconduct under the procedures prescribed in this  
37 title shall be subject to the penalties prescribed in this title.

38 § 230-h. Exceptions; reproductive health services. 1. As used in this  
39 section, the following terms shall have the following meanings:

40 (a) "Reproductive health services" shall include:

41 (i) abortion pursuant to section twenty-five hundred ninety-nine-bb of  
42 this chapter;

43 (ii) emergency contraception as defined in section twenty-eight  
44 hundred five-p of this chapter; and

45 (iii) medical, surgical, counseling or referral services relating to  
46 the human reproductive system, including services relating to pregnancy  
47 or the termination of a pregnancy.

48 (b) "Health care practitioner" means a person who is licensed, certi-  
49 fied, or authorized under article thirty-seven-B of this chapter or  
50 title eight of the education law and acting within their lawful scope of  
51 practice.

52 (c) "Gender-affirming care" means any type of care provided to an  
53 individual to their gender identity or gender expression; provided that  
54 surgical interventions on minors with variations in their sex character-  
55 istics that are not sought and initiated by the individual patient are  
56 not gender-affirming care.

2. The performance, recommendation, or provision of any reproductive health services or gender-affirming care, as defined in subdivision one of this section, or any legally protected health activity as defined in paragraph (b) of subdivision one of section 570.17 of the criminal procedure law, by a health care practitioner acting within their scope of practice, for a patient who resides in a state wherein the performance, recommendation, or provision of such reproductive health services or gender-affirming care is illegal, shall not, by itself, constitute professional misconduct under this title or any other law, rule or regulation governing the licensure, certification or authorization of such practitioner, nor shall any license, certification or authorization of a health care practitioner be revoked, suspended, or annulled or otherwise subject to any other penalty or discipline provided in this title solely on the basis that such health care practitioner performed, recommended, or provided any such reproductive health services or gender-affirming care for a patient who resides in a state wherein the performance, recommendation, or provision of such reproductive health services or gender-affirming care is illegal.

3. Nothing in this section shall be construed to expand the scope of practice of any individual licensed, certified or authorized under this chapter or title eight of the education law, nor does this section give any such individual the authority to act outside their scope of practice, as defined in this chapter.

§ 230-i. Enforcement, administration and interpretation of this title. The board of professional medical conduct and the department shall enforce, administer and interpret this title.

§ 4. Article 131 of the education law is REPEALED.

§ 5. The public health law is amended by adding a new article 37-B to read as follows:

Article 37-B  
PHYSICIANS

Section 3750. Introduction.

3751. Definition of practice of medicine.

3752. Practice of medicine and use of title "physician".

3753. State board for medicine.

3754. Requirements for a professional license.

3755. Limited permits.

3756. Exempt persons.

3757. Special provisions.

3758. Qualification of certain applicants for licensure.

3759. Power of board of regents regarding certain physicians.

3760. Commissioner; powers and duties.

§ 3750. Introduction. This article applies to the profession of medicine. The general provisions for all professions contained in article one hundred thirty of title eight of the education law apply to this article.

§ 3751. Definition of practice of medicine. The practice of the profession of medicine is defined as diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition.

§ 3752. Practice of medicine and use of title "physician". Only a person licensed or otherwise authorized under this article shall practice medicine or use the title "physician".

§ 3753. State board for medicine. A state board for medicine shall be appointed by the governor for the purpose of assisting the department on matters of professional licensing in accordance with this article. As

1 used in this article "board" shall mean the state board of medicine  
2 established pursuant to this section. The board shall be composed of not  
3 less than twenty physicians licensed in this state for at least five  
4 years, two of whom shall be doctors of osteopathy. To the extent such  
5 physician appointees are available for appointment, at least one of the  
6 physician appointees to the state board for medicine shall be an expert  
7 on reducing health disparities among demographic subgroups, and one  
8 shall be an expert on women's health. The board shall also consist of  
9 not less than two physician's assistants licensed to practice in this  
10 state. The participation of physician's assistant members shall be  
11 limited to matters relating to article thirty-seven of this chapter. An  
12 executive secretary to the board shall be appointed by the governor and  
13 shall be either a physician licensed in this state or a non-physician,  
14 deemed qualified by the commissioner.

15 § 3754. Requirements for a professional license. To qualify for a  
16 license as a physician, an applicant shall fulfill the following  
17 requirements:

- 18 1. Application: file an application with the department;
- 19 2. Education: have received an education, including a degree of doctor  
20 of medicine, "M.D.", or doctor of osteopathy, "D.O.", or equivalent  
21 degree in accordance with the commissioner's regulations;
- 22 3. Experience: have experience satisfactory to the department and in  
23 accordance with the commissioner's regulations;
- 24 4. Examination: pass an examination satisfactory to the department and  
25 in accordance with the commissioner's regulations;
- 26 5. Age: be at least twenty-one years of age; however, the commissioner  
27 may waive the age requirement for applicants who have attained the age  
28 of eighteen and will be in a residency program until the age of twenty-  
29 one;
- 30 6. Citizenship or immigration status: be a United States citizen or a  
31 noncitizen lawfully admitted for permanent residence in the United  
32 States; provided, however that the department may grant a three year  
33 waiver for a noncitizen physician to practice in an area which has been  
34 designated by the department as medically underserved, except that the  
35 department may grant an additional extension not to exceed six years to  
36 a noncitizen physician to enable such physician to secure citizenship or  
37 permanent resident status, provided such status is being actively  
38 pursued; and provided further that the department may grant an addi-  
39 tional three year waiver, and at its expiration, an extension for a  
40 period not to exceed six additional years, for the holder of an H-1B  
41 visa, an O-1 visa, or an equivalent or successor visa thereto;
- 42 7. Character: be of good moral character as determined by the depart-  
43 ment;
- 44 8. Fees: pay a fee of two hundred ninety dollars to the department for  
45 admission to a department conducted examination and for an initial  
46 license, a fee of two hundred dollars for each re-examination, a fee of  
47 one hundred sixty-five dollars for an initial license for persons not  
48 requiring admission to a department conducted examination, a fee of six  
49 hundred dollars for any biennial registration period commencing August  
50 first, nineteen hundred ninety-six and thereafter;
- 51 9. A physician shall not be required to pay any fee under this section  
52 if such physician certifies to the department that for the period of  
53 registration or licensure, such physician shall only practice medicine  
54 without compensation or the expectation or promise of compensation. The  
55 following shall not be considered compensation for the purposes of this  
56 subdivision: (a) nominal payment solely to enable the physician to be

1 considered an employee of a health care provider; or (b) providing  
2 liability coverage to the physician relating to the services provided;  
3 and

4 10. No physician may be re-registered unless such physician, as part  
5 of the re-registration application, includes an attestation made under  
6 penalty of perjury, in a form prescribed by the commissioner, that such  
7 physician has, within the six months prior to submission of the re-re-  
8 gistration application, updated such physician's physician profile in  
9 accordance with subdivision four of section twenty-nine hundred ninety-  
10 five-a of this chapter.

11 § 3755. Limited permits. Permits limited as to eligibility, practice  
12 and duration, shall be issued by the department to eligible applicants,  
13 as follows:

14 1. Eligibility: The following persons shall be eligible for a limited  
15 permit:

16 (a) A person who fulfills all requirements for a license as a physi-  
17 cian except those relating to the examination and citizenship or perma-  
18 nent residence in the United States;

19 (b) A foreign physician who holds a standard certificate from the  
20 educational council for foreign medical graduates or who has passed an  
21 examination satisfactory to the department and in accordance with the  
22 commissioner's regulations; or

23 (c) A foreign physician or a foreign intern who is in this country on  
24 a non-immigration visa for the continuation of medical study, pursuant  
25 to the exchange student program of the United States department of  
26 state;

27 2. Limit of practice. A permittee shall be authorized to practice  
28 medicine only under the supervision of a licensed physician and only in  
29 a public, voluntary, or proprietary hospital;

30 3. Duration. A limited permit shall be valid for two years. It may be  
31 renewed biennially at the discretion of the department; and

32 4. Fees. The fee for each limited permit and for each renewal shall be  
33 one hundred five dollars.

34 § 3756. Exempt persons. The following persons under the following  
35 limitations may practice medicine within the state without a license:

36 1. Any physician who is employed as a resident in a public hospital,  
37 provided such practice is limited to such hospital and is under the  
38 supervision of a licensed physician;

39 2. Any physician who is licensed in a bordering state and who resides  
40 near a border of this state, provided such practice is limited in this  
41 state to the vicinity of such border and provided such physician does  
42 not maintain an office or place to meet patients or receive calls within  
43 this state;

44 3. Any physician who is licensed in another state or country and who  
45 is meeting a physician licensed in this state, for purposes of consulta-  
46 tion, provided such practice is limited to such consultation;

47 4. Any physician who is licensed in another state or country, who is  
48 visiting a medical school or teaching hospital in this state to receive  
49 medical instruction for a period not to exceed six months or to conduct  
50 medical instruction, provided such practice is limited to such instruc-  
51 tion and is under the supervision of a licensed physician;

52 5. Any physician who is authorized by a foreign government to practice  
53 in relation to its diplomatic, consular or maritime staffs, provided  
54 such practice is limited to such staffs;

55 6. Any commissioned medical officer who is serving in the United  
56 States armed forces or public health services or any physician who is

1 employed in the United States Veterans Administration, provided such  
2 practice is limited to such service or employment;

3 7. Any intern who is employed by a hospital and who is a graduate of a  
4 medical school in the United States or Canada, provided such practice is  
5 limited to such hospital and is under the supervision of a licensed  
6 physician;

7 8. Any medical student who is performing a clinical clerkship or simi-  
8 lar function in a hospital and who is matriculated in a medical school  
9 which meets standards satisfactory to the department, provided such  
10 practice is limited to such clerkship or similar function in such hospi-  
11 tal;

12 9. Any dentist or dental school graduate eligible for licensure in the  
13 state who administers anesthesia as part of a hospital residency program  
14 established for the purpose of training dentists in anesthesiology; and

15 10. (a) Any physician who is licensed and in good standing in another  
16 state or territory, and who has a written agreement to provide medical  
17 services to athletes and team personnel of a United States sports team  
18 recognized by the United States Olympic committee or an out-of-state  
19 secondary school, institution of postsecondary education, or profes-  
20 sional athletic organization sports team, may provide medical services  
21 to such athletes and team personnel at a discrete sanctioned team sport-  
22 ing event in this state as defined by the commissioner in regulations,  
23 provided such services are provided only to such athletes and team  
24 personnel at the discrete sanctioned team sporting event. Any such  
25 medical services shall be provided only five days before through three  
26 days after each discrete sanctioned team sporting event; and

27 (b) Any person practicing as a physician in New York state pursuant to  
28 this subdivision shall be subject to the personal and subject matter  
29 jurisdiction and disciplinary and regulatory authority of the department  
30 and the state board for professional medical conduct established pursu-  
31 ant to section two hundred thirty of this chapter as if such physician  
32 is a licensee and as if the exemption pursuant to this subdivision is a  
33 license. Such individual shall comply with applicable provisions of this  
34 chapter, the state board for professional medical conduct established  
35 pursuant to section two hundred thirty of this chapter, title eight of  
36 the education law, and the regulations of the commissioner, relating to  
37 professional misconduct, disciplinary proceedings and penalties for  
38 professional misconduct.

39 § 3757. Special provisions. 1. A not-for-profit medical or dental  
40 expense indemnity corporation or a hospital service corporation organ-  
41 ized under the insurance law may employ licensed physicians and enter  
42 into contracts with partnerships or medical corporations organized under  
43 article forty-four of this chapter, health maintenance organizations  
44 possessing a certificate of authority pursuant to article forty-four of  
45 this chapter, professional corporations organized under article fifteen  
46 of the business corporation law or other groups of physicians to prac-  
47 tice medicine on its behalf for persons insured under its contracts or  
48 policies;

49 2. Notwithstanding any inconsistent provision of any general, special  
50 or local law, any licensed physician who voluntarily and without the  
51 expectation of monetary compensation renders first aid or emergency  
52 treatment at the scene of an accident or other emergency, outside a  
53 hospital, doctor's office or any other place having proper and necessary  
54 medical equipment, to a person who is unconscious, ill or injured, shall  
55 not be liable for damages for injuries alleged to have been sustained by  
56 such person or for damages for the death of such person alleged to have

1 occurred by reason of an act or omission in the rendering of such first  
2 aid or emergency treatment unless it is established that such injuries  
3 were or such death was caused by gross negligence on the part of such  
4 physician. Nothing in this subdivision shall be deemed or construed to  
5 relieve a licensed physician from liability for damages for injuries or  
6 death caused by an act or omission on the part of a physician while  
7 rendering professional services in the normal and ordinary course of  
8 their practice;

9 3. No individual who serves as a member of (a) a committee established  
10 to administer a utilization review plan of a hospital, including a  
11 hospital as defined in article twenty-eight of this chapter or a hospi-  
12 tal as defined in subdivision ten of section 1.03 of the mental hygiene  
13 law, or (b) a committee having the responsibility of the investigation  
14 of an incident reported pursuant to section 29.29 of the mental hygiene  
15 law or the evaluation and improvement of the quality of care rendered in  
16 a hospital as defined in article twenty-eight of this chapter or a  
17 hospital as defined in subdivision ten of section 1.03 of the mental  
18 hygiene law, or (c) any medical review committee or subcommittee thereof  
19 of a local, county or state medical, dental, podiatry or optometrical  
20 society, any such society itself, a professional standards review organ-  
21 ization or an individual when such committee, subcommittee, society,  
22 organization or individual is performing any medical or quality assur-  
23 ance review function including the investigation of an incident reported  
24 pursuant to section 29.29 of the mental hygiene law, either described in  
25 paragraphs (a) and (b) of this subdivision, required by law, or involv-  
26 ing any controversy or dispute between (i) a physician, dentist, podia-  
27 trist or optometrist or hospital administrator and a patient concerning  
28 the diagnosis, treatment or care of such patient or the fees or charges  
29 therefor, or (ii) a physician, dentist, podiatrist or optometrist or  
30 hospital administrator and a provider of medical, dental, podiatric or  
31 optometrical services concerning any medical or health charges or fees  
32 of such physician, dentist, podiatrist or optometrist, or (d) a commit-  
33 tee appointed pursuant to section twenty-eight hundred five-j of this  
34 chapter to participate in the medical and dental malpractice prevention  
35 program, or (e) any individual who participated in the preparation of  
36 incident reports required by the department pursuant to section twenty-  
37 eight hundred five-l of this chapter, or (f) a committee established to  
38 administer a utilization review plan, or a committee having the respon-  
39 sibility of evaluation and improvement of the quality of care rendered,  
40 in a health maintenance organization organized under article forty-four  
41 of this chapter or article forty-three of the insurance law, including a  
42 committee of an individual practice association or medical group acting  
43 pursuant to a contract with such a health maintenance organization,  
44 shall be liable in damages to any person for any action taken or recom-  
45 mendations made by them within the scope of their function in such  
46 capacity provided that (i) such individual has taken action or made  
47 recommendations within the scope of their function and without malice,  
48 and (ii) in the reasonable belief after reasonable investigation that  
49 the act or recommendation was warranted, based upon the facts disclosed;

50 Neither the proceedings nor the records relating to performance of a  
51 medical or a quality assurance review function or participation in a  
52 medical and dental malpractice prevention program nor any report  
53 required by the department pursuant to section twenty-eight hundred  
54 five-l of this chapter described herein, including the investigation of  
55 an incident reported pursuant to section 29.29 of the mental hygiene  
56 law, shall be subject to disclosure under article thirty-one of the

1 civil practice law and rules except as hereinafter provided or as  
2 provided by any other provision of law. No person in attendance at a  
3 meeting when a medical or a quality assurance review or a medical and  
4 dental malpractice prevention program or an incident reporting function  
5 described herein was performed, including the investigation of an inci-  
6 dent reported pursuant to section 29.29 of the mental hygiene law, shall  
7 be required to testify as to what transpired thereat. The prohibition  
8 relating to discovery of testimony shall not apply to the statements  
9 made by any person in attendance at such a meeting who is a party to an  
10 action or proceeding the subject matter of which was reviewed at such  
11 meeting;

12 4. This article shall not be construed to affect or prevent the  
13 following:

14 (a) The furnishing of medical assistance in an emergency;

15 (b) The practice of the religious tenets of any church;

16 (c) A physician from refusing to perform an act constituting the prac-  
17 tice of medicine to which such physician is conscientiously opposed by  
18 reason of religious training and belief;

19 (d) The organization of a medical corporation under article forty-four  
20 of this chapter, the organization of a university faculty practice  
21 corporation under section fourteen hundred twelve of the not-for-profit  
22 corporation law or the organization of a professional service corpo-  
23 ration under article fifteen of the business corporation law;

24 (e) The physician's use of whatever medical care, conventional or  
25 non-conventional, which effectively treats human disease, pain, injury,  
26 deformity or physical condition;

27 5. There shall be no monetary liability on the part of, and no cause  
28 of action for damages shall arise against, any person, partnership,  
29 corporation, firm, society, or other entity on account of the communi-  
30 cation of information in the possession of such person or entity, or on  
31 account of any recommendation or evaluation, regarding the qualifica-  
32 tions, fitness, or professional conduct or practices of a physician, to  
33 any governmental agency, medical or specialists society, a hospital as  
34 defined in article twenty-eight of this chapter, a hospital as defined  
35 in subdivision ten of section 1.03 of the mental hygiene law, or a  
36 health maintenance organization organized under article forty-four of  
37 this chapter or article forty-three of the insurance law, including a  
38 committee of an individual practice association or medical group pursu-  
39 ant to a contract with a health maintenance organization. The foregoing  
40 shall not apply to information which is untrue and communicated with  
41 malicious intent;

42 6. A licensed physician may prescribe and order a non-patient specific  
43 regimen to a registered professional nurse, pursuant to regulations  
44 promulgated by the commissioner, and consistent with this chapter, for:

45 (a) administering immunizations;

46 (b) the emergency treatment of anaphylaxis;

47 (c) administering purified protein derivative (PPD) tests or other  
48 tests to detect or screen for tuberculosis infections;

49 (d) administering tests to determine the presence of the human immuno-  
50 deficiency virus;

51 (e) administering tests to determine the presence of the hepatitis C  
52 virus;

53 (f) the urgent or emergency treatment of opioid related overdose or  
54 suspected opioid related overdose;

55 (g) screening of persons at increased risk of syphilis, gonorrhea and  
56 chlamydia;

1 (h) administering tests to determine the presence of COVID-19 or its  
2 antibodies or influenza virus;

3 (i) administering electrocardiogram tests to detect signs and symptoms  
4 of acute coronary syndrome;

5 (j) administering point-of-care blood glucose tests to evaluate acute  
6 mental status changes in persons with suspected hypoglycemia;

7 (k) administering tests and intravenous lines to persons that meet  
8 severe sepsis and septic shock criteria; and

9 (l) administering tests to determine pregnancy;

10 7. A licensed physician may prescribe and order a patient specific  
11 order or non-patient-specific regimen to a licensed pharmacist, pursuant  
12 to regulations promulgated by the commissioner, and consistent with this  
13 chapter, for: (a) administering immunizations to prevent influenza to  
14 patients two years of age or older; and (b) administering immunizations  
15 to prevent pneumococcal, acute herpes zoster, hepatitis A, hepatitis B,  
16 human papillomavirus, measles, mumps, rubella, varicella, COVID-19,  
17 meningococcal, tetanus, diphtheria or pertussis disease and medications  
18 required for emergency treatment of anaphylaxis to patients eighteen  
19 years of age or older; and (c) administering other immunizations recom-  
20 mended by the advisory committee on immunization practices of the  
21 centers for disease control and prevention for patients eighteen years  
22 of age or older if the commissioner, in consultation with the commis-  
23 sioner of education, determines that an immunization: (i)(A) may be  
24 safely administered by a licensed pharmacist within their lawful scope  
25 of practice; and (B) is needed to prevent the transmission of a report-  
26 able communicable disease that is preventable in New York state; or (ii)  
27 is a recommended immunization for such patients who: (A) meet age  
28 requirements, (B) lack documentation of such immunization, (C) lack  
29 evidence of past infection, or (D) have an additional risk factor or  
30 another indication as recommended by the advisory committee on immuniza-  
31 tion practices of the centers for disease control and prevention. Noth-  
32 ing in this subdivision shall authorize unlicensed persons to administer  
33 immunizations, vaccines or other drugs;

34 8. A licensed physician may prescribe and order a patient specific  
35 order or non-patient specific order to a licensed pharmacist, pursuant  
36 to regulations promulgated by the commissioner of education in consulta-  
37 tion with the commissioner, and consistent with this chapter and section  
38 sixty-eight hundred one of title eight of the education law, for  
39 dispensing up to a seven day starter pack of HIV post-exposure prophyl-  
40 axis for the purpose of preventing human immunodeficiency virus  
41 infection following a potential human immunodeficiency virus exposure;

42 9. Nothing in this article or article one hundred thirty of the educa-  
43 tion law shall prohibit the provision of psychotherapy as defined in  
44 subdivision two of section eighty-four hundred one of title eight of the  
45 education law to the extent permissible within the scope of practice of  
46 medicine, by any not-for-profit corporation or education corporation  
47 providing services within the state of New York and operating under a  
48 waiver pursuant to section sixty-five hundred three-a of title eight of  
49 the education law, provided that such entities offering psychotherapy  
50 services shall only provide such services through an individual appro-  
51 priately licensed or otherwise authorized to provide such services or a  
52 professional entity authorized by law to provide such services;

53 10.(a) Nothing in this article shall be construed to affect or prevent  
54 a person in training or trained and deemed qualified by a supervising  
55 licensed physician, to assist the licensed physician in the care of a  
56 patient for the purpose of instilling mydriatic or cycloplegic eye drops

1 and anesthetic eye drops in conjunction with such dilating drops to the  
2 surface of the eye of a patient, provided that the person instilling  
3 such eye drops is:

- 4 (i) under the on-site supervision of a supervising licensed physician;
- 5 (ii) at least eighteen years of age; and
- 6 (iii) complies with standards issued by the department;

7 (b) The supervising licensed physician shall submit a form prescribed  
8 by the department detailing the identity of each person instilling  
9 mydriatic or cycloplegic eye drops and anesthetic eye drops in conjunc-  
10 tion with such dilating drops to the surface of the eye of a patient,  
11 under their supervision, attesting to compliance with the above require-  
12 ments; and

13 (c) The supervising licensed physician's use of any such person pursu-  
14 ant to the terms of this subdivision shall be undertaken with profes-  
15 sional judgment in order to ensure the safety and well-being of the  
16 patient. Such use shall subject the licensed physician to the full  
17 disciplinary and regulatory authority of the office of professional  
18 medical conduct. The licensed physician must notify the patient or the  
19 patient's designated health care surrogate that the licensed physician  
20 may utilize the services of an individual to administer certain eye  
21 drops and must provide the patient or the patient's designated health  
22 care surrogate the opportunity to refuse the licensed physician's plan  
23 to utilize such person;

24 11. A licensed physician may prescribe and order a non-patient specif-  
25 ic regimen to a licensed pharmacist, for insulin and related supplies  
26 pursuant to section sixty-eight hundred one of title eight of the educa-  
27 tion law; and

28 12. A licensed physician may prescribe and order a non-patient specif-  
29 ic order to a pharmacist licensed and located in the state, pursuant to  
30 regulations promulgated by the commissioner, and consistent with section  
31 sixty-eight hundred one of title eight of the education law, for  
32 dispensing self-administered hormonal contraceptives as defined in  
33 section sixty-eight hundred two of title eight of the education law.

34 § 3758. Qualification of certain applicants for licensure. 1.  
35 Notwithstanding any other provisions of this article or any law to the  
36 contrary, an individual who at the time of the individual's enrollment  
37 in a medical school outside the United States is a resident of the  
38 United States shall be eligible for licensure in this state if the indi-  
39 vidual has satisfied the requirements of subdivisions one, five, six,  
40 seven and eight of section thirty-seven hundred fifty-four of this chap-  
41 ter and:

42 (a) has studied medicine in a medical school located outside the  
43 United States which is recognized by the World Health Organization;

44 (b) has completed all of the formal requirements of the foreign  
45 medical school except internship and/or social service;

46 (c) has attained a score satisfactory to a medical school approved by  
47 the Liaison Committee on Medical Education on a qualifying examination  
48 acceptable to the state board for medicine, and has satisfactorily  
49 completed one academic year of supervised clinical training under the  
50 direction of such medical school;

51 (d) has completed the post-graduate hospital training required by the  
52 board of all applicants for licensure; and

53 (e) has passed the examination required by the board of all applicants  
54 for licensure;

55 2. Satisfaction of the requirements of paragraphs (a), (b) and (c) of  
56 subdivision one of this section shall be in lieu of the completion of

1 any foreign internship and/or social services requirements, and no such  
2 requirements shall be a condition of licensure as a physician in this  
3 state;

4 3. Satisfaction of the requirements of paragraphs (a), (b) and (c) of  
5 subdivision one of this section shall be in lieu of certification by the  
6 Educational Council for Foreign Medical Graduates, and such certifi-  
7 cation shall not be a condition of licensure as a physician in this  
8 state for candidates who have completed the requirements of subdivision  
9 one of this section;

10 4. No hospital licensed by this state, or operated by the state or a  
11 political subdivision thereof, or which receives state financial assist-  
12 ance, directly or indirectly, shall require an individual who has satis-  
13 fied the requirements of paragraphs (a), (b) and (c) of subdivision one  
14 of this section, and who at the time of such individual's enrollment in  
15 a medical school outside the United States is a resident of the United  
16 States, to satisfy any further education or examination requirements  
17 prior to commencing an internship or residency; and

18 5. A document granted by a medical school outside the United States  
19 which is recognized by the World Health Organization issued after the  
20 completion of all the formal requirements of such foreign medical school  
21 except internship and/or social service shall, upon certification by the  
22 medical school in which such training was received of satisfactory  
23 completion by the person to whom such document was issued of the  
24 requirements listed in paragraph (c) of subdivision one of this section,  
25 be deemed the equivalent of a degree of doctor of medicine for purposes  
26 of licensure and practice as a physician in this state.

27 § 3759. Power of board of regents regarding certain physicians.  
28 Notwithstanding any provision of law to the contrary, the board of  
29 regents of the university of the state of New York is authorized, in its  
30 discretion, to confer the degree of doctor of medicine (M.D.) upon  
31 physicians who are licensed pursuant to section thirty-seven hundred  
32 fifty-four or thirty-seven hundred fifty-eight of this chapter. Each  
33 applicant shall pay a fee of three hundred dollars to the education  
34 department for the issuance of such degree.

35 § 3760. Commissioner; powers and duties. The commissioner shall have  
36 the following powers and duties:

37 1. to determine the qualifications for admission to the profession of  
38 physician and issue licenses to qualified applicants;

39 2. to promulgate regulations when, in the discretion of the commis-  
40 sioner, there is a need for uniform standards or procedures to address  
41 health care safety, quality, access, or other considerations deemed  
42 appropriate by the commissioner;

43 3. to promulgate regulations in connection with the department's  
44 duties with respect to professional business entities formed pursuant to  
45 article fifteen of the business corporation law, article twelve of the  
46 limited liability company law, and article eight-B of the partnership  
47 law to ensure that only qualified individuals are providing professional  
48 services;

49 4. to determine the desirability of and to establish rules for requir-  
50 ing continuing education of licensed physicians; and

51 5. to adopt such other rules and regulations as may be necessary or  
52 appropriate to carry out the purposes of this article.

53 § 6. Article 131-B of the education law is REPEALED.

54 § 7. Subdivisions 1, 2 and 4 of section 3700 of the public health law,  
55 as amended by chapter 48 of the laws of 2012, are amended to read as  
56 follows:

1 1. Physician assistant. The term "physician assistant" means a person  
2 who is licensed as a physician assistant pursuant to section [~~sixty-five~~  
3 ~~hundred forty one of the education law~~] thirty-seven hundred four of  
4 this article.

5 2. Physician. The term "physician" means a practitioner of medicine  
6 licensed to practice medicine pursuant to article [~~one hundred thirty-~~  
7 ~~one of the education law~~] thirty-seven-B of this chapter.

8 4. Approved program. The term "approved program" means a program for  
9 the education of physician assistants which has been formally approved  
10 by the [~~education~~] department.

11 § 8. Section 3701 of the public health law, as amended by chapter 48  
12 of the laws of 2012, is amended to read as follows:

13 § 3701. Commissioner; powers and duties. The commissioner shall have  
14 the following powers and duties:

15 1. to determine the qualifications for admission to the profession of  
16 physician assistant and issue licenses to qualified applicants;

17 2. to promulgate regulations defining and restricting the duties  
18 [~~which may be assigned to~~] of physician assistants [~~by their supervising~~  
19 ~~physician, the degree of supervision required and the manner in which~~  
20 ~~such duties may be performed~~] consistent with section thirty-seven  
21 hundred two of this article;

22 [~~2-~~] 3. to conduct and support continuing studies respecting the  
23 nature and scope of the duties of physician assistants in order to  
24 promote their effective functioning as members of the health care team;

25 [~~3-~~] 4. to determine the desirability of and to establish rules for  
26 requiring continuing education of physician assistants;

27 [~~4. to furnish the education department with suggested criteria which~~  
28 ~~may be used by the education department to help determine whether an~~  
29 ~~applicant for licensure as a physician assistant possesses equivalent~~  
30 ~~education and training, such as experience as a nurse or military corps-~~  
31 ~~man, which may be accepted in lieu of all or part of an approved~~  
32 ~~program;~~]

33 5. to adopt such other rules and regulations as may be necessary or  
34 appropriate to carry out the purposes of this article.

35 § 9. Section 3702 of the public health law, as amended by chapter 48  
36 of the laws of 2012, subdivision 1 as amended by chapter 520 of the laws  
37 of 2024, is amended to read as follows:

38 § 3702. Special provisions. 1. Emergency treatment. Notwithstanding  
39 any inconsistent provision of any general, special or local law, any  
40 physician assistant properly licensed in this state who voluntarily and  
41 without the expectation of monetary compensation renders first aid or  
42 emergency treatment at the scene of an accident or other emergency,  
43 outside a hospital, doctor's office or any other place having proper and  
44 necessary medical equipment, to a person who is unconscious, ill or  
45 injured, shall not be liable for damages for injuries alleged to have  
46 been sustained by such person or for damages for the death of such  
47 person alleged to have occurred by reason of an act or omission in the  
48 rendering of such first aid or emergency treatment unless it is estab-  
49 lished that such injuries were or such death was caused by gross negli-  
50 gence on the part of such physician assistant. Nothing in this section  
51 shall be deemed or construed to relieve a licensed physician assistant  
52 from liability for damages for injuries or death caused by an act or  
53 omission on the part of a physician assistant while rendering profes-  
54 sional services in the normal and ordinary course of their practice.

55 2. Performance of medical services. (a) A physician assistant may  
56 perform medical services only when under the supervision of a physician

1 and only when such acts and duties as are assigned to such physician  
2 assistant are within the scope of practice of such supervising physician  
3 unless otherwise permitted in this section.

4 (b) A physician assistant may practice without the supervision of a  
5 physician under the following circumstances:

6 (i) Where the physician assistant, licensed under this article has  
7 practiced for more than eight thousand hours within the same or a  
8 substantially similar specialty that the physician assistant seeks to  
9 practice in without supervision; and

10 (A) is practicing in primary care. For purposes of this clause,  
11 "primary care" shall mean non-surgical care in the fields of general  
12 pediatrics, general adult medicine, general geriatric medicine, general  
13 internal medicine, obstetrics and gynecology, family medicine, or such  
14 other related areas as determined by the commissioner; or

15 (B) is employed by a health system or hospital established under arti-  
16 cle twenty-eight of this chapter, and the health system or hospital  
17 determines the physician assistant meets the qualifications of the  
18 medical staff bylaws and the health system or hospital gives the physi-  
19 cian assistant privileges; and

20 (ii) Where a physician assistant licensed under this article has  
21 completed a program approved by the department, in consultation with the  
22 education department, when such services are performed within the scope  
23 of such program.

24 (c) The department is authorized to promulgate and update regulations  
25 pursuant to this section.

26 (d) In the event that a physician assistant seeks to practice in a  
27 substantially different specialty, the physician assistant shall  
28 complete at least eight thousand hours of practice in such new specialty  
29 before such physician assistant may practice without physician super-  
30 vision pursuant to paragraph (b) of this subdivision.

31 (e) Where supervision is required by this section, it shall be contin-  
32 uous but shall not be construed as necessarily requiring the physical  
33 presence of the supervising physician at the time and place where such  
34 services are performed.

35 (f) Nothing in this subdivision shall prohibit a hospital from employ-  
36 ing physician assistants, provided that they meet the qualifications of  
37 the medical staff bylaws and are given privileges and otherwise meet the  
38 requirements of this section.

39 (g) Nothing in this article shall be construed to authorize physician  
40 assistants to perform those specific functions and duties specifically  
41 delegated by law to those persons licensed as allied health profes-  
42 sionals under this chapter or the education law.

43 3. A physician assistant shall be authorized to prescribe, dispense,  
44 order, administer, or procure items necessary to commence or complete a  
45 course of therapy.

46 4. A physician assistant may prescribe and order a patient specific  
47 order or non-patient specific regimen to a licensed pharmacist or regis-  
48 tered professional nurse, pursuant to regulations promulgated by the  
49 commissioner, and consistent with this chapter, for administering immu-  
50 zations. Nothing in this subdivision shall authorize unlicensed persons  
51 to administer immunizations, vaccines or other drugs.

52 5. A physician assistant may prescribe and order a non-patient specif-  
53 ic regimen to a registered professional nurse pursuant to regulations  
54 promulgated by the commissioner for:

55 (a) the emergency treatment of anaphylaxis.

1 (b) administering purified protein derived (PPD) tests or other tests  
2 to detect or screen for tuberculosis infections.

3 (c) administering tests to determine the presence of the human immuno-  
4 deficiency virus.

5 (d) administering tests to determine the presence of the hepatitis C  
6 virus.

7 (e) the urgent or emergency treatment of opioid related overdose or  
8 suspected opioid related overdose.

9 (f) screening of persons at increased risk of syphilis, gonorrhea, and  
10 chlamydia.

11 (g) administering electrocardiogram tests to detect signs and symptoms  
12 of acute coronary syndrome.

13 (h) administering point-of-care blood glucose tests to evaluate acute  
14 mental status changes in persons with suspected hypoglycemia.

15 (i) administering tests and intravenous lines to persons that meet  
16 severe sepsis and septic shock criteria.

17 (j) administering tests to determine pregnancy.

18 (k) administering tests to determine the presence of COVID-19 or its  
19 antibodies or influenza virus.

20 6. Inpatient medical orders. A licensed physician assistant employed  
21 or extended privileges by a hospital may, if permissible under the  
22 bylaws, rules and regulations of the hospital, write medical orders,  
23 including those for controlled substances and durable medical equipment,  
24 for inpatients [~~under the care of the physician responsible for the~~  
25 ~~supervision of such physician assistant. Countersignature of such orders~~  
26 ~~may be required if deemed necessary and appropriate by the supervising~~  
27 ~~physician or the hospital, but in no event shall countersignature be~~  
28 ~~required prior to execution~~].

29 [2-] 7. Withdrawing blood. A licensed physician assistant or certified  
30 nurse practitioner acting within [~~his or her~~] such physician assistant's  
31 or certified nurse practitioner's lawful scope of practice may supervise  
32 and direct the withdrawal of blood for the purpose of determining the  
33 alcoholic or drug content therein under subparagraph one of paragraph  
34 (a) of subdivision four of section eleven hundred ninety-four of the  
35 vehicle and traffic law, notwithstanding any provision to the contrary  
36 in clause (ii) of such subparagraph.

37 [3-] 8. Prescriptions for controlled substances. A licensed physician  
38 assistant, in good faith and acting within [~~his or her~~] such physician  
39 assistant's lawful scope of practice, and to the extent assigned by [~~his~~  
40 ~~or her~~] the supervising physician, as applicable pursuant to this  
41 section, may prescribe controlled substances as a practitioner under  
42 article thirty-three of this chapter, to patients under the care of such  
43 physician responsible for [~~his or her~~] such physician assistant's super-  
44 vision. The commissioner[~~, in consultation with the commissioner of~~  
45 ~~education,~~] may promulgate such regulations as are necessary to carry  
46 out the purposes of this section.

47 § 10. Section 3703 of the public health law, as amended by chapter 48  
48 of the laws of 2012, is amended to read as follows:

49 § 3703. Statutory construction. A physician assistant may perform any  
50 function in conjunction with a medical service lawfully performed by the  
51 physician assistant, in any health care setting, that a statute author-  
52 izes or directs a physician to perform and that is appropriate to the  
53 education, training and experience of the licensed physician assistant  
54 and within the ordinary practice of the supervising physician, as appli-  
55 cable pursuant to section thirty-seven hundred two of this article. This

1 section shall not be construed to increase or decrease the lawful scope  
2 of practice of a physician assistant under the education law.

3 § 11. The public health law is amended by adding three new sections  
4 3704, 3705 and 3706 to read as follows:

5 § 3704. Requirements for license. 1. To qualify for a license as a  
6 physician assistant, each person shall pay a fee of one hundred fifteen  
7 dollars to the department for admission to a department conducted exam-  
8 ination, a fee of forty-five dollars for each reexamination and a fee of  
9 seventy dollars for persons not requiring admission to a department  
10 conducted examination and shall also submit satisfactory evidence, veri-  
11 fied by oath or affirmation, that such person:

12 (a) at the time of application is at least twenty-one years of age;

13 (b) is of good moral character;

14 (c) has received an education including a bachelor's or equivalent  
15 degree in accordance with the commissioner's regulations;

16 (d) has satisfactorily completed an approved program for the training  
17 of physician assistants. The approved program for the training of physi-  
18 cian assistants shall include not less than forty weeks of supervised  
19 clinical training and thirty-two credit hours of classroom work. Appli-  
20 cants for a license as a physician assistant who have completed an  
21 approved program leading to a bachelor's degree or equivalent in physi-  
22 cian assistant studies shall be deemed to have satisfied this paragraph.  
23 The commissioner is empowered to determine whether an applicant  
24 possesses equivalent education and training, such as experience as a  
25 nurse or military medic, which may be accepted in lieu of all or part of  
26 an approved program; and

27 (e) in the case of an applicant for a license as a physician assist-  
28 ant, has obtained a passing score on an examination acceptable to the  
29 department.

30 2. The department shall furnish to each person applying for a license  
31 pursuant to this section an application form calling for such informa-  
32 tion as the department deems necessary and shall issue to each applicant  
33 who satisfies the requirements of subdivision one of this section a  
34 license as a physician assistant in a particular medical specialty for  
35 the period expiring December thirty-first of the first odd-numbered year  
36 terminating subsequent to the issuance of such license.

37 3. Every licensee shall apply to the department for a renewal of such  
38 licensee's license. The department shall mail to every licensed physi-  
39 cian assistant an application form for renewal, addressed to the  
40 licensee's post office address on file with the department. Upon receipt  
41 of such application properly executed, together with evidence of satis-  
42 factory completion of such continuing education requirements as may be  
43 established by the commissioner, the department shall issue a renewal.  
44 Renewal periods shall be triennial and the renewal fee shall be forty-  
45 five dollars.

46 § 3705. Use of title. Only a person licensed as a physician assistant  
47 by the department may use the title "physician assistant" or the letters  
48 "P.A." after such person's name.

49 § 3706. Limited permits. Permits limited as to eligibility, practice  
50 and duration, shall be issued by the department to eligible applicants,  
51 as follows:

52 1. Eligibility. A person who fulfills all requirements to be licensed  
53 as a physician assistant except that relating to the examination shall  
54 be eligible for a limited permit.

55 2. Limit of practice. A permittee shall be authorized to practice as a  
56 physician assistant only under the direct supervision of a physician.

1 3. Duration. A limited permit shall expire one year from the date of  
2 issuance or upon notice to the permittee by the department that the  
3 application for a license has been denied. A limited permit shall be  
4 extended upon application for one year, provided that the permittee's  
5 request for such extension is endorsed by a physician who either has  
6 supervised or will supervise the permittee, except that such extension  
7 may be denied by the department for cause which shall be stated in writ-  
8 ing. If the permittee is awaiting the results of a licensing examination  
9 at the time such limited permit expires, such permit shall continue to  
10 be valid until ten days after notification to the permittee of the  
11 result of such examination.

12 4. Fees. The fee for each limited permit shall be one hundred five  
13 dollars.

14 § 12. Paragraph a of subdivision 2 of section 902 of the education  
15 law, as amended by chapter 376 of the laws of 2015, is amended to read  
16 as follows:

17 a. The board of education, and the trustee or board of trustees of  
18 each school district, shall employ, at a compensation to be agreed upon  
19 by the parties, a qualified physician, a physician assistant, or a nurse  
20 practitioner to the extent authorized by the nurse practice act and  
21 consistent with subdivision three of section six thousand nine hundred  
22 two of this chapter, to perform the duties of the director of school  
23 health services, including any duties conferred on the school physician  
24 or school medical inspector under any provision of law, to perform and  
25 coordinate the provision of health services in the public schools and to  
26 provide health appraisals of students attending the public schools in  
27 the city or district. The physicians, physician assistants, or nurse  
28 practitioners so employed shall be duly licensed pursuant to applicable  
29 law.

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

33 27. "Practitioner" means:

34 A physician, physician assistant, dentist, podiatrist, veterinarian,  
35 scientific investigator, or other person licensed, or otherwise permit-  
36 ted to dispense, administer or conduct research with respect to a  
37 controlled substance in the course of a licensed professional practice  
38 or research licensed pursuant to this article. Such person shall be  
39 deemed a "practitioner" only as to such substances, or conduct relating  
40 to such substances, as is permitted by ~~[his]~~ their license, permit or  
41 otherwise permitted by law.

42 § 14. Article 131-C of the education law is REPEALED.

43 § 15. Subdivisions 1, 2 and 4 of section 3710 of the public health  
44 law, as added by chapter 48 of the laws of 2012, are amended to read as  
45 follows:

46 1. Specialist assistant. The term "specialist assistant" means a  
47 person who is registered pursuant to section ~~[sixty-five hundred forty-~~  
48 ~~eight of the education law]~~ thirty-seven hundred twelve of this article  
49 as a specialist assistant for a particular medical ~~[speciality]~~ special-  
50 ty as defined by regulations promulgated by the commissioner pursuant to  
51 section thirty-seven hundred eleven of this article.

52 2. Physician. The term "physician" means a practitioner of medicine  
53 licensed to practice medicine pursuant to article ~~[one hundred thirty-~~  
54 ~~one of the education law]~~ thirty-seven-B of this chapter.

1 4. Approved program. The term "approved program" means a program for  
2 the education of specialist assistants which has been formally approved  
3 by the ~~[education]~~ department.

4 § 16. Section 3711 of the public health law, as added by chapter 48 of  
5 the laws of 2012, is amended to read as follows:

6 § 3711. Commissioner; powers and duties. The commissioner shall have  
7 the following powers and duties:

8 1. to determine the qualifications for registration of specialist  
9 assistant and issue certificates to qualified applicants.

10 2. to promulgate regulations defining and restricting the duties which  
11 may be assigned to specialist assistants, the degree of supervision  
12 required and the manner in which such duties may be performed;

13 ~~[2-] 3. to promulgate regulations establishing such different medical~~  
14 ~~specialties for which specialist assistants may be registered [by the~~  
15 ~~education department pursuant to section sixty-five hundred forty-eight~~  
16 ~~of the education law as will]~~ to most effectively increase the quality  
17 of medical care available in this state; provided, however, that no  
18 category of specialist assistant shall be established: (a) for areas in  
19 which allied health professions are licensed pursuant to the education  
20 law or this chapter; or (b) relating to the practice of surgery or prac-  
21 tice in the intensive care unit of any general hospital, as defined  
22 pursuant to article twenty-eight of this chapter~~[-]~~;

23 ~~[3-] 4. to conduct and support continuing studies respecting the~~  
24 ~~nature and scope of the duties of specialist assistants in order to~~  
25 ~~promote their effective functioning as members of the health care team;~~

26 ~~[4-] 5. to determine the desirability of and to establish rules for~~  
27 ~~requiring continuing education of specialist assistants;~~

28 ~~[5. to furnish the education department with suggested criteria which~~  
29 ~~may be used by the education department to help determine the education~~  
30 ~~and training requirements for a specialist assistant;]~~

31 6. to adopt such other rules and regulations as may be necessary or  
32 appropriate to carry out the purposes of this article.

33 § 17. The public health law is amended by adding three new sections  
34 3712, 3713 and 3714 to read as follows:

35 § 3712. Registration. 1. To qualify for registration as a specialist  
36 assistant, each person shall pay a fee of one hundred fifteen dollars to  
37 the department for admission to a department conducted examination, a  
38 fee of forty-five dollars for each reexamination and a fee of seventy  
39 dollars for persons not requiring admission to a department conducted  
40 examination and shall also submit satisfactory evidence, verified by  
41 oath or affirmation, that such person:

42 (a) at the time of application is at least twenty-one years of age;

43 (b) is of good moral character;

44 (c) has successfully completed a four-year course of study in a  
45 secondary school approved by the board of regents or has passed an  
46 equivalency test; and

47 (d) has satisfactorily completed an approved program for the training  
48 of specialist assistants.

49 2. The department shall furnish to each person applying for registra-  
50 tion hereunder an application form calling for such information as the  
51 department deems necessary and shall issue to each applicant who satis-  
52 fies the requirements of subdivision one of this section a certificate  
53 of registration as specialist assistant in a particular medical special-  
54 ty for the period expiring December thirty-first of the first odd-num-  
55 bered year terminating subsequent to registration.

3. Every registrant shall apply to the department for a certificate of registration. The department shall mail to every registered specialist assistant an application form for registration, addressed to the registrant's post office address on file with the department. Upon receipt of such application properly executed, together with evidence of satisfactory completion of such continuing education requirements as may be established by the department, the department shall issue a certificate of registration. Registration periods shall be triennial and the registration fee shall be forty-five dollars.

§ 3713. Performance of medical services. 1. A specialist assistant may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to them are related to the designated medical specialty for which they are registered and are within the scope of practice of their supervising physician.

2. Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where such services are performed.

3. No physician shall employ or supervise more than two specialist assistants in their private practice.

4. Nothing in this article shall prohibit a hospital from employing specialist assistants provided 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 correctional services under contract from supervising no more than four specialist assistants in their practice for the department of corrections and community supervision.

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.

7. Nothing in this article shall be construed to authorize specialist assistants to perform those specific functions and duties specifically delegated by law to those persons licensed as allied health professionals under this chapter or the education law.

§ 3714. Use of title. Only a person registered as a specialist assistant by the department may use the title "registered specialist assistant" or the letters "R.S.A." after such person's name.

§ 18. Paragraph (a) of section 1501 of the business corporation law, as amended by chapter 9 of the laws of 2013, is amended to read as follows:

(a) "licensing authority" means the regents of the university of the state of New York or the state education department, as the case may be, in the case of all professions licensed under title eight of the education law, [and] the appropriate appellate division of the supreme court in the case of the profession of law, and the department of health in the case of the practice of medicine.

§ 19. Paragraph (d) of section 1503 of the business corporation law, as amended by chapter 550 of the laws of 2011, is amended to read as follows:

(d) A professional service corporation, including a design professional service corporation, other than a corporation authorized to practice law, shall be under the supervision of the regents of the university of the state of New York and be subject to disciplinary proceedings

1 and penalties, and its certificate of incorporation shall be subject to  
2 suspension, revocation or annulment for cause, in the same manner and to  
3 the same extent as is provided with respect to individuals and their  
4 licenses, certificates, and registrations in title eight of the educa-  
5 tion law relating to the applicable profession. Notwithstanding the  
6 provisions of this paragraph, a professional service corporation author-  
7 ized to practice medicine shall be ~~[subject to the prehearing procedures~~  
8 ~~and hearing procedures as is provided with respect to individual physi-~~  
9 ~~cians and their licenses]~~ under the supervision of the department of  
10 health and be subject to disciplinary proceedings and penalties, and its  
11 certificate of incorporation shall be subject to suspension, revocation  
12 or annulment for cause, in the same manner and to the same extent as is  
13 provided with respect to individuals and their licenses, certificates,  
14 and registrations in title II-A of article two of the public health law.

15 § 20. Section 1515 of the business corporation law, as added by chap-  
16 ter 974 of the laws of 1970, is amended to read as follows:

17 § 1515. Regulation of professions.

18 This article shall not repeal, modify or restrict any provision of the  
19 education law, the public health law, or the judiciary law regulating  
20 the professions referred to therein except to the extent in conflict  
21 herewith.

22 § 21. Paragraph (a) of section 1525 of the business corporation law,  
23 as added by chapter 505 of the laws of 1983, is amended to read as  
24 follows:

25 (a) "Licensing authority" means the regents of the university of the  
26 state of New York or the state education department, as the case may be,  
27 in the case of all professions licensed under title eight of the educa-  
28 tion law, and the appropriate appellate division of the supreme court in  
29 the case of the profession of law. The department of health shall be  
30 responsible for certifying that each shareholder, officer and director  
31 of a foreign professional service corporation providing health services  
32 is licensed to practice said profession in this state and, solely for  
33 purposes of this article, any reference to "licensing authority" in this  
34 article in connection with such corporations shall refer to the depart-  
35 ment of health.

36 § 22. Paragraph (c) of section 1530 of the business corporation law,  
37 as added by chapter 505 of the laws of 1983, is amended to read as  
38 follows:

39 (c) The fee for filing the application for authority shall be two  
40 hundred dollars, payable to the department of state, and the fee for a  
41 certificate of authority issued by the state education department or the  
42 department of health shall be fifty dollars.

43 § 23. Paragraphs (a) and (b) of section 1532 of the business corpo-  
44 ration law, as added by chapter 505 of the laws of 1983, are amended to  
45 read as follows:

46 (a) This article shall not repeal, modify or restrict any provision of  
47 the education law, the public health law, or the judiciary law or any  
48 rules or regulations adopted thereunder regulating the professions  
49 referred to therein except to the extent in conflict herewith.

50 (b) A foreign professional service corporation, other than a foreign  
51 professional service corporation authorized to practice law, shall be  
52 under the supervision of the regents of the university of the state of  
53 New York and be subject to disciplinary proceedings and penalties, and  
54 its authority to do business shall be subject to suspension, revocation  
55 or annulment for cause, in the same manner and to the same extent as is  
56 provided with respect to individuals and their licenses, certificates,

1 and registrations in title eight of the education law relating to the  
2 applicable profession. Notwithstanding the provisions of this subdivi-  
3 sion, a foreign professional service corporation authorized to practice  
4 medicine shall be [~~subject to the prehearing procedures and hearing~~  
5 ~~procedures as is provided with respect to individual physicians and~~  
6 ~~their licenses~~] under the supervision of the department of health and be  
7 subject to disciplinary proceedings and penalties, and its certificate  
8 of incorporation shall be subject to suspension, revocation or annulment  
9 for cause, in the same manner and to the same extent as is provided with  
10 respect to individuals and their licenses, certificates, and registra-  
11 tions in Title II-A of article two of the public health law.

12 § 24. Subdivision (a) of section 1201 of the limited liability company  
13 law is amended to read as follows:

14 (a) "Licensing authority" means the regents of the university of the  
15 state of New York or the state education department, as the case may be,  
16 in the case of all professions licensed under title eight of the educa-  
17 tion law, [~~and~~] the appropriate appellate division of the supreme court  
18 in the case of the profession of law, and the department of health in  
19 the case of the practice of medicine.

20 § 25. Subdivision (d) of section 1203 of the limited liability company  
21 law is amended to read as follows:

22 (d) A professional service limited liability company, other than a  
23 professional service limited liability company authorized to practice  
24 law, shall be under the supervision of the regents of the university of  
25 the state of New York and be subject to disciplinary proceedings and  
26 penalties, and its articles of organization shall be subject to suspen-  
27 sion, revocation or annulment for cause, in the same manner and to the  
28 same extent as is provided with respect to individuals and their  
29 licenses, certificates and registrations in title eight of the education  
30 law relating to the applicable profession. Notwithstanding the  
31 provisions of this subdivision, a professional service limited liability  
32 company authorized to practice medicine shall be [~~subject to the pre-~~  
33 ~~hearing procedures and hearing procedures as are~~] under the supervision  
34 of the department of health and be subject to disciplinary proceedings  
35 and penalties, and its articles of organization shall be subject to  
36 suspension, revocation, or annulment for cause, in the same manner and  
37 to the same extent as is provided with respect to individual physicians  
38 and their licenses in Title II-A of article two of the public health  
39 law.

40 § 26. Section 1215 of the limited liability company law is amended to  
41 read as follows:

42 § 1215. Regulation of professions. This article shall not repeal,  
43 modify or restrict any provision of the education law, the public health  
44 law, or the judiciary law or any rules or regulations adopted thereunder  
45 regulating the professions referred to in the education law, the public  
46 health law, or the judiciary law except to the extent in conflict here-  
47 with.

48 § 27. Subdivision (b) of section 1301 of the limited liability company  
49 law is amended to read as follows:

50 (b) "Licensing authority" means the regents of the university of the  
51 state of New York or the state education department, as the case may be,  
52 in the case of all professions licensed under title eight of the educa-  
53 tion law, and the appropriate appellate division of the supreme court in  
54 the case of the profession of law. The department of health shall be  
55 responsible for certifying that each member and manager of a foreign  
56 professional service limited liability company providing health services

1 is licensed to practice said profession in this state and any reference  
2 to "licensing authority" in this article in connection with such compa-  
3 nies shall refer to the department of health.

4 § 28. Subdivision (c) of section 1306 of the limited liability company  
5 law is amended to read as follows:

6 (c) The fee for filing the application for authority shall be two  
7 hundred dollars, payable to the department of state, and the fee for a  
8 certificate of authority issued by the state education department or the  
9 department of health shall be fifty dollars.

10 § 29. Subdivisions (a) and (b) of section 1308 of the limited liabil-  
11 ity company law are amended to read as follows:

12 (a) This article shall not repeal, modify or restrict any provision of  
13 the education law, the public health law, or the judiciary law or any  
14 rules or regulations adopted thereunder regulating the professions  
15 referred to in the education law, the public health law, or the judi-  
16 cary law except to the extent in conflict herewith.

17 (b) A foreign professional service limited liability company, other  
18 than a foreign professional service limited liability company authorized  
19 to practice law, shall be under the supervision of the regents of the  
20 university of the state of New York and be subject to disciplinary  
21 proceedings and penalties, and its authority to do business shall be  
22 subject to suspension, revocation or annulment for cause, in the same  
23 manner and to the same extent as is provided with respect to individuals  
24 and their licenses, certificates and registrations in title eight of the  
25 education law relating to the applicable profession. Notwithstanding  
26 the provisions of this subdivision, a foreign professional service  
27 limited liability company authorized to practice medicine shall be  
28 ~~[subject to the pre-hearing procedures and hearing procedures as are~~  
29 ~~provided with respect to individual physicians and their licenses]~~ under  
30 the supervision of the department of health and be subject to discipli-  
31 nary proceedings and penalties, and its authority to do business shall  
32 be subject to suspension, revocation or annulment for cause, in the same  
33 manner and to the same extent as is provided with respect to individuals  
34 and their licenses, certificates and registrations in Title II-A of  
35 article two of the public health law.

36 § 30. The tenth, fourteenth and sixteenth undesignated paragraphs of  
37 section 2 of the partnership law, the tenth and sixteenth undesignated  
38 paragraphs as added by chapter 576 of the laws of 1994, and the four-  
39 teenth undesignated paragraph as amended by chapter 475 of the laws of  
40 2014, are amended to read as follows:

41 "Licensing authority" means the regents of the university of the state  
42 of New York or the state education department, as the case may be, in  
43 the case of all professions licensed under title eight of the education  
44 law, ~~[and]~~ the appropriate appellate division of the supreme court in  
45 the case of the profession of law, and the department of health in the  
46 case of the practice of medicine.

47 "Professional partnership" means (1) a partnership without limited  
48 partners each of whose partners is a professional authorized by law to  
49 render a professional service within this state, (2) a partnership with-  
50 out limited partners each of whose partners is a professional, at least  
51 one of whom is authorized by law to render a professional service within  
52 this state or (3) a partnership without limited partners authorized by,  
53 or holding a license, certificate, registration or permit issued by the  
54 licensing authority ~~[pursuant to the education law]~~ to render a profes-  
55 sional service within this state; except that all partners of a profes-  
56 sional partnership that provides medical services in this state must be

1 licensed pursuant to [~~article 131 of the education law~~] article 37-B of  
2 the public health law to practice medicine in this state and all part-  
3 ners of a professional partnership that provides dental services in this  
4 state must be licensed pursuant to article 133 of the education law to  
5 practice dentistry in this state; and further except that all partners  
6 of a professional partnership that provides professional engineering,  
7 land surveying, geologic, architectural and/or landscape architectural  
8 services in this state must be licensed pursuant to article 145, article  
9 147 and/or article 148 of the education law to practice one or more of  
10 such professions in this state.

11 "Professional service corporation" means (i) a corporation organized  
12 under article fifteen of the business corporation law and (ii) any other  
13 corporation organized under the business corporation law or any prede-  
14 cessor statute, which is authorized by, or holds a license, certificate,  
15 registration or permit issued by, the licensing authority [~~pursuant to~~  
16 ~~the education law~~] to render professional services within this state.

17 § 31. Subdivisions (m) and (o) of section 121-1500 of the partnership  
18 law, as added by chapter 576 of the laws of 1994, are amended to read as  
19 follows:

20 (m) A registered limited liability partnership, other than a regis-  
21 tered limited liability partnership authorized to practice law, shall be  
22 under the supervision of the regents of the university of the state of  
23 New York and be subject to disciplinary proceedings and penalties in the  
24 same manner and to the same extent as is provided with respect to indi-  
25 viduals and their licenses, certificates and registrations in title  
26 eight of the education law relating to the applicable profession.  
27 Notwithstanding the provisions of this subdivision, a registered limited  
28 liability partnership authorized to practice medicine shall be [~~subject~~  
29 ~~to the pre-hearing procedures and hearing procedures as are~~] under the  
30 supervision of the department of health and be subject to disciplinary  
31 proceedings and penalties in the same manner and to the same extent as  
32 is provided with respect to individual physicians and their licenses in  
33 title two-A of article two of the public health law. In addition to  
34 rendering the professional service or services the partners are author-  
35 ized to practice in this state, a registered limited liability partner-  
36 ship may carry on, or conduct or transact any other business or activ-  
37 ities as to which a partnership without limited partners may be formed.  
38 Notwithstanding any other provision of this section, a registered limit-  
39 ed liability partnership (i) authorized to practice law may only engage  
40 in another profession or business or activities or (ii) which is engaged  
41 in a profession or other business or activities other than law may only  
42 engage in the practice of law, to the extent not prohibited by any other  
43 law of this state or any rule adopted by the appropriate appellate divi-  
44 sion of the supreme court or the court of appeals. Any registered limit-  
45 ed liability partnership may invest its funds in real estate, mortgages,  
46 stocks, bonds or any other types of investments.

47 (o) This section shall not repeal, modify or restrict any provision of  
48 the education law, the public health law, or the judiciary law or any  
49 rules or regulations adopted thereunder regulating the professions  
50 referred to in the education law, the public health law, or the judici-  
51 ary law except to the extent in conflict herewith.

52 § 32. Subdivisions (n) and (p) of section 121-1502 of the partnership  
53 law, as added by chapter 576 of the laws of 1994, are amended to read as  
54 follows:

55 (n) A foreign limited liability partnership, other than a foreign  
56 limited liability partnership authorized to practice law, shall be under

1 the supervision of the regents of the university of the state of New  
2 York and be subject to disciplinary proceedings and penalties in the  
3 same manner and to the same extent as is provided with respect to indi-  
4 viduals and their licenses, certificates and registrations in title  
5 eight of the education law relating to the applicable profession.  
6 Notwithstanding the provisions of this subdivision, a foreign limited  
7 liability partnership authorized to practice medicine shall be ~~[subject~~  
8 ~~to the pre-hearing procedures and hearing procedures as are]~~ under the  
9 supervision of the department of health and be subject to disciplinary  
10 proceedings and penalties in the same manner and to the same extent as  
11 is provided with respect to individual physicians and their licenses in  
12 title two-A of article two of the public health law. No foreign limited  
13 liability partnership shall engage in any profession or carry on, or  
14 conduct or transact any other business or activities in this state other  
15 than the rendering of the professional services or the carrying on, or  
16 conducting or transacting of any other business or activities for which  
17 it is formed and is authorized to do business in this state; provided  
18 that such foreign limited liability partnership may invest its funds in  
19 real estate, mortgages, stocks, bonds or any other type of investments;  
20 provided, further, that a foreign limited liability partnership (i)  
21 authorized to practice law may only engage in another profession or  
22 other business or activities in this state or (ii) which is engaged in a  
23 profession or other business or activities other than law may only  
24 engage in the practice of law in this state, to the extent not prohibit-  
25 ed by any other law of this state or any rule adopted by the appropriate  
26 appellate division of the supreme court or the court of appeals.

27 (p) This section shall not repeal, modify or restrict any provision of  
28 the education law, the public health law, or the judiciary law or any  
29 rules or regulations adopted thereunder regulating the professions  
30 referred to in the education law, the public health law, or the judici-  
31 ary law except to the extent in conflict herewith.

32 § 33. Subdivision 3-a of section 6502 of the education law, as amended  
33 by chapter 599 of the laws of 1996, is amended to read as follows:

34 3-a. Prior to issuing any registration pursuant to this section and  
35 section ~~[sixty-five hundred twenty-four of this chapter]~~ thirty-seven  
36 hundred fifty-four of the public health law, the department shall  
37 request and review any information relating to an applicant which  
38 reasonably appears to relate to professional misconduct in ~~[his or her]~~  
39 their professional practice in this and any other jurisdiction. The  
40 department shall advise the director of the office of professional  
41 medical conduct in the department of health of any information about an  
42 applicant which reasonably appears to be professional misconduct as  
43 defined in sections ~~[sixty-five hundred thirty and sixty-five hundred~~  
44 ~~thirty-one of this chapter]~~ two hundred thirty-e, two hundred thirty-f  
45 and two hundred thirty-g of the public health law, within seven days of  
46 its discovery. The registration or re-registration of such applicant  
47 shall not be delayed for a period exceeding thirty days unless the  
48 director finds a basis for recommending summary action pursuant to  
49 subdivision twelve of section two hundred thirty of the public health  
50 law after consultation with a committee on professional conduct of the  
51 state board for professional medical conduct, if warranted. Re-registra-  
52 tion shall be issued if the commissioner of health fails to issue a  
53 summary order pursuant to subdivision twelve of section two hundred  
54 thirty of the public health law within ninety days of notice by the  
55 department pursuant to this subdivision. Re-registration shall be denied

1 if the commissioner of health issues a summary order pursuant to subdi-  
2 vision twelve of section two hundred thirty of the public health law.

3 § 34. Section 6505-d of the education law, as amended by chapter 101  
4 of the laws of 2024, is amended to read as follows:

5 § 6505-d. Evaluation of prior disciplinary history for authorization  
6 to practice. An applicant seeking licensure, certification, or authori-  
7 zation pursuant to this title who has been subject to disciplinary  
8 action by a duly authorized professional disciplinary agency of another  
9 jurisdiction solely on the basis of having performed, recommended, or  
10 provided an abortion pursuant to section twenty-five hundred ninety-  
11 nine-bb of the public health law, or gender-affirming care, as defined  
12 in paragraph (c) of subdivision one of section [~~sixty-five hundred thir-~~  
13 ~~ty one b of the education law~~] two hundred thirty-h of the public health  
14 law, shall not be denied such licensure, certification, or authori-  
15 zation, unless the department determines that such action would have  
16 constituted professional misconduct in this state. Provided however,  
17 that nothing in this section shall be construed as prohibiting the  
18 department from evaluating the conduct of such applicant and making a  
19 determination to be licensed, certified, or authorized to practice a  
20 profession under this title.

21 § 35. Subdivisions 1 and 9 of section 6506 of the education law, as  
22 amended by chapter 606 of the laws of 1991, are amended to read as  
23 follows:

24 (1) Promulgate rules, except that no rule shall be promulgated  
25 concerning [~~article 131-A of this chapter~~] the definitions of profes-  
26 sional misconduct applicable to physicians, physician's assistants and  
27 specialist's assistants;

28 (9) Establish by rule, standards of conduct with respect to advertis-  
29 ing, fee splitting, practicing under a name other than that of the indi-  
30 vidual licensee (when not specifically authorized), proper use of  
31 academic or professional degrees or titles tending to imply professional  
32 status, and such other ethical practices as such board shall deem neces-  
33 sary, except that no rule shall be established concerning [~~article 131-A~~  
34 ~~of this chapter~~] the definitions of professional misconduct applicable  
35 to physicians, physician's assistants and specialist's assistants; and

36 § 36. Paragraph a of subdivision 2 of section 6507 of the education  
37 law, as amended by chapter 606 of the laws of 1991, is amended to read  
38 as follows:

39 a. Promulgate regulations, except that no regulations shall be promul-  
40 gated concerning [~~article 131-A of this chapter~~] the definitions of  
41 professional misconduct applicable to physicians, physician's assistants  
42 and specialist's assistants;

43 § 37. Subdivision 1 of section 6514 of the education law, as amended  
44 by chapter 606 of the laws of 1991, is amended to read as follows:

45 1. All alleged violations of sections sixty-five hundred twelve or  
46 sixty-five hundred thirteen of this article shall be reported to the  
47 department which shall cause an investigation to be instituted. All  
48 alleged violations of section [~~sixty-five hundred thirty-one of the~~  
49 ~~education law~~] two hundred thirty-e of the public health law shall be  
50 reported to the department of health which shall cause an investigation  
51 to be instituted. If the investigation substantiates that violations  
52 exist, such violations shall be reported to the attorney general with a  
53 request for prosecution.

54 § 38. Subdivisions 1, 9-b, 9-c, subparagraph (i-a) of paragraph (a) of  
55 subdivision 10, item 2 of clause (d) of subparagraph (ii) of paragraph  
56 (h) of subdivision 10, paragraph (p) of subdivision 10, paragraph (a) of

subdivision 11, subdivision 13, and paragraph (c) of subdivision 17 of section 230 of the public health law, subdivision 1 as amended by chapter 537 of the laws of 1998, subdivision 9-b as amended by chapter 11 of the laws of 2015, subdivision 9-c as amended by chapter 143 of the laws of 2023, paragraph (a) of subdivision 9-c as amended by chapter 101 of the laws of 2024, subparagraph (i-a) of paragraph (a) of subdivision 10 as added by chapter 220 of the laws of 2022, item 2 of clause (d) of subparagraph (ii) of paragraph (h) of subdivision 10 as amended by chapter 477 of the laws of 2008, paragraph (p) of subdivision 10 as amended by chapter 599 and paragraph (a) of subdivision 11 as amended by chapter 627 of the laws of 1996, and subdivision 13 as added and paragraph (c) of subdivision 17 as amended by chapter 606 of the laws of 1991, are amended to read as follows:

1. A state board for professional medical conduct is hereby created in the department in matters of professional misconduct as defined in ~~[sections sixty five hundred thirty and sixty five hundred thirty one of the education law]~~ this title. Its physician members shall be appointed by the commissioner at least eighty-five percent of whom shall be from among nominations submitted by the medical society of the state of New York, the New York state osteopathic society, the New York academy of medicine, county medical societies, statewide specialty societies recognized by the council of medical specialty societies, and the hospital association of New York state. Its lay members shall be appointed by the commissioner with the approval of the governor. The board of regents shall also appoint twenty percent of the members of the board. Not less than sixty-seven percent of the members appointed by the board of regents shall be physicians. Not less than eighty-five percent of the physician members appointed by the board of regents shall be from among nominations submitted by the medical society of the state of New York, the New York state osteopathic society, the New York academy of medicine, county medical societies, statewide medical societies recognized by the council of medical specialty societies, and the hospital association of New York state. Any failure to meet the percentage thresholds stated in this subdivision shall not be grounds for invalidating any action by or on authority of the board for professional medical conduct or a committee or a member thereof. The board for professional medical conduct shall consist of not fewer than eighteen physicians licensed in the state for at least five years, two of whom shall be doctors of osteopathy, not fewer than two of whom shall be physicians who dedicate a significant portion of their practice to the use of non-conventional medical treatments who may be nominated by New York state medical associations dedicated to the advancement of such treatments, at least one of whom shall have expertise in palliative care, and not fewer than seven lay members. An executive secretary shall be appointed by the chairperson and shall be a licensed physician. Such executive secretary shall not be a member of the board, shall hold office at the pleasure of, and shall have the powers and duties assigned and the annual salary fixed by, the chairperson. The chairperson shall also assign such secretaries or other persons to the board as are necessary.

9-b. Neither the board for professional medical conduct nor the office of professional medical conduct shall charge a licensee with misconduct as defined in ~~[sections sixty five hundred thirty and sixty five hundred thirty one of the education law]~~ this title, or cause a report made to the director of such office to be investigated beyond a preliminary review as set forth in clause (A) of subparagraph (i) of paragraph (a) of subdivision ten of this section, where such report is determined to

1 be based solely upon the recommendation or provision of a treatment  
2 modality to a particular patient by such licensee that is not  
3 universally accepted by the medical profession, including but not limit-  
4 ed to, varying modalities used in the treatment of Lyme disease and  
5 other tick-borne diseases. When a licensee, acting in accordance with  
6 ~~[paragraph e of subdivision four of]~~ section ~~[sixty five hundred twen-~~  
7 ~~ty seven of the education law]~~ thirty-seven hundred fifty-one of this  
8 chapter, recommends or provides a treatment modality that effectively  
9 treats human disease, pain, injury, deformity or physical condition for  
10 which the licensee is treating a patient, the recommendation or  
11 provision of that modality to a particular patient shall not, by itself,  
12 constitute professional misconduct. The licensee shall otherwise abide  
13 by all other applicable professional requirements.

14 9-c. (a) Neither the board for professional medical conduct nor the  
15 office of professional medical conduct shall charge a licensee, acting  
16 within their scope of practice, with misconduct as defined in ~~[sections~~  
17 ~~sixty five hundred thirty and sixty five hundred thirty one of the~~  
18 ~~education law]~~ this title, or cause a report made to the director of  
19 such office to be investigated beyond a preliminary review as set forth  
20 in clause (A) of subparagraph (i) of paragraph (a) of subdivision ten of  
21 this section, where such report is determined to be based solely upon  
22 the performance, recommendation, or provision of any reproductive health  
23 services as defined in ~~[section sixty five hundred thirty one b of the~~  
24 ~~education law]~~ paragraph (a) of subdivision one of section two hundred  
25 thirty-h of this title, or gender-affirming care, as defined in para-  
26 graph (c) of subdivision one of section ~~[sixty five hundred thirty one b~~  
27 ~~of the education law]~~ two hundred thirty-h of this title, for a partic-  
28 ular patient by such licensee where such patient resides in a state  
29 wherein the performance, recommendation or provision of such reproduc-  
30 tive health services or gender-affirming care is illegal.

31 (b) When a licensee, acting within their scope of practice, and in  
32 accordance with ~~[paragraph e of subdivision four of]~~ section ~~[sixty five~~  
33 ~~hundred twenty seven of the education law]~~ thirty-seven hundred fifty-  
34 one of this chapter, performs, recommends or provides any reproductive  
35 health services or gender-affirming care for a patient who resides in a  
36 state wherein the performance, recommendation, or provision of any such  
37 reproductive health services or gender-affirming care is illegal, such  
38 performance, recommendation, or provision of such reproductive health  
39 services or gender-affirming care for such patient, shall not, by  
40 itself, constitute professional misconduct. The licensee shall otherwise  
41 abide by all other applicable professional requirements.

42 (i-a) The director shall, in addition to the determination required by  
43 clause (A) of subparagraph (i) of this paragraph, determine if a report  
44 is based solely upon conduct which is otherwise permissible pursuant to  
45 section ~~[sixty five hundred thirty one b of the education law]~~ two  
46 hundred thirty-h of this title and subdivision nine-c of this section,  
47 and upon a determination by the director that a report is based solely  
48 upon such permissible conduct, no further review shall be conducted and  
49 no charges shall be brought. Nothing in this section shall preclude the  
50 director from making such a determination earlier in, or subsequent to,  
51 a preliminary review.

52 (2) make arrangements for the transfer and maintenance of the medical  
53 records of ~~[his or her]~~ their former patients. Records shall be either  
54 transferred to the licensee's former patients consistent with the  
55 provisions of sections seventeen and eighteen of this chapter or to  
56 another physician or health care practitioner as provided in clause (1)

1 of this subparagraph who shall expressly assume responsibility for their  
2 care and maintenance and for providing access to such records, as  
3 provided in subdivisions twenty-two and thirty-two of [~~section sixty-~~  
4 ~~five hundred thirty of the education law~~] section two hundred thirty-e  
5 of this title, the rules of the board of regents or the regulations of  
6 the commissioner of education and sections seventeen and eighteen of  
7 this chapter. When records are not transferred to the licensee's former  
8 patients or to another physician or health care practitioner, the licen-  
9 see whose license has been revoked, annulled, surrendered, suspended or  
10 restricted shall remain responsible for the care and maintenance of the  
11 medical records of [~~his or her~~] their former patients and shall be  
12 subject to additional proceedings pursuant to subdivisions twenty-two,  
13 thirty-two and forty of section [~~sixty-five hundred thirty of the educa-~~  
14 ~~tion law~~] two hundred thirty-e of this title in the event that the  
15 licensee fails to maintain those medical records or fails to make them  
16 available to a former patient.

17 (p) Convictions of crimes or administrative violations. In cases of  
18 professional misconduct based solely upon a violation of subdivision  
19 nine of section [~~sixty-five hundred thirty of the education law~~] two  
20 hundred thirty-e of this title, the director may direct that charges be  
21 prepared and served and may refer the matter to a committee on profes-  
22 sional conduct for its review and report of findings, conclusions as to  
23 guilt, and determination. In such cases, the notice of hearing shall  
24 state that the licensee shall file a written answer to each of the  
25 charges and allegations in the statement of charges no later than ten  
26 days prior to the hearing, and that any charge or allegation not so  
27 answered shall be deemed admitted, that the licensee may wish to seek  
28 the advice of counsel prior to filing such answer that the licensee may  
29 file a brief and affidavits with the committee on professional conduct,  
30 that the licensee may appear personally before the committee on profes-  
31 sional conduct, may be represented by counsel and may present evidence  
32 or sworn testimony in [~~his or her~~] their behalf, and the notice may  
33 contain such other information as may be considered appropriate by the  
34 director. The department may also present evidence or sworn testimony  
35 and file a brief at the hearing. A stenographic record of the hearing  
36 shall be made. Such evidence or sworn testimony offered to the committee  
37 on professional conduct shall be strictly limited to evidence and testi-  
38 mony relating to the nature and severity of the penalty to be imposed  
39 upon the licensee. Where the charges are based on the conviction of  
40 state law crimes in other jurisdictions, evidence may be offered to the  
41 committee which would show that the conviction would not be a crime in  
42 New York state. The committee on professional conduct may reasonably  
43 limit the number of witnesses whose testimony will be received and the  
44 length of time any witness will be permitted to testify. The determi-  
45 nation of the committee shall be served upon the licensee and the  
46 department in accordance with the provisions of paragraph (h) of this  
47 subdivision. A determination pursuant to this subdivision may be  
48 reviewed by the administrative review board for professional medical  
49 conduct.

50 (a) The medical society of the state of New York, the New York state  
51 osteopathic society or any district osteopathic society, any statewide  
52 medical specialty society or organization, and every county medical  
53 society, every person licensed pursuant to articles [~~one hundred thir-~~  
54 ~~ty-one, one hundred thirty-one-B,~~] one hundred thirty-three, one hundred  
55 thirty-seven and one hundred thirty-nine of the education law or arti-  
56 cles thirty-seven or thirty-seven-B of this chapter, and the chief exec-

1 utive officer, the chief of the medical staff and the chairperson of  
2 each department of every institution which is established pursuant to  
3 article twenty-eight of this chapter and a comprehensive health services  
4 plan pursuant to article forty-four of this chapter or article forty-  
5 three of the insurance law, shall, and any other person may, report to  
6 the board any information which such person, medical society, organiza-  
7 tion, institution or plan has which reasonably appears to show that a  
8 licensee is guilty of professional misconduct as defined in [~~sections~~  
9 ~~sixty-five hundred thirty and sixty-five hundred thirty-one of the~~  
10 ~~education law~~] this title. Such reports shall remain confidential and  
11 shall not be admitted into evidence in any administrative or judicial  
12 proceeding except that the board, its staff, or the members of its  
13 committees may begin investigations on the basis of such reports and may  
14 use them to develop further information.

15 13. (a) Temporary surrender. The license and registration of a licen-  
16 see who may be temporarily incapacitated for the active practice of  
17 medicine and whose alleged incapacity has not resulted in harm to a  
18 patient may be voluntarily surrendered to the board for professional  
19 medical conduct, which may accept and hold such license during the peri-  
20 od of such alleged incapacity or the board for professional medical  
21 conduct may accept the surrender of such license after agreement to  
22 conditions to be met prior to the restoration of the license. The board  
23 shall give prompt written notification of such surrender to the division  
24 of professional licensing services of the state education department,  
25 and to each hospital at which the licensee has privileges. The licensee  
26 whose license is so surrendered shall notify all patients and all  
27 persons who request medical services that the licensee has temporarily  
28 withdrawn from the practice of medicine. The licensure status of each  
29 such licensee shall be "inactive" and the licensee shall not be author-  
30 ized to practice medicine. The temporary surrender shall not be deemed  
31 to be an admission of disability or of professional misconduct, and  
32 shall not be used as evidence of a violation of subdivision seven or  
33 eight of section [~~sixty-five hundred thirty of the education law~~] two  
34 hundred thirty-e of this title unless the licensee practices while the  
35 license is "inactive". Any such practice shall constitute a violation of  
36 subdivision twelve of section [~~sixty-five hundred thirty of the educa-~~  
37 ~~tion law~~] two hundred thirty-e of this title. The surrender of a license  
38 under this subdivision shall not bar any disciplinary action except  
39 action based solely upon the provisions of subdivision seven or eight of  
40 section [~~sixty-five hundred thirty of the education law~~] two hundred  
41 thirty-e of this title and where no harm to a patient has resulted, and  
42 shall not bar any civil or criminal action or proceeding which might be  
43 brought without regard to such surrender. A surrendered license shall be  
44 restored upon a showing to the satisfaction of a committee of profes-  
45 sional conduct of the state board for professional medical conduct that  
46 the licensee is not incapacitated for the active practice of medicine  
47 provided, however, that the committee may impose reasonable conditions  
48 on the licensee, if it determined that due to the nature and extent of  
49 the licensee's former incapacity such conditions are necessary to  
50 protect the health of the people. The chairperson of the committee shall  
51 issue a restoration order adopting the decision of the committee. Prompt  
52 written notification of such restoration shall be given to the division  
53 of professional licensing services of the state education department and  
54 to all hospitals which were notified of the surrender of the license.

55 (b) Permanent surrender. The license and registration of a licensee  
56 who may be permanently incapacitated for the active practice of medi-

1 cine, and whose alleged incapacity has not resulted in harm to a  
2 patient, may be voluntarily surrendered to the board for professional  
3 medical conduct. The board shall give prompt written notification of  
4 such surrender to the division of professional licensing services of the  
5 state education department, and to each hospital at which the licensee  
6 has privileges. The licensee whose license is so surrendered shall noti-  
7 fy all patients and all persons who request medical services that the  
8 licensee has permanently withdrawn from the practice of medicine. The  
9 permanent surrender shall not be deemed to be an admission of disability  
10 ~~[of]~~ or professional misconduct, and shall not be used as evidence of a  
11 violation of subdivision seven or eight of section ~~[sixty-five hundred~~  
12 ~~thirty of the education law]~~ two hundred thirty-e of this title. The  
13 surrender shall not bar any civil or criminal action or proceeding which  
14 might be brought without regard to such surrender. There shall be no  
15 restoration of a license that has been surrendered pursuant to this  
16 subdivision.

17 (c) If the committee determines that reasonable cause exists as speci-  
18 fied in paragraph (a) of this subdivision and that there is insufficient  
19 evidence for the matter to constitute misconduct as defined in sections  
20 ~~[sixty-five hundred thirty and section sixty-five hundred thirty-one of~~  
21 ~~the education law]~~ two hundred thirty-e, two hundred thirty-f and two  
22 hundred thirty-g of this title, the committee may issue an order direct-  
23 ing that the licensee's practice of medicine be monitored for a period  
24 specified in the order, which shall in no event exceed one year, by a  
25 licensee approved by the director, which may include members of county  
26 medical societies or district osteopathic societies designated by the  
27 commissioner. The licensee responsible for monitoring the licensee shall  
28 submit regular reports to the director. If the licensee refuses to coop-  
29 erate with the licensee responsible for monitoring or if the monitoring  
30 licensee submits a report that the licensee is not practicing medicine  
31 with reasonable skill and safety to ~~[his or her]~~ their patients, the  
32 committee may refer the matter to the director for further proceedings  
33 pursuant to subdivision ten of this section. An order pursuant to this  
34 paragraph shall be kept confidential and shall not be subject to discov-  
35 ery or subpoena, unless the licensee refuses to comply with the order.

36 § 39. The opening paragraph of section 230-a of the public health law,  
37 as added by chapter 606 of the laws of 1991, is amended to read as  
38 follows:

39 The penalties which may be imposed by the state board for professional  
40 medical conduct on a present or former licensee found guilty of profes-  
41 sional misconduct under the definitions and proceedings prescribed in  
42 ~~[section]~~ sections two hundred thirty, two hundred thirty-e and two  
43 hundred thirty-f of this title ~~[and sections sixty-five hundred thirty~~  
44 ~~and sixty-five hundred thirty-one of the education law]~~ are:

45 § 40. Section 230-a of the public health law, as added by chapter 786  
46 of the laws of 1992, is amended to read as follows:

47 § 230-a. Infection control standards. Notwithstanding any law to the  
48 contrary, ~~[including section sixty-five hundred thirty-two of the educa-~~  
49 ~~tion law,]~~ the department shall promulgate rules or regulations describ-  
50 ing scientifically accepted barrier precautions and infection control  
51 practices as standards of professional medical conduct for persons  
52 licensed under articles one hundred thirty-one and ~~[one hundred thirty-~~  
53 ~~one B of the education law]~~ thirty-seven and thirty-seven-B of this  
54 chapter. The department shall consult with the education department to  
55 ensure that regulatory standards for scientifically acceptable barrier  
56 precautions and infection prevention techniques promulgated pursuant to

1 this section are consistent, as far as appropriate with such standards  
2 adopted by the education department applicable to persons licensed under  
3 the education law [~~other than articles one hundred thirty-one and one~~  
4 ~~hundred thirty-one-B of such law~~].

5 § 41. Paragraph (b) of subdivision 1 of section 2803-e of the public  
6 health law, as amended by chapter 542 of the laws of 2000, is amended to  
7 read as follows:

8 (b) Hospitals and other facilities approved pursuant to this article  
9 shall make a report or cause a report to be made within thirty days of  
10 obtaining knowledge of any information which reasonably appears to show  
11 that a physician is guilty of professional misconduct as defined in  
12 [~~section sixty-five hundred thirty or sixty-five hundred thirty-one of~~  
13 ~~the education law~~] sections two hundred thirty-e, two hundred thirty-f  
14 and two hundred thirty-g of this chapter. A violation of this paragraph  
15 shall not be subject to the provisions of section twelve-b of this chap-  
16 ter.

17 § 42. Subdivisions 4 and 7 of section 2995-a of the public health law,  
18 subdivision 4 as amended by section 3 of part A of chapter 57 of the  
19 laws of 2015, and subdivision 7 as added by chapter 542 of the laws of  
20 2000, are amended to read as follows:

21 4. Each physician shall periodically report to the department on forms  
22 and in the time and manner required by the commissioner any other infor-  
23 mation as is required by the department for the development of profiles  
24 under this section which is not otherwise reasonably obtainable. In  
25 addition to such periodic reports and providing the same information,  
26 each physician shall update [~~his or her~~] their profile information with-  
27 in the six months prior to the expiration date of such physician's  
28 registration period, as a condition of registration renewal under arti-  
29 cle [~~one hundred thirty-one of the education law~~] thirty-seven-B of this  
30 chapter. Except for optional information provided, physicians shall  
31 notify the department of any change in the profile information within  
32 thirty days of such change.

33 7. A physician who knowingly provides materially inaccurate informa-  
34 tion under this section shall be guilty of professional misconduct  
35 pursuant to section [~~sixty-five hundred thirty of the education law~~] two  
36 hundred thirty-e of this chapter.

37 § 42-a. Subdivision 4 of section 2995-a of the public health law, as  
38 amended by chapter 572 of the laws of 2024, is amended to read as  
39 follows:

40 4. Each physician shall periodically report to the department on forms  
41 and in the time and manner required by the commissioner any other infor-  
42 mation as is required by the department for the development of profiles  
43 under this section which is not otherwise reasonably obtainable. In  
44 addition to such periodic reports and providing the same information,  
45 each physician shall update [~~his or her~~] their profile information with-  
46 in the six months prior to the submission of the re-registration appli-  
47 cation, as a condition of registration renewal under article [~~one~~  
48 ~~hundred thirty-one of the education law~~] thirty-seven-B of this chapter.  
49 Except for optional information provided, physicians shall notify the  
50 department of any change in the profile information within thirty days  
51 of such change.

52 § 43. Section 2997-l of the public health law, as added by section 20  
53 of part A of chapter 60 of the laws of 2014, is amended to read as  
54 follows:

55 § 2997-l. Activities. The activities enumerated in section twenty-nine  
56 hundred ninety-seven-k of this title shall be undertaken consistent with

1 section twenty-eight hundred five-j of this chapter by a covered health  
2 care provider and shall be deemed activities of such program as  
3 described in such section and any and all information attributable to  
4 such activities shall be subject to provisions of section twenty-eight  
5 hundred five-m of this chapter and section [~~sixty-five hundred twenty-~~  
6 ~~seven of the education law~~] thirty-seven hundred fifty-one of this chap-  
7 ter.

8 § 44. Subdivisions 2 and 3 of section 2999-r of the public health law,  
9 as amended by chapter 461 of the laws of 2012, are amended to read as  
10 follows:

11 2. With respect to the planning, implementation, and operation of  
12 ACOs, the commissioner, by regulation, shall specifically delineate safe  
13 harbors that exempt ACOs from the application of the following statutes:

14 (a) article twenty-two of the general business law relating to  
15 arrangements and agreements in restraint of trade;

16 (b) [~~article one hundred thirty-one A of the education law~~] title  
17 two-A of article two of this chapter relating to fee-splitting arrange-  
18 ments; and

19 (c) title two-D of article two of this chapter relating to health care  
20 practitioner referrals.

21 3. For the purposes of this article, an ACO shall be deemed to be a  
22 hospital for purposes of sections twenty-eight hundred five-j, twenty-  
23 eight hundred five-k, twenty-eight hundred five-l and twenty-eight  
24 hundred five-m of this chapter and subdivisions three and five of  
25 section [~~sixty-five hundred twenty-seven of the education law~~] thirty-  
26 seven hundred fifty-one of this chapter.

27 § 45. Paragraph (d) of subdivision 2 of section 2999-u of the public  
28 health law, as amended by chapter 90 of the laws of 2023, is amended to  
29 read as follows:

30 (d) A PACE organization shall be deemed to be a health maintenance  
31 organization under article forty-four of this chapter for purposes of  
32 subdivision one of section [~~sixty-five hundred twenty-seven of the~~  
33 ~~education law~~] thirty-seven hundred fifty-one of this chapter.

34 § 46. Paragraph (b) of subdivision 1-a of section 3515 of the public  
35 health law, as added by chapter 536 of the laws of 2011, is amended to  
36 read as follows:

37 (b) Paragraph (a) of this subdivision shall be inapplicable to  
38 specialist's assistants registered pursuant to law on the effective date  
39 of this subdivision; but such specialist's assistants shall continue to  
40 be subject to all of the provisions of section [~~sixty-five hundred thir-~~  
41 ~~ty of the education law~~] two hundred thirty-e of this chapter.

42 § 47. Subdivision 3-b of section 140.10 of the criminal procedure law,  
43 as amended by chapter 101 of the laws of 2024, is amended to read as  
44 follows:

45 3-b. A police officer may not arrest any person for performing or  
46 aiding in the performance of gender-affirming care, as defined in para-  
47 graph (c) of subdivision one of section [~~sixty-five hundred thirty-one-b~~  
48 ~~of the education law~~] two hundred thirty-h of the public health law,  
49 within this state, or in procuring or aiding in the procurement of  
50 gender-affirming care in this state, if the gender-affirming care is  
51 performed in accordance with the provisions of any other applicable law  
52 of this state.

53 § 48. Section 570.19 of the criminal procedure law, as amended by  
54 chapter 101 of the laws of 2024, is amended to read as follows:

55 § 570.19 Extradition of gender-affirming care providers, seekers,  
56 parents, guardians, and helpers.

1 No demand for the extradition of a person subject to criminal liability that is in whole or part based on the alleged provision or receipt of, support for, or any theory of vicarious, joint, several or conspiracy liability for gender-affirming care, as defined in paragraph (c) of subdivision one of section ~~[sixty-five hundred thirty-one b of the education law]~~ two hundred thirty-h of the public health law, lawfully performed in New York shall be recognized by the governor unless the executive authority of the demanding state shall allege in writing that the accused was present in the demanding state at the time of the commission of the alleged offense, and that thereafter ~~[he, she or]~~ they fled from that state.

12 § 49. Subdivision (e) of section 3102 of the civil practice law and rules, as separately amended by chapter 138 of the laws of 2023 and chapter 101 of the laws of 2024, is amended to read as follows:

15 (e) Action pending in another jurisdiction. Except as provided in section three thousand one hundred nineteen of this article, when under any mandate, writ or commission issued out of any court of record in any other state, territory, district or foreign jurisdiction, or whenever upon notice or agreement, it is required to take the testimony of a witness in the state, ~~[he or she]~~ such witness may be compelled to appear and testify in the same manner and by the same process as may be employed for the purpose of taking testimony in actions pending in the state. The supreme court or a county court shall make any appropriate order in aid of taking such a deposition; provided that no order may be issued under this section in connection with an out-of-state proceeding relating to any legally protected health activity, as defined in paragraph (b) of subdivision one of section 570.17 of the criminal procedure law or gender-affirming care, as defined in paragraph (c) of subdivision one of section ~~[sixty-five hundred thirty-one b of the education law]~~ two hundred thirty-h of the public health law, which occurred in this state, unless such out-of-state proceeding (1) sounds in tort or contract, (2) is actionable, in an equivalent or similar manner, under the laws of this state, and (3) was brought by the patient who received reproductive health services or gender-affirming care, or the patient's legal representative.

36 § 50. Subdivision (h) of section 3119 of the civil practice law and rules, as amended by chapter 101 of the laws of 2024, is amended to read as follows:

39 (h) Subpoenas related to gender-affirming care. Notwithstanding any other provisions of law, no court or county clerk shall issue a subpoena under this section in connection with an out-of-state proceeding relating to any gender-affirming care, as defined in paragraph (c) of subdivision one of section ~~[sixty-five hundred thirty-one b of the education law]~~ two hundred thirty-h of the public health law, which was legally performed, sought, received, or supported in this state, unless such out-of-state proceeding (1) sounds in tort or contract, or is based on statute, (2) is actionable, in an equivalent or similar manner, under the laws of this state, and (3) was brought by the patient who received the gender-affirming care, or the patient's legal representative.

50 § 51. Section 837-x of the executive law, as amended by chapter 101 of the laws of 2024, is amended to read as follows:

52 § 837-x. Cooperation with certain out-of-state investigations. No state or local law enforcement agency shall cooperate with or provide information to any individual or out-of-state agency or department regarding the provision, seeking, or assistance in provision or seeking of lawful gender-affirming care, as defined in paragraph (c) of subdivi-

1 sion one of section [~~sixty-five hundred thirty-one b of the education~~  
2 ~~law~~] two hundred thirty-h of the public health law, performed in this  
3 state. Nothing in this section shall prohibit the investigation of any  
4 criminal activity in this state which may involve the performance of  
5 gender-affirming care provided that no information relating to any  
6 medical procedure performed on a specific individual may be shared with  
7 an out-of-state agency or any other individual.

8 § 52. Subdivision 3 of section 659 of the family court act, as added  
9 by chapter 101 of the laws of 2024, is amended to read as follows:

10 3. For purposes of this section, "gender-affirming care" shall have  
11 the same meaning as defined in paragraph (c) of subdivision one of  
12 section [~~sixty-five hundred thirty-one b of the education law~~] two  
13 hundred thirty-h of the public health law.

14 § 53. Subsection (a) of section 3436-a of the insurance law, as sepa-  
15 rately amended by chapter 138 of the laws of 2023 and chapter 101 of the  
16 laws of 2024, is amended to read as follows:

17 (a) Every insurer that issues or renews medical malpractice insurance  
18 covering a health care provider licensed to practice in this state shall  
19 be prohibited from taking any adverse action against a health care  
20 provider solely on the basis that the health care provider engages in  
21 legally protected health activity, as defined in paragraph (b) of subdi-  
22 vision one of section 570.17 of the criminal procedure law, or gender-  
23 affirming care, as defined in paragraph (c) of subdivision one of  
24 section [~~sixty-five hundred thirty-one b of the education law~~] two  
25 hundred thirty-h of the public health law, that is legal in this state  
26 with someone who is from out of the state. The superintendent is  
27 expressly authorized to interpret "legally protected health activity" as  
28 if such definition was stated within this section. Such policy shall  
29 include health care providers who prescribe abortion medication to out-  
30 of-state patients by means of telehealth.

31 § 54. Subdivision 2 of section 490 of the social services law, as  
32 added by section 1 of part B of chapter 501 of the laws of 2012, is  
33 amended to read as follows:

34 2. Notwithstanding any other provision of law, except as may be  
35 provided by section 33.25 of the mental hygiene law, records, reports or  
36 other information maintained by the justice center, state oversight  
37 agencies, delegate investigatory entities, and facilities and provider  
38 agencies regarding the deliberations of an incident review committee  
39 shall be confidential, provided that nothing in this article shall be  
40 deemed to diminish or otherwise derogate the legal privilege afforded to  
41 proceedings, records, reports or other information relating to a quality  
42 assurance function, including the investigation of an incident reported  
43 pursuant to section 29.29 of the mental hygiene law, as provided in  
44 section [~~sixty-five hundred twenty-seven of the education law~~] thirty-  
45 seven hundred fifty-one of the public health law. For purposes of this  
46 section, a quality assurance function is a process for systematically  
47 monitoring and evaluating various aspects of a program, service or  
48 facility to ensure that standards of care are being met.

49 § 55. Paragraph a of subdivision 1 of section 6508 of the education  
50 law, as amended by chapter 866 of the laws of 1980, is amended to read  
51 as follows:

52 a. The membership of the professional licensing boards created under  
53 sections [~~sixty-five hundred twenty-three,~~] sixty-eight hundred four,  
54 sixty-nine hundred three, [~~and~~] seventy-four hundred three of this chap-  
55 ter and section thirty-seven hundred fifty-three of the public health  
56 law shall be increased by two members, and each such board shall have at

1 least two public representatives, who shall be selected by the board of  
2 regents from the general public.

3 § 56. Paragraph (a) of subdivision 2 of section 259-s of the executive  
4 law, as amended by chapter 322 of the laws of 2021, is amended to read  
5 as follows:

6 (a) The commissioner, on the commissioner's own initiative or at the  
7 request of an incarcerated individual, or an incarcerated individual's  
8 spouse, relative or attorney, may, in the exercise of the commissioner's  
9 discretion, direct that an investigation be undertaken to determine  
10 whether a diagnosis should be made of an incarcerated individual who  
11 appears to be suffering from a significant and permanent non-terminal  
12 and incapacitating condition, disease or syndrome. Any such medical  
13 diagnosis shall be made by a physician licensed to practice medicine in  
14 this state pursuant to section ~~[sixty-five]~~ thirty-seven hundred ~~[twenty-~~  
15 ~~ty-four]~~ fifty-four of the ~~[education]~~ public health law. Such physician  
16 shall either be employed by the department, shall render professional  
17 services at the request of the department, or shall be employed by a  
18 hospital or medical facility used by the department for the medical  
19 treatment of incarcerated individuals. The diagnosis shall be reported  
20 to the commissioner and shall include but shall not be limited to a  
21 description of the condition, disease or syndrome suffered by the incar-  
22 cerated individual, a prognosis concerning the likelihood that the  
23 incarcerated individual will not recover from such condition, disease or  
24 syndrome, a description of the incarcerated individual's physical or  
25 cognitive incapacity which shall include a prediction respecting the  
26 likely duration of the incapacity, and a statement by the physician of  
27 whether the incarcerated individual is so debilitated or incapacitated  
28 as to be severely restricted in ~~[his or her]~~ their ability to self-ambu-  
29 late or to perform significant normal activities of daily living. This  
30 report also shall include a recommendation of the type and level of  
31 services and treatment the incarcerated individual would require if  
32 granted medical parole and a recommendation for the types of settings in  
33 which the services and treatment should be given.

34 § 57. Paragraph (b) of subdivision 1 of section 2807-n of the public  
35 health law, as added by section 63-f of part C of chapter 58 of the laws  
36 of 2007, is amended to read as follows:

37 (b) "Palliative care certified medical school" shall mean a medical  
38 school in the state which is an institution granting a degree of doctor  
39 of medicine or doctor of osteopathic medicine in accordance with regu-  
40 lations by the commissioner of education under subdivision two of  
41 section ~~[sixty-five]~~ thirty-seven hundred ~~[twenty-four]~~ fifty-four of  
42 ~~[the education law]~~ this chapter, and which meets standards defined by  
43 the commissioner ~~[of health]~~, after consultation with the council,  
44 pursuant to regulations, and used to determine whether a medical school  
45 is eligible for funding under this section.

46 § 58. Subparagraph (v) of paragraph (g) of subdivision 1 of section  
47 2803 of the public health law, as amended by chapter 618 of the laws of  
48 2022, is amended to read as follows:

49 (v) a right to be informed of the name, position, and functions of any  
50 persons, including medical students and physicians exempt from New York  
51 state licensure pursuant to section ~~[sixty-five]~~ thirty-seven hundred  
52 ~~[twenty-six]~~ fifty-six of ~~[the education law]~~ this chapter, who provide  
53 face-to-face care to or direct observation of the patient;

54 § 59. Subdivision 1 of section 3000-a of the public health law, as  
55 amended by chapter 69 of the laws of 1994, is amended to read as  
56 follows:

1 1. Except as provided in subdivision six of section six thousand six  
2 hundred eleven, [~~subdivision two of section six thousand five hundred~~  
3 ~~twenty-seven,~~] subdivision one of section six thousand nine hundred nine  
4 [~~and sections six thousand five hundred forty-seven and,~~ section six  
5 thousand seven hundred thirty-seven of the education law and section  
6 thirty-seven hundred fifty-one of this chapter, any person who voluntar-  
7 ily and without expectation of monetary compensation renders first aid  
8 or emergency treatment at the scene of an accident or other emergency  
9 outside a hospital, doctor's office or any other place having proper and  
10 necessary medical equipment, to a person who is unconscious, ill, or  
11 injured, shall not be liable for damages for injuries alleged to have  
12 been sustained by such person or for damages for the death of such  
13 person alleged to have occurred by reason of an act or omission in the  
14 rendering of such emergency treatment unless it is established that such  
15 injuries were or such death was caused by gross negligence on the part  
16 of such person. Nothing in this section shall be deemed or construed to  
17 relieve a licensed physician, dentist, nurse, physical therapist or  
18 registered physician's assistant from liability for damages for injuries  
19 or death caused by an act or omission on the part of such person while  
20 rendering professional services in the normal and ordinary course of  
21 [~~his or her~~ such person's practice.

22 § 60. Subdivision 1 of section 8216 of the education law, as added by  
23 chapter 772 of the laws of 1990, is amended to read as follows:

24 (1) A person who is validly registered as a "specialist's assistant-a-  
25 cupuncture" in accordance with section [~~sixty-five~~ thirty-seven hundred  
26 [~~forty-one~~ four of [~~this chapter~~ the public health law and the commis-  
27 sioner's regulations shall not be subject to the provisions of this  
28 article;

29 § 61. Section 24-a of the correction law, as amended by chapter 322 of  
30 the laws of 2021, is amended to read as follows:

31 § 24-a. Actions against persons rendering health care services at the  
32 request of the department; defense and indemnification. The provisions  
33 of section seventeen of the public officers law shall apply to any  
34 person holding a license to practice a profession pursuant to article  
35 [~~one hundred thirty-one, one hundred thirty-one-B,~~ one hundred thirty-  
36 two, one hundred thirty-three, one hundred thirty-six, one hundred thir-  
37 ty-seven, one hundred thirty-nine, one hundred forty-one, one hundred  
38 forty-three, one hundred fifty-six or one hundred fifty-nine of the  
39 education law or article thirty-seven or thirty-seven-B of the public  
40 health law, who is rendering or has rendered professional services  
41 authorized under such license while acting at the request of the depart-  
42 ment or a facility of the department in providing health care and treat-  
43 ment or professional consultation to incarcerated individuals of state  
44 correctional facilities, or to the infant children of incarcerated indi-  
45 viduals while such infants are cared for in facility nurseries pursuant  
46 to section six hundred eleven of this chapter, without regard to whether  
47 such health care and treatment or professional consultation is provided  
48 within or without a correctional facility.

49 § 62. Section 910 of the education law, as amended by chapter 477 of  
50 the laws of 2004, is amended to read as follows:

51 § 910. Choice of method of treatment. Whenever affected by the  
52 requirements of this article, the school employee so affected, and, in  
53 the case of a child, the parent of, or person in parental relation to,  
54 such child, shall have the right to determine the form or manner of  
55 treatment or remedial care to be prescribed or applied, but the treat-  
56 ment or remedial care must be in accordance with and as allowed under

1 the provisions of article [~~one hundred thirty one~~] thirty-seven-B of  
2 [~~this chapter~~] the public health law.

3 § 63. Subdivision 1 of section 6502-a of the education law, as added  
4 by chapter 702 of the laws of 2021, is amended to read as follows:

5 1. This section shall apply to healthcare professionals licensed,  
6 certified, registered or authorized pursuant to this title other than  
7 those licensed or registered pursuant to article [~~one hundred thirty~~  
8 ~~one~~] thirty-seven-B of [~~this title~~] the public health law.

9 § 64. Subparagraph (ii) of paragraph a and paragraph d of subdivision  
10 1 of section 6503-a of the education law, as added by chapter 130 of the  
11 laws of 2010, are amended to read as follows:

12 (ii) services constituting the provision of psychotherapy as defined  
13 in subdivision two of section eighty-four hundred one of this title and  
14 authorized and provided under article [~~one hundred thirty one,~~] thirty-  
15 seven-B of the public health law or article one hundred thirty-nine, or  
16 one hundred fifty-three of this title.

17 d. Such waiver shall provide that services rendered pursuant to this  
18 section, directly or indirectly, shall be provided only by a person  
19 appropriately licensed to provide such services pursuant to article [~~one~~  
20 ~~hundred thirty one,~~] thirty-seven-B of the public health law or article  
21 one hundred thirty-nine, one hundred fifty-three, one hundred fifty-  
22 four, or one hundred sixty-three of this title, or by a person otherwise  
23 authorized to provide such services under such articles, or by a profes-  
24 sional entity authorized by law to provide such services.

25 § 65. Subdivision 1 of section 6510-b of the education law, as added  
26 by chapter 607 of the laws of 1985, is amended to read as follows:

27 1. The license and registration of a licensee who may be temporarily  
28 incapacitated for the active practice of a profession licensed pursuant  
29 to title eight of this chapter, [~~except professionals licensed pursuant~~  
30 ~~to article one hundred thirty one or article one hundred thirty one b~~  
31 ~~thereof,~~] and whose alleged incapacity is the result of a problem of  
32 drug or alcohol abuse which has not resulted in harm to a patient or  
33 client, may be voluntarily surrendered to the department, which may  
34 accept and hold such license during the period of such alleged incapaci-  
35 ty or the department may accept the surrender of such license after  
36 agreement to conditions to be met prior to the restoration of the  
37 license. The department shall give written notification of such surren-  
38 der to the licensing authorities of any other state or country in which  
39 the licensee is authorized to practice. In addition to the foregoing,  
40 the department shall also give written notification of such surrender,  
41 for professionals licensed pursuant to articles one hundred thirty-two,  
42 one hundred thirty-three, one hundred thirty-five, one hundred thirty-  
43 seven, one hundred thirty-nine and one hundred forty-one of this chapter  
44 to the commissioner of health or [~~his~~] such commissioner's designee, and  
45 where appropriate to each hospital at which the professional has privi-  
46 leges, is affiliated, or is employed. The licensee whose license is so  
47 surrendered shall notify all persons who request professional services  
48 that [~~he or she has~~] they have temporarily withdrawn from the practice  
49 of the profession. The department may provide for similar notification  
50 of patients or clients and of other interested parties, as appropriate  
51 under the circumstances of the professional practice and responsibil-  
52 ities of the licensee. The licensure status of such licensee shall be  
53 "inactive" and [~~he or she~~] such licensee shall not be authorized to  
54 practice the profession and shall refrain from practice in this state or  
55 in any other state or country. The voluntary surrender shall not be  
56 deemed to be an admission of disability or of professional misconduct,

1 and shall not be used as evidence of a violation of subdivision three or  
2 four of section sixty-five hundred nine of this chapter, unless the  
3 licensee practices while the license is "inactive"; and any such prac-  
4 tice shall constitute a violation of subdivision eight of said section.  
5 The surrender of a license under this subdivision shall not bar any  
6 disciplinary action except action based solely upon the provisions of  
7 subdivision three or four of section sixty-five hundred nine of this  
8 chapter, and only if no harm to a patient has resulted; and shall not  
9 bar any civil or criminal action or proceeding which might be brought  
10 without regard to such surrender. A surrendered license shall be  
11 restored upon a showing to the satisfaction of the department that the  
12 licensee is not incapacitated for the active practice of the profession,  
13 provided that the department may, by order of the commissioner, impose  
14 reasonable conditions on the licensee, if it determines that because of  
15 the nature and extent of the licensee's former incapacity, such condi-  
16 tions are necessary to protect the health, safety and welfare of the  
17 public. Prompt written notification of such restoration shall be given  
18 to all licensing bodies which were notified of the temporary surrender  
19 of the license.

20 § 66. The opening paragraph and subdivision 2 of section 7010 of the  
21 education law, as added by chapter 438 of the laws of 2012, are amended  
22 to read as follows:

23 1. A limited permit to perform podiatric standard ankle surgery, as  
24 described in subdivision two of section seven thousand one of this arti-  
25 cle, may be issued by the department to a podiatrist who is licensed  
26 pursuant to this article and who has met the residency and board  
27 qualification/certification requirements set forth in subdivision one of  
28 section seven thousand nine of this article in order to authorize such  
29 podiatrist to obtain the training and experience required for the issu-  
30 ance of a podiatric standard ankle surgery privilege pursuant to subdivi-  
31 sion one of section seven thousand nine of this article. Such permits  
32 shall authorize the performance of podiatric standard ankle surgery only  
33 under the direct personal supervision of a licensed podiatrist holding a  
34 podiatric standard ankle surgery privilege or a podiatric advanced ankle  
35 surgery privilege issued pursuant to section seven thousand nine of this  
36 article or of a physician licensed pursuant to article [~~one hundred~~  
37 ~~thirty-one~~] thirty-seven-B of [~~this title~~] the public health law and  
38 certified in orthopedic surgery by a national certifying board having  
39 certification standards acceptable to the department.

40 2. A limited permit to perform podiatric advanced ankle surgery, as  
41 described in subdivision two of section seven thousand one of this arti-  
42 cle, may be issued by the department to a podiatrist who is licensed  
43 pursuant to this article and who has met the residency and board certif-  
44 ication requirements set forth in subdivision two of section seven thou-  
45 sand nine of this article in order to authorize such podiatrist to  
46 obtain the training and experience required for the issuance of a podia-  
47 tric advanced ankle surgery privilege pursuant to subdivision two of  
48 section seven thousand nine of this article. Such permits shall author-  
49 ize the performance of podiatric advanced ankle surgery only under the  
50 direct personal supervision of a licensed podiatrist holding a podiatric  
51 advanced ankle surgery privilege issued pursuant to subdivision two of  
52 section seven thousand nine of this article or of a physician licensed  
53 pursuant to article [~~one hundred thirty-one~~] thirty-seven-B of [~~this~~  
54 ~~title~~] the public health law and certified in orthopedic surgery by a  
55 national certifying board having certification standards acceptable to  
56 the department.

§ 67. Subdivision 3 and subparagraph (i) of paragraph (c) of subdivision 10 of section 7605 of the education law, subdivision 3 as added by chapter 676 of the laws of 2002 and subparagraph (i) of paragraph (c) of subdivision 10 as amended by section 2 of part Y of chapter 57 of the laws of 2018, are amended to read as follows:

3. The practice, conduct, activities or services by any person licensed or otherwise authorized to practice medicine within the state pursuant to article ~~[one hundred thirty-one]~~ thirty-seven-B of ~~[this title]~~ the public health law or by any person registered to perform services as a physician assistant within the state pursuant to article ~~[one hundred thirty-one-B]~~ thirty-seven of ~~[this title]~~ the public health law.

(i) A person without a license from participating as a member of a multi-disciplinary team to assist in the development of or implementation of a behavioral health services or treatment plan; provided that such team shall include one or more professionals licensed under this article ~~[or]~~, articles ~~[one hundred thirty-one,]~~ one hundred thirty-nine, one hundred fifty-four or one hundred sixty-three of this chapter or article thirty-seven-B of the public health law; and provided, further, that the activities performed by members of the team shall be consistent with the scope of practice for each team member licensed or authorized under title VIII of this chapter, and those who are not so authorized may not engage in the following restricted practices: the diagnosis of mental, emotional, behavioral, addictive and developmental disorders and disabilities; patient assessment and evaluating; the provision of psychotherapeutic treatment; the provision of treatment other than psychotherapeutic treatment; or independently developing and implementing assessment-based treatment plans as defined in section seventy-seven hundred one of this title.

§ 68. Subdivision 1 and subparagraph (i) of paragraph (c) of subdivision 7 of section 7706 of the education law, subdivision 1 as amended by chapter 554 of the laws of 2013 and subparagraph (i) of paragraph (c) of subdivision 7 as amended by section 4 of part Y of chapter 57 of the laws of 2018, are amended to read as follows:

1. Apply to the practice, conduct, activities, services or use of any title by any person licensed or otherwise authorized to practice medicine within the state pursuant to article ~~[one hundred thirty-one]~~ thirty-seven-B of ~~[this title]~~ the public health law or by any person registered to perform services as a physician assistant within the state pursuant to article ~~[one hundred thirty-one-B]~~ thirty-seven of ~~[this title]~~ the public health law or by any person licensed or otherwise authorized to practice psychology within this state pursuant to article one hundred fifty-three of this title or by any person licensed or otherwise authorized to practice nursing as a registered professional nurse or nurse practitioner within this state pursuant to article one hundred thirty-nine of this title or by any person licensed or otherwise authorized to practice occupational therapy within this state pursuant to article one hundred fifty-six of this title or by any person licensed or otherwise authorized to practice mental health counseling, marriage and family therapy, creative arts therapy, or psychoanalysis within the state pursuant to article one hundred sixty-three of this title or by any person licensed or otherwise authorized to practice applied behavior analysis within the state pursuant to article one hundred sixty-seven of this title; provided, however, that no physician, physician assistant, registered professional nurse, nurse practitioner, psychologist, occupational therapist, licensed mental health counselor, licensed marriage

1 and family therapist, licensed creative arts therapist, licensed psycho-  
2 analyst, licensed behavior analyst or certified behavior analyst assist-  
3 ant may use the titles "licensed clinical social worker" or "licensed  
4 master social worker", unless licensed under this article.

5 (i) Prevent a person without a license from participating as a member  
6 of a multi-disciplinary team to assist in the development of or imple-  
7 mentation of a behavioral health services or treatment plan; provided  
8 that such team shall include one or more professionals licensed under  
9 this article ~~[or], articles [one hundred thirty-one,]~~ one hundred thir-  
10 ty-nine, one hundred fifty-three or one hundred sixty-three of this  
11 chapter or article thirty-seven-B of the public health law; and  
12 provided, further, that the activities performed by members of the team  
13 shall be consistent with the scope of practice for each team member  
14 licensed or authorized under title VIII of this chapter, and those who  
15 are not so authorized may not engage in the following restricted prac-  
16 tices: the diagnosis of mental, emotional, behavioral, addictive and  
17 developmental disorders and disabilities; patient assessment and evalu-  
18 ating; the provision of psychotherapeutic treatment; the provision of  
19 treatment other than psychotherapeutic treatment; or independently  
20 developing and implementing assessment-based treatment plans as defined  
21 in section seventy-seven hundred one of this article.

22 § 69. Subdivision 1 of section 7906 of the education law, as amended  
23 by chapter 460 of the laws of 2011, is amended to read as follows:

24 (1) A licensed physician from practicing ~~[his or her]~~ their profession  
25 as defined under article ~~[one hundred thirty-one]~~ thirty-seven-B and  
26 article ~~[one hundred thirty-one-B]~~ thirty-seven of ~~[this title]~~ the  
27 public health law.

28 § 70. Subdivision 1 and subparagraph (i) of paragraph (c) of subdivi-  
29 sion 8 of section 8410 of the education law, subdivision 1 as amended by  
30 chapter 554 of the laws of 2013 and subparagraph (i) of paragraph (c) of  
31 subdivision 8 as amended by section 5 of part Y of chapter 57 of the  
32 laws of 2018, are amended to read as follows:

33 1. Apply to the practice, conduct, activities, services or use of any  
34 title by any person licensed or otherwise authorized to practice medi-  
35 cine within the state pursuant to article ~~[one hundred thirty-one]~~ thir-  
36 ty-seven-B of ~~[this title]~~ the public health law or by any person regis-  
37 tered to perform services as a physician assistant within the state  
38 pursuant to article ~~[one hundred thirty-one-B]~~ thirty-seven of ~~[this~~  
39 ~~title]~~ the public health law or by any person licensed or otherwise  
40 authorized to practice psychology within this state pursuant to article  
41 one hundred fifty-three of this title or by any person licensed or  
42 otherwise authorized to practice social work within this state pursuant  
43 to article one hundred fifty-four of this title, or by any person  
44 licensed or otherwise authorized to practice nursing as a registered  
45 professional nurse or nurse practitioner within this state pursuant to  
46 article one hundred thirty-nine of this title or by any person licensed  
47 or otherwise authorized to practice applied behavior analysis within the  
48 state pursuant to article one hundred sixty-seven of this title;  
49 provided, however, that no physician, physician's assistant, registered  
50 professional nurse, nurse practitioner, psychologist, licensed master  
51 social worker, licensed clinical social worker, licensed behavior  
52 analyst or certified behavior analyst assistant may use the titles  
53 "licensed mental health counselor", "licensed marriage and family thera-  
54 pist", "licensed creative arts therapist", or "licensed psychoanalyst",  
55 unless licensed under this article.

(i) Prevent a person without a license from participating as a member of a multi-disciplinary team to assist in the development of or implementation of a behavioral health services or treatment plan; provided that such team shall include one or more professionals licensed under this article ~~[or]~~, articles one hundred thirty-one, one hundred thirty-nine, one hundred fifty-three or one hundred fifty-four of this chapter or article thirty-seven-B of the public health law; and provided, further, that the activities performed by members of the team shall be consistent with the scope of practice for each team member licensed or authorized under title VIII of this chapter, and those who are not so authorized may not engage in the following restricted practices: the diagnosis of mental, emotional, behavioral, addictive and developmental disorders and disabilities; patient assessment and evaluating; the provision of psychotherapeutic treatment; the provision of treatment other than psychotherapeutic treatment; or independently developing and implementing assessment-based treatment plans as defined in section seventy-seven hundred one of this chapter.

§ 71. Subdivision 1 of section 8609 of the education law, as amended by chapter 446 of the laws of 2022, is amended to read as follows:

1. the practice, conduct, activities, or services by any person licensed or otherwise authorized to practice medicine within the state pursuant to article ~~[one hundred thirty-one-B]~~ thirty-seven-B of ~~[this title]~~ the public health law, or by any person registered to perform services as a physician assistant or specialist assistant within the state pursuant to article ~~[one hundred thirty-one-B]~~ thirty-seven of ~~[this title]~~ the public health law, or by any person licensed to practice dentistry within the state pursuant to article one hundred thirty-three of this title, or by any person licensed to practice podiatry within the state pursuant to article one hundred forty-one of this title, or by any person certified as a nurse practitioner within the state pursuant to article one hundred thirty-nine of this title, or by any person licensed to perform services as a respiratory therapist or respiratory therapy technician under article one hundred sixty-four of this title, or any person licensed to practice midwifery within the state pursuant to article one hundred forty of this title, or a person licensed to practice nursing pursuant to article one hundred thirty-nine of this title, or a person licensed to practice pursuant to article thirty-five of the public health law; provided, however, that no such person shall use the titles licensed clinical laboratory technologist, licensed cytotechnologist, licensed histotechnologist, certified clinical laboratory technician, or certified histotechnician, unless licensed or certified under this article; or

§ 72. Subdivision 3 of section 8850 of the education law, as added by chapter 497 of the laws of 2016, is amended to read as follows:

3. The term "physician" means a practitioner of medicine licensed to practice medicine pursuant to article ~~[one hundred thirty-one]~~ thirty-seven-B of ~~[this title]~~ the public health law.

§ 73. Section 522 of the executive law, as added by chapter 552 of the laws of 1993, is amended to read as follows:

§ 522. Actions against persons rendering health care services at the request of the division; defense and indemnification. The provisions of section seventeen of the public officers law shall apply to any person holding a license to practice a profession pursuant to article ~~[one hundred thirty-one, one hundred thirty-one-B,]~~ one hundred thirty-two, one hundred thirty-three, one hundred thirty-six, one hundred thirty-seven, one hundred thirty-nine, one hundred forty-one, one hundred

1 forty-three, one hundred fifty-six or one hundred fifty-nine of the  
2 education law and article thirty-seven and thirty-seven-B of the public  
3 health law, who is rendering or has rendered professional services  
4 authorized under such license while acting at the request of the divi-  
5 sion or a facility of the division in providing health care and treat-  
6 ment or professional consultation to residents of division facilities,  
7 or to infants of residents while such infants are cared for in division  
8 facilities pursuant to section five hundred sixteen of this article,  
9 without regard to whether such health care and treatment or professional  
10 consultation is provided within or without a division facility.

11 § 74. Subdivision 9 of section 789 of the general business law, as  
12 added by chapter 599 of the laws of 1998, is amended to read as follows:

13 9. "Otolaryngologist" means a physician licensed under article [~~one~~  
14 ~~hundred thirty-one~~] thirty-seven-B of the [~~education~~] public health law,  
15 who practices that branch of medicine which treats diseases of the ear,  
16 nose and throat.

17 § 75. Paragraph 4 of subdivision (a) of section 33.16 of the mental  
18 hygiene law, as amended by chapter 226 of the laws of 1991, is amended  
19 to read as follows:

20 4. "Mental health practitioner" or "practitioner" means a person  
21 employed by or rendering a service at a facility maintaining the clin-  
22 ical record licensed under article [~~one hundred thirty-one~~] thirty-sev-  
23 en-B of the [~~education~~] public health law who practices psychiatry or a  
24 person licensed under article one hundred thirty-nine, one hundred  
25 fifty-three or one hundred fifty-four of the education law or any other  
26 person not prohibited by law from providing mental health or develop-  
27 mental disabilities services.

28 § 76. Section 14 of the public health law, as amended by chapter 2 of  
29 the laws of 1998, is amended to read as follows:

30 § 14. Actions against persons rendering professional services at the  
31 request of the department; defense and indemnification. The provisions  
32 of section seventeen of the public officers law shall apply to any  
33 physician, dentist, nurse or other health care professional who: (i) is  
34 licensed to practice pursuant to article [~~one hundred thirty-one, one~~  
35 ~~hundred thirty-one-B,~~] one hundred thirty-three, one hundred thirty-six,  
36 one hundred thirty-seven, one hundred thirty-nine, one hundred forty-  
37 three, one hundred fifty-six, one hundred fifty-seven, one hundred  
38 fifty-nine or one hundred sixty-four of the education law or article  
39 thirty-seven or thirty-seven-B of this chapter and who is rendering  
40 professional treatment or consultation in connection with professional  
41 treatment authorized under such license at the request of the depart-  
42 ment, or at a departmental facility, including clinical practice  
43 provided pursuant to a clinical practice plan established pursuant to  
44 subdivision fourteen of section two hundred six of this chapter, to  
45 patients receiving care or professional consultation from the department  
46 while rendering such professional treatment or consultation; (ii) is  
47 rendering consultation in connection with an audit or prepayment review  
48 of claims or treatment requests under the medical assistance program; or  
49 (iii) assists the department as consultants or expert witnesses in the  
50 investigation or prosecution of alleged violations of article twenty-  
51 eight, thirty-six, forty-four or forty-seven of this chapter or rules  
52 and regulations adopted pursuant thereto.

53 § 77. Paragraph (d) of subdivision 1 of section 18 of the public  
54 health law, as added by chapter 497 of the laws of 1986, is amended to  
55 read as follows:

(d) "Health care practitioner" or "practitioner" means a person licensed under article ~~[one hundred thirty-one, one hundred thirty-one-B]~~ one hundred thirty-two, one hundred thirty-three, one hundred thirty-six, one hundred thirty-nine, one hundred forty-one, one hundred forty-three, one hundred forty-four, one hundred fifty-three, one hundred fifty-four, one hundred fifty-six or one hundred fifty-nine of the education law, or article thirty-seven or thirty-seven-B of this chapter or a person certified under section twenty-five hundred sixty of this chapter.

§ 78. The opening paragraph of subdivision 1 of section 19 of the public health law, as added by chapter 572 of the laws of 1990, is amended to read as follows:

No physician licensed under article ~~[one hundred thirty-one]~~ thirty-seven-B of ~~[the education law]~~ this chapter shall charge from a beneficiary of health insurance under title XVIII of the federal social security act (medicare) any amount in excess of the following limitations:

§ 79. Paragraph (i) of subdivision 1 and subdivision 5 of section 230-d of the public health law, paragraph (i) of subdivision 1 as amended by chapter 438 of the laws of 2012 and subdivision 5 as added by chapter 365 of the laws of 2007, are amended to read as follows:

(i) "Licensee" shall mean an individual licensed or otherwise authorized under article ~~[one hundred thirty-one, one hundred thirty-one-B]~~ thirty-seven or thirty-seven-B of this chapter or individuals who have obtained an issuance of a privilege to perform podiatric standard or advanced ankle surgery pursuant to subdivisions one and two of section seven thousand nine of the education law.

5. The commissioner shall make, adopt, promulgate and enforce such rules and regulations, as ~~[he or she]~~ such commissioner may deem appropriate, to effectuate the purposes of this section. Where any rule or regulation under this section would affect the scope of practice of a health care practitioner licensed, registered or certified under title eight of the education law ~~[other than those licensed under articles one hundred thirty-one or one hundred thirty-one-B of the education law]~~, the rule or regulation shall be made with the concurrence of the commissioner of education.

§ 80. Subdivision 1 of section 462 of the public health law, as added by chapter 562 of the laws of 2001, is amended to read as follows:

1. This article shall not apply to or affect a physician duly licensed under article ~~[one hundred thirty-one]~~ thirty-seven-B of ~~[the education law]~~ this chapter or x-ray technicians.

§ 81. Subdivision 2 of section 470 of the public health law, as added by chapter 514 of the laws of 2004, is amended to read as follows:

2. No person shall perform a tongue-splitting on another person, unless the person performing such tongue-splitting is licensed to practice medicine pursuant to article ~~[one hundred thirty-one]~~ thirty-seven-B of ~~[the education law]~~ this chapter or licensed to practice dentistry pursuant to article one hundred thirty-three of the education law.

§ 82. Section 2509-c of the public health law, as added by section 5 of subpart A of part JJ of chapter 56 of the laws of 2021, is amended to read as follows:

§ 2509-c. Availability of adverse childhood experiences services. Every pediatrics health care provider licensed pursuant to article ~~[one hundred thirty-one]~~ thirty-seven-B of ~~[the education law]~~ this chapter shall be required to provide the parent, guardian, custodian or other authorized individual of a child that the pediatrician sees in their

1 official capacity, with educational materials developed pursuant to  
2 subdivision two of section three hundred seventy-c of the social  
3 services law. Such materials may be provided electronically and shall be  
4 used to inform and educate them about adverse childhood experiences, the  
5 importance of protective factors and the availability of services for  
6 children at risk for or experiencing adverse childhood experiences.

7 § 83. Subdivision 17 of section 2511 of the public health law, as  
8 added by chapter 2 of the laws of 1998, is amended to read as follows:

9 17. The commissioner, in consultation with the superintendent, is  
10 authorized to establish and operate a child health information service  
11 which shall utilize advanced telecommunications technologies to meet the  
12 health information and support needs of children, parents and medical  
13 professionals, which shall include, but not be limited to, treatment  
14 guidelines for children, treatment protocols, research articles and  
15 standards for the care of children from birth through eighteen years of  
16 age. Such information shall not constitute the practice of medicine, as  
17 defined in article ~~[one hundred thirty-one]~~ thirty-seven-B of ~~[the~~  
18 ~~education law]~~ this chapter.

19 § 84. Paragraph (b) of subdivision 1 of section 2805-u of the public  
20 health law, as added by chapter 390 of the laws of 2012, is amended to  
21 read as follows:

22 (b) "Health care practitioner" shall mean a person licensed pursuant  
23 to article ~~[one hundred thirty-one, one hundred thirty-one B,]~~ one  
24 hundred thirty-three, one hundred thirty-nine, one hundred forty, one  
25 hundred forty-one, one hundred forty-three, one hundred forty-four, one  
26 hundred fifty-three, one hundred fifty-four or one hundred fifty-nine of  
27 the education law, article thirty-seven or thirty-seven-B of this chap-  
28 ter, or as otherwise authorized by the commissioner.

29 § 85. Subdivision 3 of section 2998-e of the public health law, as  
30 added by chapter 365 of the laws of 2007, is amended to read as follows:

31 3. The commissioner shall make, adopt, promulgate and enforce such  
32 rules and regulations, as ~~[he or she]~~ such commissioner may deem appro-  
33 priate, to effectuate the purposes of this section. Where any rule or  
34 regulation under this section would affect the scope of practice of a  
35 health care practitioner licensed, registered or certified under title  
36 eight of the education law ~~[other than those licensed under articles one~~  
37 ~~hundred thirty-one or one hundred thirty-one B of the education law]~~,  
38 the rule or regulation shall be made with the concurrence of the commis-  
39 sioner of education.

40 § 86. Paragraphs (a) and (b) of subdivision 2 and subdivision 7 of  
41 section 2999-cc of the public health law, paragraphs (a) and (b) of  
42 subdivision 2 as amended by chapter 454 of the laws of 2015, and subdi-  
43 vision 7 as amended by section 3 of subpart C of part S of chapter 57 of  
44 the laws of 2018, are amended to read as follows:

45 (a) a physician licensed pursuant to article ~~[one hundred thirty-one]~~  
46 thirty-seven-B of ~~[the education law]~~ this chapter;

47 (b) a physician assistant licensed pursuant to article ~~[one hundred~~  
48 ~~thirty-one B]~~ thirty-seven of ~~[the education law]~~ this chapter;

49 7. "Remote patient monitoring" means the use of synchronous or asyn-  
50 chronous electronic information and communication technologies to  
51 collect personal health information and medical data from a patient at  
52 an originating site that is transmitted to a telehealth provider at a  
53 distant site for use in the treatment and management of medical condi-  
54 tions that require frequent monitoring. Such technologies may include  
55 additional interaction triggered by previous transmissions, such as  
56 interactive queries conducted through communication technologies or by

1 telephone. Such conditions shall include, but not be limited to, congestive heart failure, diabetes, chronic obstructive pulmonary disease, wound care, polypharmacy, mental or behavioral problems, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding. Remote patient monitoring shall be ordered by a physician licensed pursuant to article ~~[one hundred thirty-one]~~ thirty-seven-B of ~~[the education law]~~ this chapter, a nurse practitioner licensed pursuant to article one hundred thirty-nine of the education law, or a midwife licensed pursuant to article one hundred forty of the education law, with which the patient has a substantial and ongoing relationship.

12 § 87. Subdivision 4 of section 3383 of the public health law, as added by chapter 494 of the laws of 1982, is amended to read as follows:

14 4. No liability shall be imposed by virtue of this section on any person licensed pursuant to article ~~[one hundred thirty-one]~~ thirty-seven-B of ~~[the education law]~~ this chapter or licensed under this article who manufactures, distributes, sells, prescribes, dispenses or possesses an imitation controlled substance for use as a placebo or for use in clinical research conducted pursuant to the federal food, drug and cosmetic act.

21 § 88. Paragraph (b) of subdivision 1 of section 4405-b of the public health law, as amended by chapter 542 of the laws of 2000, is amended to read as follows:

24 (b) An organization shall make a report to be made to the appropriate professional disciplinary agency within thirty days of obtaining knowledge of any information that reasonably appears to show that a health professional is guilty of professional misconduct as defined in article ~~[one hundred thirty or one hundred thirty-one-A]~~ thirty-seven-B or title two-A of article two of ~~[the education law]~~ this chapter. A violation of this subdivision shall not be subject to the provisions of section twelve-b of this chapter.

32 § 89. Subdivision 2 of section 4702 of the public health law, as amended by chapter 805 of the laws of 1984, is amended to read as follows:

35 2. "Shared health facility" or "facility" means any arrangement where-  
36 in four or more practitioners licensed under the provisions of article  
37 ~~[one hundred thirty-one, one hundred thirty-one a,]~~ one hundred thirty-  
38 two, one hundred thirty-three, one hundred thirty-seven, one hundred  
39 thirty-nine, one hundred forty-one, one hundred forty-three, one hundred  
40 forty-four, one hundred fifty-six or one hundred fifty-nine of the  
41 education law or article thirty-seven-B or title two-A of article two of  
42 this chapter, one or more of whom receives payment under the program and  
43 whose total aggregate monthly remuneration from such program is in  
44 excess of five thousand dollars for any one month during the preceding  
45 twelve months, (a) practice their professions at a common physical  
46 location; and (b) share (i) common waiting areas, examining rooms,  
47 treatment rooms or other space, or (ii) the services of supporting  
48 staff, or (iii) equipment; and (c) a person, whether such person is a  
49 practitioner or not, is in charge of, controls, manages or supervises  
50 substantial aspects of the arrangement or operation for the delivery of  
51 health or medical services at said common physical location, other than  
52 the direct furnishing of professional services by the practitioners to  
53 their patients, or a person makes available to the practitioners the  
54 services of supporting staff who are not employees of the practitioners.  
55 "Shared health facility" does not mean or include practitioners practicing  
56 their profession as a partnership provided that members of the

1 supporting staff are employees of such legal entity and if there is an  
2 office manager, or person with similar title, [~~he is~~] they are an  
3 employee of the legal entity whose compensation is customary and not  
4 excessive for such services and there is no person described in para-  
5 graph (c) of this subdivision. "Shared health facility" does not mean or  
6 include any entity organized pursuant to the provisions of article twen-  
7 ty-eight of this chapter or operating under a certificate issued pursu-  
8 ant to the provisions of article thirteen of the mental hygiene law; nor  
9 shall it mean or include a facility wherein ambulatory medical services  
10 are provided by an organized group of physicians pursuant to an arrange-  
11 ment between such group and a health services corporation operating  
12 under article forty-three of the insurance law or a health maintenance  
13 organization operating under article forty-four of the public health  
14 law, and where the health services corporation or the health maintenance  
15 organization is reimbursed on a prepaid capitation basis for the  
16 provision of health care services under New York state's medical assist-  
17 ance program.

18 § 90. Subdivision 12 of section 130.00 of the penal law, as added by  
19 chapter 1 of the laws of 2000, is amended to read as follows:

20 12. "Health care provider" means any person who is, or is required to  
21 be, licensed or registered or holds [~~himself or herself~~] themselves out to  
22 be licensed or registered, or provides services as if [~~he or she~~] they  
23 were licensed or registered in the profession of medicine, chiropractic,  
24 dentistry or podiatry under any of the following: article [~~one hundred~~  
25 ~~thirty-one,~~] one hundred thirty-two, one hundred thirty-three, or one  
26 hundred forty-one of the education law or article thirty-seven-B of the  
27 public health law.

28 § 91. Subparagraph (iv) of paragraph (a) of subdivision 5 of section  
29 1750-b of the surrogate's court procedure act, as amended by chapter 198  
30 of the laws of 2016, is amended to read as follows:

31 (iv) any other health care practitioner providing services to the  
32 person who is intellectually disabled, who is licensed pursuant to arti-  
33 cle [~~one hundred thirty-one, one hundred thirty-one-B,~~] one hundred  
34 thirty-two, one hundred thirty-three, one hundred thirty-six, one  
35 hundred thirty-nine, one hundred forty-one, one hundred forty-three, one  
36 hundred forty-four, one hundred fifty-three, one hundred fifty-four, one  
37 hundred fifty-six, one hundred fifty-nine or one hundred sixty-four of  
38 the education law or article thirty-seven or thirty-seven-B of the  
39 public health law; or

40 § 92. Subdivision 22 of section 201 of the workers' compensation law,  
41 as added by section 2 of part SS of chapter 54 of the laws of 2016, is  
42 amended to read as follows:

43 22. "Health care provider" shall mean for the purpose of family leave,  
44 a person licensed under article [~~one hundred thirty-one, one hundred~~  
45 ~~thirty-one-B,~~] one hundred thirty-two, one hundred thirty-three, one  
46 hundred thirty-six, one hundred thirty-nine, one hundred forty-one, one  
47 hundred forty-three, one hundred forty-four, one hundred fifty-three,  
48 one hundred fifty-four, one hundred fifty-six or one hundred fifty-nine  
49 of the education law or a person licensed under article thirty-seven or  
50 thirty-seven-B of the public health law, article one hundred forty of  
51 the education law or article one hundred sixty-three of the education  
52 law.

53 § 93. Subdivision b of section 17-357 of the administrative code of  
54 the city of New York, as added by local law number 12 of the city of New  
55 York for the year 1997, is amended to read as follows:

b. The provisions of this subchapter shall not apply to a physician licensed under article ~~[one hundred thirty-one]~~ thirty-seven-B of the New York state ~~[education]~~ public health law.

§ 94. Subdivision e of section 20-815 of the administrative code of the city of New York, as added by local law number 17 of the city of New York for the year 2011, is amended to read as follows:

e. "Licensed medical provider" shall mean a person licensed or otherwise authorized under the provisions of articles ~~[one hundred thirty-one, one hundred thirty-one-a, one hundred thirty-one-b,]~~ one hundred thirty-nine or one hundred forty of the education law of New York or article thirty-seven, thirty-seven-B, or title two-A of article two of the public health law of New York, to provide medical services.

§ 95. Subparagraph (xvi) of paragraph (d) of subdivision 1 of section 160.57 of the criminal procedure law, as added by chapter 631 of the laws of 2023, is amended to read as follows:

(xvi) the state education department for the purposes of investigating professional misconduct as defined in subparagraph (i) of paragraph (a) of subdivision five of section sixty-five hundred nine of the education law, consideration of restoration of a professional license pursuant to section sixty-five hundred eleven of the education law, or determinations for issuing a license to practice a profession or issuing certificates and privileges for which prior licensure is required, for the professions under articles ~~[one hundred thirty-one, one hundred thirty-one-b,]~~ one hundred thirty-two, one hundred thirty-three, one hundred thirty-four, one hundred thirty-five, one hundred thirty-six, one hundred thirty-seven, one hundred thirty-nine, one hundred forty, one hundred forty-one, one hundred forty-three, one hundred forty-four, one hundred forty-five, one hundred forty-seven, one hundred forty-nine, one hundred fifty-three, one hundred fifty-four, one hundred fifty-five, one hundred fifty-six, one hundred fifty-seven, one hundred fifty-nine, one hundred sixty, one hundred sixty-two, one hundred sixty-three, one hundred sixty-four, and one hundred sixty-seven as such professions are defined in title eight of the education law, provided that the state education department certifies to the division of criminal justice services that it is investigating an individual licensed to practice a profession pursuant to article one hundred thirty of the education law for professional misconduct as defined in paragraph (a) of subdivision five of section sixty-five hundred nine of the education law, considering restoration of a professional license pursuant to section sixty-five hundred eleven of the education law, or making a determination for issuing a license to practice a profession or issuing certificates and privileges for which prior licensure is required as appropriate. Provided, further, that the board of regents may consider any prior conviction that formed the basis of a determination of the board of regents in a disciplinary proceeding pursuant to section sixty-five hundred ten of the education law and the rules and regulations promulgated pursuant thereto in an application for reconsideration, even if such conviction later becomes sealed pursuant to this section; and

§ 96. Transfer of employees. Notwithstanding any other provision of law, rule, or regulation to the contrary, upon the transfer of any functions from the state education department to the department of health for the administration, regulation, and control of professional entities established under the business corporation law, the limited liability company law or the partnership law for the provision of medical services, employees performing those functions shall be transferred to the department of health pursuant to subdivision 2 of section 70 of the

1 civil service law. Employees transferred pursuant to this section shall  
2 be transferred without further examination or qualification and shall  
3 retain their respective civil service classifications, status and  
4 collective bargaining unit designations and collective bargaining agree-  
5 ments.

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

13 § 98. Transfer of records. All books, papers and property of the state  
14 education department with respect to the functions, powers and duties  
15 transferred by this act are to be delivered to the appropriate offices  
16 within the department of health, at such place and time, and in such  
17 manner as the department of health requires.

18 § 99. Continuity of authority. For the purpose of all functions,  
19 powers, duties and obligations of the state education department trans-  
20 ferred to and assumed by the department of health, the department of  
21 health shall continue the operation of the provisions previously done by  
22 the state education department, pursuant to this act.

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

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

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

43 § 103. Existing rights and remedies preserved. No existing right or  
44 remedy of any character shall be lost, impaired or affected by reason of  
45 this act.

46 § 104. Pending actions or proceedings. No action or proceeding pending  
47 at the time when this act shall take effect relating to the functions,  
48 powers and duties of the state education department transferred pursuant  
49 to this act, brought by or against the state education department or  
50 board of regents shall be affected by any provision of this act, but the  
51 same may be prosecuted or defended in the name of the commissioner of  
52 the department of health. In all such actions and proceedings, the  
53 commissioner of health, upon application to the court, shall be substi-  
54 tuted as a party.

55 § 105. Transfer of appropriations heretofore made to the state educa-  
56 tion department. Upon the transfer pursuant to this act of the functions

1 and powers possessed by and of the obligations and duties of the educa-  
2 tion department, all appropriations and reappropriations which shall  
3 have been made available as of the date of such transfer to the educa-  
4 tion department, or segregated pursuant to law, to the extent of remain-  
5 ing unexpended or unencumbered balances thereof, whether allocated or  
6 unallocated and whether obligated or unobligated, shall be transferred  
7 to and made available for use and expenditure by the department of  
8 health and shall be payable on vouchers certified or approved by the  
9 commissioner of taxation and finance, on audit and warrant of the comp-  
10 troller. Payments of liabilities for expenses of personnel services,  
11 maintenance and operation which shall have been incurred as of the date  
12 of such transfer by the education department, and for liabilities  
13 incurred and to be incurred in completing its affairs, shall also be  
14 made on vouchers certified or approved by the commissioner of education  
15 on audit and warrant of the comptroller.

16 § 106. This act shall take effect January 1, 2026, provided, however,  
17 that paragraph (b) of subdivision 2 of section 3702 of the public health  
18 law as added by section nine of this act shall take effect one year  
19 after it shall have become a law; provided, further, that the amendments  
20 to paragraph (a) of subdivision 10 of section 230 of the public health  
21 law made by section thirty-eight of this act shall not affect the expi-  
22 ration of such paragraph and shall be deemed to expire therewith;  
23 provided, further, that the amendments to subdivision 4 of section  
24 2995-a of the public health law made by section forty-two-a of this act  
25 shall take effect on the same date and in the same manner as section 2  
26 of chapter 572 of the laws of 2024, takes effect. Effective immediately,  
27 the addition, amendment and/or repeal of any rule or regulation neces-  
28 sary for the implementation of this act on its effective date are  
29 authorized to be made and completed on or before such date.

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

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

45 PART W

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

49 ARTICLE 170

50 NURSE LICENSURE COMPACT

51 Section 8900. Nurse licensure compact.

52 8901. Findings and declaration of purpose.

53 8902. Definitions.

54 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 as revocation, suspension, probation, monitoring of the licensee, limi-

1 tation on the licensee's practice, or any other encumbrance on licensure  
2 affecting a nurse's authorization to practice, including issuance of a  
3 cease and desist action.

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

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

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

13 e. "Current significant investigative information" means:

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

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

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

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

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

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

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

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

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

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

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

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

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

53 § 8903. General provisions and jurisdiction. 1. General provisions and  
54 jurisdiction. a. A multistate license to practice registered or licensed  
55 practical/vocational nursing issued by a home state to a resident in  
56 that state will be recognized by each party state as authorizing a nurse

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

54 e. A nurse practicing in a party state shall comply with the state  
55 practice laws of the state in which the client is located at the time  
56 service is provided. The practice of nursing is not limited to patient

1 care but shall include all nursing practice as defined by the state  
2 practice laws of the party state in which the client is located. The  
3 practice of nursing in a party state under a multistate licensure privi-  
4 lege will subject a nurse to the jurisdiction of the licensing board,  
5 the courts and the laws of the party state in which the client is  
6 located at the time service is provided.

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

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

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

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

27 § 8904. Applications for licensure in a party state. 1. Applications  
28 for licensure in a party state. a. Upon application for a multistate  
29 license, the licensing board in the issuing party state shall ascertain,  
30 through the coordinated licensure information system, whether the appli-  
31 cant has ever held, or is the holder of, a license issued by any other  
32 state, whether there are any encumbrances on any license or multistate  
33 licensure privilege held by the applicant, whether any adverse action  
34 has been taken against any license or multistate licensure privilege  
35 held by the applicant and whether the applicant is currently participat-  
36 ing in an alternative program.

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

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

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

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

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

53 § 8905. Additional authorities invested in party state licensing  
54 boards. 1. Licensing board authority. In addition to the other powers  
55 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

appropriate to carry out the purposes and exercise the powers of this compact, including but not limited to:

i. Establishing the fiscal year of the commission;

ii. Providing reasonable standards and procedures:

(1) For the establishment and meetings of other committees; and

(2) Governing any general or specific delegation of any authority or function of the commission;

iii. Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;

iv. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the commission;

v. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the commission; and

vi. Providing a mechanism for winding up the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of this compact after the payment or reserving of all of its debts and obligations.

6. General provisions. a. The commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the website of the commission.

b. The commission shall maintain its financial records in accordance with the bylaws.

c. The commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

7. Powers of the commission. The commission shall have the following powers:

a. To promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all party states;

b. To bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any licensing board to sue or be sued under applicable law shall not be affected;

c. To purchase and maintain insurance and bonds;

d. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a party state or nonprofit organizations;

e. To cooperate with other organizations that administer state compacts related to the regulation of nursing, including but not limited to sharing administrative or staff expenses, office space or other resources;

f. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this compact, and to establish the commission's personnel policies and programs relating to conflicts of interest, qualifications 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 year, as amended by section 1 of part EE of chapter 57 of the laws of  
2 2023, is amended to read as follows:  
3 1-a. sections seventy-three through eighty-a shall expire and be  
4 deemed repealed December 31, ~~2025~~ 2027;  
5 § 2. This act shall take effect immediately and shall be deemed to  
6 have been in full force and effect on and after April 1, 2025.

7 PART DD

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

11 (a) For the purposes of this section, the word "minor" shall mean a  
12 person under eighteen years of age, but does not include a person who is  
13 the parent of a child or has married or who is emancipated, or is a  
14 homeless youth, as defined in section five hundred thirty-two-a of the  
15 executive law, or receives services at an approved runaway and homeless  
16 youth crisis services program or a transitional independent living  
17 support program as defined in section five hundred thirty-two-a of the  
18 executive law.

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

22 (1) "minor" shall mean a person under eighteen years of age, but shall  
23 not include a person who is the parent of a child, emancipated, has  
24 married or is on voluntary status on ~~his or her~~ their own application  
25 pursuant to section 9.13 of this chapter, or is a homeless youth, as  
26 defined in section five hundred thirty-two-a of the executive law, or  
27 receives services at an approved runaway and homeless youth crisis  
28 services program or a transitional independent living support program as  
29 defined in section five hundred thirty-two-a of the executive law;

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

33 1. Any person who is eighteen years of age or older, or is the parent  
34 of a child or has married, or is a homeless youth as defined in section  
35 five hundred thirty-two-a of the executive law, or receives services at  
36 an approved runaway and homeless youth crisis services program or a  
37 transitional independent living support program as defined in section  
38 five hundred thirty-two-a of the executive law, may give effective  
39 consent for medical, dental, health and hospital services, including  
40 behavioral health services, for themselves, and the consent of no other  
41 person shall be necessary.

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

44 PART EE

45 Section 1. The second and third undesignated paragraphs of section  
46 9.01 of the mental hygiene law, as amended by chapter 723 of the laws of  
47 1989, are amended to read as follows:

48 "in need of involuntary care and treatment" means that a person has a  
49 mental illness for which care and treatment as a patient in a hospital  
50 is essential to such person's welfare and whose judgment is so impaired  
51 that ~~he~~ the person is unable to understand the need for such care and  
52 treatment.

1 "likelihood to result in serious harm" or "likely to result in serious  
2 harm" means (a) a substantial risk of physical harm to the person as  
3 manifested by threats of or attempts at suicide or serious bodily harm  
4 or other conduct demonstrating that the person is dangerous to [~~himself~~  
5 ~~or herself~~] themselves, or (b) a substantial risk of physical harm to  
6 other persons as manifested by homicidal or other violent behavior by  
7 which others are placed in reasonable fear of serious physical harm, or  
8 (c) a substantial risk of physical harm to the person due to an inability  
9 or refusal, as a result of their mental illness, to provide for their  
10 own essential needs such as food, clothing, medical care, safety, or  
11 shelter.

12 § 2. The mental hygiene law is amended by adding a new section 9.04 to  
13 read as follows:

14 § 9.04 Clinical determination of likelihood to result in serious harm.

15 In making a clinical determination of whether a person's mental  
16 illness is likely to result in serious harm to self or others, the eval-  
17 uating clinician shall review:

- 18 1. medical records available to the evaluating clinician;
- 19 2. all credible reports of the person's recent behavior;
- 20 3. any credible, known information related to the person's medical and  
21 behavioral history; and
- 22 4. any other available relevant information.

23 § 3. Subdivisions (a), (d), (e), and (i) of section 9.27 of the mental  
24 hygiene law, as renumbered by chapter 978 of the laws of 1977 and subdi-  
25 vision (i) as amended by chapter 847 of the laws of 1987, are amended to  
26 read as follows:

27 (a) The director of a hospital may receive and retain therein as a  
28 patient any person alleged to be mentally ill and in need of involuntary  
29 care and treatment upon the [~~certificate~~] certificates of two examining  
30 physicians, or upon the certificates of an examining physician and a  
31 psychiatric nurse practitioner. Such certificates shall be accompanied  
32 by an application for the admission of such person. The examination may  
33 be conducted jointly but each [~~examining physician~~] certifying practi-  
34 tioner shall execute a separate certificate.

35 (d) Before an examining physician or psychiatric nurse practitioner  
36 completes the certificate of examination of a person for involuntary  
37 care and treatment, [~~he~~] they shall consider alternative forms of care  
38 and treatment that might be adequate to provide for the person's needs  
39 without requiring involuntary hospitalization. If the examining physi-  
40 cian or psychiatric nurse practitioner knows that the person [~~he is~~]  
41 they are examining for involuntary care and treatment has been under  
42 prior treatment, [~~he~~] they shall, insofar as possible, consult with the  
43 physician or psychologist furnishing such prior treatment prior to  
44 completing [~~his~~] their certificate. Nothing in this section shall  
45 prohibit or invalidate any involuntary admission made in accordance with  
46 the provisions of this chapter.

47 (e) The director of the hospital where such person is brought shall  
48 cause such person to be examined forthwith by a physician who shall be a  
49 member of the psychiatric staff of such hospital other than the original  
50 examining physicians or psychiatric nurse practitioner whose certificate  
51 or certificates accompanied the application and, if such person is found  
52 to be in need of involuntary care and treatment, [~~he~~] they may be admit-  
53 ted thereto as a patient as herein provided.

54 (i) After an application for the admission of a person has been  
55 completed and both [~~physicians~~] certifying practitioners have examined  
56 such person and separately certified that [~~he or she~~] such person is

1 mentally ill and in need of involuntary care and treatment in a hospi-  
2 tal, either ~~[physician]~~ certifying practitioner is authorized to request  
3 peace officers, when acting pursuant to their special duties, or police  
4 officers, who are members of an authorized police department or force or  
5 of a sheriff's department, to take into custody and transport such  
6 person to a hospital for determination by the director whether such  
7 person qualifies for admission pursuant to this section. Upon the  
8 request of either ~~[physician]~~ certifying practitioner, an ambulance  
9 service, as defined by subdivision two of section three thousand one of  
10 the public health law, is authorized to transport such person to a  
11 hospital for determination by the director whether such person qualifies  
12 for admission pursuant to this section.

13 § 4. Subsection (a) of section 9.37 of the mental hygiene law, as  
14 renumbered by chapter 978 of the laws of 1977, is amended to read as  
15 follows:

16 (a) The director of a hospital, upon application by a director of  
17 community services or an examining physician duly designated by ~~[him]~~  
18 them, may receive and care for in such hospital as a patient any person  
19 who, in the opinion of the director of community services or ~~[his]~~ their  
20 designee, has a mental illness for which immediate inpatient care and  
21 treatment in a hospital is appropriate and which is likely to result in  
22 serious harm to ~~[himself]~~ themselves or others; "likelihood of serious  
23 harm" shall mean:

24 1. substantial risk of physical harm to ~~[himself]~~ themselves as mani-  
25 fested by threats of or attempts at suicide or serious bodily harm or  
26 other conduct demonstrating that ~~[he is]~~ they are dangerous to ~~[himself]~~  
27 themselves, or

28 2. a substantial risk of physical harm to other persons as manifested  
29 by homicidal or other violent behavior by which others are placed in  
30 reasonable fear or serious physical harm~~[-]~~; or

31 3. a substantial risk of physical harm to the person due to an inabil-  
32 ity or refusal, as a result of their mental illness, to provide for  
33 their own essential needs such as food, clothing, medical care, safety,  
34 or shelter.

35 The need for immediate hospitalization shall be confirmed by a staff  
36 physician of the hospital prior to admission. Within seventy-two hours,  
37 excluding Sunday and holidays, after such admission, if such patient is  
38 to be retained for care and treatment beyond such time and ~~[he does]~~  
39 they do not agree to remain in such hospital as a voluntary patient, the  
40 certificate of another examining physician who is a member of the  
41 psychiatric staff of the hospital that the patient is in need of invol-  
42 untary care and treatment shall be filed with the hospital. From the  
43 time of ~~[his]~~ their admission under this section the retention of such  
44 patient for care and treatment shall be subject to the provisions for  
45 notice, hearing, review, and judicial approval of continued retention or  
46 transfer and continued retention provided by this article for the admis-  
47 sion and retention of involuntary patients, provided that, for the  
48 purposes of such provisions, the date of admission of the patient shall  
49 be deemed to be the date when the patient was first received in the  
50 hospital under this section.

51 § 5. Subsection (a) of section 9.39 of the mental hygiene law, as  
52 amended by chapter 789 of the laws of 1985, is amended to read as  
53 follows:

54 (a) The director of any hospital maintaining adequate staff and facil-  
55 ities for the observation, examination, care, and treatment of persons  
56 alleged to be mentally ill and approved by the commissioner to receive

1 and retain patients pursuant to this section may receive and retain  
2 therein as a patient for a period of fifteen days any person alleged to  
3 have a mental illness for which immediate observation, care, and treat-  
4 ment in a hospital is appropriate and which is likely to result in seri-  
5 ous harm to [~~himself~~] themselves or others. "Likelihood to result in seri-  
6 ous harm" as used in this article shall mean:

7 1. substantial risk of physical harm to [~~himself~~] themselves as mani-  
8 fested by threats of or attempts at suicide or serious bodily harm or  
9 other conduct demonstrating that [~~he is~~] they are dangerous to [~~himself~~]  
10 themselves, or

11 2. a substantial risk of physical harm to other persons as manifested  
12 by homicidal or other violent behavior by which others are placed in  
13 reasonable fear of serious physical harm[~~7~~], or

14 3. a substantial risk of physical harm to the person due to an inabil-  
15 ity or refusal, as a result of their mental illness, to provide for  
16 their own essential needs such as food, clothing, medical care, safety,  
17 or shelter.

18 § 6. Subdivision (a) of section 9.45 of the mental hygiene law, as  
19 amended by section 6 of part AA of chapter 57 of the laws of 2021, is  
20 amended to read as follows:

21 (a) The director of community services or the director's designee  
22 shall have the power to direct the removal of any person, within [~~his or~~  
23 ~~her~~] their jurisdiction, to a hospital approved by the commissioner  
24 pursuant to subdivision (a) of section 9.39 of this article, or to a  
25 comprehensive psychiatric emergency program pursuant to subdivision (a)  
26 of section 9.40 of this article, if the parent, adult sibling, spouse  
27 [~~or~~], domestic partner as defined in section twenty-nine hundred nine-  
28 ty-four-a of the public health law, child of the person, cohabitant of  
29 the person's residential unit, the committee or legal guardian of the  
30 person, a licensed psychologist, registered professional nurse or certi-  
31 fied social worker currently responsible for providing treatment  
32 services to the person, a supportive or intensive case manager currently  
33 assigned to the person by a case management program which program is  
34 approved by the office of mental health for the purpose of reporting  
35 under this section, a licensed physician, health officer, peace officer  
36 or police officer reports to [~~him or her~~] the director of community  
37 services or the director's designee that such person has a mental  
38 illness for which immediate care and treatment is appropriate and  
39 [~~which~~] that is likely to result in serious harm to [~~himself or herself~~]  
40 self or others. It shall be the duty of peace officers, when acting  
41 pursuant to their special duties, or police officers[~~7~~] who are members  
42 of an authorized police department, or force or of a sheriff's depart-  
43 ment to assist representatives of such director to take into custody and  
44 transport any such person. Upon the request of a director of community  
45 services or the director's designee, an ambulance service, as defined in  
46 subdivision two of section three thousand one of the public health law,  
47 is authorized to transport any such person. Such person may then be  
48 retained in a hospital pursuant to the provisions of section 9.39 of  
49 this article or in a comprehensive psychiatric emergency program pursu-  
50 ant to the provisions of section 9.40 of this article.

51 § 7. Subparagraph (iii) of paragraph 4 and paragraph 7 of subdivision  
52 (c), subparagraph (ii) of paragraph 1 of subdivision (e), paragraph 2 of  
53 subdivision (h), and paragraph 3 of subdivision (i) of section 9.60 of  
54 the mental hygiene law, as amended by chapter 158 of the laws of 2005,  
55 and subparagraph (iii) of paragraph 4 of subdivision (c) and paragraph 2

1 of subdivision (h) as amended by section 2 of subpart H of part UU of  
2 chapter 56 of the laws of 2022, are amended to read as follows:

3 (iii) notwithstanding subparagraphs (i) and (ii) of this paragraph,  
4 resulted in the issuance of a court order for assisted outpatient treat-  
5 ment ~~[which]~~ that has expired within the last six months, and since the  
6 expiration of the order~~[7]; (a) the person has experienced a substantial~~  
7 increase in symptoms of mental illness ~~[and such symptoms]~~ that substan-  
8 tially interferes with or limits ~~[one or more major life activities as~~  
9 ~~determined by a director of community services who previously was~~  
10 ~~required to coordinate and monitor the care of any individual who was~~  
11 ~~subject to such expired assisted outpatient treatment order. The appli-~~  
12 ~~cable director of community services or their designee shall arrange for~~  
13 ~~the individual to be evaluated by a physician. If the physician deter-~~  
14 ~~mines court ordered services are clinically necessary and the least~~  
15 ~~restrictive option, the director of community services may initiate a~~  
16 ~~court proceeding.]~~ the person's ability to maintain their health or  
17 safety; or (b) the person, due to a lack of compliance with recommended  
18 treatment, has received emergency treatment or inpatient care or has  
19 been incarcerated;

20 (7) is likely to benefit from assisted outpatient treatment. Previous  
21 non-compliance with court oversight or mandated treatment shall not  
22 preclude a finding that the person is likely to benefit from assisted  
23 outpatient treatment.

24 (ii) the parent, spouse, domestic partner, sibling eighteen years of  
25 age or older, or child eighteen years of age or older of the subject of  
26 the petition; or

27 (2) The court shall not order assisted outpatient treatment unless an  
28 examining physician, who recommends assisted outpatient treatment and  
29 has personally examined the subject of the petition no more than ten  
30 days before the filing of the petition, testifies in person or by video-  
31 conference at the hearing. ~~[Provided however, a physician shall only be~~  
32 ~~authorized to testify by video conference when it has been: (i) shown~~  
33 ~~that diligent efforts have been made to attend such hearing in person~~  
34 ~~and the subject of the petition consents to the physician testifying by~~  
35 ~~video conference; or (ii) the court orders the physician to testify by~~  
36 ~~video conference upon a finding of good cause.]~~ Such physician shall  
37 state the facts and clinical determinations which support the allegation  
38 that the subject of the petition meets each of the criteria for assisted  
39 outpatient treatment.

40 (3) The court shall not order assisted outpatient treatment unless a  
41 physician appearing on behalf of a director testifies in person or by  
42 video conference to explain the written proposed treatment plan. Such  
43 physician shall state the categories of assisted outpatient treatment  
44 recommended, the rationale for each such category, facts which establish  
45 that such treatment is the least restrictive alternative, and, if the  
46 recommended assisted outpatient treatment plan includes medication, such  
47 physician shall state the types or classes of medication recommended,  
48 the beneficial and detrimental physical and mental effects of such medi-  
49 cation, and whether such medication should be self-administered or  
50 administered by an authorized professional. If the subject of the peti-  
51 tion has executed a health care proxy, such physician shall state the  
52 consideration given to any directions included in such proxy in develop-  
53 ing the written treatment plan. If a director is the petitioner, testi-  
54 mony pursuant to this paragraph shall be given at the hearing on the  
55 petition. If a person other than a director is the petitioner, such

1 testimony shall be given on the date set by the court pursuant to para-  
2 graph three of subdivision (j) of this section.

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

5 § 9.64 Notice of admission determination to community provider.

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

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

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

41 § 10. This act shall take effect ninety days after it shall have  
42 become a law; provided, however, section four of this act shall take  
43 effect on the same date as the reversion of subsection (a) of section  
44 9.37 of the mental hygiene law as provided in section 21 of chapter 723  
45 of the laws of 1989, as amended; provided further, however, the amend-  
46 ments to section 9.45 of the mental hygiene law made by section six of  
47 this act shall not affect the repeal of such section and shall be deemed  
48 repealed therewith; and provided further, however, the amendments to  
49 section 9.60 of the mental hygiene law made by section seven of this act  
50 shall not affect the repeal of such section and shall be deemed repealed  
51 therewith.

52 PART FF

53 Section 1. 1. Subject to available appropriations and approval of the  
54 director of the budget, the commissioners of the office of mental

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

13 2. Notwithstanding any inconsistent provision of law, subject to the  
14 approval of the director of the budget and available appropriations  
15 therefor, for the period of April 1, 2025 through March 31, 2026, the  
16 commissioners shall provide funding to support a two and one-tenth  
17 percent (2.1%) targeted inflationary increase under this section for all  
18 eligible programs and services as determined pursuant to subdivision  
19 four of this section.

20 3. Notwithstanding any inconsistent provision of law, and as approved  
21 by the director of the budget, the 2.1 percent targeted inflationary  
22 increase established herein shall be inclusive of all other inflationary  
23 increases, cost of living type increases, inflation factors, or trend  
24 factors that are newly applied effective April 1, 2025. Except for the  
25 2.1 percent targeted inflationary increase established herein, for the  
26 period commencing on April 1, 2025 and ending March 31, 2026 the commis-  
27 sioners shall not apply any other new targeted inflationary increases or  
28 cost of living adjustments for the purpose of establishing rates of  
29 payments, contracts or any other form of reimbursement. The phrase "all  
30 other inflationary increases, cost of living type increases, inflation  
31 factors, or trend factors" as defined in this subdivision shall not  
32 include payments made pursuant to the American Rescue Plan Act or other  
33 federal relief programs related to the Coronavirus Disease 2019 (COVID-  
34 19) pandemic public health emergency. This subdivision shall not  
35 prevent the office of children and family services from applying addi-  
36 tional trend factors or staff retention factors to eligible programs and  
37 services under paragraph (v) of subdivision four of this section.

38 4. Eligible programs and services. (i) Programs and services funded,  
39 licensed, or certified by the office of mental health (OMH) eligible for  
40 the targeted inflationary increase established herein, pending federal  
41 approval where applicable, include: office of mental health licensed  
42 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of  
43 the office of mental health regulations including clinic (mental health  
44 outpatient treatment and rehabilitative services programs), continuing  
45 day treatment, day treatment, intensive outpatient programs and partial  
46 hospitalization; outreach; crisis residence; crisis stabilization,  
47 crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric  
48 emergency program services; crisis intervention; home based crisis  
49 intervention; family care; supported single room occupancy; supported  
50 housing programs/services excluding rent; treatment congregate;  
51 supported congregate; community residence - children and youth;  
52 treatment/apartment; supported apartment; community residence single  
53 room occupancy; on-site rehabilitation; employment programs; recreation;  
54 respite care; transportation; psychosocial club; assertive community  
55 treatment; case management; care coordination, including health home  
56 plus services; local government unit administration; monitoring and

1 evaluation; children and youth vocational services; single point of  
2 access; school-based mental health program; family support children and  
3 youth; advocacy/support services; drop in centers; recovery centers;  
4 transition management services; bridger; home and community based waiver  
5 services; behavioral health waiver services authorized pursuant to the  
6 section 1115 MRT waiver; self-help programs; consumer service dollars;  
7 conference of local mental hygiene directors; multicultural initiative;  
8 ongoing integrated supported employment services; supported education;  
9 mentally ill/chemical abuse (MICA) network; personalized recovery  
10 oriented services; children and family treatment and support services;  
11 residential treatment facilities operating pursuant to part 584 of title  
12 14-NYCRR; geriatric demonstration programs; community-based mental  
13 health family treatment and support; coordinated children's service  
14 initiative; homeless services; and promise zones.

15 (ii) Programs and services funded, licensed, or certified by the  
16 office for people with developmental disabilities (OPWDD) eligible for  
17 the targeted inflationary increase established herein, pending federal  
18 approval where applicable, include: local/unified services; chapter 620  
19 services; voluntary operated community residential services; article 16  
20 clinics; day treatment services; family support services; 100% day  
21 training; epilepsy services; traumatic brain injury services; hepatitis  
22 B services; independent practitioner services for individuals with  
23 intellectual and/or developmental disabilities; crisis services for  
24 individuals with intellectual and/or developmental disabilities; family  
25 care residential habilitation; supervised residential habilitation;  
26 supportive residential habilitation; respite; day habilitation; prevoca-  
27 tional services; supported employment; community habilitation; interme-  
28 diate care facility day and residential services; specialty hospital;  
29 pathways to employment; intensive behavioral services; community transi-  
30 tion services; family education and training; fiscal intermediary;  
31 support broker; and personal resource accounts.

32 (iii) Programs and services funded, licensed, or certified by the  
33 office of addiction services and supports (OASAS) eligible for the  
34 targeted inflationary increase established herein, pending federal  
35 approval where applicable, include: medically supervised withdrawal  
36 services - residential; medically supervised withdrawal services -  
37 outpatient; medically managed detoxification; inpatient rehabilitation  
38 services; outpatient opioid treatment; residential opioid treatment;  
39 residential opioid treatment to abstinence; problem gambling treatment;  
40 medically supervised outpatient; outpatient rehabilitation; specialized  
41 services substance abuse programs; home and community based waiver  
42 services pursuant to subdivision 9 of section 366 of the social services  
43 law; children and family treatment and support services; continuum of  
44 care rental assistance case management; NY/NY III post-treatment hous-  
45 ing; NY/NY III housing for persons at risk for homelessness; permanent  
46 supported housing; youth clubhouse; recovery community centers; recovery  
47 community organizing initiative; residential rehabilitation services for  
48 youth (RRSY); intensive residential; community residential; supportive  
49 living; residential services; job placement initiative; case management;  
50 family support navigator; local government unit administration; peer  
51 engagement; vocational rehabilitation; HIV early intervention services;  
52 dual diagnosis coordinator; problem gambling resource centers; problem  
53 gambling prevention; prevention resource centers; primary prevention  
54 services; other prevention services; comprehensive outpatient clinic;  
55 jail-based supports; and regional addiction resource centers.

(iv) Programs and services funded, licensed, or certified by the office of temporary and disability assistance (OTDA) eligible for the targeted inflationary increase established herein, pending federal approval where applicable, include: the nutrition outreach and education program (NOEP).

(v) Programs and services funded, licensed, or certified by the office of children and family services (OCFS) eligible for the targeted inflationary increase established herein, pending federal approval where applicable, include: programs for which the office of children and family services establishes maximum state aid rates pursuant to section 398-a of the social services law and section 4003 of the education law; emergency foster homes; foster family boarding homes and therapeutic foster homes; supervised settings as defined by subdivision twenty-two of section 371 of the social services law; adoptive parents receiving adoption subsidy pursuant to section 453 of the social services law; and congregate and scattered supportive housing programs and supportive services provided under the NY/NY III supportive housing agreement to young adults leaving or having recently left foster care.

(vi) Programs and services funded, licensed, or certified by the state office for the aging (SOFA) eligible for the targeted inflationary increase established herein, pending federal approval where applicable, include: community services for the elderly; expanded in-home services for the elderly; and the wellness in nutrition program.

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

6. Notwithstanding any inconsistent provision of law to the contrary, agency commissioners shall be authorized to recoup funding from a local governmental unit or direct contract provider for the targeted inflationary increase established herein determined to have been used in a manner inconsistent with the appropriation, or any other provision of this section. Such agency commissioners shall be authorized to employ any legal mechanism to recoup such funds, including an offset of other funds that are owed to such local governmental unit or direct contract provider.

§ 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.

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

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