

# 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:**

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

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

7

## PART A

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

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

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

22

## PART B

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

27 1-a. section fifty-two of this act shall expire and be deemed repealed  
28 March 31, [~~2025~~] 2030;

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

32 § 3. This act shall take effect immediately and shall expire December  
33 31, [~~2025~~] 2027.

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

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

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

45 § 6. This act shall take effect immediately and shall expire December  
46 31, [~~2025~~] 2027 and upon such date the provisions of this act shall be  
47 deemed to be repealed.

48 § 5. Intentionally omitted.

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

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

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

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

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

1 ciled to actual reported data for 2005, and for state fiscal years  
2 beginning on April 1, 2006, based initially on reported 2000 reconciled  
3 data as further reconciled to actual reported data for 2006, for state  
4 fiscal years beginning on and after April 1, 2007 through March 31,  
5 2009, based initially on reported 2000 reconciled data as further recon-  
6 ciled to actual reported data for 2007 and 2008, respectively, for state  
7 fiscal years beginning on and after April 1, 2009, based initially on  
8 reported 2007 reconciled data, adjusted for authorized Medicaid rate  
9 changes applicable to the state fiscal year, and as further reconciled  
10 to actual reported data for 2009, for state fiscal years beginning on  
11 and after April 1, 2010, based initially on reported reconciled data  
12 from the base year two years prior to the payment year, adjusted for  
13 authorized Medicaid rate changes applicable to the state fiscal year,  
14 and further reconciled to actual reported data from such payment year,  
15 and to actual reported data for each respective succeeding year. The  
16 payments may be added to rates of payment or made as aggregate payments  
17 to an eligible public general hospital.

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

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

29 § 8-a. Section 2 of chapter 137 of the laws of 2023, amending the  
30 public health law relating to establishing a community-based paramedi-  
31 cine demonstration program, is amended to read as follows:

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

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

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

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

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

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

6 1. sections four, eleven and thirteen of this act shall take effect  
7 immediately and shall expire and be deemed repealed June 30, [~~2025~~]  
8 2027;

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

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

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

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

1 adjusted for low utilization cases and to reflect a percentage limita-  
2 tion of the cost for high-utilization cases that exceed outlier thresh-  
3 olds of such payments.

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

9 4-a. section twenty-two of this act shall take effect April 1, 2014,  
10 and shall be deemed expired January 1, [~~2026~~] 2028;

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

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

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

18 (b) sections four through ten shall expire on June 30, [~~2025~~] 2029,  
19 and

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

24 § 16. Subdivision 5-a of section 246 of chapter 81 of the laws of  
25 1995, amending the public health law and other laws relating to medical  
26 reimbursement and welfare reform, as amended by section 30 of part B of  
27 chapter 57 of the laws of 2023, is amended to read as follows:

28 5-a. Section sixty-four-a of this act shall be deemed to have been in  
29 full force and effect on and after April 1, 1995 through March 31, 1999  
30 and on and after July 1, 1999 through March 31, 2000 and on and after  
31 April 1, 2000 through March 31, 2003 and on and after April 1, 2003  
32 through March 31, 2007, and on and after April 1, 2007 through March 31,  
33 2009, and on and after April 1, 2009 through March 31, 2011, and on and  
34 after April 1, 2011 through March 31, 2013, and on and after April 1,  
35 2013 through March 31, 2015, and on and after April 1, 2015 through  
36 March 31, 2017 and on and after April 1, 2017 through March 31, 2019,  
37 and on and after April 1, 2019 through March 31, 2021, and on and after  
38 April 1, 2021 through March 31, 2023, and on and after April 1, 2023  
39 through March 31, 2025, and on and after April 1, 2025 through March 31,  
40 2029;

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

45 § 64-b. Notwithstanding any inconsistent provision of law, the  
46 provisions of subdivision 7 of section 3614 of the public health law, as  
47 amended, shall remain and be in full force and effect on April 1, 1995  
48 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on  
49 and after April 1, 2000 through March 31, 2003 and on and after April 1,  
50 2003 through March 31, 2007, and on and after April 1, 2007 through  
51 March 31, 2009, and on and after April 1, 2009 through March 31, 2011,  
52 and on and after April 1, 2011 through March 31, 2013, and on and after  
53 April 1, 2013 through March 31, 2015, and on and after April 1, 2015  
54 through March 31, 2017 and on and after April 1, 2017 through March 31,  
55 2019, and on and after April 1, 2019 through March 31, 2021, and on and  
56 after April 1, 2021 through March 31, 2023, and on and after April 1,

1 2023 through March 31, 2025, and on and after April 1, 2025 through  
2 March 31, 2029.

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

8 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section  
9 2807-c of the public health law, section 21 of chapter 1 of the laws of  
10 1999, or any other contrary provision of law, in determining rates of  
11 payments by state governmental agencies effective for services provided  
12 on and after January 1, 2017 through March 31, [~~2025~~] 2029, for inpa-  
13 tient and outpatient services provided by general hospitals, for inpa-  
14 tient services and adult day health care outpatient services provided by  
15 residential health care facilities pursuant to article 28 of the public  
16 health law, except for residential health care facilities or units of  
17 such facilities providing services primarily to children under twenty-  
18 one years of age, for home health care services provided pursuant to  
19 article 36 of the public health law by certified home health agencies,  
20 long term home health care programs and AIDS home care programs, and for  
21 personal care services provided pursuant to section 365-a of the social  
22 services law, the commissioner of health shall apply no greater than  
23 zero trend factors attributable to the 2017, 2018, 2019, 2020, 2021,  
24 2022, 2023, 2024 [~~and~~], 2025, 2026, 2027, 2028, and 2029 calendar years  
25 in accordance with paragraph (c) of subdivision 10 of section 2807-c of  
26 the public health law, provided, however, that such no greater than zero  
27 trend factors attributable to such 2017, 2018, 2019, 2020, 2021, 2022,  
28 2023, 2024 [~~and~~], 2025, 2026, 2027, 2028, and 2029 calendar years shall  
29 also be applied to rates of payment provided on and after January 1,  
30 2017 through March 31, [~~2025~~] 2029 for personal care services provided  
31 in those local social services districts, including New York city, whose  
32 rates of payment for such services are established by such local social  
33 services districts pursuant to a rate-setting exemption issued by the  
34 commissioner of health to such local social services districts in  
35 accordance with applicable regulations; and provided further, however,  
36 that for rates of payment for assisted living program services provided  
37 on and after January 1, 2017 through March 31, [~~2025~~] 2029, such trend  
38 factors attributable to the 2017, 2018, 2019, 2020, 2021, 2022, 2023,  
39 2024 [~~and~~], 2025, 2026, 2027, 2028, and 2029 calendar years shall be  
40 established at no greater than zero percent.

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

45 2. Sections five, seven through nine, twelve through fourteen, and  
46 eighteen of this act shall be deemed to have been in full force and  
47 effect on and after April 1, 1995 through March 31, 1999 and on and  
48 after July 1, 1999 through March 31, 2000 and on and after April 1, 2000  
49 through March 31, 2003 and on and after April 1, 2003 through March 31,  
50 2006 and on and after April 1, 2006 through March 31, 2007 and on and  
51 after April 1, 2007 through March 31, 2009 and on and after April 1,  
52 2009 through March 31, 2011 and sections twelve, thirteen and fourteen  
53 of this act shall be deemed to be in full force and effect on and after  
54 April 1, 2011 through March 31, 2015 and on and after April 1, 2015  
55 through March 31, 2017 and on and after April 1, 2017 through March 31,  
56 2019, and on and after April 1, 2019 through March 31, 2021, and on and

1 after April 1, 2021 through March 31, 2023, and on and after April 1,  
2 2023 through March 31, 2025, and on and after April 1, 2025 through  
3 March 31, 2029;

4 § 20. Subparagraph (vi) of paragraph (b) of subdivision 2 of section  
5 2807-d of the public health law, as amended by section 34 of part B of  
6 chapter 57 of the laws of 2023, is amended to read as follows:

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

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

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

1 expire and be deemed repealed [~~five~~] seven years after such effective  
2 date.

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

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

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

14 § 4. This act shall take effect 120 days after it shall have become a  
15 law and shall expire and be deemed repealed March 31, [~~2025~~] 2029.

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

24 (b) section four of this act shall expire and be deemed repealed  
25 December 31, [~~2025~~] 2030; provided, however, the amendments to paragraph  
26 (c) of subdivision 1 of section 369-gg of the social services law made  
27 by such section of this act shall be subject to the expiration and  
28 reversion of such paragraph pursuant to section 2 of part H of chapter  
29 57 of the laws of 2021 when upon such date, the provisions of section  
30 five of this act shall take effect; provided, however, the amendments to  
31 such paragraph made by section five of this act shall expire and be  
32 deemed repealed December 31, [~~2025~~] 2030;

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

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

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

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

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

14 § 20. The department of health shall establish or procure services of  
 15 an independent panel or panels of clinical professionals no later than  
 16 October 1, 2022, in a manner and schedule as determined by the commis-  
 17 sioner of health, to provide as appropriate independent physician or  
 18 other applicable clinician orders for personal care services, including  
 19 as provided through the consumer directed personal assistance program,  
 20 available pursuant to the state's medical assistance program and to  
 21 determine eligibility for the consumer directed personal assistance  
 22 program. Notwithstanding the provisions of section 163 of the state  
 23 finance law, or sections 142 and 143 of the economic development law, or  
 24 any contrary provision of law, contracts may be entered or the commis-  
 25 sioner of health may amend and extend the terms of a contract awarded  
 26 prior to the effective date and entered into to conduct enrollment  
 27 broker and conflict-free evaluation services for the Medicaid program,  
 28 if such contract or contract amendment is for the purpose of establish-  
 29 ing an independent panel or panels of clinical professionals as  
 30 described in this section. Contracts entered into, amended, or extended  
 31 pursuant to this section shall not remain in force beyond September 30,  
 32 [~~2025~~] 2028.

33 § 26-a. Section 2 of chapter 769 of the laws of 2023, amending the  
 34 public health law relating to the adult cystic fibrosis assistance  
 35 program, as amended by section 14 of part B of chapter 57 of the laws of  
 36 2024, is amended to read as follows:

37 § 2. This act shall take effect immediately and shall expire March 31,  
 38 [~~2025~~] 2027 when upon such date the provisions of this act shall be  
 39 deemed repealed.

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

PART C

Intentionally Omitted

PART D

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

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

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

33 § 2. Clause (A) of subparagraph (ii) of paragraph (b) of subdivision  
34 5-d of section 2807-k of the public health law, as amended by section 1  
35 of part E of chapter 57 of the laws of 2023, is amended to read as  
36 follows:

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

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

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

50

## PART E

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

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

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

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

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

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

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

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

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

35 (d) For the purposes of this subdivision a violation shall mean a  
36 determination by the commissioner that the managed care provider failed  
37 to act as required under the contract between the state and the managed  
38 care provider in place at the time of the failure, or applicable federal  
39 and state statutes, rules or regulations governing managed care provid-  
40 ers. Each instance of a managed care provider failing to furnish neces-  
41 sary and/or required medical services or items to each enrollee shall be  
42 a separate violation and each day that an ongoing violation continues  
43 shall be a separate violation.

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

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

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

52 § 3. This act shall take effect immediately; provided, however, that  
53 section one of this act is subject to federal financial participation;  
54 and provided further, however, that the amendments to section 364-j of  
55 the social services law made by sections one and two of this act shall

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

3 PART F

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

7 § 2807-ff. New York managed care organization provider tax. 1. The  
8 commissioner, subject to the approval of the director of the budget,  
9 shall: apply for a waiver or waivers of the broad-based and uniformity  
10 requirements related to the establishment of a New York managed care  
11 organization provider tax (the "MCO provider tax") in order to secure  
12 federal financial participation for the costs of the medical assistance  
13 program; [~~issue regulations to implement the MCO provider tax,~~] and,  
14 subject to approval by the centers for [~~medicare and medicaid~~] Medicare  
15 and Medicaid services, impose the MCO provider tax as an assessment upon  
16 insurers, health maintenance organizations, and managed care organiza-  
17 tions (collectively referred to as "health plan") offering the following  
18 plans or products:

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

22 (b) A [~~child~~] health insurance plan [~~certified~~] servicing individuals  
23 enrolled pursuant to [~~section twenty-five hundred eleven~~] title one-A of  
24 article twenty-five of this chapter;

25 (c) Essential plan coverage certified pursuant to [~~section three~~  
26 ~~hundred sixty-nine-ss~~] title eleven-D of article five of the social  
27 services law;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 9. Payments and reports submitted or required to be submitted to the  
2 commissioner pursuant to this section by a health plan shall be subject  
3 to audit by the commissioner for a period of six years following the  
4 close of the calendar year in which such payments and reports are due,  
5 after which such payments shall be deemed final and not subject to  
6 further adjustment or reconciliation, including through offset adjust-  
7 ments or reconciliations made by a health plan; provided, however, that  
8 nothing in this section shall be construed as precluding the commission-  
9 er from pursuing collection of any such payments which are identified as  
10 delinquent within such six-year period, or which are identified as  
11 delinquent as a result of an audit commenced within such six-year peri-  
12 od, or from conducting an audit of any adjustment or reconciliation made  
13 by a health plan, or from conducting an audit of payments made prior to  
14 such six-year period which are found to be commingled with payments  
15 which are otherwise subject to timely audit pursuant to this section.

16 10. In the event of a merger, acquisition, establishment, or any other  
17 similar transaction that results in the transfer of health plan respon-  
18 sibility for all enrollees under this section from a health plan to  
19 another health plan or similar entity, and that occurs at any time  
20 during which this section is effective, the resultant health plan or  
21 similar entity shall be responsible for paying the full tax amount as  
22 provided in this section that would have been the responsibility of the  
23 health plan to which that full tax amount was assessed upon the effec-  
24 tive date of any such transaction. If a merger, acquisition, establish-  
25 ment, or any other similar transaction results in the transfer of health  
26 plan responsibility for only some of a health plan's enrollees under  
27 this section but not all enrollees, the full tax amount as provided in  
28 this section shall remain the responsibility of that health plan to  
29 which that full tax amount was assessed.

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

33 § 99-ss. Healthcare stability fund. 1. There is hereby established in  
34 the joint custody of the state comptroller and the commissioner of taxa-  
35 tion and finance a special fund to be known as the "healthcare stability  
36 fund" ("fund").

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

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

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

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

54 (b) funding the non-federal share of the medical assistance program,  
55 including supplemental support for the delivery of health care services  
56 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

1 in sections one and one-b of this act subject to the approval of the  
2 commissioner of health and the director of the budget. Notwithstanding  
3 any provision of law to the contrary, for the state fiscal years begin-  
4 ning April 1, 2025, and thereafter, Medicaid payments made for the oper-  
5 ating component of hospital outpatient services shall be subject to a  
6 uniform rate increase pursuant to a plan approved by the director of the  
7 budget in addition to the applicable increase contained in section one  
8 of this act and this section, subject to the approval of the commission-  
9 er of health and the director of the budget. Notwithstanding any  
10 provision of law to the contrary, for the period April 1, 2025, and  
11 thereafter, Medicaid payments made for hospital services shall be  
12 increased by an aggregate amount of up to \$425,000,000 in addition to  
13 the increase contained in section one of this act and this section,  
14 subject to the approval of the commissioner of health and the director  
15 of the budget. Such rate increases shall be subject to federal financial  
16 participation and the provisions established under section one-f of this  
17 act.

18 § 4. Section 1-b of part I of chapter 57 of the laws of 2022 providing  
19 a one percent across the board payment increase to all qualifying fee-  
20 for-service Medicaid rates, as added by section 2 of part NN of chapter  
21 57 of the laws of 2024, is amended to read as follows:

22 § 1-b. Notwithstanding any provision of law to the contrary, for the  
23 state fiscal years beginning April 1, 2023, and thereafter, Medicaid  
24 payments made for the operating component of residential health care  
25 facilities services shall be subject to a uniform rate increase of 6.5  
26 percent in addition to the increase contained in subdivision 1 of  
27 section 1 of this part, subject to the approval of the commissioner of  
28 the department of health and the director of the division of the budget;  
29 provided, however, that such Medicaid payments shall be subject to a  
30 uniform rate increase of up to 7.5 percent in addition to the increase  
31 contained in subdivision 1 of section 1 of this part contingent upon  
32 approval of the commissioner of the department of health, the director  
33 of the division of the budget, and the Centers for Medicare and Medicaid  
34 Services. Notwithstanding any provision of law to the contrary, for the  
35 period April 1, 2024 through March 31, 2025 Medicaid payments made for  
36 nursing home services shall be increased by an aggregate amount of up to  
37 \$285,000,000 in addition to the increase contained in [~~sections~~] section  
38 one [~~and one-e~~] of this act and this section subject to the approval of  
39 the commissioner of health and the director of the budget. Such rate  
40 increases shall be subject to federal financial participation. Notwith-  
41 standing any provision of law to the contrary, for the period April 1,  
42 2025 through March 31, 2026 Medicaid payments made for nursing home  
43 services shall be increased by an aggregate amount of up to \$445,000,000  
44 in addition to the increase contained in section one of this act and  
45 this section, subject to the approval of the commissioner of health and  
46 the director of the budget. Notwithstanding any provision of law to the  
47 contrary, for state fiscal years beginning April 1, 2026, and thereafter  
48 Medicaid payments made for nursing home services shall be increased by  
49 an aggregate amount of up to \$385,000,000 in addition to the increase  
50 contained in section one of this act and this section, subject to the  
51 approval of the commissioner of health and the director of the budget.  
52 Such rate increases shall be subject to federal financial participation  
53 and the provisions established under section one-f of this act.

54 § 5. Sections 1-c and 1-d of part I of chapter 57 of the laws of 2022  
55 providing a one percent across the board payment increase to all quali-

1 fying fee-for-service Medicaid rates, are renumbered sections 1-d and  
2 1-e and a new section 1-c is added to read as follows:

3 § 1-c. Notwithstanding any provision of law to the contrary, for the  
4 period April 1, 2025 through March 31, 2026 Medicaid payments made for  
5 clinic service provided by federally qualified health centers and diag-  
6 nostic and treatment centers licensed pursuant to article 28 of the  
7 public health law shall be increased by an aggregate amount of up to  
8 \$40,000,000 in addition to any applicable increase contained in section  
9 one of this act subject to the approval of the commissioner of health  
10 and the director of the budget. Notwithstanding any provision of law to  
11 the contrary, for the period April 1, 2026, and thereafter, Medicaid  
12 payments made for clinic service provided by federally qualified health  
13 centers and diagnostic and treatment centers licensed pursuant to arti-  
14 cle twenty-eight of the public health law shall be increased by an  
15 aggregate amount of up to \$20,000,000 in addition to any applicable  
16 increase contained in section one of this act subject to the approval of  
17 the commissioner of health and the director of the budget. Such rate  
18 increases shall be subject to federal financial participation and the  
19 provisions established under section one-f of this act.

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

25 § 1-d. Notwithstanding any provision of law to the contrary, for the  
26 state fiscal years beginning April 1, 2023, and thereafter, Medicaid  
27 payments made for the operating component of assisted living programs as  
28 defined by paragraph (a) of subdivision one of section 461-1 of the  
29 social services law shall be subject to a uniform rate increase of 6.5  
30 percent in addition to the increase contained in section one of this  
31 part, subject to the approval of the commissioner of the department of  
32 health and the director of division of the budget. Notwithstanding any  
33 provision of law to the contrary, for the period April 1, 2024 through  
34 March 31, 2025, Medicaid payments for assisted living programs shall be  
35 increased by up to \$15,000,000 in addition to the increase contained in  
36 this section subject to the approval of the commissioner of health and  
37 the director of the budget. Notwithstanding any provision of law to the  
38 contrary, for the state fiscal years beginning on April 1, 2025 and  
39 thereafter, Medicaid payments for assisted living programs shall be  
40 increased by up to \$15,000,000 in addition to the increase contained in  
41 this section subject to the approval of the commissioner of health and  
42 the director of the budget. Such rate increases shall be subject to  
43 federal financial participation and the provisions established under  
44 section one-f of this act.

45 § 7. Section 1-e of part I of chapter 57 of the laws of 2022 providing  
46 a one percent across the board payment increase to all qualifying fee-  
47 for-service Medicaid rates, as added by section 4 of part NN of chapter  
48 57 of the laws of 2024, and as renumbered by section five of this act,  
49 is amended and a new section 1-f is added to read as follows:

50 § 1-e. Such increases as added by the chapter of the laws of 2024 that  
51 added this section may take the form of increased rates of payment in  
52 Medicaid fee-for-service and/or Medicaid managed care, lump sum  
53 payments, or state directed payments under 42 CFR 438.6(c). Such rate  
54 increases shall be subject to federal financial participation and the  
55 provisions established under section one-f of this act.

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

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

13 PART G

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

19 (a) The superintendent of financial services and the commissioner of  
20 health or their designee shall, from funds available in the hospital  
21 excess liability pool created pursuant to subdivision 5 of this section,  
22 purchase a policy or policies for excess insurance coverage, as author-  
23 ized by paragraph 1 of subsection (e) of section 5502 of the insurance  
24 law; or from an insurer, other than an insurer described in section 5502  
25 of the insurance law, duly authorized to write such coverage and actual-  
26 ly writing medical malpractice insurance in this state; or shall  
27 purchase equivalent excess coverage in a form previously approved by the  
28 superintendent of financial services for purposes of providing equiv-  
29 alent excess coverage in accordance with section 19 of chapter 294 of  
30 the laws of 1985, for medical or dental malpractice occurrences between  
31 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,  
32 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June  
33 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991  
34 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July  
35 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,  
36 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June  
37 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998  
38 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July  
39 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,  
40 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June  
41 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005  
42 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July  
43 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,  
44 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June  
45 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012  
46 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July  
47 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,  
48 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June  
49 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019  
50 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July  
51 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023,  
52 between July 1, 2023 and June 30, 2024, [~~and~~] between July 1, 2024 and  
53 June 30, 2025, and between July 1, 2025 and June 30, 2026 or reimburse  
54 the hospital where the hospital purchases equivalent excess coverage as

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

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

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

13 (3)(a) The superintendent of financial services shall determine and  
14 certify to each general hospital and to the commissioner of health the  
15 cost of excess malpractice insurance for medical or dental malpractice  
16 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988  
17 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July  
18 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,  
19 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June  
20 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995  
21 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July  
22 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,  
23 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June  
24 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002  
25 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July  
26 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,  
27 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June  
28 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009  
29 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July  
30 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,  
31 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June  
32 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016  
33 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July  
34 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,  
35 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June  
36 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023  
37 and June 30, 2024, [~~and~~] between July 1, 2024 and June 30, 2025, and  
38 between July 1, 2025 and June 30, 2026 allocable to each general hospi-  
39 tal for physicians or dentists certified as eligible for purchase of a  
40 policy for excess insurance coverage by such general hospital in accord-  
41 ance with subdivision 2 of this section, and may amend such determi-  
42 nation and certification as necessary.

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

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

55 § 3. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section  
56 18 of chapter 266 of the laws of 1986, amending the civil practice law

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

4 (a) To the extent funds available to the hospital excess liability  
5 pool pursuant to subdivision 5 of this section as amended, and pursuant  
6 to section 6 of part J of chapter 63 of the laws of 2001, as may from  
7 time to time be amended, which amended this subdivision, are insuffi-  
8 cient to meet the costs of excess insurance coverage or equivalent  
9 excess coverage for coverage periods during the period July 1, 1992 to  
10 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during  
11 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995  
12 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,  
13 during the period July 1, 1997 to June 30, 1998, during the period July  
14 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,  
15 2000, during the period July 1, 2000 to June 30, 2001, during the period  
16 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to  
17 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during  
18 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004  
19 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,  
20 during the period July 1, 2006 to June 30, 2007, during the period July  
21 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,  
22 2009, during the period July 1, 2009 to June 30, 2010, during the period  
23 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June  
24 30, 2012, during the period July 1, 2012 to June 30, 2013, during the  
25 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to  
26 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during  
27 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017  
28 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,  
29 during the period July 1, 2019 to June 30, 2020, during the period July  
30 1, 2020 to June 30, 2021, during the period July 1, 2021 to June 30,  
31 2022, during the period July 1, 2022 to June 30, 2023, during the period  
32 July 1, 2023 to June 30, 2024, ~~and~~ during the period July 1, 2024 to  
33 June 30, 2025, and during the period July 1, 2025 to June 30 2026 allo-  
34 cated or reallocated in accordance with paragraph (a) of subdivision 4-a  
35 of this section to rates of payment applicable to state governmental  
36 agencies, each physician or dentist for whom a policy for excess insur-  
37 ance coverage or equivalent excess coverage is purchased for such period  
38 shall be responsible for payment to the provider of excess insurance  
39 coverage or equivalent excess coverage of an allocable share of such  
40 insufficiency, based on the ratio of the total cost of such coverage for  
41 such physician to the sum of the total cost of such coverage for all  
42 physicians applied to such insufficiency.

43 (b) Each provider of excess insurance coverage or equivalent excess  
44 coverage covering the period July 1, 1992 to June 30, 1993, or covering  
45 the period July 1, 1993 to June 30, 1994, or covering the period July 1,  
46 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,  
47 1996, or covering the period July 1, 1996 to June 30, 1997, or covering  
48 the period July 1, 1997 to June 30, 1998, or covering the period July 1,  
49 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,  
50 2000, or covering the period July 1, 2000 to June 30, 2001, or covering  
51 the period July 1, 2001 to October 29, 2001, or covering the period  
52 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to  
53 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or  
54 covering the period July 1, 2004 to June 30, 2005, or covering the peri-  
55 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to  
56 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or

1 covering the period July 1, 2008 to June 30, 2009, or covering the peri-  
2 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to  
3 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or  
4 covering the period July 1, 2012 to June 30, 2013, or covering the peri-  
5 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to  
6 June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or  
7 covering the period July 1, 2016 to June 30, 2017, or covering the peri-  
8 od July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to  
9 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or  
10 covering the period July 1, 2020 to June 30, 2021, or covering the peri-  
11 od July 1, 2021 to June 30, 2022, or covering the period July 1, 2022 to  
12 June 30, 2023, or covering the period July 1, 2023 to June 30, 2024, or  
13 covering the period July 1, 2024 to June 30, 2025, or covering the peri-  
14 od July 1, 2025 to June 30, 2026 shall notify a covered physician or  
15 dentist by mail, mailed to the address shown on the last application for  
16 excess insurance coverage or equivalent excess coverage, of the amount  
17 due to such provider from such physician or dentist for such coverage  
18 period determined in accordance with paragraph (a) of this subdivision.  
19 Such amount shall be due from such physician or dentist to such provider  
20 of excess insurance coverage or equivalent excess coverage in a time and  
21 manner determined by the superintendent of financial services.

22 (c) If a physician or dentist liable for payment of a portion of the  
23 costs of excess insurance coverage or equivalent excess coverage cover-  
24 ing the period July 1, 1992 to June 30, 1993, or covering the period  
25 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to  
26 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or  
27 covering the period July 1, 1996 to June 30, 1997, or covering the peri-  
28 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to  
29 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or  
30 covering the period July 1, 2000 to June 30, 2001, or covering the peri-  
31 od July 1, 2001 to October 29, 2001, or covering the period April 1,  
32 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,  
33 2003, or covering the period July 1, 2003 to June 30, 2004, or covering  
34 the period July 1, 2004 to June 30, 2005, or covering the period July 1,  
35 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,  
36 2007, or covering the period July 1, 2007 to June 30, 2008, or covering  
37 the period July 1, 2008 to June 30, 2009, or covering the period July 1,  
38 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,  
39 2011, or covering the period July 1, 2011 to June 30, 2012, or covering  
40 the period July 1, 2012 to June 30, 2013, or covering the period July 1,  
41 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,  
42 2015, or covering the period July 1, 2015 to June 30, 2016, or covering  
43 the period July 1, 2016 to June 30, 2017, or covering the period July 1,  
44 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,  
45 2019, or covering the period July 1, 2019 to June 30, 2020, or covering  
46 the period July 1, 2020 to June 30, 2021, or covering the period July 1,  
47 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30,  
48 2023, or covering the period July 1, 2023 to June 30, 2024, or covering  
49 the period July 1, 2024 to June 30, 2025, or covering the period July 1,  
50 2025 to June 30, 2026 determined in accordance with paragraph (a) of  
51 this subdivision fails, refuses or neglects to make payment to the  
52 provider of excess insurance coverage or equivalent excess coverage in  
53 such time and manner as determined by the superintendent of financial  
54 services pursuant to paragraph (b) of this subdivision, excess insurance  
55 coverage or equivalent excess coverage purchased for such physician or  
56 dentist in accordance with this section for such coverage period shall

1 be cancelled and shall be null and void as of the first day on or after  
2 the commencement of a policy period where the liability for payment  
3 pursuant to this subdivision has not been met.

4 (d) Each provider of excess insurance coverage or equivalent excess  
5 coverage shall notify the superintendent of financial services and the  
6 commissioner of health or their designee of each physician and dentist  
7 eligible for purchase of a policy for excess insurance coverage or  
8 equivalent excess coverage covering the period July 1, 1992 to June 30,  
9 1993, or covering the period July 1, 1993 to June 30, 1994, or covering  
10 the period July 1, 1994 to June 30, 1995, or covering the period July 1,  
11 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,  
12 1997, or covering the period July 1, 1997 to June 30, 1998, or covering  
13 the period July 1, 1998 to June 30, 1999, or covering the period July 1,  
14 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,  
15 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-  
16 ing the period April 1, 2002 to June 30, 2002, or covering the period  
17 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to  
18 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or  
19 covering the period July 1, 2005 to June 30, 2006, or covering the peri-  
20 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to  
21 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or  
22 covering the period July 1, 2009 to June 30, 2010, or covering the peri-  
23 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to  
24 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or  
25 covering the period July 1, 2013 to June 30, 2014, or covering the peri-  
26 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to  
27 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or  
28 covering the period July 1, 2017 to June 30, 2018, or covering the peri-  
29 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to  
30 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or  
31 covering the period July 1, 2021 to June 30, 2022, or covering the peri-  
32 od July 1, 2022 to June 30, 2023, or covering the period July 1, 2023 to  
33 June 30, 2024, or covering the period July 1, 2024 to June 30, 2025, or  
34 covering the period July 1, 2025 to June 30, 2026 that has made payment  
35 to such provider of excess insurance coverage or equivalent excess  
36 coverage in accordance with paragraph (b) of this subdivision and of  
37 each physician and dentist who has failed, refused or neglected to make  
38 such payment.

39 (e) A provider of excess insurance coverage or equivalent excess  
40 coverage shall refund to the hospital excess liability pool any amount  
41 allocable to the period July 1, 1992 to June 30, 1993, and to the period  
42 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June  
43 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the  
44 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to  
45 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to  
46 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000  
47 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,  
48 and to the period April 1, 2002 to June 30, 2002, and to the period July  
49 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,  
50 2004, and to the period July 1, 2004 to June 30, 2005, and to the period  
51 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June  
52 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the  
53 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to  
54 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to  
55 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012  
56 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and

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

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

45 § 40. The superintendent of financial services shall establish rates  
46 for policies providing coverage for physicians and surgeons medical  
47 malpractice for the periods commencing July 1, 1985 and ending June 30,  
48 [~~2025~~ 2026; provided, however, that notwithstanding any other provision  
49 of law, the superintendent shall not establish or approve any increase  
50 in rates for the period commencing July 1, 2009 and ending June 30,  
51 2010. The superintendent shall direct insurers to establish segregated  
52 accounts for premiums, payments, reserves and investment income attrib-  
53 utable to such premium periods and shall require periodic reports by the  
54 insurers regarding claims and expenses attributable to such periods to  
55 monitor whether such accounts will be sufficient to meet incurred claims  
56 and expenses. On or after July 1, 1989, the superintendent shall impose

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

50 § 5. Section 5 and subdivisions (a) and (e) of section 6 of part J of  
51 chapter 63 of the laws of 2001, amending chapter 266 of the laws of  
52 1986, amending the civil practice law and rules and other laws relating  
53 to malpractice and professional medical conduct, as amended by section 5  
54 of part K of chapter 57 of the laws of 2024, are amended to read as  
55 follows:

1 § 5. The superintendent of financial services and the commissioner of  
2 health shall determine, no later than June 15, 2002, June 15, 2003, June  
3 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,  
4 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,  
5 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June  
6 15, 2018, June 15, 2019, June 15, 2020, June 15, 2021, June 15, 2022,  
7 June 15, 2023, June 15, 2024, [~~and~~] June 15, 2025, and June 15, 2026 the  
8 amount of funds available in the hospital excess liability pool, created  
9 pursuant to section 18 of chapter 266 of the laws of 1986, and whether  
10 such funds are sufficient for purposes of purchasing excess insurance  
11 coverage for eligible participating physicians and dentists during the  
12 period July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003,  
13 or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or  
14 July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July  
15 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1,  
16 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011  
17 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to  
18 June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June  
19 30, 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,  
20 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,  
21 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,  
22 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,  
23 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30, 2026  
24 as applicable.

25 (a) This section shall be effective only upon a determination, pursu-  
26 ant to section five of this act, by the superintendent of financial  
27 services and the commissioner of health, and a certification of such  
28 determination to the state director of the budget, the chair of the  
29 senate committee on finance and the chair of the assembly committee on  
30 ways and means, that the amount of funds in the hospital excess liabil-  
31 ity pool, created pursuant to section 18 of chapter 266 of the laws of  
32 1986, is insufficient for purposes of purchasing excess insurance cover-  
33 age for eligible participating physicians and dentists during the period  
34 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July  
35 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,  
36 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007  
37 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to  
38 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June  
39 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,  
40 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,  
41 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,  
42 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,  
43 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,  
44 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,  
45 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30, 2026  
46 as applicable.

47 (e) The commissioner of health shall transfer for deposit to the  
48 hospital excess liability pool created pursuant to section 18 of chapter  
49 266 of the laws of 1986 such amounts as directed by the superintendent  
50 of financial services for the purchase of excess liability insurance  
51 coverage for eligible participating physicians and dentists for the  
52 policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30,  
53 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,  
54 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,  
55 2007, as applicable, and the cost of administering the hospital excess  
56 liability pool for such applicable policy year, pursuant to the program

1 established in chapter 266 of the laws of 1986, as amended, no later  
 2 than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June  
 3 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010,  
 4 June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15,  
 5 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June  
 6 15, 2020, June 15, 2021, June 15, 2022, June 15, 2023, June 15, 2024,  
 7 [~~and~~] June 15, 2025, and June 15, 2026 as applicable.

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

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

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

41 PART H

42 Intentionally Omitted

43 PART I

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

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

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

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

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

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

18 PART J

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

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

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

37 PART K

38 Intentionally Omitted

39 PART L

40 Intentionally Omitted

41 PART M

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

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

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

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

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

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

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

28 (2) Unreimbursed costs from Medicaid;

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

31 (4) Community health improvement services and community benefit oper-  
32 ations, which shall include costs associated with planning or operating  
33 community benefit programs, but shall not include activities or programs  
34 if they are provided primarily for marketing purposes or if they are  
35 more beneficial to the hospital than to the community;

36 (5) Health professions education programs that result in a degree or  
37 certificate or training necessary for residents or interns to be certi-  
38 fied;

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

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

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

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

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

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

53 PART N

54 Intentionally Omitted

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## 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

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

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

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

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

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

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

~~1 eiently to permit it, subsequent medical care may be provided or  
2 procured by the general hospital at a location other than the general  
3 hospital if, in the opinion of the attending physician, it is in the  
4 best interest of the patient because the general hospital does not have  
5 the proper equipment or personnel at hand to deal with the particular  
6 medical emergency or because all appropriate beds are filled and none  
7 are likely to become available within a reasonable time after the  
8 patient has been stabilized.~~

~~9 (c) Whenever a previously stabilized emergency room patient is there-  
10 after transferred for medical care to another location by means of an  
11 ambulance, the attending physician authorizing the transfer in the  
12 general hospital from which the patient is transferred shall determine  
13 that a receiving hospital is available and willing to receive such  
14 patient and that an attending physician thereat is available and willing  
15 to admit such patient. Just prior to the transfer, the emergency medical  
16 technician or paramedic assigned to accompany the patient in the ambu-  
17 lance shall be provided with a completed form which shall include at  
18 least the following information and such additional information as the  
19 commissioner may require:~~

- ~~20 (i) the patient's name;~~
- ~~21 (ii) the diagnosed condition of the patient;~~
- ~~22 (iii) any treatment administered to the patient;~~
- ~~23 (iv) any medication given to the patient;~~
- ~~24 (v) the name of the physician ordering the transfer;~~
- ~~25 (vi) the name of the hospital from which the patient is being trans-  
26 ferred;~~
- ~~27 (vii) the name of the physician or physicians who is or are willing  
28 and authorized to receive the patient at the new location;~~
- ~~29 (viii) the name of the hospital or other facility that is to receive  
30 the patient;~~
- ~~31 (ix) the date and time of transfer; and~~
- ~~32 (x) the signature of the physician ordering the transfer.~~

~~33 The form for this purpose shall be promulgated by the commissioner and  
34 distributed to all general hospitals in any such city. The completed  
35 form shall be given to the receiving facility upon completion of the  
36 ambulance trip for use by the receiving physician.]~~

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

52 (b) Necessary stabilizing treatment for emergency medical conditions  
53 and labor. If any individual comes to a general hospital and the general  
54 hospital determines that the individual has an emergency medical condi-  
55 tion, the general hospital must provide either:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

35 [~~4.~~] 6. Nothing in this section shall be construed to deny to [~~the~~  
36 ~~attending physician~~] a health care practitioner licensed, certified, or  
37 authorized under title eight of the education law, acting within their  
38 lawful scope of practice the right to evaluate the medical needs of  
39 persons arriving at the hospital for emergency treatment and to delay or  
40 deny medical treatment where, in the opinion of the [~~attending physi-~~  
41 ~~cian~~] health care practitioner, no [~~actual medical~~] emergency medical  
42 condition exists. [~~However, no person actually in need of emergency~~  
43 ~~treatment, as determined by the attending physician, shall be denied~~  
44 ~~such treatment by a general hospital in cities with a population of one~~  
45 ~~million or more for any reason whatsoever.~~]

46 [~~5.~~] 7. The staff of a general hospital shall: (a) inquire whether or  
47 not the person admitted has served in the United States armed forces.  
48 Such information shall be listed on the admissions form; (b) notify any  
49 admittee who is a veteran of the possible availability of services at a  
50 hospital operated by the United States veterans health administration,  
51 and, upon request by the admittee, such staff shall make arrangements  
52 for the individual's transfer to a United States veterans health admin-  
53 istration hospital, provided, however, that transfers shall be author-  
54 ized only after it has been determined, according to accepted clinical  
55 and medical standards, that the patient's condition has stabilized and  
56 transfer can be accomplished safely and without complication; and (c)

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

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

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

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

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

24 PART Q

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

27 (nn) (i) Medical assistance shall include the coverage of the follow-  
28 ing services for individuals when a medical treatment may directly or  
29 indirectly cause iatrogenic infertility, which is an impairment of  
30 fertility resulting from surgery, radiation, chemotherapy, sickle cell  
31 treatment, or other medical treatment affecting reproductive organs or  
32 processes:

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

41 (2) coverage of the costs of storage of oocytes or sperm shall be  
42 subject to continued medical assistance program eligibility for individ-  
43 uals when a medical treatment may directly or indirectly cause iatrogen-  
44 ic infertility, and shall terminate upon any discontinuance of medical  
45 assistance eligibility.

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

49 § 2. Section 4 of part K of chapter 82 of the laws of 2002 amending  
50 the insurance law and the public health law relating to coverage for the  
51 diagnosis and treatment of infertility, is amended to read as follows:

52 § 4. 1. The commissioner of health, subject to the availability of  
53 funds pursuant to section 2807-v of the public health law, shall estab-  
54 lish a program to provide grants to health care providers for the

1 purpose of improving access to and expanding health care services  
2 related to the range of care for infertility [~~services, treatments and~~  
3 ~~procedures. At least one such provider shall be located in the city of~~  
4 ~~New York and one such provider shall be located in an upstate region~~].

5 Such program shall [~~be targeted to assist individuals in meeting the~~  
6 ~~cost of~~] fund uncompensated health care services related to the range of  
7 care for infertility [~~services not covered pursuant to sections 3221 and~~  
8 ~~4303 of the insurance law as such sections are amended by sections one~~  
9 ~~and two of this act relating to expanded coverage of infertility~~  
10 ~~services~~], to ensure the affordability of and access to care for indi-  
11 viduals who lack the ability to pay for care, lack insurance coverage,  
12 are underinsured, or whose insurance is deemed unusable by the rendering  
13 provider.

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

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

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

43 § 3. This act shall take effect immediately and shall be deemed to  
44 have been in full force and effect on and after April 1, 2025; provided,  
45 however, that section one of this act shall take effect October 1, 2025.  
46 Effective immediately, the addition, amendment and/or repeal of any rule  
47 or regulation necessary for the implementation of this act on its effec-  
48 tive date are authorized to be made and completed on or before such  
49 date.

50 PART R

51 Intentionally Omitted

52 PART S

1 Intentionally Omitted

2 PART T

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

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

9 (1) One or more hospital sexual violence response coordinators who are  
10 designated to ensure that the hospital's sexual violence response is  
11 integrated within the hospital's clinical oversight and quality improve-  
12 ment structure, to ensure chain of custody is maintained, and to ensure  
13 availability and coordination of certified sexual assault forensic exam-  
14 iners;

15 (2) Certified sexual assault forensic examiners sufficient to meet  
16 hospital needs. Such individuals shall:

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

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

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

28 (c) Ensuring that such sexual assault forensic examiners maintain a  
29 current certification from the department, pursuant to regulations, in  
30 providing sexual assault examinations. The commissioner shall issue  
31 regulations consistent with subparagraph one of paragraph (b) of subdi-  
32 vision four-b of this section, establishing a process for individuals to  
33 apply for and receive certification upon meeting the required criteria,  
34 as well as a process for recertification.

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

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

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

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

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

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

15 § 4. This act shall take effect two years after it shall have become a  
 16 law. Effective immediately, the addition, amendment or repeal of any  
 17 rule or regulation necessary for the implementation of this act on its  
 18 effective date are authorized to be made and completed on or before such  
 19 effective date.

20 PART U

21 Intentionally Omitted

22 PART V

23 Intentionally Omitted

24 PART W

25 Intentionally Omitted

26 PART X

27 Intentionally Omitted

28 PART Y

29 Intentionally Omitted

30 PART Z

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

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

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

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

13 § 3. This act shall take effect immediately.

14 PART AA

15 Section 1. Section 2 of part NN of chapter 58 of the laws of 2015,  
16 amending the mental hygiene law relating to clarifying the authority of  
17 the commissioners in the department of mental hygiene to design and  
18 implement time-limited demonstration programs, as amended by section 1  
19 of part Z of chapter 57 of the laws of 2024, is amended to read as  
20 follows:

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

23 § 2. This act shall take effect immediately.

24 PART BB

25 Section 1. Section 4 of part L of chapter 59 of the laws of 2016,  
26 amending the mental hygiene law relating to the appointment of temporary  
27 operators for the continued operation of programs and the provision of  
28 services for persons with serious mental illness and/or developmental  
29 disabilities and/or chemical dependence, as amended by section 1 of part  
30 OO of chapter 57 of the laws of 2022, is amended to read as follows:

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

35 § 2. This act shall take effect immediately.

36 PART CC

37 Section 1. Subdivision 1-a of section 84 of part A of chapter 56 of  
38 the laws of 2013, amending the social services law and other laws relat-  
39 ing to enacting the major components of legislation necessary to imple-  
40 ment the health and mental hygiene budget for the 2013-2014 state fiscal  
41 year, as amended by section 1 of part EE of chapter 57 of the laws of  
42 2023, is amended to read as follows:

43 1-a. sections seventy-three through eighty-a shall expire and be  
44 deemed repealed December 31, [~~2025~~] 2027;

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

47 PART DD

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

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

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

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

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

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

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

37 PART EE

38 Section 1. Section 9.01 of the mental hygiene law, as amended by chap-  
39 ter 723 of the laws of 1989, the seventh undesignated paragraph as  
40 amended by chapter 595 of the laws of 2000, is amended to read as  
41 follows:

42 § 9.01 Definitions.

43 As used in this article:

44 (a) "in need of care and treatment" means that a person has a mental  
45 illness for which in-patient care and treatment in a hospital is appro-  
46 priate.

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

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

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

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

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

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

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

23 § 2. Section 9.05 of the mental hygiene law, as renumbered by chapter  
24 978 of the laws of 1977, is amended to read as follows:

25 § 9.05 Examining physicians, examining psychiatric nurse practitioners  
26 and medical certificates.

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

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

31 2. if [~~he is~~] they are a manager, trustee, visitor, proprietor, offi-  
32 cer, director, or stockholder of the hospital in which the patient is  
33 hospitalized or to which it is proposed to admit such person, except as  
34 otherwise provided in this chapter, or if [~~he has~~] they have any pecuni-  
35 ary interest, directly or indirectly, in such hospital, provided that  
36 receipt of fees, privileges, or compensation for treating or examining  
37 patients in such hospital shall not be deemed to be a pecuniary inter-  
38 est.

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

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

51 § 3. Subdivisions (a), (d), (e), and (i) of section 9.27 of the mental  
52 hygiene law, such section as renumbered by chapter 978 of the laws of  
53 1977 and subdivision (i) as amended by chapter 847 of the laws of 1987,  
54 are amended to read as follows:

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

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

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

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

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

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

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

52 1. substantial risk of physical harm to [~~himself~~] themselves as mani-  
53 fested by threats of or attempts at suicide or serious bodily harm or  
54 other conduct demonstrating that [~~he is~~] they are dangerous to [~~himself~~]  
55 themselves, or

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

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

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

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

27 (a) The director of any hospital maintaining adequate staff and facil-  
28 ities for the observation, examination, care, and treatment of persons  
29 alleged to be mentally ill and approved by the commissioner to receive  
30 and retain patients pursuant to this section may receive and retain  
31 therein as a patient for a period of fifteen days any person alleged to  
32 have a mental illness for which immediate observation, care, and treat-  
33 ment in a hospital is appropriate and which is likely to result in seri-  
34 ous harm to [~~himself~~] themselves or others. "Likelihood to result in seri-  
35 ous harm" as used in this [~~article~~] section shall mean:

36 1. substantial risk of physical harm to [~~himself~~] themselves as mani-  
37 fested by threats of or attempts at suicide or serious bodily harm or  
38 other conduct demonstrating that [~~he is~~] they are dangerous to [~~himself~~]  
39 themselves, or

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

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

47 The director shall cause to be entered upon the hospital records the  
48 name of the person or persons, if any, who have brought such person to  
49 the hospital and the details of the circumstances leading to the hospi-  
50 talization of such person. The director shall, in accordance with  
51 section 33.13 of this chapter, upon admission of a person under this  
52 section, ensure that reasonable efforts are made to identify and prompt-  
53 ly notify any community provider of mental health services that main-  
54 tains such person on its caseload that such person has been received for  
55 examination under this section.

1 The director shall admit such person pursuant to the provisions of  
2 this section only if a staff physician of the hospital upon examination  
3 of such person finds that such person qualifies under the requirements  
4 of this section. Such person shall not be retained for a period of more  
5 than forty-eight hours unless within such period such finding is  
6 confirmed after examination by another physician who shall be a member  
7 of the psychiatric staff of the hospital. Such person shall be served,  
8 at the time of admission, with written notice of [~~his~~] their status and  
9 rights as a patient under this section. Such notice shall contain the  
10 patient's name. At the same time, such notice shall also be given to the  
11 mental hygiene legal service and personally or by mail to such person or  
12 persons, not to exceed three in number, as may be designated in writing  
13 to receive such notice by the person alleged to be mentally ill. If at  
14 any time after admission, the patient, any relative, friend, or the  
15 mental hygiene legal service gives notice to the director in writing of  
16 request for court hearing on the question of need for immediate observa-  
17 tion, care, and treatment, a hearing shall be held as herein provided as  
18 soon as practicable but in any event not more than five days after such  
19 request is received, except that the commencement of such hearing may be  
20 adjourned at the request of the patient. It shall be the duty of the  
21 director upon receiving notice of such request for hearing to forward  
22 forthwith a copy of such notice with a record of the patient to the  
23 supreme court or county court in the county where such hospital is  
24 located. A copy of such notice and record shall also be given to the  
25 mental hygiene legal service. The court which receives such notice shall  
26 fix the date of such hearing and cause the patient or other person  
27 requesting the hearing, the director, the mental hygiene legal service  
28 and such other persons as the court may determine to be advised of such  
29 date. Upon such date, or upon such other date to which the proceeding  
30 may be adjourned, the court shall hear testimony and examine the person  
31 alleged to be mentally ill, if it be deemed advisable in or out of  
32 court, and shall render a decision in writing that there is reasonable  
33 cause to believe that the patient has a mental illness for which immedi-  
34 ate inpatient care and treatment in a hospital is appropriate and which  
35 is likely to result in serious harm to [~~himself~~] themselves or others. If  
36 it be determined that there is such reasonable cause, the court shall  
37 forthwith issue an order authorizing the retention of such patient for  
38 any such purpose or purposes in the hospital for a period not to exceed  
39 fifteen days from the date of admission. Any such order entered by the  
40 court shall not be deemed to be an adjudication that the patient is  
41 mentally ill, but only a determination that there is reasonable cause to  
42 retain the patient for the purposes of this section.

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

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

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

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

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

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

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

7 (a) The director of any comprehensive psychiatric emergency program  
8 may receive and retain therein for a period not to exceed seventy-two  
9 hours, any person alleged to have a mental illness for which immediate  
10 observation, care and treatment in such program is appropriate and which  
11 is likely to result in serious harm to the person or others. The direc-  
12 tor shall cause to be entered upon the program records the name of the  
13 person or persons, if any, who have brought the person alleged to have a  
14 mental illness to the program and the details of the circumstances lead-  
15 ing the person or persons to bring the person alleged to have a mental  
16 illness to the program. The director shall, in accordance with section  
17 33.13 of this chapter, upon receipt of a person under this section,  
18 ensure that reasonable efforts are made to identify and promptly notify  
19 any community provider of mental health services that maintains such  
20 person on its caseload.

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

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

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

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

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

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

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

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

1 or police officer directing the removal of a person who is conducting  
2 themselves in a manner which is likely to result in serious harm as  
3 defined by paragraph three of subdivision (c) of section 9.01 of this  
4 chapter, shall request the transport of such person be conducted by  
5 emergency medical services, if practicable based on: the person's poten-  
6 tial medical needs and the capacity limits of the local emergency  
7 medical services agencies, as determined by the local emergency medical  
8 services agencies; and the safety of the person being removed, as deter-  
9 mined by the officer.

10 § 7-a. Section 9.41 of the mental hygiene law, as amended by chapter  
11 843 of the laws of 1980, is amended to read as follows:

12 § 9.41 Emergency admissions for immediate observation, care, and treat-  
13 ment; powers of certain peace officers and police officers.

14 Any peace officer, when acting pursuant to [~~his~~] their special duties,  
15 or police officer who is a member of the state police or of an author-  
16 ized police department or force or of a sheriff's department may take  
17 into custody any person who appears to be mentally ill and is conducting  
18 [~~himself~~] themselves in a manner which is likely to result in serious harm  
19 to [~~himself~~] themselves or others. [~~"Likelihood to result in serious~~  
20 ~~harm" shall mean (1) substantial risk of physical harm to himself as~~  
21 ~~manifested by threats of or attempts at suicide or serious bodily harm~~  
22 ~~or other conduct demonstrating that he is dangerous to himself, or (2) a~~  
23 ~~substantial risk of physical harm to other persons as manifested by~~  
24 ~~homicidal or other violent behavior by which others are placed in~~  
25 ~~reasonable fear of serious physical harm.~~] Such officer may direct the  
26 removal of such person or remove [~~him~~] such person to any hospital spec-  
27 ified in subdivision (a) of section 9.39 of this article or, pending  
28 [~~his~~] such person's examination or admission to any such hospital,  
29 temporarily detain any such person in another safe and comfortable  
30 place, in which event, such officer shall immediately notify the direc-  
31 tor of community services or, if there be none, the health officer of  
32 the city or county of such action. Provided, however, a peace officer or  
33 police officer directing the removal of a person who is conducting them-  
34 self in a manner which is likely to result in serious harm as defined by  
35 paragraph three of subdivision (c) of section 9.01 of this article,  
36 shall request the transport of such person be conducted by emergency  
37 medical services, if practicable based on: the person's potential  
38 medical needs and the capacity limits of the local emergency medical  
39 services agencies, as determined by the local emergency medical services  
40 agencies; and the safety of the person being removed, as determined by  
41 the officer.

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

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

1 program is approved by the office of mental health for the purpose of  
2 reporting under this section, a licensed physician, health officer,  
3 peace officer or police officer reports to [~~him or her~~] the director of  
4 community services or the director's designee that such person has a  
5 mental illness for which immediate care and treatment is appropriate and  
6 [~~which~~] that is likely to result in serious harm to [~~himself or herself~~]  
7 self or others. It shall be the duty of peace officers, when acting  
8 pursuant to their special duties, or police officers[7] who are members  
9 of an authorized police department, or force or of a sheriff's depart-  
10 ment to assist representatives of such director to take into custody and  
11 transport any such person. Upon the request of a director of community  
12 services or the director's designee, an ambulance service, as defined in  
13 subdivision two of section three thousand one of the public health law,  
14 is authorized to transport any such person. Such person may then be  
15 retained in a hospital pursuant to the provisions of section 9.39 of  
16 this article or in a comprehensive psychiatric emergency program pursu-  
17 ant to the provisions of section 9.40 of this article.

18 § 8-a. Section 9.45 of the mental hygiene law, as amended by chapter  
19 343 of the laws of 1985, is amended to read as follows:

20 § 9.45 Emergency admissions for immediate observation, care, and treat-  
21 ment; powers of directors of community services.

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

42 § 9. Subparagraph (iii) of paragraph 4 and paragraph 7 of subdivision  
43 (c), and subparagraph (ii) of paragraph 1 of subdivision (e) of section  
44 9.60 of the mental hygiene law, as amended by chapter 158 of the laws of  
45 2005, and subparagraph (iii) of paragraph 4 of subdivision (c) as  
46 amended by section 2 of subpart H of part UU of chapter 56 of the laws  
47 of 2022, are amended to read as follows:

48 (iii) notwithstanding subparagraphs (i) and (ii) of this paragraph,  
49 resulted in the issuance of a court order for assisted outpatient treat-  
50 ment [~~which~~] that has expired within the last six months, and since the  
51 expiration of the order[7]; (a) the person has experienced a substantial  
52 increase in symptoms of mental illness [~~and such symptoms~~] that substan-  
53 tially interferes with or limits [~~one or more major life activities as~~  
54 ~~determined by a director of community services who previously was~~  
55 ~~required to coordinate and monitor the care of any individual who was~~  
56 ~~subject to such expired assisted outpatient treatment order. The appli-~~

~~1 cable director of community services or their designee shall arrange for~~  
~~2 the individual to be evaluated by a physician. If the physician deter-~~  
~~3 mines court ordered services are clinically necessary and the least~~  
~~4 restrictive option, the director of community services may initiate a~~  
~~5 court proceeding.]~~ the person's ability to comply with recommended  
treatment; or (b) the person, due to a lack of compliance with recom-  
6 mended treatment, has undergone emergency observation, care, and treat-  
7 ment or has been admitted for inpatient care or has been incarcerated;

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

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

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

18 § 9.64 Notice of admission determination to community provider.

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

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

28 (f) The discharge or conditional release of all clients at develop-  
29 mental centers, patients at psychiatric centers or patients at psychiat-  
30 ric inpatient services subject to licensure by the office of mental  
31 health shall be in accordance with a written service plan prepared by  
32 staff familiar with the case history of the client or patient to be  
33 discharged or conditionally released and in cooperation with appropriate  
34 social services officials and directors of local governmental units. In  
35 causing such plan to be prepared, the director of the facility shall  
36 take steps to assure that the following persons are interviewed,  
37 provided an opportunity to actively participate in the development of  
38 such plan and advised of whatever services might be available to the  
39 patient through the mental hygiene legal service: the patient to be  
40 discharged or conditionally released; with the consent of the patient, a  
41 representative of a community provider of mental health services,  
42 including a provider of case management services, that maintains the  
43 patient on its caseload, if applicable, and local programs that provide  
44 peer supports and services, if available; an authorized representative  
45 of the patient, to include the parent or parents if the patient is a  
46 minor, unless such minor sixteen years of age or older objects to the  
47 participation of the parent or parents and there has been a clinical  
48 determination by a physician that the involvement of the parent or  
49 parents is not clinically appropriate and such determination is docu-  
50 mented in the clinical record and there is no plan to discharge or  
51 release the minor to the home of such parent or parents; and upon the  
52 request of the patient sixteen years of age or older, ~~[a significant]~~ an  
53 individual significant to the patient including any relative, close  
54 friend or individual otherwise concerned with the welfare of the  
55 patient, other than an employee of the facility. With the consent of  
56 the patient and consistent with section 33.13 of this chapter, such

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

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

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

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

27 3. for a patient with an elevated risk of violence, to work collabora-  
28 tively with the director of community service of the county where the  
29 patient resides, if available, such patient's outpatient treatment  
30 providers, residential providers, if applicable, and school, if applica-  
31 ble, to incorporate strategies to address violence risk factors and  
32 access to weapons into their overall discharge plan.

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

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

41 2. referrals to services described in service plans shall be facili-  
42 tated at the time of discharge;

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

46 4. the patient's discharge plan shall be communicated to the desig-  
47 nated post-discharge care manager, if applicable, to facilitate continu-  
48 ity of care and service coordination; and

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

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

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

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

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

8 § 36.07 Behavioral health crisis technical assistance center.

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

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

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

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

21 (ii) utilize the most appropriate treatment for individuals experienc-  
22 ing a mental health or substance use crisis;

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

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

27 (v) deliver culturally competent care;

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

33 3. support implementation of standardized procedures and protocols;

34 4. in collaboration with the division of homeland security and emer-  
35 gency services and the state emergency medical services council, pursue  
36 efforts to improve coordination between the 9-1-1, 9-8-8, local govern-  
37 ment units, and statewide emergency response systems;

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

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

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

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

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

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

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

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

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

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

16 8. The council shall, in addition:

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

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

40 § 15. Subparagraph (i) of paragraph (b) of subdivision 1 of section  
41 209-q of the general municipal law, as amended by chapter 551 of the  
42 laws of 2001, is amended to read as follows:

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

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

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

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

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

9 § 18. This act shall take effect ninety days after it shall have  
10 become a law; provided, however, section four of this act shall take  
11 effect on the same date as the reversion of subdivision (a) of section  
12 9.37 of the mental hygiene law as provided in section 21 of chapter 723  
13 of the laws of 1989, as amended; provided further, however, that the  
14 amendments to subdivisions (a) and (d) of section 9.40 of the mental  
15 hygiene law made by section six of this act shall not affect the repeal  
16 of such section and shall be deemed repealed therewith; provided  
17 further, however, that the amendments to subdivision (a) of section 9.41  
18 of the mental hygiene law made by section seven of this act shall be  
19 subject to the expiration and reversion of such section pursuant to  
20 section 21 of chapter 723 of the laws of 1989, as amended, when upon  
21 such date the provisions of section seven-a of this act shall take  
22 effect, provided further, however, the amendments to section 9.45 of the  
23 mental hygiene law made by section eight of this act shall be subject to  
24 the expiration and reversion of such section pursuant to section 21 of  
25 chapter 723 of the laws of 1989, as amended, when upon such date the  
26 provisions of section eight-a of this act shall take effect; and  
27 provided further, however, the amendments to section 9.60 of the mental  
28 hygiene law made by section nine of this act shall not affect the repeal  
29 of such section and shall be deemed repealed therewith.

30

## PART FF

31 Section 1. 1. Subject to available appropriations and approval of the  
32 director of the budget, the commissioners of the office of mental  
33 health, office for people with developmental disabilities, office of  
34 addiction services and supports, office of temporary and disability  
35 assistance, office of children and family services, and the state office  
36 for the aging (hereinafter "the commissioners") shall establish a state  
37 fiscal year 2025-2026 targeted inflationary increase, effective April 1,  
38 2025, for projecting for the effects of inflation upon rates of  
39 payments, contracts, or any other form of reimbursement for the programs  
40 and services listed in subdivision four of this section. The targeted  
41 inflationary increase established herein shall be applied to the appro-  
42 priate portion of reimbursable costs or contract amounts. Where appro-  
43 priate, transfers to the department of health (DOH) shall be made as  
44 reimbursement for the state and/or local share of medical assistance.

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

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

1 increases, cost of living type increases, inflation factors, or trend  
2 factors that are newly applied effective April 1, 2025. Except for the  
3 2.6 percent targeted inflationary increase established herein, for the  
4 period commencing on April 1, 2025 and ending March 31, 2026 the commis-  
5 sioners shall not apply any other new targeted inflationary increases or  
6 cost of living adjustments for the purpose of establishing rates of  
7 payments, contracts or any other form of reimbursement. The phrase "all  
8 other inflationary increases, cost of living type increases, inflation  
9 factors, or trend factors" as defined in this subdivision shall not  
10 include payments made pursuant to the American Rescue Plan Act or other  
11 federal relief programs related to the Coronavirus Disease 2019 (COVID-  
12 19) pandemic public health emergency. This subdivision shall not  
13 prevent the office of children and family services from applying addi-  
14 tional trend factors or staff retention factors to eligible programs and  
15 services under paragraph (v) of subdivision four of this section.

16 4. Eligible programs and services. (i) Programs and services funded,  
17 licensed, or certified by the office of mental health (OMH) eligible for  
18 the targeted inflationary increase established herein, pending federal  
19 approval where applicable, include: office of mental health licensed  
20 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of  
21 the office of mental health regulations including clinic (mental health  
22 outpatient treatment and rehabilitative services programs), continuing  
23 day treatment, day treatment, intensive outpatient programs and partial  
24 hospitalization; outreach; crisis residence; crisis stabilization,  
25 crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric  
26 emergency program services; crisis intervention; home based crisis  
27 intervention; family care; supported single room occupancy; supported  
28 housing programs/services excluding rent; treatment congregate;  
29 supported congregate; community residence - children and youth;  
30 treatment/apartment; supported apartment; community residence single  
31 room occupancy; on-site rehabilitation; employment programs; recreation;  
32 respite care; transportation; psychosocial club; assertive community  
33 treatment; case management; care coordination, including health home  
34 plus services; local government unit administration; monitoring and  
35 evaluation; children and youth vocational services; single point of  
36 access; school-based mental health program; family support children and  
37 youth; advocacy/support services; drop in centers; recovery centers;  
38 transition management services; bridger; home and community based waiver  
39 services; behavioral health waiver services authorized pursuant to the  
40 section 1115 MRT waiver; self-help programs; consumer service dollars;  
41 conference of local mental hygiene directors; multicultural initiative;  
42 ongoing integrated supported employment services; supported education;  
43 mentally ill/chemical abuse (MICA) network; personalized recovery  
44 oriented services; children and family treatment and support services;  
45 residential treatment facilities operating pursuant to part 584 of title  
46 14-NYCRR; geriatric demonstration programs; community-based mental  
47 health family treatment and support; coordinated children's service  
48 initiative; homeless services; and promise zones.

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

1 intellectual and/or developmental disabilities; crisis services for  
2 individuals with intellectual and/or developmental disabilities; family  
3 care residential habilitation; supervised residential habilitation;  
4 supportive residential habilitation; respite; day habilitation; prevoca-  
5 tional services; supported employment; community habilitation; interme-  
6 diate care facility day and residential services; specialty hospital;  
7 pathways to employment; intensive behavioral services; community transi-  
8 tion services; family education and training; fiscal intermediary;  
9 support broker; and personal resource accounts.

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

34 (iv) Programs and services funded, licensed, or certified by the  
35 office of temporary and disability assistance (OTDA) eligible for the  
36 targeted inflationary increase established herein, pending federal  
37 approval where applicable, include: the nutrition outreach and education  
38 program (NOEP).

39 (v) Programs and services funded, licensed, or certified by the office  
40 of children and family services (OCFS) eligible for the targeted infla-  
41 tionary increase established herein, pending federal approval where  
42 applicable, include: programs for which the office of children and fami-  
43 ly services establishes maximum state aid rates pursuant to section  
44 398-a of the social services law and section 4003 of the education law;  
45 emergency foster homes; foster family boarding homes and therapeutic  
46 foster homes; supervised settings as defined by subdivision twenty-two  
47 of section 371 of the social services law; adoptive parents receiving  
48 adoption subsidy pursuant to section 453 of the social services law; and  
49 congregate and scattered supportive housing programs and supportive  
50 services provided under the NY/NY III supportive housing agreement to  
51 young adults leaving or having recently left foster care.

52 (vi) Programs and services funded, licensed, or certified by the state  
53 office for the aging (SOFA) eligible for the targeted inflationary  
54 increase established herein, pending federal approval where applicable,  
55 include: community services for the elderly; expanded in-home services  
56 for the elderly; and the wellness in nutrition program.

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

10 6. Notwithstanding any inconsistent provision of law to the contrary,  
11 agency commissioners shall be authorized to recoup funding from a local  
12 governmental unit or direct contract provider for the targeted infla-  
13 tionary increase established herein determined to have been used in a  
14 manner inconsistent with the appropriation, or any other provision of  
15 this section. Such agency commissioners shall be authorized to employ  
16 any legal mechanism to recoup such funds, including an offset of other  
17 funds that are owed to such local governmental unit or direct contract  
18 provider.

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

21 PART GG

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

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

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

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

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

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

31 (g) [~~In his or her discretion,~~] In accordance with section 33.13 of  
32 this title, the commissioner shall [~~be authorized to~~] provide the final  
33 report of a review panel or portions thereof to any individual or entity  
34 for whom the report makes recommendations for corrective or other appro-  
35 priate actions [~~that should be taken~~]. Any final report or portion ther-  
36 eof shall [~~not be~~] be confidential. Any individual or entity receiving  
37 the report shall be prohibited from further [~~disseminated by the indi-~~  
38 ~~vidual or entity receiving~~] disseminating such report. Further, the  
39 commissioner shall [~~submit the final report of a review panel to the~~  
40 ~~governor,~~] notify the temporary president of the senate and the speaker  
41 of the assembly[~~, consistent with federal and state confidentiality~~  
42 ~~protections~~] of the issuance of the reports.

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

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

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

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

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

12 PART II

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

16 10. On or before November first of each year, beginning one year after  
17 the initial deposit of monies in the opioid settlement fund, the rele-  
18 vant commissioners[~~r~~] shall provide a written report to the governor,  
19 temporary president of the senate, speaker of the assembly, chair of the  
20 senate finance committee, chair of the assembly ways and means commit-  
21 tee, chair of the senate alcoholism and substance [~~abuse~~] use disorders  
22 committee, chair of the assembly alcoholism and drug abuse committee,  
23 and the opioid settlement advisory board. Such report shall be presented  
24 as a consolidated dashboard and be made publicly available on the  
25 respective offices' websites. The report shall, to the extent practica-  
26 ble after making all diligent efforts to obtain such information,  
27 include the following: (i) the baseline funding for any entity that  
28 receives funding from the opioid settlement fund, prior to the receipt  
29 of such [~~opioid settlement~~] funds; (ii) how funds deposited in the  
30 opioid settlement fund had been utilized in the preceding calendar year,  
31 including but not limited to: (A) the amount of money disbursed [~~from~~  
32 ~~the fund~~] and the award process used for such disbursement, if applica-  
33 ble; (B) the names of the recipients, the amounts awarded to such recip-  
34 ient and details about the purpose such funds were awarded for, includ-  
35 ing what specific services and programs the funds were used on and what  
36 populations such services or programs served; (C) the main criteria  
37 utilized to determine the award, including how the program or service  
38 assists to reduce the effects of substance use disorders; (D) an analy-  
39 sis of the effectiveness of the services and/or programs that received  
40 opioid settlement funding in their efforts to reduce the effects of the  
41 overdose and substance use disorder epidemic. Such analysis shall  
42 utilize evidence-based uniform metrics when reviewing the effects the  
43 service and/or program had on prevention, harm reduction, treatment, and  
44 recovery advancements; (E) any relevant information provided by the New  
45 York subdivisions pursuant to this section; and (F) any other informa-  
46 tion the commissioner deems necessary to help inform future appropri-  
47 ations and funding decisions, and ensure such funding is not being used  
48 to supplant local, state, or federal funding.

49 (c-1) On or before November first of each year, any New York subdivi-  
50 sion that directly received funds pursuant to a statewide opioid settle-  
51 ment agreement shall publicly post on their website information regard-  
52 ing how such funding was utilized and shall submit such information to  
53 the office of addiction services and supports. Such information shall be

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

3 § 2. This act shall take effect immediately.

4 PART JJ

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

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

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

13 § 4160. ~~[Fetal deaths; registration]~~ Pregnancy loss; reporting. 1.  
14 ~~[Fetal death]~~ Pregnancy loss is defined as ~~[death prior to the complete~~  
15 ~~expulsion or extraction from its mother of a product of conception; the~~  
16 ~~death is indicated by the fact that after such separation, the fetus~~  
17 ~~does not breathe or show any other evidence of life such as beating of~~  
18 ~~the heart, pulsation of the umbilical cord, or definite movement of~~  
19 ~~voluntary muscles]~~ the loss of a pregnancy at any gestation, as  
20 confirmed by a health care provider licensed pursuant to title eight of  
21 the education law and acting within such health care provider's scope of  
22 practice, including spontaneous miscarriage, still birth, or any termi-  
23 nation of pregnancy which is consistent with the requirements of article  
24 twenty-five-A of this chapter.

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

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

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

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

47 5.] 4. Notwithstanding any other provision of this chapter, the  
48 disclosure of information filed pursuant to this section shall be limit-  
49 ed to the ~~[mother]~~ individual who experienced the pregnancy loss, ~~[her]~~  
50 such individual's lawful representative and to authorized personnel of  
51 the department. Nothing in this section shall prohibit disclosure of  
52 deidentified information in compliance with federal reporting require-  
53 ments.

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

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

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

13 § 4160-a. Certificate of still birth. 1. The department, or in the  
14 city of New York, the [~~board~~] New York city department of health and  
15 mental hygiene, shall establish a certificate of still birth. [~~The~~  
16 ~~registrar with whom a fetal death certificate is filed~~] The department,  
17 or in the city of New York, the New York city department of health and  
18 mental hygiene, shall issue a certificate of still birth [~~to the parent~~  
19 ~~or parents named on a fetal death certificate issued in the case of a~~  
20 ~~stillbirth,~~] upon the request of such parent or parents who experienced  
21 the still birth. If both parents are deceased at the time of the  
22 [~~stillbirth~~] still birth, the [~~registrar~~] department, or in the city of  
23 New York, the New York city department of health and mental hygiene  
24 shall issue the certificate to, and upon the request of, the lawful  
25 estate representative, the sibling, parent, or parents of the [~~birth~~]  
26 parents.

27 2. A certificate issued pursuant to this section shall include such  
28 appropriate information as shall be determined by the department or if  
29 the stillbirth occurred in the city of New York, by the [~~board~~] New York  
30 city department of health and mental hygiene, and shall be on a form  
31 established by the department or [~~city of~~] New York [~~board~~] city depart-  
32 ment of health and mental hygiene which is similar, as applicable, to  
33 the form of a certificate prescribed by section forty-one hundred thirty  
34 of this article relating to a live birth. The department, or in the  
35 city of New York, the New York city department of health and mental  
36 hygiene, shall provide for the submission of such form through electron-  
37 ic means.

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

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

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

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

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

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

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

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

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

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

25 § 4161. ~~[Fetal death]~~ Pregnancy loss certificates; form and content;  
26 ~~[physicians, nurse practitioners, midwives, and hospital administrators]~~  
27 health care professionals and hospital administrators. 1. The certif-  
28 icate of ~~[fetal death]~~ pregnancy loss and the report of ~~[fetal death]~~  
29 pregnancy loss shall contain such information and be in such form as the  
30 commissioner may prescribe; provided however that commencing on or after  
31 the implementation date under section forty-one hundred forty-eight of  
32 this article, information and signatures required by this subdivision  
33 shall be obtained and made in accordance with section forty-one hundred  
34 forty-eight of this article, except that unless requested by the ~~[woman]~~  
35 individual who experienced the pregnancy loss neither the certificate  
36 nor the report of ~~[fetal death]~~ pregnancy loss shall contain the name of  
37 the ~~[woman]~~ individual, ~~[her]~~ such individual's social security number  
38 or any other information, alone or in combination, which would permit  
39 ~~[her]~~ such individual to be identified except as provided in this subdivi-  
40 sion. The report shall state that a certificate of ~~[fetal death]~~ preg-  
41 nancy loss was filed with the commissioner and the date of such filing.  
42 ~~[The commissioner shall develop a unique, confidential identifier to be~~  
43 ~~used on the certificate of fetal death to be used in connection with the~~  
44 ~~exercise of the commissioner's authority to monitor the quality of care~~  
45 ~~provided by any individual or entity licensed to perform an abortion in~~  
46 ~~this state and to permit coordination of data concerning the medical~~  
47 ~~history of the woman for purposes of conducting surveillance scientific~~  
48 ~~studies and research pursuant to the provisions of paragraph (j) of~~  
49 ~~subdivision one of section two hundred six of this chapter.]~~

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

~~1 death it is the duty of such nurse midwife to certify to the birth but,  
2 he or she shall not certify to the cause of death on the fetal death  
3 certificate.]~~

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

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

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

36 § 4163. Penalties. Any person who shall release information which  
37 might disclose the identity of the [~~woman~~] pregnant person in connection  
38 with a certificate of [~~fetal death~~] pregnancy loss or report of [~~fetal~~  
39 ~~death~~] pregnancy loss in violation of the provisions of this title shall  
40 be subject to a civil penalty not to exceed five thousand dollars for  
41 each such release. Such penalty may be recovered in the same manner as  
42 the penalty provided in section twelve of this chapter.

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

45 § 4162. [~~Fetal deaths~~] Products of conception; burial and removal;  
46 permits. 1. [~~A~~] Upon request a permit shall be [~~required~~] issued for  
47 the removal, transportation, burial or other disposition of [~~remains~~  
48 ~~resulting from a fetal death, other than fetal tissue, hydatidiform mole~~  
49 ~~or other evidence of pregnancy recovered by curettage or operative~~  
50 ~~procedures or other products of conception of under twenty weeks utero-~~  
51 ~~estation~~] products of conception.

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

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

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

6 2. When notified of any death occurring without medical attendance,  
7 the coroner or medical examiner shall immediately investigate as  
8 provided by law and shall certify as provided in subdivision three.

9 Provided, however, no coroner or medical examiner shall have the author-  
10 ity to investigate a pregnancy loss as provided in section forty-one  
11 hundred sixty-one of this article.

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

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

29 PART KK

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

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

38 § 2. This act shall take effect immediately.

39 PART LL

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

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

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

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

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

11 (c) Of the [~~eight~~ six] directors appointed by the governor, [~~two shall~~  
12 ~~be appointed upon the recommendation of the county executive, three~~  
13 ~~shall be appointed upon the recommendation of the majority leader of the~~  
14 ~~county legislature, one shall be appointed upon the recommendation of~~  
15 ~~the minority leader of the county legislature,~~] one shall be appointed  
16 upon the recommendation of the speaker of the assembly and one shall be  
17 appointed upon the recommendation of the temporary president of the  
18 senate. The directors appointed by the county executive, the majority  
19 leader of the county legislature, and the minority leader of the county  
20 legislature shall be residents of Nassau county. Of the directors  
21 appointed by the governor, four of the directors, including the direc-  
22 tors appointed upon the recommendation of the speaker of the assembly  
23 and the temporary president of the senate, shall be residents of Nassau  
24 county.

25 (d) Of the directors first appointed on or after June first, two thou-  
26 sand twenty-five, by the governor, the director appointed upon the  
27 recommendation of the temporary president of the senate[~~7~~] and the  
28 director appointed upon the recommendation of the speaker of the assem-  
29 bly[~~one of the directors appointed upon the recommendation of the~~  
30 ~~county executive and one of the directors appointed upon the recommenda-~~  
31 ~~tion of the majority leader of the county legislature~~] shall serve for  
32 an initial term of [~~four~~ two] years. The remaining directors first  
33 appointed on or after June first, two thousand twenty-five by the gover-  
34 nor shall serve for an initial term of [~~two~~ four] years. Following  
35 their initial terms, directors shall serve for a term of five years.

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

40 (b) The voting directors of the corporation shall receive no compen-  
41 sation for their services, but may be reimbursed for their actual  
42 reasonable expenses.

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

47 4. The board of directors shall select the chief executive officer  
48 [~~subject to the approval of the county executive~~] and [~~shall determine~~],  
49 subject to approval of the Nassau county interim finance authority,  
50 shall determine the salary and benefits of the chief executive officer  
51 of the corporation. The chief executive officer shall serve at the  
52 pleasure of the board of directors provided, however, that removal with-  
53 out cause shall not prejudice the contract rights, if any, of the chief  
54 executive officer.

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

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

8 4. obtain from the county or the Nassau health care corporation all  
9 information required pursuant to this section, and such other financial  
10 statements and projections, budgetary data and information, and manage-  
11 ment reports and materials as the authority deems necessary or desirable  
12 to accomplish the purposes of this title;

13 6. consult with the county in the preparation of the budget of the  
14 county, and consult with the Nassau health care corporation in the prep-  
15 aration of the budget of the Nassau health care corporation;

16 7. with respect to any county or Nassau health care corporation  
17 borrowing proposed to be issued after July first, two thousand, review  
18 the terms of and comment, within thirty days after notification by the  
19 county or the Nassau health care corporation of a proposed borrowing, on  
20 the prudence of each proposed issuance of bonds or notes to be issued by  
21 the county or the Nassau health care corporation and no such borrowing  
22 shall be made unless first reviewed and commented upon by the authority.  
23 The authority shall provide such comments within thirty days after  
24 notification by the county or the Nassau health care corporation of a  
25 proposed borrowing to the county executive, the comptroller, the legis-  
26 lature, the director of the budget and the state comptroller;

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

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

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

15 (a) The authority shall (i) consult with the county [and] or the  
16 covered organizations in the preparation of the financial plan, and  
17 certify to the county the revenue estimates approved therein, (ii)  
18 prescribe the form of the financial plan and the supporting information  
19 required in connection therewith, (iii) exercise the rights of approval,  
20 disapproval and modification with respect to the financial plan, includ-  
21 ing but not limited to the revenue estimates contained therein, and (iv)  
22 in the event the authority has made the finding required under section  
23 thirty-six hundred sixty-seven of this title, formulate and adopt its  
24 modifications to the financial plan, such modifications to become effec-  
25 tive on their adoption by the authority.

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

35 (i) Within twenty days from the commencement of a control period, the  
36 county executive, or the chairperson of the Nassau health care corpo-  
37 ration in the case of a control period imposed pursuant to paragraph  
38 a-one of subdivision two of this section, shall present to the authority  
39 proposed guidelines respecting the categories and types of contracts and  
40 other obligations required to be reviewed by the authority pursuant to  
41 this subdivision. Any such guidelines may provide a different standard  
42 for review with respect to contracts of any covered organization as the  
43 authority shall determine. Within thirty days from the commencement of a  
44 control period, the authority shall approve or modify and approve such  
45 proposed guidelines or promulgate its own in the event that such  
46 proposed guidelines are not submitted to it within the twenty days as  
47 provided for herein. Such guidelines may thereafter be modified by the  
48 authority from time to time on not less than thirty days' notice to the  
49 county executive or chairperson of the Nassau health care corporation  
50 and the county executive or chairperson of the Nassau health care corpo-  
51 ration may from time to time propose modifications to the authority.  
52 Unless expressly disapproved or modified by the authority within thirty  
53 days (or such additional time, not exceeding thirty days, as the author-  
54 ity shall have notified the county or covered organization that it  
55 requires to complete its review and analysis) from the date of  
56 submission by the county executive or chairperson of the Nassau health

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

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

5 § 3402-a. Study for the modernization and revitalization of the Nassau  
6 health care corporation. 1. Study. The Nassau health care corporation  
7 (hereinafter referred to as "the corporation") shall review and examine  
8 a variety of options to strengthen the Nassau University Medical Center  
9 and the A. Holly Patterson Extended Care Facility, and promote longer  
10 term viability for its dual education and health care mission. The  
11 corporation shall complete a study to prioritize health care services  
12 provided in the Nassau University Medical Center service area, including  
13 a reasonable, scalable and fiscally responsible plan for the financial  
14 health, viability and sustainability of the Nassau University Medical  
15 Center and the A. Holly Patterson Extended Care Facility. Such study  
16 shall be provided to the Nassau county interim finance authority no  
17 later than December first, two thousand twenty-six. In conducting its  
18 study, the corporation shall consider the following factors:

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

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

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

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

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

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

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

30 (h) training needs for students and employment outcomes.

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

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

38

## PART MM

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

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

48 § 2. This act shall take effect immediately.

49 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-  
50 sion, section or part of this act shall be adjudged by any court of  
51 competent jurisdiction to be invalid, such judgment shall not affect,  
52 impair, or invalidate the remainder thereof, but shall be confined in  
53 its operation to the clause, sentence, paragraph, subdivision, section  
54 or part thereof directly involved in the controversy in which such judg-

1 ment shall have been rendered. It is hereby declared to be the intent of  
2 the legislature that this act would have been enacted even if such  
3 invalid provisions had not been included herein.

4 § 3. This act shall take effect immediately provided, however, that  
5 the applicable effective date of Parts A through MM of this act shall be  
6 as specifically set forth in the last section of such Parts.