STATE OF NEW YORK

S. 3007--C A. 3007--C

SENATE - ASSEMBLY

January 22, 2025

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

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

AN ACT to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to general hospital reimbursement for annual rates, in relation to known and projected department of health state fund medicaid expenditures (Part A); to amend part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates, in relation to extending the expiration thereof; to amend chapter 942 of the laws of 1983 and chapter 541 of the laws of 1984 relating to foster family care demonstration programs, in relation to extending the expirations thereof; to amend chapter 256 of the laws of 1985, amending the social services law and other laws relating to foster family care demonstration programs, in relation to extending the expiration thereof; to amend part C of chapter 58 of the laws of 2009, amending the public health law relating to payment by governmental agencies for general hospital inpatient services, in relation to the effectiveness thereof; to amend chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential healthcare facilities, in relation to the effectiveness thereof; to amend the public health law, in relation to mobile integrated and community paramedicine; to amend section 2 of chapter 137 of the

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

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laws of 2023, amending the public health law relating to establishing a community-based paramedicine demonstration program, in relation to extending the effectiveness thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of certain provisions thereof; to amend part FFF of chapter 59 of the laws of 2018, amending the public health law relating to authorizing the commissioner of health to redeploy excess reserves of certain not-for-profit managed care organizations, in relation to the effectiveness thereof; to amend chapter 451 of the laws of 2007, amending the public health law, the social services law 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; 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; and to amend chapter 769 of the laws of 2023 amending the public

health law relating to the adult cystic fibrosis assistance program, in relation to the effectiveness thereof (Part B); intentionally omitted (Part C); to amend the public health law, in relation to supplemental hospital payments (Part D); to amend the social services law, in relation to shifting long-term nursing home stays from managed care to fee for service, and authorizing penalties for managed care plans that do not meet contractual obligations (Part E); to amend the public health law, in relation to establishing a tax on managed care providers; to amend the state finance law, in relation to the healthcare stability fund; 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); intentionally omitted (Part H); to amend the public health law, in relation to eliminating the fees paid by funeral directors for permits for burials and removals which are used to support the electronic death registration system; and to repeal certain provisions of such law relating thereto (Part I); to amend the public health law, in relation to the due date for awards applied for under the statewide health care facility transformation III program (Part J); intentionally omitted (Part K); intentionally omitted (Part L); to amend the public health law, in relation to requiring general hospitals to report community benefit spending (Part M); intentionally omitted (Part N); intentionally omitted (Part O); to amend the public health law, in relation to requiring hospitals to provide stabilizing care to pregnant individuals; and to repeal section 2803-o-1 of the public health law, relating to required protocols for fetal demise (Part P); to amend the social services law, in relation to establishing increased coverage of care as well as availability of care for infertility treatments; and to amend 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 a program to provide grants to health care providers for improving access to infertility (Part Q); intentionally omitted (Part R); intentionally omitted (Part S); to amend the public health law, in relation to requiring hospitals to maintain sexual assault forensic examiners at their facilities; and to amend the executive law, in relation to making technical corrections thereto (Part T); intentionally omitted (Part U); intentionally omitted (Part V); intentionally omitted (Part W); intentionally omitted (Part X); intentionally omitted (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; and to amend chapter 91 of the laws of 2023 amending the state finance law relating

to establishing a threshold for the amount of work needed to be performed by a preferred source which is an approved charitable non-profit-making agency for the blind, in relation to the effectiveness thereof (Part Z); to amend part NN of chapter 58 of the laws of 2015, amending the mental hygiene law relating to clarifying the authority of the commissioners in the department of mental hygiene to design and implement time-limited demonstration programs, in relation to the effectiveness thereof (Part AA); to amend part L of chapter 59 of the laws of 2016, amending the mental hygiene law relating to the appointment of temporary operators for the continued operation of programs and the provision of services for persons with serious mental illness and/or developmental disabilities and/or chemical dependence, in relation to the effectiveness thereof (Part BB); to amend part A of chapter 56 of the laws of 2013, amending the social services law and other laws relating to enacting the major components of legislation necessary to implement the health and mental hygiene budget for the 2013-2014 state fiscal year, in relation to the effectiveness of certain provisions thereof (Part CC); to amend the mental hygiene law and the public health law, in relation to adding homeless youth to the definition of minors for the purpose of consent for certain treatment (Part DD); to amend the mental hygiene law, in relation to involuntary admission and assisted outpatient treatment and establishing the behavioral health crisis technical assistance center; and to amend the executive law, the general municipal law, and the county law, in relation to required training and maintaining of records relating to persons dealing with mental health and substance use crises (Part EE); in relation to establishing a targeted inflationary increase for designated programs (Part FF); to amend the mental hygiene law, in relation to mental health incident review panels (Part GG); to amend the social services law, in relation to extending provisions of law relating to school-based health centers (Part HH); to amend the mental hygiene law, in relation to requiring any New York subdivision that directly received funds pursuant to a statewide opioid settlement agreement to post and submit to the office of addiction services and supports certain information relating to such funds (Part II); to amend the public health law, in relation to reporting pregnancy losses and clarifying which agencies are responsible for such reports; and providing for the repeal of certain provisions upon expiration thereof (Part JJ); to amend chapter 55 of the laws of 2022, amending the general municipal law and the town law relating to authorizing fees and charges for emergency medical services, in relation to the effectiveness thereof (Part KK); to amend the public authorities law, in relation to the Nassau health care corporation (Part LL); and to amend chapter 517 of the laws of 2016, amending the public health law relating to payments from the New York state medical indemnity fund, in relation to the effectiveness thereof (Part MM)

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

Section 1. This act enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2025-2026 state fiscal year. Each component is wholly contained within a Part identified as Parts A through MM. The effective date for each particular provision contained within such Part is set forth in the

last section of such Part. Any provision in any section contained within a Part, including the effective date of the Part, which makes a reference to a section "of this act", when used in connection with that particular component, shall be deemed to mean and refer to the corresponding section of the Part in which it is found. Section three of this act sets forth the general effective date of this act.

PART A

Section 1. Paragraph (a) of subdivision 1 of section 92 of 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, as amended by section 1 of part A of chapter 57 of the laws of 2024, is amended to read as follows:

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

§ 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 B

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

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

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

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

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

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

§ 4. Section 6 of chapter 256 of the laws of 1985, amending the social services law and other laws relating to foster family care demonstration programs, as amended by chapter 264 of the laws of 2021, is amended to 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. Intentionally omitted.

§ 6. Subdivision (f) of section 129 of part C of chapter 58 of the laws of 2009, amending the public health law relating to payment by governmental agencies for general hospital inpatient services, as

amended by section 2 of part CC of chapter 57 of the laws of 2022, is amended to read as follows:

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

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

(a) Notwithstanding any inconsistent provision of law or regulation to the contrary, effective beginning August 1, 1996, for the period April 1, 1997 through March 31, 1998, April 1, 1998 for the period April 1, 1998 through March 31, 1999, August 1, 1999, for the period April 1, 1999 through March 31, 2000, April 1, 2000, for the period April 1, 2000 through March 31, 2001, April 1, 2001, for the period April 1, 2001 through March 31, 2002, April 1, 2002, for the period April 1, 2002 through March 31, 2003, and for the state fiscal year beginning April 1, 2005 through March 31, 2006, and for the state fiscal year beginning April 1, 2006 through March 31, 2007, and for the state fiscal year beginning April 1, 2007 through March 31, 2008, and for the state fiscal year beginning April 1, 2008 through March 31, 2009, and for the state fiscal year beginning April 1, 2009 through March 31, 2010, and for the state fiscal year beginning April 1, 2010 through March 31, 2016, and for the state fiscal year beginning April 1, 2016 through March 31, 2019, and for the state fiscal year beginning April 1, 2019 through March 31, 2022, and for the state fiscal year beginning April 1, 2022 through March 31, 2025, **and for the state fiscal year beginning April 1, 2025 through March 31, 2028,** the department of health is authorized to pay public general hospitals, as defined in subdivision 10 of section 2801 of the public health law, operated by the state of New York or by the state university of New York or by a county, which shall not include a city with a population of over one million, of the state of New York, and those public general hospitals located in the county of Westchester, the county of Erie or the county of Nassau, additional payments for inpatient hospital services as medical assistance payments pursuant to title 11 of article 5 of the social services law for patients eligible for federal financial participation under title XIX of the federal social security act in medical assistance pursuant to the federal laws and regulations governing disproportionate share payments to hospitals up to one hundred percent of each such public general hospital's medical assistance and uninsured patient losses after all other medical assistance, including disproportionate share payments to such public general hospital for 1996, 1997, 1998, and 1999, based initially for 1996 on reported 1994 reconciled data as further reconciled to actual reported 1996 reconciled data, and for 1997 based initially on reported 1995 reconciled data as further reconciled to actual reported 1997 reconciled data, for 1998 based initially on reported 1995 reconciled data as further reconciled to actual reported 1998 reconciled data, for 1999 based initially on reported 1995 reconciled data as further reconciled to actual reported 1999 reconciled data, for 2000 based initially on reported 1995 reconciled data as further reconciled to actual reported 2000 data, for 2001 based initially on reported 1995 reconciled data as further reconciled to actual reported 2001 data, for 2002 based initially on reported 2000 reconciled data as further reconciled to actual reported 2002 data, and for state fiscal years beginning on April 1, 2005, based initially on reported 2000 reconciled data as further recon-

ciled to actual reported data for 2005, and for state fiscal years beginning on April 1, 2006, based initially on reported 2000 reconciled data as further reconciled to actual reported data for 2006, for state fiscal years beginning on and after April 1, 2007 through March 31, 2009, based initially on reported 2000 reconciled data as further reconciled to actual reported data for 2007 and 2008, respectively, for state fiscal years beginning on and after April 1, 2009, based initially on reported 2007 reconciled data, adjusted for authorized Medicaid rate changes applicable to the state fiscal year, and as further reconciled to actual reported data for 2009, for state fiscal years beginning on and after April 1, 2010, based initially on reported reconciled data from the base year two years prior to the payment year, adjusted for authorized Medicaid rate changes applicable to the state fiscal year, and further reconciled to actual reported data from such payment year, and to actual reported data for each respective succeeding year. The payments may be added to rates of payment or made as aggregate payments to an eligible public general hospital.

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

3. This program shall authorize mobile integrated and community paramedicine programs presently operating and approved by the department as of May eleventh, two thousand twenty-three, under the authority of Executive Order Number 4 of two thousand twenty-one, entitled "Declaring a Statewide Disaster Emergency Due to Healthcare staffing shortages in the State of New York" to continue in the same manner and capacity as currently approved for a period of [~~two~~] four years following the effective date of this section.

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

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

§ 9. Subdivision 12 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 chapter 161 of the laws 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~~] twenty-nine, 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~~] twenty-nine, 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~~] twenty-nine. 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~~] twenty-nine, 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,

(b) sections four through ten shall expire on June 30, [~~2025~~] **2029**, 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 on and after April 1, 2025 through March 31, 2029**;

§ 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 on and after April 1, 2025 through March 31, 2029.

§ 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~~] 2029, 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, 2026, 2027, 2028, and 2029 calendar years 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, 2026, 2027, 2028, and 2029 calendar years shall also be applied to rates of payment provided on and after January 1, 2017 through March 31, [~~2025~~] 2029 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~~] 2029, such trend factors attributable to the 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024 [~~and~~], 2025, 2026, 2027, 2028, and 2029 calendar years 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 on and after April 1, 2025 through March 31, 2029**;

§ 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 OOO 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~~] **2029**.

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

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

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

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

10. The department of health shall establish or procure the services of an independent assessor or assessors no later than October 1, 2022, in a manner and schedule as determined by the commissioner of health, to take over from local departments of social services, Medicaid Managed Care providers, and Medicaid managed long term care plans performance of assessments and reassessments required for determining individuals' needs for personal care services, including as provided through the consumer directed personal assistance program, and other services or programs available pursuant to the state's medical assistance program as determined by such commissioner for the purpose of improving efficiency, quality, and reliability in assessment and to determine individuals' eligibility for Medicaid managed long term care plans. Notwithstanding the provisions of section one hundred sixty-three of the state finance law, or sections one hundred forty-two and one hundred forty-three of

the economic development law, or any contrary provision of law, contracts may be entered or the commissioner may amend and extend the terms of a contract awarded prior to the effective date and entered into to conduct enrollment broker and conflict-free evaluation services for the Medicaid program, if such contract or contract amendment is for the purpose of procuring such assessment services from an independent assessor. Contracts entered into, amended, or extended pursuant to this subdivision shall not remain in force beyond September 30, [~~2025~~] 2028.

§ 26. Section 20 of 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, as amended by section 3 of part QQ of chapter 57 of the laws of 2022, is amended to read as follows:

§ 20. The department of health shall establish or procure services of an independent panel or panels of clinical professionals no later than October 1, 2022, in a manner and schedule as determined by the commissioner of health, to provide as appropriate independent physician or other applicable clinician orders for personal care services, including as provided through the consumer directed personal assistance program, available pursuant to the state's medical assistance program and to determine eligibility for the consumer directed personal assistance program. Notwithstanding the provisions of section 163 of the state finance law, or sections 142 and 143 of the economic development law, or any contrary provision of law, contracts may be entered or the commissioner of health may amend and extend the terms of a contract awarded prior to the effective date and entered into to conduct enrollment broker and conflict-free evaluation services for the Medicaid program, if such contract or contract amendment is for the purpose of establishing an independent panel or panels of clinical professionals as described in this section. Contracts entered into, amended, or extended pursuant to this section shall not remain in force beyond September 30, [~~2025~~] 2028.

§ 26-a. Section 2 of chapter 769 of the laws of 2023, amending the public health law relating to the adult cystic fibrosis assistance program, as amended by section 14 of part B of chapter 57 of the laws of 2024, is amended to read as follows:

§ 2. This act shall take effect immediately and shall expire March 31, [~~2025~~] 2027 when upon such date the provisions of this act shall be deemed repealed.

§ 27. 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 C

Intentionally Omitted

PART D

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

Notwithstanding any inconsistent provision of this subdivision or any other contrary provision of law and subject to the availability of federal financial participation, for each state fiscal year from July

first, two thousand ten through December thirty-first, two thousand twenty-four; and for the calendar year January first, two thousand twenty-five through December thirty-first, two thousand twenty-five[~~; and for each calendar year thereafter~~], the commissioner shall make additional inpatient hospital payments up to the aggregate upper payment limit for inpatient hospital services after all other medical assistance payments, but not to exceed two hundred thirty-five million five hundred thousand dollars for the period July first, two thousand ten through March thirty-first, two thousand eleven, three hundred fourteen million dollars for each state fiscal year beginning April first, two thousand eleven, through March thirty-first, two thousand thirteen, and no less than three hundred thirty-nine million dollars for each state fiscal year until December thirty-first, two thousand twenty-four; and then from calendar year January first, two thousand twenty-five through December thirty-first, two thousand twenty-five[~~; and for each calendar year thereafter~~], to general hospitals, other than major public general hospitals, providing emergency room services and including safety net hospitals, which shall, for the purpose of this paragraph, be defined as having either: a Medicaid share of total inpatient hospital discharges of at least thirty-five percent, including both fee-for-service and managed care discharges for acute and exempt services; or a Medicaid share of total discharges of at least thirty percent, including both fee-for-service and managed care discharges for acute and exempt services, and also providing obstetrical services. Eligibility to receive such additional payments shall be based on data from the period two years prior to the rate year, as reported on the institutional cost report submitted to the department as of October first of the prior rate year. Such payments shall be made as medical assistance payments for fee-for-service inpatient hospital services pursuant to title eleven of article five of the social services law for patients eligible for federal financial participation under title XIX of the federal social security act and in accordance with the following:

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

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

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

§ 3. 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 E

Section 1. Subdivision 3 of section 364-j of the social services law is amended by adding a new paragraph (d-4) to read as follows:

(d-4) Notwithstanding paragraph (a) of this subdivision, the following medical assistance recipients shall not be eligible to participate in

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

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

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

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

(c) (i) Penalties imposed by this subdivision against a managed care provider shall be from two hundred fifty dollars up to twenty-five thousand dollars per violation depending on the severity of the noncompliance 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 become 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.

§ 3. This act shall take effect immediately; provided, however, that section one 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 one and two 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 one-A of article twenty-five** of this chapter;

(c) Essential plan coverage certified pursuant to [~~section three hundred sixty-nine-gg~~] **title eleven-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 notification of such reporting delinquency, the commissioner may assess a civil penalty of up to ten thousand dollars for each failure; provided, however, that such civil penalty shall not be imposed if the health plan demonstrates good cause for the failure to timely file such reports.

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

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

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

9. Payments and reports submitted or required to be submitted to the commissioner pursuant to this section by a health plan shall be subject to audit by the commissioner for a period of six years following the close of the calendar year in which such payments and reports are due, after which such payments shall be deemed final and not subject to further adjustment or reconciliation, including through offset adjustments or reconciliations made by a health plan; provided, however, that nothing in this section shall be construed as precluding the commissioner from pursuing collection of any such payments which are identified as delinquent within such six-year period, or which are identified as delinquent as a result of an audit commenced within such six-year period, or from conducting an audit of any adjustment or reconciliation made by a health plan, or from conducting an audit of payments made prior to such six-year period which are found to be commingled with payments which are otherwise subject to timely audit pursuant to this section.

10. In the event of a merger, acquisition, establishment, or any other similar transaction that results in the transfer of health plan responsibility for all enrollees under this section from a health plan to another health plan or similar entity, and that occurs at any time 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.**

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

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

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

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

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

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

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

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

§ 1-b. Notwithstanding any provision of law to the contrary, for the state fiscal years beginning April 1, 2023, and thereafter, Medicaid payments made for the operating component of residential health care facilities services shall be subject to a uniform rate increase of 6.5 percent in addition to the increase contained in subdivision 1 of section 1 of this part, subject to the approval of the commissioner of the department of health and the director of the division of the budget; provided, however, that such Medicaid payments shall be subject to a uniform rate increase of up to 7.5 percent in addition to the increase contained in subdivision 1 of section 1 of this part contingent upon approval of the commissioner of the department of health, the director of the division of the budget, and the Centers for Medicare and Medicaid Services. Notwithstanding any provision of law to the contrary, for the period April 1, 2024 through March 31, 2025 Medicaid payments made for nursing home services shall be increased by an aggregate amount of up to $285,000,000 in addition to the increase contained in [~~sections~~] **section** one [~~and one-c~~] of this act **and this section** subject to the approval of the commissioner of health and the director of the budget. Such rate increases shall be subject to federal financial participation. **Notwithstanding any provision of law to the contrary, for the period April 1, 2025 through March 31, 2026 Medicaid payments made for nursing home services shall be increased by an aggregate amount of up to $445,000,000 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. Notwithstanding any provision of law to the contrary, for state fiscal years beginning April 1, 2026, 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 quali-

fying 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 through March 31, 2026 Medicaid payments made for clinic service provided by federally qualified health centers and diagnostic and treatment centers licensed pursuant to article 28 of the public health law shall be increased by an aggregate amount of up to $40,000,000 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. Notwithstanding any provision of law to the contrary, for the period April 1, 2026, and thereafter, Medicaid payments made for clinic service provided by federally qualified health centers and diagnostic and treatment centers licensed pursuant to article twenty-eight of the public health law shall be increased by an aggregate amount of up to $20,000,000 in addition to any applicable increase contained in section one of this act subject to the approval of the commissioner of health and the director of the budget. Such rate increases shall be subject to federal financial participation and the provisions established under section one-f of this act.

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

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

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

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

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

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

PART G

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

(a) The superintendent of financial services and the commissioner of health or their designee shall, from funds available in the hospital excess liability pool created pursuant to subdivision 5 of this section, purchase a policy or policies for excess insurance coverage, as authorized by paragraph 1 of subsection (e) of section 5502 of the insurance law; or from an insurer, other than an insurer described in section 5502 of the insurance law, duly authorized to write such coverage and actually writing medical malpractice insurance in this state; or shall purchase equivalent excess coverage in a form previously approved by the superintendent of financial services for purposes of providing equivalent excess coverage in accordance with section 19 of chapter 294 of the laws of 1985, for medical or dental malpractice occurrences between July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023 and June 30, 2024, [~~and~~] between July 1, 2024 and June 30, 2025**, and between July 1, 2025 and June 30, 2026** or reimburse the hospital where the hospital purchases equivalent excess coverage as

defined in subparagraph (i) of paragraph (a) of subdivision 1-a of this section for medical or dental malpractice occurrences between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023 and June 30, 2024, [~~and~~] between July 1, 2024 and June 30, 2025**, and between July 1, 2025 and June 30, 2026** for physicians or dentists certified as eligible for each such period or periods pursuant to subdivision 2 of this section by a general hospital licensed pursuant to article 28 of the public health law; provided that no single insurer shall write more than fifty percent of the total excess premium for a given policy year; and provided, however, that such eligible physicians or dentists must have in force an individual policy, from an insurer licensed in this state of primary malpractice insurance coverage in amounts of no less than one million three hundred thousand dollars for each claimant and three million nine hundred thousand dollars for all claimants under that policy during the period of such excess coverage for such occurrences or be endorsed as additional insureds under a hospital professional liability policy which is offered through a voluntary attending physician ("channeling") program previously permitted by the superintendent of financial services during the period of such excess coverage for such occurrences. During such period, such policy for excess coverage or such equivalent excess coverage shall, when combined with the physician's or dentist's primary malpractice insurance coverage or coverage provided through a voluntary attending physician ("channeling") program, total an aggregate level of two million three hundred thousand dollars for each claimant and six million nine hundred thousand dollars for all claimants from all such policies with respect to occurrences in each of such years provided, however, if the cost of primary malpractice insurance coverage in excess of one million dollars, but below the excess medical malpractice insurance coverage provided pursuant to this act, exceeds the rate of nine percent per annum, then the required level of primary malpractice insurance coverage in excess of one million dollars for each claimant shall be in an amount of not less than the dollar amount of such coverage available at nine percent per annum; the required level of such coverage for all claimants under that policy shall be in an amount not less than three times the dollar amount of coverage for each claimant; and excess coverage, when combined with such primary malpractice insurance cover-

age, shall increase the aggregate level for each claimant by one million dollars and three million dollars for all claimants; and provided further, that, with respect to policies of primary medical malpractice coverage that include occurrences between April 1, 2002 and June 30, 2002, such requirement that coverage be in amounts no less than one million three hundred thousand dollars for each claimant and three million nine hundred thousand dollars for all claimants for such occurrences shall be effective April 1, 2002.

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

(3)(a) The superintendent of financial services shall determine and certify to each general hospital and to the commissioner of health the cost of excess malpractice insurance for medical or dental malpractice occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023 and June 30, 2024, [~~and~~] between July 1, 2024 and June 30, 2025**, and between July 1, 2025 and June 30, 2026** allocable to each general hospital for physicians or dentists certified as eligible for purchase of a policy for excess insurance coverage by such general hospital in accordance with subdivision 2 of this section, and may amend such determination and certification as necessary.

(b) The superintendent of financial services shall determine and certify to each general hospital and to the commissioner of health the cost of excess malpractice insurance or equivalent excess coverage for medical or dental malpractice occurrences between July 1, 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July

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§ 3. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section 18 of chapter 266 of the laws of 1986, amending the civil practice law

and rules and other laws relating to malpractice and professional medical conduct, as amended by section 3 of part K of chapter 57 of the laws of 2024, are amended to read as follows:

(a) To the extent funds available to the hospital excess liability pool pursuant to subdivision 5 of this section as amended, and pursuant to section 6 of part J of chapter 63 of the laws of 2001, as may from time to time be amended, which amended this subdivision, are insufficient to meet the costs of excess insurance coverage or equivalent excess coverage for coverage periods during the period July 1, 1992 to June 30, 1993, during the period July 1, 1993 to June 30, 1994, during the period July 1, 1994 to June 30, 1995, during the period July 1, 1995 to June 30, 1996, during the period July 1, 1996 to June 30, 1997, during the period July 1, 1997 to June 30, 1998, during the period July 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30, 2000, during the period July 1, 2000 to June 30, 2001, during the period July 1, 2001 to October 29, 2001, during the period April 1, 2002 to June 30, 2002, during the period July 1, 2002 to June 30, 2003, during the period July 1, 2003 to June 30, 2004, during the period July 1, 2004 to June 30, 2005, during the period July 1, 2005 to June 30, 2006, during the period July 1, 2006 to June 30, 2007, during the period July 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30, 2009, during the period July 1, 2009 to June 30, 2010, during the period July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June 30, 2012, during the period July 1, 2012 to June 30, 2013, during the period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to June 30, 2015, during the period July 1, 2015 to June 30, 2016, during the period July 1, 2016 to June 30, 2017, during the period July 1, 2017 to June 30, 2018, during the period July 1, 2018 to June 30, 2019, during the period July 1, 2019 to June 30, 2020, during the period July 1, 2020 to June 30, 2021, during the period July 1, 2021 to June 30, 2022, during the period July 1, 2022 to June 30, 2023, during the period July 1, 2023 to June 30, 2024, [~~and~~] during the period July 1, 2024 to June 30, 2025**, and during the period July 1, 2025 to June 30 2026** allocated or reallocated in accordance with paragraph (a) of subdivision 4-a of this section to rates of payment applicable to state governmental agencies, each physician or dentist for whom a policy for excess insurance coverage or equivalent excess coverage is purchased for such period shall be responsible for payment to the provider of excess insurance coverage or equivalent excess coverage of an allocable share of such insufficiency, based on the ratio of the total cost of such coverage for such physician to the sum of the total cost of such coverage for all physicians applied to such insufficiency.

(b) Each provider of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or

covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or covering the period July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or covering the period July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or covering the period July 1, 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30, 2023, or covering the period July 1, 2023 to June 30, 2024, or covering the period July 1, 2024 to June 30, 2025**, or covering the period July 1, 2025 to June 30, 2026** shall notify a covered physician or dentist by mail, mailed to the address shown on the last application for excess insurance coverage or equivalent excess coverage, of the amount due to such provider from such physician or dentist for such coverage period determined in accordance with paragraph (a) of this subdivision. Such amount shall be due from such physician or dentist to such provider of excess insurance coverage or equivalent excess coverage in a time and manner determined by the superintendent of financial services.

(c) If a physician or dentist liable for payment of a portion of the costs of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, or covering the period July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or covering the period July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or covering the period July 1, 2001 to October 29, 2001, or covering the period April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or covering the period July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or covering the period July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or covering the period July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or covering 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 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** that has made payment to such provider of excess insurance coverage or equivalent excess coverage in accordance with paragraph (b) of this subdivision and of each physician and dentist who has failed, refused or neglected to make such payment.

(e) A provider of excess insurance coverage or equivalent excess coverage shall refund to the hospital excess liability pool any amount allocable to the period July 1, 1992 to June 30, 1993, and to the period July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001, and to the period April 1, 2002 to June 30, 2002, and to the period July 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30, 2004, and to the period July 1, 2004 to June 30, 2005, and to the period July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and

to the period July 1, 2014 to June 30, 2015, and to the period July 1, 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and to the period July 1, 2017 to June 30, 2018, and to the period July 1, 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020, and to the period July 1, 2020 to June 30, 2021, and to the period July 1, 2021 to June 30, 2022, and to the period July 1, 2022 to June 30, 2023, and to the period July 1, 2023 to June 30, 2024, and to the period July 1, 2024 to June 30, 2025**, and to the period July 1, 2025 to June 30, 2026** received from the hospital excess liability pool for purchase of excess insurance coverage or equivalent excess coverage covering the period July 1, 1992 to June 30, 1993, and covering the period July 1, 1993 to June 30, 1994, and covering the period July 1, 1994 to June 30, 1995, and covering the period July 1, 1995 to June 30, 1996, and covering the period July 1, 1996 to June 30, 1997, and covering the period July 1, 1997 to June 30, 1998, and covering the period July 1, 1998 to June 30, 1999, and covering the period July 1, 1999 to June 30, 2000, and covering the period July 1, 2000 to June 30, 2001, and covering the period July 1, 2001 to October 29, 2001, and covering the period April 1, 2002 to June 30, 2002, and covering the period July 1, 2002 to June 30, 2003, and covering the period July 1, 2003 to June 30, 2004, and covering the period July 1, 2004 to June 30, 2005, and covering the period July 1, 2005 to June 30, 2006, and covering the period July 1, 2006 to June 30, 2007, and covering the period July 1, 2007 to June 30, 2008, and covering the period July 1, 2008 to June 30, 2009, and covering the period July 1, 2009 to June 30, 2010, and covering the period July 1, 2010 to June 30, 2011, and covering the period July 1, 2011 to June 30, 2012, and covering the period July 1, 2012 to June 30, 2013, and covering the period July 1, 2013 to June 30, 2014, and covering the period July 1, 2014 to June 30, 2015, and covering the period July 1, 2015 to June 30, 2016, and covering the period July 1, 2016 to June 30, 2017, and covering the period July 1, 2017 to June 30, 2018, and covering the period July 1, 2018 to June 30, 2019, and covering the period July 1, 2019 to June 30, 2020, and covering the period July 1, 2020 to June 30, 2021, and covering the period July 1, 2021 to June 30, 2022, and covering the period July 1, 2022 to June 30, 2023 for, and covering the period July 1, 2023 to June 30, 2024, and covering the period July 1, 2024 to June 30, 2025**, and covering the period July 1, 2025 to June 30, 2026** a physician or dentist where such excess insurance coverage or equivalent excess coverage is cancelled in accordance with paragraph (c) of this subdivision.

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

§ 40. The superintendent of financial services shall establish rates for policies providing coverage for physicians and surgeons medical malpractice for the periods commencing July 1, 1985 and ending June 30, [~~2025~~] **2026**; provided, however, that notwithstanding any other provision of law, the superintendent shall not establish or approve any increase in rates for the period commencing July 1, 2009 and ending June 30, 2010. The superintendent shall direct insurers to establish segregated accounts for premiums, payments, reserves and investment income attributable to such premium periods and shall require periodic reports by the insurers regarding claims and expenses attributable to such periods to monitor whether such accounts will be sufficient to meet incurred claims and expenses. On or after July 1, 1989, the superintendent shall impose

a surcharge on premiums to satisfy a projected deficiency that is attributable to the premium levels established pursuant to this section for such periods; provided, however, that such annual surcharge shall not exceed eight percent of the established rate until July 1, [~~2025~~] **2026**, at which time and thereafter such surcharge shall not exceed twenty-five percent of the approved adequate rate, and that such annual surcharges shall continue for such period of time as shall be sufficient to satisfy such deficiency. The superintendent shall not impose such surcharge during the period commencing July 1, 2009 and ending June 30, 2010. On and after July 1, 1989, the surcharge prescribed by this section shall be retained by insurers to the extent that they insured physicians and surgeons during the July 1, 1985 through June 30, [~~2025~~] **2026** policy periods; in the event and to the extent physicians and surgeons were insured by another insurer during such periods, all or a pro rata share of the surcharge, as the case may be, shall be remitted to such other insurer in accordance with rules and regulations to be promulgated by the superintendent. Surcharges collected from physicians and surgeons who were not insured during such policy periods shall be apportioned among all insurers in proportion to the premium written by each insurer during such policy periods; if a physician or surgeon was insured by an insurer subject to rates established by the superintendent during such policy periods, and at any time thereafter a hospital, health maintenance organization, employer or institution is responsible for responding in damages for liability arising out of such physician's or surgeon's practice of medicine, such responsible entity shall also remit to such prior insurer the equivalent amount that would then be collected as a surcharge if the physician or surgeon had continued to remain insured by such prior insurer. In the event any insurer that provided coverage during such policy periods is in liquidation, the property/casualty insurance security fund shall receive the portion of surcharges to which the insurer in liquidation would have been entitled. The surcharges authorized herein shall be deemed to be income earned for the purposes of section 2303 of the insurance law. The superintendent, in establishing adequate rates and in determining any projected deficiency pursuant to the requirements of this section and the insurance law, shall give substantial weight, determined in his discretion and judgment, to the prospective anticipated effect of any regulations promulgated and laws enacted and the public benefit of stabilizing malpractice rates and minimizing rate level fluctuation during the period of time necessary for the development of more reliable statistical experience as to the efficacy of such laws and regulations affecting medical, dental or podiatric malpractice enacted or promulgated in 1985, 1986, by this act and at any other time. Notwithstanding any provision of the insurance law, rates already established and to be established by the superintendent pursuant to this section are deemed adequate if such rates would be adequate when taken together with the maximum authorized annual surcharges to be imposed for a reasonable period of time whether or not any such annual surcharge has been actually imposed as of the establishment of such rates.

§ 5. Section 5 and subdivisions (a) and (e) of section 6 of 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, as amended by section 5 of part K of chapter 57 of the laws of 2024, are amended to read as follows:

§ 5. The superintendent of financial services and the commissioner of health shall determine, 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** the amount of funds available in the hospital excess liability pool, created pursuant to section 18 of chapter 266 of the laws of 1986, and whether such funds are sufficient 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.

(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 period beginning the first of July, two thousand [~~twenty-four~~] **twenty-five**, then the general hospitals may certify additional eligible physicians or dentists in a number equal to such general hospital's proportional share of the total number of physicians or dentists for whom excess coverage or equivalent excess coverage was purchased with funds available in the hospital excess liability pool as of the thirtieth of June, two thousand [~~twenty-four~~] **twenty-five**, as applied to the difference between the number of eligible physicians or dentists for whom a policy for excess coverage or equivalent excess coverage was purchased for the coverage period ending the thirtieth of June, two thousand [~~twenty-four~~] **twenty-five** and the number of such eligible physicians or dentists who have applied for excess coverage or equivalent excess coverage for the coverage period beginning the first of July, two thousand [~~twenty-four~~] **twenty-five**.

§ 7. 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 H

Intentionally Omitted

PART I

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

1. The department is hereby authorized and directed to design, implement and maintain an electronic death registration system for collecting, storing, recording, transmitting, amending, correcting and authenticating information, as necessary and appropriate to complete a death registration, and to generate such documents as determined by the department in relation to a death occurring in this state. As part of

the design and implementation of the system established by this section, the department shall consult with all persons authorized to use such system to the extent practicable and feasible. [~~The payment referenced in subdivision five of this section shall be collected for each burial or removal permit issued on or after the effective date of this section from the licensed funeral director or undertaker to whom such permit is issued, in the manner specified by the department and shall be used solely for the purpose set forth in subdivision five of this section.~~] Except as specifically provided in this section, the existing general duties of, and remuneration received by, local registrars in accepting and filing certificates of death and issuing burial and removal permits pursuant to any statute or regulation shall be maintained, and not altered or abridged in any way by this section.

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

§ 3. 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 J

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

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

§ 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 K

Intentionally Omitted

PART L

Intentionally Omitted

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. (a) Every general hospital operating under the provisions of this article that is required to file an IRS Form 990 in accordance with

federal regulations shall file with the commissioner, by July first of each calendar year, a completed copy of the most recent IRS Form 990 as submitted to the IRS, and the information the general hospital used to complete the IRS Form 990 in a manner prescribed by the department, showing how the hospital spent community benefit expenses, which shall include but not be limited to, information to identify the specific community benefit expenses supporting the hospital's local community. General hospitals operating under the provisions of this article that are not required to file an IRS Form 990 shall be required to submit information, in a manner prescribed by the department, showing how the hospital spent community benefit expenses in the same manner.

(b) The department shall compile the information reported in a report issued and posted on the department's website by October first, two thousand twenty-six, and on an annual basis thereafter, and delivered to the governor, the speaker of the assembly, the temporary president of the senate, the chair of the assembly health committee, the chair of the senate health committee, the chair of the senate finance committee, the chair of the assembly ways and means committee, and the minority leaders of the assembly and the senate. The report shall include, at a minimum, information on:

(i) Total community benefit expenses in the state reported by each general hospital;

(ii) How such community benefit expenses were distributed in the aggregate across the following categories:

(1) 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;

(2) Unreimbursed costs from Medicaid;

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

(4) 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;

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

(6) 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;

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

(8) 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;

(iii) Details on negative-margin services that were reported by hospitals as part of community benefit expenses; and

(iv) Details on community benefit programs reported by hospitals as part of community benefit expenses.

§ 2. This act shall take effect October 1, 2025.

PART N

Intentionally Omitted

PART O

Intentionally Omitted

PART P

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

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

(a) "Emergency medical condition" shall mean:

(i) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

(1) placing the health of the individual in serious jeopardy;

(2) serious impairment to bodily functions, including risks to future fertility;

(3) serious dysfunction of any bodily organ or part; or

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

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

(2) that transfer poses a threat to the health or safety of the pregnant person or the pregnancy.

(b) "Stabilize" shall mean, with respect to an emergency medical condition described in subparagraph (i) of paragraph (a) of this subdivision, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or, with respect to an emergency medical condition described in subparagraph (ii) of paragraph (a) of this subdivision, to deliver, including the placenta. "Stabilizing treatment" includes abortion pursuant to section twenty-five hundred ninety-nine-bb of this article when failure to provide an abortion will, within reasonable probability, result in material deterioration of the patient's condition upon or during transfer of the patient from the facility.

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

(d) "Appropriate transfer" shall mean a transfer to a medical facility:

(i) in which the transferring general hospital provides the medical treatment within its capacity which minimizes the risks to the individual's health;

(ii) in which the receiving facility:

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

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

(iii) in which the transferring general hospital sends to the receiving facility all medical records related to the emergency condition for which the individual has presented available at the time of the transfer, including records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests and the informed written consent or certification or copy thereof provided under paragraph (d) of subdivision three of this section, unless the patient objects; and

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

2. Every general hospital as defined in this article shall admit any person who is in need of immediate hospitalization with all convenient speed and shall not before admission question the patient or any member of [~~his or her~~] the patient's family concerning insurance, credit or payment of charges, provided, however, that the patient or a member of [~~his or her~~] the patient's family shall agree to supply such information promptly after the patient's admission. However, no general hospital shall require any patient or member of [~~his or her~~] the patient's family to write or to sign during those times when the religious tenets of such person temporarily prohibit [~~him or her~~] such person from performing such acts. No general hospital shall transfer any patient to another hospital or health care facility on the grounds that the patient is unable to pay or guarantee payment for services rendered. Every general hospital which maintains facilities for providing out-patient emergency medical care must provide such care to any person who, in the opinion of a [~~physician~~] health care practitioner licensed, certified, or authorized under title eight of the education law, acting within their lawful scope of practice, requires such care.

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

~~(b) Any licensed medical practitioner who refuses to treat a person arriving at a general hospital to receive emergency medical treatment who is in need of such treatment; or any person who in any manner excludes, obstructs or interferes with the ingress of another person into a general hospital who appears there for the purpose of being examined or diagnosed or treated; or any person who obstructs or prevents such other person from being examined or diagnosed or treated by an attending physician thereat shall be guilty of a misdemeanor and subject to a term of imprisonment not to exceed one year and a fine not to exceed one thousand dollars. Any emergency medical technician, paramedic or ambulance driver who transports a person to a general hospital where such person is refused entrance by anyone or is refused examination, diagnosis or treatment by an attending physician thereat shall report all such incidents to the state commissioner of health or his designee, on a form which shall be promulgated by such commissioner. After examination, diagnosis and treatment by an attending physician and where, in the opinion of such physician, the patient has been stabilized suffi-~~

~~ciently to permit it, subsequent medical care may be provided or procured by the general hospital at a location other than the general hospital if, in the opinion of the attending physician, it is in the best interest of the patient because the general hospital does not have the proper equipment or personnel at hand to deal with the particular medical emergency or because all appropriate beds are filled and none are likely to become available within a reasonable time after the patient has been stabilized.~~

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

~~(i) the patient's name;~~

~~(ii) the diagnosed condition of the patient;~~

~~(iii) any treatment administered to the patient;~~

~~(iv) any medication given to the patient;~~

~~(v) the name of the physician ordering the transfer;~~

~~(vi) the name of the hospital from which the patient is being transferred;~~

~~(vii) the name of the physician or physicians who is or are willing and authorized to receive the patient at the new location;~~

~~(viii) the name of the hospital or other facility that is to receive the patient;~~

~~(ix) the date and time of transfer; and~~

~~(x) the signature of the physician ordering the transfer.~~

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

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

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

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

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

(c) Obligation to provide treatment in accordance with applicable standard of care. Admission of an individual experiencing an emergency medical condition does not relieve a general hospital of the obligation to provide treatment that is within the hospital's abilities and consistent with the applicable standard of care.

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

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

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

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

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

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

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

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

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

(h) Retaliation prohibited. A general hospital may not penalize, retaliate, discriminate or otherwise take an adverse action against a health care practitioner, because the practitioner refuses to authorize the transfer of an individual with an emergency medical condition that has not been stabilized or because the practitioner provides treatment

necessary to stabilize a patient who is, in the practitioner's reasonable medical judgment, experiencing an emergency medical condition. A general hospital may not penalize, retaliate, discriminate or otherwise take an adverse action against any individual because the individual reports a violation of a requirement of this subdivision.

(i) Nothing herein shall be interpreted as requiring the provision of care in violation of state or federal law.

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

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

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

Diversion of patients with certain medical conditions which, in the best interest of the patients, require their transport directly to specialty referral centers shall be permitted following the designation of such specialty referral centers. Diversion of patients with psychiatric conditions to comprehensive psychiatric emergency programs, as such term is defined in section 1.03 of the mental hygiene law, and subject to the provisions of section 31.27 of such law, shall only be permitted following the designation of the programs by the commissioners of health and mental health to receive such patients.

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

[~~5.~~] 7. The staff of a general hospital shall: (a) inquire whether or not the person admitted has served in the United States armed forces. Such information shall be listed on the admissions form; (b) notify any admittee who is a veteran of the possible availability of services at a hospital operated by the United States veterans health administration, and, upon request by the admittee, such staff shall make arrangements for the individual's transfer to a United States veterans health administration hospital, provided, however, that transfers shall be authorized only after it has been determined, according to accepted clinical and medical standards, that the patient's condition has stabilized and transfer can be accomplished safely and without complication; and (c)

provide any admittee who has served in the United States armed forces with a copy of the "Information for Veterans concerning Health Care Options" fact sheet, maintained by the department of veterans' services pursuant to subdivision twenty-nine of section four of the veterans' services law prior to discharging or transferring the patient. The commissioner shall promulgate rules and regulations for notifying such admittees of possible available services and for arranging a requested transfer.

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

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

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

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

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 when a medical treatment may directly or indirectly cause iatrogenic infertility, 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 for individuals when a medical treatment may directly or indirectly cause 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 amended to read as follows:

§ 4. **1.** The commissioner of health, subject to the availability of funds pursuant to section 2807-v of the public health law, 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 [~~services, treatments and procedures. 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~~].

Such program shall [~~be targeted to assist individuals in meeting the cost of~~] fund uncompensated health care services related to the range of care for infertility [~~services not covered pursuant to sections 3221 and 4303 of the insurance law as such sections are amended by sections one and two of this act relating to expanded coverage of infertility services~~], 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.

2. Services, treatments and procedures paid for pursuant to the grant program shall [~~be limited to those who meet the criteria for such expanded coverage provided pursuant to the insurance law but for whom the covered services are not effective for treating infertility. Services, treatments and procedures paid for pursuant to the grant program shall be further limited to assisted reproductive technology utilizing in vitro fertilization and gamete intrafallopian tube transfer, and shall~~] be made available only in accordance with standards, protocols, and other parameters [~~as shall be~~] established by the commissioner of health, which shall [~~include~~] incorporate but not be limited to [~~ASRM~~] the American Society for Reproductive Medicine (ASRM) and [~~ACOG~~] the American College of Obstetricians and Gynecologists (ACOG) standards for the appropriateness of individuals, providers [~~and~~], treatments, and [~~standards relating to cost-sharing based on income. Services, treatments and~~] procedures [~~under the grant program, except for those specified herein, shall not include those services, treatments and procedures explicitly excluded under the expanded coverage provided for in the insurance law as amended by sections one and two of this act~~]. Notwithstanding sections 112 and 163 of the state finance law, grants provided pursuant to such program may be made without competitive bid or request for proposal.

[~~The commissioner of health shall promote public awareness of this program.~~]

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.

§ 3. 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

Intentionally Omitted

PART S

Intentionally Omitted

PART T

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

(a) Maintaining the following full-time, part-time, contracted, or 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, to ensure chain of custody is maintained, and to ensure availability and coordination of certified sexual assault forensic examiners;

(2) Certified 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 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 a current certification from the department, pursuant to regulations, in providing sexual assault examinations. The commissioner shall issue regulations consistent with subparagraph one of paragraph (b) of subdivision four-b of this section, establishing a process for individuals to apply for and receive certification upon meeting the required criteria, as well as a process for recertification.

§ 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 para-

graph [~~(c)~~] **(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 two years after it shall have become a law. Effective immediately, the addition, amendment or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.

PART U

Intentionally Omitted

PART V

Intentionally Omitted

PART W

Intentionally Omitted

PART X

Intentionally Omitted

PART Y

Intentionally Omitted

PART Z

Section 1. Section 4 of 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, is amended to read as follows:

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

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

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

§ 3. This act shall take effect immediately.

PART AA

Section 1. Section 2 of 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, as amended by section 1 of part Z of chapter 57 of the laws of 2024, is amended to read as follows:

§ 2. This act shall take effect immediately and shall expire and be deemed repealed March 31, [~~2025~~] **2028**.

§ 2. This act shall take effect immediately.

PART BB

Section 1. Section 4 of 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, as amended by section 1 of part OO of chapter 57 of the laws of 2022, is amended to read as follows:

§ 4. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2016; provided, however, that sections one and two of this act shall expire and be deemed repealed on March 31, [~~2025~~] **2028**.

§ 2. This act shall take effect immediately.

PART CC

Section 1. Subdivision 1-a of section 84 of 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, as amended by section 1 of part EE of chapter 57 of the laws of 2023, is amended to read as follows:

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

§ 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 DD

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

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

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

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

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

1. Any person who is eighteen years of age or older, or is the parent of a child or has married, or is a homeless youth as defined in section five hundred thirty-two-a of the executive law, or receives services at an approved runaway and homeless youth crisis services program or a transitional independent living support program as defined in section five hundred thirty-two-a of the executive law, may give effective consent for medical, dental, health and hospital services**, including behavioral health services,** for themself, and the consent of no other person shall be necessary.

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

PART EE

Section 1. Section 9.01 of the mental hygiene law, as amended by chapter 723 of the laws of 1989, the seventh undesignated paragraph as amended by chapter 595 of the laws of 2000, is amended to read as follows:

§ 9.01 Definitions.

As used in this article:

(a) "in need of care and treatment" means that a person has a mental illness for which in-patient care and treatment in a hospital is appropriate.

(b) "in need of involuntary care and treatment" means that a person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that [~~he~~] **the person** is unable to understand the need for such care and treatment.

(c) "likelihood to result in serious harm" or "likely to result in serious harm" means [~~(a)~~] **1.** a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious

bodily harm or other conduct demonstrating that the person is dangerous to [~~himself or herself~~] themself, or [~~(b)~~] 2. a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm, or 3. a substantial risk of physical harm to the person due to an inability or refusal, as a result of their mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter.

(d) "need for retention" means that a person who has been admitted to a hospital pursuant to this article is in need of involuntary care and treatment in a hospital for a further period.

(e) "record" of a patient shall consist of admission, transfer or retention papers and orders, and accompanying data required by this article and by the regulations of the commissioner.

(f) "director of community services" means the director of community services [~~for the mentally disabled~~] appointed pursuant to article forty-one of this chapter.

(g) "qualified psychiatrist" means a physician licensed to practice medicine in New York state who: [~~(a)~~] 1. is a diplomate of the American board of psychiatry and neurology or is eligible to be certified by that board; or [~~(b)~~] 2. is certified by the American osteopathic board of neurology and psychiatry or is eligible to be certified by that board.

§ 2. Section 9.05 of the mental hygiene law, as renumbered by chapter 978 of the laws of 1977, is amended to read as follows:

§ 9.05 Examining physicians, examining psychiatric nurse practitioners and medical certificates.

(a) A person is disqualified from acting as an examining physician or examining psychiatric nurse practitioner in the following cases:

1. if [~~he is~~] they are a relative of the person applying for the admission or of the person alleged to be mentally ill.

2. if [~~he is~~] they are a manager, trustee, visitor, proprietor, officer, director, or stockholder of the hospital in which the patient is hospitalized or to which it is proposed to admit such person, except as otherwise provided in this chapter, or if [~~he has~~] they have any pecuniary interest, directly or indirectly, in such hospital, provided that receipt of fees, privileges, or compensation for treating or examining patients in such hospital shall not be deemed to be a pecuniary interest.

3. if [~~he is~~] they are on the staff of a proprietary facility to which it is proposed to admit such person.

(b) A certificate, as required by this article, must show that the person is mentally ill and shall be based on an examination of the person alleged to be mentally ill made within ten days prior to the date of admission. The date of the certificate shall be the date of such examination. All certificates shall contain the facts and circumstances upon which the judgment of the [~~physicians~~] physician or psychiatric nurse practitioner is based and shall show that the condition of the person examined is such that [~~he needs~~] they need involuntary care and treatment in a hospital and such other information as the commissioner may by regulation require.

§ 3. Subdivisions (a), (d), (e), and (i) of section 9.27 of the mental hygiene law, such section as renumbered by chapter 978 of the laws of 1977 and subdivision (i) as amended by chapter 847 of the laws of 1987, are amended to read as follows:

(a) The director of a hospital may receive and retain therein as a patient any person alleged to be mentally ill and in need of involuntary

care and treatment upon the [~~certificate~~] certificates of two examining physicians, or upon the certificates of an examining physician and a psychiatric nurse practitioner. Such certificates shall be accompanied by an application for the admission of such person. The examination may be conducted jointly but each [~~examining physician~~] certifying practitioner shall execute a separate certificate.

(d) Before an examining physician or psychiatric nurse practitioner completes the certificate of examination of a person for involuntary care and treatment, [~~he~~] they shall consider alternative forms of care and treatment that might be adequate to provide for the person's needs without requiring involuntary hospitalization. If the examining physician or psychiatric nurse practitioner knows that the person [~~he is~~] they are examining for involuntary care and treatment has been under prior treatment, [~~he~~] they shall, insofar as possible, consult with the physician or psychologist furnishing such prior treatment prior to completing [~~his~~] their certificate. Nothing in this section shall prohibit or invalidate any involuntary admission made in accordance with the provisions of this chapter.

(e) The director of the hospital where such person is brought shall cause such person to be examined forthwith by a physician who shall be a member of the psychiatric staff of such hospital other than the original examining physicians or psychiatric nurse practitioner whose certificate or certificates accompanied the application and, if such person is found to be in need of involuntary care and treatment, [~~he~~] they may be admitted thereto as a patient as herein provided.

(i) After an application for the admission of a person has been completed and both [~~physicians~~] certifying practitioners have examined such person and separately certified that [~~he or she~~] such person is mentally ill and in need of involuntary care and treatment in a hospital, either [~~physician~~] certifying practitioner is authorized to request peace officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department, to take into custody and transport such person to a hospital for determination by the director whether such person qualifies for admission pursuant to this section. Upon the request of either [~~physician~~] certifying practitioner, an ambulance service, as defined by subdivision two of section three thousand one of the public health law, is authorized to transport such person to a hospital for determination by the director whether such person qualifies for admission pursuant to this section.

§ 4. Subdivision (a) of section 9.37 of the mental hygiene law, such section as renumbered by chapter 978 of the laws of 1977, is amended to read as follows:

(a) The director of a hospital, upon application by a director of community services or an examining physician duly designated by [~~him~~] them, may receive and care for in such hospital as a patient any person who, in the opinion of the director of community services or [~~his~~] their designee, has a mental illness for which immediate inpatient care and treatment in a hospital is appropriate and which is likely to result in serious harm to [~~himself~~] themself or others[~~,~~]. ["~~likelihood~~] "Likelihood of serious harm" shall mean:

1. substantial risk of physical harm to [~~himself~~] themself as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that [~~he is~~] they are dangerous to [~~himself~~] themself, or

2. a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear or serious physical harm[~~.~~]**, or**

3. a substantial risk of physical harm to the person due to an inability or refusal, as a result of their mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter.

The need for immediate hospitalization shall be confirmed by a staff physician of the hospital prior to admission. Within seventy-two hours, excluding Sunday and holidays, after such admission, if such patient is to be retained for care and treatment beyond such time and [~~he does~~] **they do** not agree to remain in such hospital as a voluntary patient, the certificate of another examining physician who is a member of the psychiatric staff of the hospital that the patient is in need of involuntary care and treatment shall be filed with the hospital. From the time of [~~his~~] **their** admission under this section the retention of such patient for care and treatment shall be subject to the provisions for notice, hearing, review, and judicial approval of continued retention or transfer and continued retention provided by this article for the admission and retention of involuntary patients, provided that, for the purposes of such provisions, the date of admission of the patient shall be deemed to be the date when the patient was first received in the hospital under this section.

§ 5. Subdivision (a) of section 9.39 of the mental hygiene law, as amended by chapter 789 of the laws of 1985, is amended and a new subdivision (a-1) is added to read as follows:

(a) The director of any hospital maintaining adequate staff and facilities for the observation, examination, care, and treatment of persons alleged to be mentally ill and approved by the commissioner to receive and retain patients pursuant to this section may receive and retain therein as a patient for a period of fifteen days any person alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious harm to [~~himself~~] **themself** or others. "Likelihood to result in serious harm" as used in this [~~article~~] **section** shall mean:

1. substantial risk of physical harm to [~~himself~~] **themself** as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that [~~he is~~] **they are** dangerous to [~~himself~~] **themself**, or

2. a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm[~~.~~]**, or**

3. a substantial risk of physical harm to the person due to an inability or refusal, as a result of their mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter.

The director shall cause to be entered upon the hospital records the name of the person or persons, if any, who have brought such person to the hospital and the details of the circumstances leading to the hospitalization of such person. **The director shall, in accordance with section 33.13 of this chapter, upon admission of a person under this section, ensure that reasonable efforts are made to identify and promptly notify any community provider of mental health services that maintains such person on its caseload that such person has been received for examination under this section.**

The director shall admit such person pursuant to the provisions of this section only if a staff physician of the hospital upon examination of such person finds that such person qualifies under the requirements of this section. Such person shall not be retained for a period of more than forty-eight hours unless within such period such finding is confirmed after examination by another physician who shall be a member of the psychiatric staff of the hospital. Such person shall be served, at the time of admission, with written notice of [~~his~~] their status and rights as a patient under this section. Such notice shall contain the patient's name. At the same time, such notice shall also be given to the mental hygiene legal service and personally or by mail to such person or persons, not to exceed three in number, as may be designated in writing to receive such notice by the person alleged to be mentally ill. If at any time after admission, the patient, any relative, friend, or the mental hygiene legal service gives notice to the director in writing of request for court hearing on the question of need for immediate observation, care, and treatment, a hearing shall be held as herein provided as soon as practicable but in any event not more than five days after such request is received, except that the commencement of such hearing may be adjourned at the request of the patient. It shall be the duty of the director upon receiving notice of such request for hearing to forward forthwith a copy of such notice with a record of the patient to the supreme court or county court in the county where such hospital is located. A copy of such notice and record shall also be given to the mental hygiene legal service. The court which receives such notice shall fix the date of such hearing and cause the patient or other person requesting the hearing, the director, the mental hygiene legal service and such other persons as the court may determine to be advised of such date. Upon such date, or upon such other date to which the proceeding may be adjourned, the court shall hear testimony and examine the person alleged to be mentally ill, if it be deemed advisable in or out of court, and shall render a decision in writing that there is reasonable cause to believe that the patient has a mental illness for which immediate inpatient care and treatment in a hospital is appropriate and which is likely to result in serious harm to [~~himself~~] themself or others. If it be determined that there is such reasonable cause, the court shall forthwith issue an order authorizing the retention of such patient for any such purpose or purposes in the hospital for a period not to exceed fifteen days from the date of admission. Any such order entered by the court shall not be deemed to be an adjudication that the patient is mentally ill, but only a determination that there is reasonable cause to retain the patient for the purposes of this section.

(a-1) 1. If a patient admitted under this section is discharged at any time before such patient has been admitted to a psychiatric center or inpatient psychiatric service subject to licensure by the office of mental health, the facility shall:

(i) advise such patient of clinically appropriate follow up services; and

(ii) for individuals with complex needs, as defined by the regulations of the office:

(A) for individuals in care management programs, coordinate discharge planning with such care management program; and

(B) provide referrals, if clinically appropriate and available, for care management services, community-based services, residential services, or peerbased programs.

2. Discharges pursuant to this subdivision shall comply with discharge obligations under article twenty-eight of the public health law and the regulations of the department of health, as applicable.

§ 6. Subdivisions (a) and (d) of section 9.40 of the mental hygiene law, as added by chapter 723 of the laws of 1989, are amended to read as follows:

(a) The director of any comprehensive psychiatric emergency program may receive and retain therein for a period not to exceed seventy-two hours, any person alleged to have a mental illness for which immediate observation, care and treatment in such program is appropriate and which is likely to result in serious harm to the person or others. The director shall cause to be entered upon the program records the name of the person or persons, if any, who have brought the person alleged to have a mental illness to the program and the details of the circumstances leading the person or persons to bring the person alleged to have a mental illness to the program. **The director shall, in accordance with section 33.13 of this chapter, upon receipt of a person under this section, ensure that reasonable efforts are made to identify and promptly notify any community provider of mental health services that maintains such person on its caseload.**

(d) If at any time it is determined that the person is no longer in need of immediate observation, care and treatment in accordance with this section and is not in need of involuntary care and treatment in a hospital, such person shall be released without regard to the provisions of section 29.15 of this chapter, unless such person agrees to be admitted to another appropriate hospital as a voluntary or informal patient. **Provided, however, the facility shall:**

1. advise such person of clinically appropriate aftercare services; and

2. for individuals with complex needs, as defined by the regulations of the office:

(i) for individuals in care management programs, coordinate discharge planning with the care management program; and

(ii) provide referrals, if clinically appropriate and available, for care management services, community-based services, residential services, or peerbased programs; and

3. comply with additional requirements as may be set forth by the regulations of the office of mental health.

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

(a) Any peace officer, when acting pursuant to [~~his or her~~] **their** special duties, or police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department may take into custody any person who appears to be mentally ill and is conducting [~~himself or herself~~] **themself** in a manner which is likely to result in serious harm to the person or others. Such officer may direct the removal of such person or remove [~~him or her~~] **such person** to any hospital specified in subdivision (a) of section 9.39 of this article, or any comprehensive psychiatric emergency program specified in subdivision (a) of section 9.40 of this article, or pending [~~his or her~~] **such person's** examination or admission to any such hospital or program, temporarily detain any such person in another safe and comfortable place, in which event, such officer shall immediately notify the director of community services or, if there be none, the health officer of the city or county of such action. **Provided, however, a peace officer**

or police officer directing the removal of a person who is conducting themself in a manner which is likely to result in serious harm as defined by paragraph three of subdivision (c) of section 9.01 of this chapter, shall request the transport of such person be conducted by emergency medical services, if practicable based on: the person's potential medical needs and the capacity limits of the local emergency medical services agencies, as determined by the local emergency medical services agencies; and the safety of the person being removed, as determined by the officer.

§ 7-a. Section 9.41 of the mental hygiene law, as amended by chapter 843 of the laws of 1980, is amended to read as follows:

§ 9.41 Emergency admissions for immediate observation, care, and treatment; powers of certain peace officers and police officers.

Any peace officer, when acting pursuant to [~~his~~] their special duties, or police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department may take into custody any person who appears to be mentally ill and is conducting [~~himself~~] themself in a manner which is likely to result in serious harm to [~~himself~~] themself or others. [~~"Likelihood to result in serious harm" shall mean (1) substantial risk of physical harm to himself as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that he is dangerous to himself, or (2) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.~~] Such officer may direct the removal of such person or remove [~~him~~] such person to any hospital specified in subdivision (a) of section 9.39 of this article or, pending [~~his~~] such person's examination or admission to any such hospital, temporarily detain any such person in another safe and comfortable place, in which event, such officer shall immediately notify the director of community services or, if there be none, the health officer of the city or county of such action. Provided, however, a peace officer or police officer directing the removal of a person who is conducting themself in a manner which is likely to result in serious harm as defined by paragraph three of subdivision (c) of section 9.01 of this article, shall request the transport of such person be conducted by emergency medical services, if practicable based on: the person's potential medical needs and the capacity limits of the local emergency medical services agencies, as determined by the local emergency medical services agencies; and the safety of the person being removed, as determined by the officer.

§ 8. Subdivision (a) of section 9.45 of the mental hygiene law, as amended by section 6 of part AA of chapter 57 of the laws of 2021, is amended to read as follows:

(a) The director of community services or the director's designee shall have the power to direct the removal of any person, within [~~his or her~~] their jurisdiction, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article, or to a comprehensive psychiatric emergency program pursuant to subdivision (a) of section 9.40 of this article, if the parent, adult sibling, spouse, domestic partner as defined in section twenty-nine hundred ninety-four-a of the public health law or child of the person, the committee or legal guardian of the person, a licensed psychologist, registered professional nurse or certified social worker currently responsible for providing treatment services to the person, a supportive or intensive case manager currently assigned to the person by a case management program which

program is approved by the office of mental health for the purpose of reporting under this section, a licensed physician, health officer, peace officer or police officer reports to [~~him or her~~] **the director of community services or the director's designee** that such person has a mental illness for which immediate care and treatment is appropriate and [~~which~~] **that** is likely to result in serious harm to [~~himself or herself~~] **self** or others. It shall be the duty of peace officers, when acting pursuant to their special duties, or police officers[~~,~~] who are members of an authorized police department**,** or force or of a sheriff's department to assist representatives of such director to take into custody and transport any such person. Upon the request of a director of community services or the director's designee**,** an ambulance service, as defined in subdivision two of section three thousand one of the public health law, is authorized to transport any such person. Such person may then be retained in a hospital pursuant to the provisions of section 9.39 of this article or in a comprehensive psychiatric emergency program pursuant to the provisions of section 9.40 of this article.

§ 8-a. Section 9.45 of the mental hygiene law, as amended by chapter 343 of the laws of 1985, is amended to read as follows:

§ 9.45 Emergency admissions for immediate observation, care, and treatment; powers of directors of community services.

The director of community services or [~~his~~] **the director's** designee shall have the power to direct the removal of any person, within [~~his~~] **their** jurisdiction, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article if the parent, spouse, **domestic partner as defined in section twenty-nine hundred ninety-four-a of the public health law** or child of the person, a licensed physician, health officer, peace officer or police officer reports to [~~him~~] **such director of community services or the director's designee** that such person has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to [~~himself~~] **self** or others, as defined in section 9.39 of this article. It shall be the duty of peace officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department to assist representatives of such director to take into custody and transport any such person. Upon the request of a director of community services or [~~his~~] **their** designee an ambulance service, as defined in subdivision two of section three thousand one of the public health law, is authorized to transport any such person. Such person may then be retained pursuant to the provisions of section 9.39 of this article.

§ 9. Subparagraph (iii) of paragraph 4 and paragraph 7 of subdivision (c), and subparagraph (ii) of paragraph 1 of subdivision (e) of section 9.60 of the mental hygiene law, as amended by chapter 158 of the laws of 2005, and subparagraph (iii) of paragraph 4 of subdivision (c) as amended by section 2 of subpart H of part UU of chapter 56 of the laws of 2022, are amended to read as follows:

(iii) notwithstanding subparagraphs (i) and (ii) of this paragraph, resulted in the issuance of a court order for assisted outpatient treatment [~~which~~] **that** has expired within the last six months, and since the expiration of the order[~~,~~]**; (a)** the person has experienced a substantial increase in symptoms of mental illness [~~and such symptoms~~] **that** substantially interferes with or limits [~~one or more major life activities as determined by a director of community services who previously was required to coordinate and monitor the care of any individual who was subject to such expired assisted outpatient treatment order. The appli-~~

~~cable director of community services or their designee shall arrange for the individual to be evaluated by a physician. If the physician determines court ordered services are clinically necessary and the least restrictive option, the director of community services may initiate a court proceeding.~~] **the person's ability to comply with recommended treatment; or (b) the person, due to a lack of compliance with recommended treatment, has undergone emergency observation, care, and treatment or has been admitted for inpatient care or has been incarcerated;**

(7) is likely to benefit from assisted outpatient treatment. **Previous non-compliance with court oversight or mandated treatment shall not preclude a finding that the person is likely to benefit from assisted outpatient treatment.**

(ii) the parent, spouse, **domestic partner,** sibling eighteen years of age or older, or child eighteen years of age or older of the subject of the petition; or

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

§ 9.64 Notice of admission determination to community provider.

Upon an admission to a hospital or received as a patient in a comprehensive psychiatric emergency program, the director of such hospital or program shall, in accordance with section 33.13 of this chapter, ensure that reasonable efforts are made to identify and promptly notify of such determination any community provider of mental health services that maintains such person on its caseload.

§ 11. Subdivision (f) of section 29.15 of the mental hygiene law, as amended by chapter 135 of the laws of 1993, is amended and two new subdivisions (g-1) and (o) are added to read as follows:

(f) The discharge or conditional release of all clients at developmental centers, patients at psychiatric centers or patients at psychiatric inpatient services subject to licensure by the office of mental health shall be in accordance with a written service plan prepared by staff familiar with the case history of the client or patient to be discharged or conditionally released and in cooperation with appropriate social services officials and directors of local governmental units. In causing such plan to be prepared, the director of the facility shall take steps to assure that the following persons are interviewed, provided an opportunity to actively participate in the development of such plan and advised of whatever services might be available to the patient through the mental hygiene legal service: the patient to be discharged or conditionally released; **with the consent of the patient, a representative of a community provider of mental health services, including a provider of case management services, that maintains the patient on its caseload, if applicable, and local programs that provide peer supports and services, if available;** an authorized representative of the patient, to include the parent or parents if the patient is a minor, unless such minor sixteen years of age or older objects to the participation of the parent or parents and there has been a clinical determination by a physician that the involvement of the parent or parents is not clinically appropriate and such determination is documented in the clinical record and there is no plan to discharge or release the minor to the home of such parent or parents; and upon the request of the patient sixteen years of age or older, [~~a significant~~] **an** individual **significant** to the patient including any relative, close friend or individual otherwise concerned with the welfare of the patient, other than an employee of the facility. **With the consent of the patient and consistent with section 33.13 of this chapter, such**

service plan may be provided to a parent or parents, any relative, close friend, or individual otherwise concerned with the welfare of the patient.

(g-1) For patients at psychiatric centers or psychiatric inpatient services subject to licensure by the office, it shall also be the responsibility of the director of any department facility from which a client or patient has been discharged or conditionally released, in collaboration, when appropriate, with appropriate social services officials and directors of local governmental units, and consistent with section 33.13 of this chapter:

1. to provide a discharge summary to the service provider or providers responsible for the patient's care after discharge under the service plan as described in subdivisions (f) and (g) of this section. Such discharge summary shall include relevant clinical information and post-discharge treatment recommendations in accordance with regulations promulgated by the commissioner;

2. to obtain contact information of the patient, if possible, and confirm a follow-up appointment has been scheduled for the patient with the appropriate service provider or providers to occur within seven days of discharge. If, after making diligent efforts, the facility cannot identify an aftercare provider with an available appointment within seven days, the facility shall document its efforts and schedule the appointment for as soon as possible thereafter. Individuals who are leaving the facility against medical advice or who decline aftercare services shall be provided with information about available treatment options, and have an appointment scheduled whenever possible; and

3. for a patient with an elevated risk of violence, to work collaboratively with the director of community service of the county where the patient resides, if available, such patient's outpatient treatment providers, residential providers, if applicable, and school, if applicable, to incorporate strategies to address violence risk factors and access to weapons into their overall discharge plan.

(o) Service plans and discharge summaries for individuals with complex needs at psychiatric centers or psychiatric inpatient services subject to licensure by the office. For purposes of this subdivision, an "individual or patient with complex needs" shall be defined by regulations of the commissioner. The facility shall comply with all other provisions of this section, in addition to the following:

1. service plans and discharge summaries shall be provided in writing to the patient;

2. referrals to services described in service plans shall be facilitated at the time of discharge;

3. a verbal clinical sign-out shall be provided on or before the day of discharge to the receiving outpatient treatment program and if applicable, the licensed residential program;

4. the patient's discharge plan shall be communicated to the designated post-discharge care manager, if applicable, to facilitate continuity of care and service coordination; and

5. referrals for care management services or community-based services and peer based programs shall be facilitated, as clinically appropriate and in accordance with regulations promulgated by the commissioner.

§ 12. Subdivision (g) of section 29.15 of the mental hygiene law is amended by adding a new paragraph 7 to read as follows:

7. For patients at psychiatric centers or psychiatric inpatient services subject to licensure by the office of mental health, a screening to determine the patient's suicide, violence, and substance use risk

to be incorporated into safety planning for the patient's discharge plan. Individuals with an elevated risk of self-harm or suicide shall have an individualized community suicide safety plan completed before discharge and such plan shall be provided to the patient's aftercare providers.

§ 13. The mental hygiene law is amended by adding new section 36.07 to read as follows:

§ 36.07 Behavioral health crisis technical assistance center.

(a) The commissioner, in conjunction with the commissioner of the office of addiction services and supports, shall establish a behavioral health crisis technical assistance center within the office of mental health. The commissioners shall jointly be responsible for the structure and operation of the behavioral health crisis technical assistance center.

(b) The behavioral health crisis technical assistance center, shall:

1. develop standardized protocols and procedures for a community-based public health-led response to behavioral health crises. The protocols and procedures shall be designed to:

(i) de-escalate situations involving individuals experiencing a mental health or substance use crisis, when possible;

(ii) utilize the most appropriate treatment for individuals experiencing a mental health or substance use crisis;

(iii) maximize the use of voluntary assessment and voluntary referral of individuals experiencing a mental health or substance use crisis;

(iv) minimize physical harm and trauma for individuals who experience a mental health or substance use crisis; and

(v) deliver culturally competent care;

2. assist local government units in the development of local service plans that address their local crisis service needs and implements a community-based public health-led crisis response. Such assistance shall include tailoring such plans to meet the needs of urban, suburban, and rural communities;

3. support implementation of standardized procedures and protocols;

4. in collaboration with the division of homeland security and emergency services and the state emergency medical services council, pursue efforts to improve coordination between the 9-1-1, 9-8-8, local government units, and statewide emergency response systems;

5. provide consultation and training to local government units and local crisis response teams on best practices on the assessment and response to mental health and substance use crises; and

6. maintain a database of best practices for a community-based public health-led response to behavioral health crises.

(c) In execution of its duties under this section, the technical assistance center shall employ a peer or peers with lived experience and shall consult with, as appropriate: peers with lived experience of mental illness or substance use disorders, or family of such peers and/or peer-led organizations; licensed mental health or addiction clinicians; licensed mental health or addiction counselors; licensed physicians, nurses, or mental health or addiction providers; mental health or addiction counselors; representatives of not-for-profit disability justice organizations; emergency medical technicians; and crisis health care workers.

(d) 1. The center shall prepare an annual report which shall include, but not be limited to, the following information:

(i) data on the extent to which local governmental units have implemented community-based public health-led responses to behavioral health crises and the effectiveness of such efforts;

(ii) a summary of any assistance provided, action taken, or progress made in relation to the duties required under this section;

(iii) recommendations to improve the operation and financing of a behavioral health crisis response system; and

(iv) any other information deemed relevant by the center.

2. Such report shall be submitted to the governor, speaker of the assembly and temporary president of the senate no later than December thirty-first, two thousand twenty-seven and annually thereafter and shall be made available on the official agency website for the office of mental health and the office of addiction services and supports.

§ 14. Section 840 of the executive law is amended by adding a new subdivision 8 to read as follows:

8. The council shall, in addition:

(a) Develop, maintain and disseminate, in consultation with the commissioner of the office of mental health, written policies and procedures regarding the handling of situations involving individuals who appear to be mentally ill and are conducting themselves in a manner which is likely to result in serious harm to the person or others. Such policies and procedures shall make provisions for the education and training of new and veteran police officers. Such training and education shall focus on appropriate recognition and response techniques for handling emergency situations involving individuals with mental illness including, but not limited to, how to de-escalate a situation involving an individual who may be experiencing a mental health crisis while minimizing the use of force and identifying alternatives to the criminal justice system; and

(b) Recommend to the division, rules and regulations establishing and implementing a required training program for all current and new police officers regarding the policies and procedures established pursuant to this subdivision, along with recommendations for periodic retraining of police officers. Such required training for current officers shall be completed within thirty-six months of the effective date of this subdivision; provided however it shall be completed within twenty-four months of the effective date of this subdivision in a city with a population of one million or more. The division shall review such recommendations and promulgate regulations consistent with this subdivision.

§ 15. Subparagraph (i) of paragraph (b) of subdivision 1 of section 209-q of the general municipal law, as amended by chapter 551 of the laws of 2001, is amended to read as follows:

(i) during the holder's continuous service as a police officer or peace officer who has an equivalency certificate for police officer training or an approved course for state university of New York public safety officers issued in accordance with subdivision three of section eight hundred forty-one of the executive law, provided that such police officer received training as set forth under subdivision eight of section eight hundred forty of the executive law, consistent with the rules and regulations promulgated therein; and

§ 16. Subdivision 4 of section 308 of the county law, as amended by chapter 309 of the laws of 1996, is amended to read as follows:

4. Records, in whatever form they may be kept, of calls made to a municipality's E911 system shall not be made available to or obtained by any entity or person, other than that municipality's public safety agency, another government agency or body, or a private entity or a person

providing medical, ambulance**, mental health crisis, substance use crisis,** or other emergency services, and shall not be utilized for any commercial purpose other than the provision of emergency services.

§ 17. Severability. If any provision of this act, or any application of any provision of this act, is held to be invalid, or to violate or be inconsistent with any federal law or regulation, that shall not affect the validity or effectiveness of any other provision of this act, or of any other application of any provision of this act.

§ 18. This act shall take effect ninety days after it shall have become a law; provided, however, section four of this act shall take effect on the same date as the reversion of subdivision (a) of section 9.37 of the mental hygiene law as provided in section 21 of chapter 723 of the laws of 1989, as amended; provided further, however, that the amendments to subdivisions (a) and (d) of section 9.40 of the mental hygiene law made by section six of this act shall not affect the repeal of such section and shall be deemed repealed therewith; provided further, however, that the amendments to subdivision (a) of section 9.41 of the mental hygiene law made by section seven of this act shall be subject to the expiration and reversion of such section pursuant to section 21 of chapter 723 of the laws of 1989, as amended, when upon such date the provisions of section seven-a of this act shall take effect, provided further, however, the amendments to section 9.45 of the mental hygiene law made by section eight of this act shall be subject to the expiration and reversion of such section pursuant to section 21 of chapter 723 of the laws of 1989, as amended, when upon such date the provisions of section eight-a of this act shall take effect; and provided further, however, the amendments to section 9.60 of the mental hygiene law made by section nine of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

PART FF

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

2. Notwithstanding any inconsistent provision of law, subject to the approval of the director of the budget and available appropriations therefor, for the period of April 1, 2025 through March 31, 2026, the commissioners shall provide funding to support a two and six-tenths percent (2.6%) targeted inflationary increase under this section for all eligible programs and services as determined pursuant to subdivision four of this section.

3. Notwithstanding any inconsistent provision of law, and as approved by the director of the budget, the 2.6 percent targeted inflationary increase established herein shall be inclusive of all other inflationary

increases, cost of living type increases, inflation factors, or trend factors that are newly applied effective April 1, 2025. Except for the 2.6 percent targeted inflationary increase established herein, for the period commencing on April 1, 2025 and ending March 31, 2026 the commissioners shall not apply any other new targeted inflationary increases or cost of living adjustments for the purpose of establishing rates of payments, contracts or any other form of reimbursement. The phrase "all other inflationary increases, cost of living type increases, inflation factors, or trend factors" as defined in this subdivision shall not include payments made pursuant to the American Rescue Plan Act or other federal relief programs related to the Coronavirus Disease 2019 (COVID-19) pandemic public health emergency. This subdivision shall not prevent the office of children and family services from applying additional trend factors or staff retention factors to eligible programs and services under paragraph (v) of subdivision four of this section.

4. Eligible programs and services. (i) Programs and services funded, licensed, or certified by the office of mental health (OMH) eligible for the targeted inflationary increase established herein, pending federal approval where applicable, include: office of mental health licensed outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of the office of mental health regulations including clinic (mental health outpatient treatment and rehabilitative services programs), continuing day treatment, day treatment, intensive outpatient programs and partial hospitalization; outreach; crisis residence; crisis stabilization, crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric emergency program services; crisis intervention; home based crisis intervention; family care; supported single room occupancy; supported housing programs/services excluding rent; treatment congregate; supported congregate; community residence - children and youth; treatment/apartment; supported apartment; community residence single room occupancy; on-site rehabilitation; employment programs; recreation; respite care; transportation; psychosocial club; assertive community treatment; case management; care coordination, including health home plus services; local government unit administration; monitoring and evaluation; children and youth vocational services; single point of access; school-based mental health program; family support children and youth; advocacy/support services; drop in centers; recovery centers; transition management services; bridger; home and community based waiver services; behavioral health waiver services authorized pursuant to the section 1115 MRT waiver; self-help programs; consumer service dollars; conference of local mental hygiene directors; multicultural initiative; ongoing integrated supported employment services; supported education; mentally ill/chemical abuse (MICA) network; personalized recovery oriented services; children and family treatment and support services; residential treatment facilities operating pursuant to part 584 of title 14-NYCRR; geriatric demonstration programs; community-based mental health family treatment and support; coordinated children's service initiative; homeless services; and promise zones.

(ii) Programs and services funded, licensed, or certified by the office for people with developmental disabilities (OPWDD) eligible for the targeted inflationary increase established herein, pending federal approval where applicable, include: local/unified services; chapter 620 services; voluntary operated community residential services; article 16 clinics; day treatment services; family support services; 100% day training; epilepsy services; traumatic brain injury services; hepatitis B services; independent practitioner services for individuals with

intellectual and/or developmental disabilities; crisis services for individuals with intellectual and/or developmental disabilities; family care residential habilitation; supervised residential habilitation; supportive residential habilitation; respite; day habilitation; prevocational services; supported employment; community habilitation; intermediate care facility day and residential services; specialty hospital; pathways to employment; intensive behavioral services; community transition services; family education and training; fiscal intermediary; support broker; and personal resource accounts.

(iii) Programs and services funded, licensed, or certified by the office of addiction services and supports (OASAS) eligible for the targeted inflationary increase established herein, pending federal approval where applicable, include: medically supervised withdrawal services - residential; medically supervised withdrawal services - outpatient; medically managed detoxification; inpatient rehabilitation services; outpatient opioid treatment; residential opioid treatment; residential opioid treatment to abstinence; problem gambling treatment; medically supervised outpatient; outpatient rehabilitation; specialized services substance abuse programs; home and community based waiver services pursuant to subdivision 9 of section 366 of the social services law; children and family treatment and support services; continuum of care rental assistance case management; NY/NY III post-treatment housing; NY/NY III housing for persons at risk for homelessness; permanent supported housing; youth clubhouse; recovery community centers; recovery community organizing initiative; residential rehabilitation services for youth (RRSY); intensive residential; community residential; supportive living; residential services; job placement initiative; case management; family support navigator; local government unit administration; peer engagement; vocational rehabilitation; HIV early intervention services; dual diagnosis coordinator; problem gambling resource centers; problem gambling prevention; prevention resource centers; primary prevention services; other prevention services; comprehensive outpatient clinic; 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.

PART GG

Section 1. Subdivisions (a), (b), (g) and (h) of section 31.37 of the mental hygiene law, as added by section 1 of part L of chapter 56 of the laws of 2013, are amended to read as follows:

(a) The commissioner [~~is authorized to~~] shall establish[~~, on his or her own accord or pursuant to a request by a~~] no less than one mental health incident review panel per quarter to review the circumstances and events related to an incident involving a person with serious mental illness occurring in the community that involved the use of deadly physical force, as defined by subdivision eleven of section 10.00 of the penal law, and resulted in serious physical injury, as defined by subdivision ten of section 10.00 of the penal law, to another. In selecting an incident to be reviewed, the commissioner shall review requests from local governmental [~~unit, a mental health incident review panel for the purposes of reviewing in conjunction with local representation, the circumstances and events related to a serious incident involving a person with mental illness. For purposes of this section, a "serious incident involving a person with mental illness" means an incident occurring in the community in which a person with a serious mental illness suffers physical injury as defined in subdivision nine of section 10.00 of the penal law or causes such physical injury to another person, or suffers a serious and preventable medical complication or becomes involved in a criminal incident involving violence~~] units, or non-governmental organizations or not-for-profit entities involved with the provision of mental health care or that represent the interests of people with mental illness and shall identify an incident appropriate for an incident review panel, consistent with the purposes of this section.

(a-1) The commissioner may establish, on their own accord, additional mental health incident review panels for the purposes of reviewing in conjunction with local representation, the circumstances and events related to a serious incident involving a person with mental illness. For purposes of this section, a "serious incident involving a person with mental illness" means an incident occurring in the community in

which a person with a serious mental illness suffers physical injury as defined in subdivision nine of section 10.00 of the penal law or causes such physical injury to another person, or suffers a serious and preventable medical complication or becomes involved in a criminal incident involving violence.

(a-2) A panel established under this section shall [~~be authorized to~~] conduct a review of such [~~serious~~] incident [~~in an attempt to identify~~] for the purpose of identifying problems or gaps in mental health delivery systems and to make recommendations for corrective actions to improve the provision of mental health or related services, to improve the coordination, integration and accountability of care in the mental health service system, and to enhance individual and public safety.

(b) A mental health incident review panel shall include representatives from the office of mental health, the division of criminal justice services, and the chief executive officer or designee of the local governmental unit where the serious incident involving a person with a mental illness occurred. A mental health incident review panel may also include, if deemed appropriate by the commissioner based on the nature of the serious incident being reviewed, one or more representatives from mental health providers, local departments of social services, human services programs, hospitals, local schools, emergency medical or mental health services, the office of the county attorney, state or local police agencies, the office of the medical examiner or the office of the coroner, the judiciary, or other appropriate state or local officials; provided, however, that a local law enforcement official may not serve as a member of such a review panel if [~~his or her~~] such local law enforcement official's office or agency is directly involved in any ongoing investigation or prosecution of a crime under review by the panel, or any appeal of a criminal conviction for such crime.

(g) [~~In his or her discretion,~~] In accordance with section 33.13 of this title, the commissioner shall [~~be authorized to~~] provide the final report of a review panel or portions thereof to any individual or entity for whom the report makes recommendations for corrective or other appropriate actions [~~that should be taken~~]. Any final report or portion thereof shall [~~not be~~] be confidential. Any individual or entity receiving the report shall be prohibited from further [~~disseminated by the individual or entity receiving~~] disseminating such report. Further, the commissioner shall [~~submit the final report of a review panel to the governor,~~] notify the temporary president of the senate and the speaker of the assembly[~~, consistent with federal and state confidentiality protections~~] of the issuance of the reports.

(h) The commissioner shall, every two years, submit [~~an annual~~] a cumulative report to the governor and the legislature incorporating the data in the mental health incident review panel reports and including a summary of the findings and recommendations made by such review panels and, to the extent practicable, any recommendations that have been implemented, including recommendations from prior [~~year~~] reports, and the impact of such implementations. The [~~annual~~] cumulative reports shall thereafter be made available to the public on the official agency website for the office of mental health, consistent with federal and state confidentiality protections.

§ 2. This act shall take effect April 1, 2025.

PART HH

Section 1. Paragraph (d-3) of subdivision 3 of section 364-j of the social services law, as added by section 1 of part JJ of chapter 57 of the laws of 2024, is amended to read as follows:

(d-3) Services provided in school-based health centers shall not be provided to medical assistance recipients through managed care programs established pursuant to this section until at least April first, two thousand [~~twenty-five~~] twenty-six.

§ 2. This act shall take effect immediately; provided, however, that the amendments to section 364-j of the social services law made by this act shall not affect the repeal of such section and shall be deemed repealed therewith.

PART II

Section 1. Paragraph 10 of subdivision (c) of section 25.18 of the mental hygiene law, as amended by chapter 171 of the laws of 2022, is amended and a new subdivision (c-1) is added to read as follows:

10. On or before November first of each year, beginning one year after the initial deposit of monies in the opioid settlement fund, the relevant commissioners[~~,~~] shall provide a written report to the governor, temporary president of the senate, speaker of the assembly, chair of the senate finance committee, chair of the assembly ways and means committee, chair of the senate alcoholism and substance [~~abuse~~] use disorders committee, chair of the assembly alcoholism and drug abuse committee, and the opioid settlement advisory board. Such report shall be presented as a consolidated dashboard and be made publicly available on the respective offices' websites. The report shall, to the extent practicable after making all diligent efforts to obtain such information, include the following: (i) the baseline funding for any entity that receives funding from the opioid settlement fund, prior to the receipt of such [~~opioid settlement~~] funds; (ii) how funds deposited in the opioid settlement fund had been utilized in the preceding calendar year, including but not limited to: (A) the amount of money disbursed [~~from the fund~~] and the award process used for such disbursement, if applicable; (B) the names of the recipients, the amounts awarded to such recipient and details about the purpose such funds were awarded for, including what specific services and programs the funds were used on and what populations such services or programs served; (C) the main criteria utilized to determine the award, including how the program or service assists to reduce the effects of substance use disorders; (D) an analysis of the effectiveness of the services and/or programs that received opioid settlement funding in their efforts to reduce the effects of the overdose and substance use disorder epidemic. Such analysis shall utilize evidence-based uniform metrics when reviewing the effects the service and/or program had on prevention, harm reduction, treatment, and recovery advancements; (E) any relevant information provided by the New York subdivisions pursuant to this section; and (F) any other information the commissioner deems necessary to help inform future appropriations and funding decisions, and ensure such funding is not being used to supplant local, state, or federal funding.

(c-1) On or before November first of each year, any New York subdivision that directly received funds pursuant to a statewide opioid settlement agreement shall publicly post on their website information regarding how such funding was utilized and shall submit such information to the office of addiction services and supports. Such information shall be

updated on an annual basis. The office of addiction services and supports shall re-post such information on its website.

§ 2. This act shall take effect immediately.

PART JJ

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

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

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

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

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

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

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

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

~~5.~~] 4. Notwithstanding any other provision of this chapter, the disclosure of information filed pursuant to this section shall be limited to the [~~mother~~] individual who experienced the pregnancy loss, [~~her~~] such individual's lawful representative and to authorized personnel of the department. Nothing in this section shall prohibit disclosure of deidentified information in compliance with federal reporting requirements.

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

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

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

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

2. A certificate issued pursuant to this section shall include such appropriate information as shall be determined by the department or if the stillbirth occurred in the city of New York, by the [~~board~~] **New York city department** of health **and mental hygiene**, and shall be on a form established by the department or [~~city of~~] New York [~~board~~] **city department** of health **and mental hygiene** which is similar, as applicable, to the form of a certificate prescribed by section forty-one hundred thirty of this article relating to a live birth. **The department, or in the city of New York, the New York city department of health and mental hygiene, shall provide for the submission of such form through electronic means.**

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

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

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

6. Notwithstanding any other provision of this chapter, the parent or parents may elect to have the disclosure of and access to the informa-

tion included on such certificate limited to the parents named on the certificate, their lawful representatives, to authorized personnel of the department, [~~and to the registrar~~] or, in the city of New York, personnel of the New York city department of health and mental hygiene.

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

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

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

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

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

§ 4161. [~~Fetal death~~] Pregnancy loss certificates; form and content; [~~physicians, nurse practitioners, midwives, and hospital administrators~~] health care professionals and hospital administrators. 1. The certificate of [~~fetal death~~] pregnancy loss and the report of [~~fetal death~~] pregnancy loss shall contain such information and be in such form as the commissioner may prescribe; provided however that commencing on or after the implementation date under section forty-one hundred forty-eight of this article, information and signatures required by this subdivision shall be obtained and made in accordance with section forty-one hundred forty-eight of this article, except that unless requested by the [~~woman~~] individual who experienced the pregnancy loss neither the certificate nor the report of [~~fetal death~~] pregnancy loss shall contain the name of the [~~woman~~] individual, [~~her~~] such individual's social security number or any other information, alone or in combination, which would permit [~~her~~] such individual to be identified except as provided in this subdivision. The report shall state that a certificate of [~~fetal death~~] pregnancy loss was filed with the commissioner and the date of such filing. [~~The commissioner shall develop a unique, confidential identifier to be used on the certificate of fetal death to be used in connection with the exercise of the commissioner's authority to monitor the quality of care provided by any individual or entity licensed to perform an abortion in this state and to permit coordination of data concerning the medical history of the woman for purposes of conducting surveillance scientific studies and research pursuant to the provisions of paragraph (j) of subdivision one of section two hundred six of this chapter.~~]

2. In each case where a [~~physician or nurse practitioner~~] health care provider licensed pursuant to title eight of the education law and acting within the scope of such health care provider's practice was in attendance at or after a [~~fetal death~~] pregnancy loss, it is the duty of such [~~physician or nurse practitioner~~] health care provider to certify [~~to~~] the [~~birth and to the cause of death on the fetal death~~] pregnancy loss certificate. [~~Where a nurse-midwife was in attendance at a fetal~~

~~death it is the duty of such nurse-midwife to certify to the birth but, he or she shall not certify to the cause of death on the fetal death certificate.~~]

3. [~~Fetal deaths occurring~~] Where a pregnancy loss occurs without the attendance of a [~~physician or nurse practitioner~~] health care provider as provided in subdivision two of this section [~~shall be treated as deaths without medical attendance, as provided in this article~~] and the individual experiencing the pregnancy loss seeks disposition of the products of conception in accordance with section forty-one hundred sixty-two of this title, such individual may present themselves to the coroner or medical director of the county, or if there be more than one, to a coroner having jurisdiction, or to the medical examiner to certify the pregnancy loss certificate. Provided, however, nothing in this section shall provide the coroner, medical director, or medical examiner with the authority to investigate an individual who experienced a pregnancy loss.

4. When a [~~fetal death~~] pregnancy loss occurs in a hospital, except in those cases where certificates are issued by coroners or medical examiners, the person in charge of such hospital or [~~his or her~~] such person's designated representative shall ensure that the certificate is promptly [~~present the certificate to the physician or nurse practitioner in attendance, or a physician or nurse practitioner acting in his or her behalf, who shall promptly certify to the facts of birth and of fetal death, provide the medical information required by the certificate, sign the medical certificate of birth and death, and thereupon return such certificate to such person, so that the seventy-two hour registration time limit prescribed in section four thousand one hundred sixty of this title can be met; provided, however that commencing on or after the implementation date under section forty-one hundred forty-eight of this article, information and signatures required by this subdivision shall be obtained and made in accordance with section forty-one hundred forty-eight of this article~~] prepared in accordance with the provisions of this article and regulations as promulgated by the commissioner.

§ 6. Section 4163 of the public health law, as added by chapter 589 of the laws of 1991, is amended to read as follows:

§ 4163. Penalties. Any person who shall release information which might disclose the identity of the [~~woman~~] pregnant person in connection with a certificate of [~~fetal death~~] pregnancy loss or report of [~~fetal death~~] pregnancy loss in violation of the provisions of this title shall be subject to a civil penalty not to exceed five thousand dollars for each such release. Such penalty may be recovered in the same manner as the penalty provided in section twelve of this chapter.

§ 7. Section 4162 of the public health law, as amended by chapter 809 of the laws of 1987, is amended to read as follows:

§ 4162. [~~Fetal deaths~~] Products of conception; burial and removal; permits. 1. [~~A~~] Upon request a permit shall be [~~required~~] issued for the removal, transportation, burial or other disposition of [~~remains resulting from a fetal death, other than fetal tissue, hydatidiform mole or other evidence of pregnancy recovered by curettage or operative procedures or other products of conception of under twenty weeks uterogestation~~] products of conception.

2. Such permit shall be issued by the local registrar of the district in which the [~~fetal death~~] pregnancy loss occurred upon [~~presentation~~] request by the funeral director [~~of a report of fetal death~~] seeking to take possession of the products of conception, on the form prescribed by

the commissioner. The issuance of such permit shall be subject to the provisions of title IV of this article.

§ 8. Subdivisions 2 and 4 of section 4143 of the public health law, as amended by chapter 545 of the laws of 1965, are amended to read as follows:

2. When notified of any death occurring without medical attendance, the coroner or medical examiner shall immediately investigate as provided by law and shall certify as provided in subdivision three. **Provided, however, no coroner or medical examiner shall have the authority to investigate a pregnancy loss as provided in section forty-one hundred sixty-one of this article.**

4. In case of any death occurring without medical attendance in the county of Erie, it shall be the duty of the undertaker or other person to whose knowledge the death may come, to notify the medical director of such death, and when so notified the medical director shall immediately investigate and certify as to the cause of death and shall, if [~~he~~] **such medical director** has reason to believe that the death may have been due to an unlawful act or neglect, cause a proper investigation and certification in accordance with the provisions of this section. **Provided, however, the medical director shall not have the authority to investigate a pregnancy loss as provided in section forty-one hundred sixty-one of this article.**

§ 9. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2025; provided, however that the amendments to subdivision 2 of section 4160 of the public health law made by section two of this act shall expire and be deemed repealed March 30, 2027, when upon such date the provisions of section three of this act shall take effect.

PART KK

Section 1. Section 4 of part KK of chapter 55 of the laws of 2022, amending the general municipal law and the town law relating to authorizing fees and charges for emergency medical services, is amended to read as follows:

§ 4. This act shall take effect on the ninetieth day after it shall have become a law and shall apply to health care claims submitted on or after such date; provided, however, that this act shall expire and be deemed repealed [~~four~~] **nine** years after it shall have become a law.

§ 2. This act shall take effect immediately.

PART LL

Section 1. Subdivisions 1, 2 and 4 of section 3402 of the public authorities law, as added by chapter 9 of the laws of 1997, are amended and a new subdivision 11 is added to read as follows:

1. (a) There is hereby created a state board to be known as the Nassau health care corporation which shall be a body corporate and politic constituting a public benefit corporation. **All health facilities established, administered, operated, and/or overseen by the corporation shall be subject to the provisions of article twenty-eight of the public health law.**

(a-1) Notwithstanding any inconsistent provision of law, on June first, two thousand twenty-five, the term of each director currently in office, including any vacant directorship, shall be deemed expired, and the respective appointing authorities shall make new appointments in

accordance with this section. Each director may continue to serve in holdover status until their successor is appointed.

(b) The corporation shall be governed by [~~fifteen~~] eleven voting directors, [~~eight~~] six of whom shall be appointed by the governor as provided in paragraph (c) of this subdivision, [~~three~~] two of whom shall be appointed by the county executive for initial terms of two years, [~~and four~~] two of whom shall be appointed by the majority leader of the county legislature for initial terms of three years, and one of whom shall be appointed by the minority leader of the county legislature for an initial term of three years.

(c) Of the [~~eight~~] six directors appointed by the governor, [~~two shall be appointed upon the recommendation of the county executive, three shall be appointed upon the recommendation of the majority leader of the county legislature, one shall be appointed upon the recommendation of the minority leader of the county legislature,~~] one shall be appointed upon the recommendation of the speaker of the assembly and one shall be appointed upon the recommendation of the temporary president of the senate. The directors appointed by the county executive, the majority leader of the county legislature, and the minority leader of the county legislature shall be residents of Nassau county. Of the directors appointed by the governor, four of the directors, including the directors appointed upon the recommendation of the speaker of the assembly and the temporary president of the senate, shall be residents of Nassau county.

(d) Of the directors first appointed on or after June first, two thousand twenty-five, by the governor, the director appointed upon the recommendation of the temporary president of the senate[~~,~~] and the director appointed upon the recommendation of the speaker of the assembly[~~, one of the directors appointed upon the recommendation of the county executive and one of the directors appointed upon the recommendation of the majority leader of the county legislature~~] shall serve for an initial term of [~~four~~] two years. The remaining directors first appointed on or after June first, two thousand twenty-five by the governor shall serve for an initial term of [~~two~~] four years. Following their initial terms, directors shall serve for a term of five years.

2. (a) The [~~county executive~~] governor shall designate one of the [~~fifteen~~] eleven voting directors as the chairperson of the board. The chairperson shall preside over all meetings of the board and shall have such other duties as the voting directors may direct.

(b) The voting directors of the corporation shall receive no compensation for their services, but may be reimbursed for their actual reasonable expenses.

(c) [~~Sixty percent~~] A majority of the voting directors then in office shall constitute a quorum. No action shall be taken by the board of directors except pursuant to the favorable vote of a majority of the board at a meeting at which a quorum is present.

4. The board of directors shall select the chief executive officer [~~subject to the approval of the county executive~~] and [~~shall determine~~], subject to approval of the Nassau county interim finance authority, shall determine the salary and benefits of the chief executive officer of the corporation. The chief executive officer shall serve at the pleasure of the board of directors provided, however, that removal without cause shall not prejudice the contract rights, if any, of the chief executive officer.

11. All contracts or obligations entered into by the corporation for over one million dollars shall be subject to the approval of the Nassau county interim finance authority.

§ 2. Subdivisions 4, 6 and 7 of section 3668 of the public authorities law, as added by chapter 84 of the laws of 2000 and as renumbered by section 3 of part LL of chapter 55 of the laws of 2022, are amended to read as follows:

4. obtain from the county **or the Nassau health care corporation** all information required pursuant to this section, and such other financial statements and projections, budgetary data and information, and management reports and materials as the authority deems necessary or desirable to accomplish the purposes of this title;

6. consult with the county in the preparation of the budget of the county**, and consult with the Nassau health care corporation in the preparation of the budget of the Nassau health care corporation**;

7. with respect to any county **or Nassau health care corporation** borrowing proposed to be issued after July first, two thousand, review the terms of and comment, within thirty days after notification by the county **or the Nassau health care corporation** of a proposed borrowing, on the prudence of each proposed issuance of bonds or notes to be issued by the county **or the Nassau health care corporation** and no such borrowing shall be made unless first reviewed and commented upon by the authority. The authority shall provide such comments within thirty days after notification by the county **or the Nassau health care corporation** of a proposed borrowing to the county executive, the comptroller, the legislature, the director of the budget and the state comptroller;

§ 3. Subdivision 1 and paragraph (a) and subparagraph (i) of paragraph (d) of subdivision 2 of section 3669 of the public authorities law, as added by chapter 84 of the laws of 2000, are amended and a new paragraph (a-1) is added to subdivision 2 to read as follows:

1. The authority shall impose a control period **over the county or the Nassau health care corporation** upon its determination at any time that any of the following events has occurred or that there is a substantial likelihood and imminence of such occurrence: (a) the county **or the Nassau health care corporation** shall have failed to pay the principal of or interest on any of its bonds or notes when due or payable, (b) the county **or the Nassau health care corporation** shall have incurred a major operating funds deficit of one percent or more in the aggregate results of operations of such funds during its fiscal year assuming all revenues and expenditures are reported in accordance with generally accepted accounting principles, subject to the provisions of this title, (c) the county **or the Nassau health care corporation** shall have otherwise violated any provision of this title and such violation substantially impairs the marketability of the county's bonds or notes **or the Nassau health care corporation's bonds or notes**, (d) the chief fiscal officer's certification at any time, at the request of the authority or on the chief fiscal officer's initiative, which certification shall be made from time to time as promptly as circumstances warrant and reported to the authority, that on the basis of facts existing at such time such officer could not make the certification described by paragraph (b) of this subdivision in the definition of interim finance period in section thirty-six hundred fifty-one of this title, or (e) the authority makes the finding required under paragraph (g) of subdivision two of section thirty-six hundred sixty-seven of this title. The authority shall terminate any such control period when it determines that none of the conditions which would permit the authority to impose a control period exist.

After termination of a control period the authority shall annually consider paragraphs (a) through (e) of this subdivision and determine whether, in its judgment, any of the events described in such paragraphs have occurred and the authority shall publish each such determination. Any certification made by the chief fiscal officer hereunder shall be based on such officers' written determination which shall take into account a report and opinion of an independent expert in the marketing of municipal securities selected by the authority, and the opinion of such expert and any other information taken into account shall be made public when delivered to the authority. Notwithstanding any part of the foregoing to the contrary, in no event shall any control period continue beyond the later of (i) January first, two thousand thirty, or (ii) the date when all bonds of the authority are refunded, discharged or otherwise defeased.

(a) The authority shall (i) consult with the county [~~and~~] **or** the covered organizations in the preparation of the financial plan, and certify to the county the revenue estimates approved therein, (ii) prescribe the form of the financial plan and the supporting information required in connection therewith, (iii) exercise the rights of approval, disapproval and modification with respect to the financial plan, including but not limited to the revenue estimates contained therein, and (iv) in the event the authority has made the finding required under section thirty-six hundred sixty-seven of this title, formulate and adopt its modifications to the financial plan, such modifications to become effective on their adoption by the authority.

(a-1) If a control period is imposed over the Nassau health care corporation, the authority shall require the Nassau health care corporation to report financial information to the authority in such form and manner and containing such information as the authority shall prescribe, including, but not limited to, expenditure and cash flow projections, disbursements and receipts, and budget data depicting overall trends of actual revenue and expenditures and any other information described in section thirty-six hundred sixty-seven of this title determined to be relevant by the authority.

(i) Within twenty days from the commencement of a control period, the county executive**, or the chairperson of the Nassau health care corporation in the case of a control period imposed pursuant to paragraph a-one of subdivision two of this section,** shall present to the authority proposed guidelines respecting the categories and types of contracts and other obligations required to be reviewed by the authority pursuant to this subdivision. Any such guidelines may provide a different standard for review with respect to contracts of any covered organization as the authority shall determine. Within thirty days from the commencement of a control period, the authority shall approve or modify and approve such proposed guidelines or promulgate its own in the event that such proposed guidelines are not submitted to it within the twenty days as provided for herein. Such guidelines may thereafter be modified by the authority from time to time on not less than thirty days' notice to the county executive **or chairperson of the Nassau health care corporation** and the county executive **or chairperson of the Nassau health care corporation** may from time to time propose modifications to the authority. Unless expressly disapproved or modified by the authority within thirty days (or such additional time, not exceeding thirty days, as the authority shall have notified the county or covered organization that it requires to complete its review and analysis) from the date of submission by the county executive **or chairperson of the Nassau health**

care corporation, any such proposed guidelines or modifications shall be deemed approved by the authority;

§ 4. The public authorities law is amended by adding a new section 3402-a to read as follows:

§ 3402-a. Study for the modernization and revitalization of the Nassau health care corporation. 1. Study. The Nassau health care corporation (hereinafter referred to as "the corporation") shall review and examine a variety of options to strengthen the Nassau University Medical Center and the A. Holly Patterson Extended Care Facility, and promote longer term viability for its dual education and health care mission. The corporation shall complete a study to prioritize health care services provided in the Nassau University Medical Center service area, including a reasonable, scalable and fiscally responsible plan for the financial health, viability and sustainability of the Nassau University Medical Center and the A. Holly Patterson Extended Care Facility. Such study shall be provided to the Nassau county interim finance authority no later than December first, two thousand twenty-six. In conducting its study, the corporation shall consider the following factors:

(a) overall health care service delivery trends and models;

(b) historic and projected financials for the Nassau University Medical Center and the campus;

(c) the current state of building infrastructure and capital needs;

(d) community health care needs, outcomes, and health disparities;

(e) existing inpatient and outpatient service offerings and health outcomes;

(f) capacity and availability of inpatient and outpatient services in the broader primary and secondary service areas;

(g) efficiency of operations and quality of health care services benchmarking; and

(h) training needs for students and employment outcomes.

2. Outreach. The corporation shall solicit input and recommendations from health care experts, county health departments, community-based organizations, state and regional health care industry associations, labor unions, experts in hospital operations, and other interested parties.

§ 5. This act shall take effect immediately; provided, however, section four of this act shall take effect June 1, 2025.

PART MM

Section 1. Section 5 of chapter 517 of the laws of 2016, amending the public health law relating to payments from the New York state medical indemnity fund, as amended by chapter 112 of the laws of 2023, is amended to read as follows:

§ 5. This act shall take effect on the forty-fifth day after it shall have become a law, provided that the amendments to subdivision 4 of section 2999-j of the public health law made by section two of this act shall take effect on June 30, 2017 and shall expire and be deemed repealed [~~December 31, 2025~~] June 1, 2026.

§ 2. This act shall take effect immediately.

§ 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 judg-

ment 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 MM of this act shall be as specifically set forth in the last section of such Parts.