

STATE OF NEW YORK

9007--B

IN SENATE

January 21, 2026

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

AN ACT to repeal sections 91 and 92 of part H of chapter 59 of the laws of 2011 relating to the year to year rate of growth of Department of Health state funds and Medicaid funding, relating to the state Medicaid spending cap and related processes (Part A); to amend chapter 165 of the laws of 1991, amending the public health law and other laws relating to establishing payments for medical assistance, in relation to the effectiveness thereof; to amend chapter 710 of the laws of 1988, amending the social services law and the education law relating to medical assistance eligibility of certain persons and providing for managed medical care demonstration programs, in relation to the effectiveness thereof; to amend chapter 904 of the laws of 1984, amending the public health law and the social services law relating to encouraging comprehensive health services, in relation to the effectiveness thereof; to amend part X2 of chapter 62 of the laws of 2003, amending the public health law relating to allowing for the use of funds of the office of professional medical conduct for activities of the patient health information and quality improvement act of 2000, in relation to the effectiveness thereof; to amend part H of chapter 59 of the laws of 2011, amending the public health law relating to the statewide health information network of New York and the statewide planning and research cooperative system and general powers and duties, in relation to the effectiveness thereof; to amend part A of chapter 58 of the laws of 2008, amending the elder law and other laws relating to reimbursement to participating provider pharmacies and prescription drug coverage, in relation to the effectiveness thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to the effectiveness thereof; to amend the social services law, in relation to the effectiveness of certain provisions relating to negotiation of supplemental rebates relating to medication assisted treatment; to amend part B of chapter 57 of the

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

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laws of 2015, amending the social services law and other laws relating to supplemental rebates, in relation to the effectiveness thereof; to amend part KK of chapter 56 of the laws of 2020, amending the public health law relating to the designation of statewide general hospital quality and sole community pools and the reduction of capital related inpatient expenses, in relation to the effectiveness thereof; to amend chapter 779 of the laws of 1986, amending the social services law relating to authorizing services for non-residents in adult homes, residences for adults and enriched housing programs, in relation to the effectiveness thereof; to amend part R of chapter 59 of the laws of 2016, amending the public health law and the education law relating to electronic prescriptions, in relation to the effectiveness thereof; to amend the public health law, in relation to amending and extending the voluntary indigent care pool; to amend part H of chapter 57 of the laws of 2019, amending the public health law relating to waiver of certain regulations, in relation to the effectiveness thereof; to amend part C of chapter 57 of the laws of 2022, amending the public health law and the education law relating to allowing pharmacists to direct limited service laboratories and order and administer COVID-19 and influenza tests and modernizing nurse practitioners, in relation to the effectiveness thereof; to amend chapter 21 of the laws of 2011, amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, in relation to the effectiveness thereof; to amend chapter 520 of the laws of 2024, amending the education law and the public health law relating to amending physician assistant practice standards, in relation to the effectiveness thereof; to amend part V of chapter 57 of the laws of 2022, amending the public health law and the insurance law relating to reimbursement for commercial and Medicaid services provided via telehealth, in relation to the effectiveness thereof; to amend part II of chapter 54 of the laws of 2016 amending part C of chapter 58 of the laws of 2005 relating to authorizing reimbursements for expenditures made by or on behalf of social services districts for medical assistance for needy persons and administration thereof, in relation to the effectiveness thereof; and to amend part C of chapter 57 of the laws of 2018, amending the social services law and the public health law relating to health homes and the penalties for managed care providers, in relation to the effectiveness thereof (Part B); to amend the public health law, in relation to extending certain provisions relating to the distribution of pool allocations; to amend part A3 of chapter 62 of the laws of 2003 amending the public health law and other laws relating to enacting major components necessary to implement the state fiscal plan for the 2003-04 state fiscal year, in relation to extending the effectiveness of provisions thereof; to amend the New York Health Care Reform Act of 1996, in relation to extending certain provisions relating thereto; to amend the New York Health Care Reform Act of 2000, in relation to extending the effectiveness of provisions thereof; to amend the public health law and the state finance law, in relation to making technical corrections; to amend the public health law, in relation to extending certain provisions relating to health care initiative pool distributions; to amend the social services law, in relation to extending payment provisions for general hospitals; to amend the public health law, in relation to extending certain provisions relating to the assessments on covered lives; and to repeal certain provisions of section 2807-m of the public health law, relating to the distribution

of the professional education pools (Part C); to amend chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to insurance coverage paid for by funds from the hospital excess liability pool and extending the effectiveness of certain provisions thereof; to amend part J of chapter 63 of the laws of 2001 amending chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to extending certain provisions concerning the hospital excess liability pool; and to amend part H of chapter 57 of the laws of 2017 amending the New York Health Care Reform Act of 1996 and other laws relating to extending certain provisions relating thereto, in relation to extending provisions relating to excess coverage (Part D); intentionally omitted (Part E); to amend the state finance law, in relation to approval to spend moneys of the Percy T. Phillips educational foundation of the Dental Society of the state of New York fund; to amend the vehicle and traffic law, in relation to technical corrections for distinctive plates; to amend part JJ of chapter 57 of the laws of 2025 amending the public health law relating to reporting pregnancy losses and clarifying which agencies are responsible for such reports, in relation to the effectiveness thereof; to amend part P of chapter 57 of the laws of 2025 amending the public health law relating to requiring hospitals to provide stabilizing care to pregnant individuals, in relation to the effectiveness thereof; to amend the public health law, in relation to making technical corrections thereto; to amend the social services law, in relation to the look-back period for medical assistance; and to amend the insurance law, in relation to referencing the continuing care retirement community council (Part F); to amend the public health law, in relation to modifying definitions related to automated external defibrillators (AEDs), designating the department of health as the entity that may authorize the acquisition of AEDs, modifying requirements for public access defibrillation providers, and establishing requirements that providers of AEDs notify the receivers of their responsibilities (Part G); to amend the public health law, in relation to requirements for notices of material transactions (Part H); to amend the public health law, in relation to establishing an office of the state medical indemnity fund ombudsperson and a medical indemnity fund advisory panel; 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 I); to amend the public health law, in relation to temporary health care services agencies (Part J); to amend the public health law, in relation to approval to operate a mobile integrated and community paramedicine program; to amend chapter 137 of the laws of 2023 amending the public health law relating to establishing a community-based paramedicine demonstration program, in relation to the effectiveness thereof; to amend the public health law, in relation to the definition of "emergency medical service"; to amend the education law, in relation to authorizing certified nurse practitioners and licensed physicians to prescribe and order a non-patient specific regimen for administering immunizations to an emergency medical services practitioner; and to amend the public health law, in relation to extending hospital services outside the facility and into patients' residences (Part K); to amend the public health law, in relation to restoring prior enacted nursing home capital rate reductions; and to amend the

social services law, in relation to premiums for the Medicaid buy-in for working persons with disabilities (Part L); to amend the social services law, in relation to the definition of health care service for purposes of the amount payable for certain services provided to eligible persons who are also eligible for medical assistance or are also qualified medicare beneficiaries; to amend the public health law and the insurance law, in relation to extending the cooling off period for health maintenance organization plan contracts with hospitals from two months to one hundred twenty days; and to repeal certain provisions of the social services law relating thereto (Part M); intentionally omitted (Part N); to amend chapter 57 of the laws of 2022 providing a one percent across the board payment increase to all qualifying fee-for-service Medicaid rates, in relation to hospital, nursing home and certified home health agency fee-for-service reimbursement rates (Part O); establishing a state fiscal year 2026-2027 targeted inflationary increase to be applied to certain portions of reimbursable costs or contract amounts for certain programs and services (Part P); to amend the mental hygiene law, the social services law and the public health law, in relation to integrated behavioral health services (Part Q); to amend the insurance law and the public health law, in relation to substance-related and addictive disorder services (Part R); intentionally omitted (Part S); to amend part ZZ of chapter 56 of the laws of 2020 amending the tax law and the social services law relating to certain Medicaid management, in relation to the effectiveness thereof; and to amend the public health law, in relation to minimum amounts of certain state aid for the city of New York (Part T); to amend chapter 56 of the laws of 2013 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 and referencing the office of addiction services and supports; to amend part H of chapter 111 of the laws of 2010 relating to increasing Medicaid payments to providers through managed care organizations and providing equivalent fees through an ambulatory patient group methodology, in relation to extending government rates for behavioral services referencing the office of addiction services and supports and in relation to the effectiveness thereof (Part U); to amend the public health law, in relation to enacting the "New York affordable drug manufacturing act" (Part V); to amend the public health law, in relation to establishing the 340B prescription drug anti-discrimination act (Part W); to amend the public health law, in relation to enacting the New York state abortion clinical training program act (Part X); to amend the state finance law, in relation to the New York state drug treatment and public education fund (Part Y); to amend part Q of chapter 59 of the laws of 2016 amending the mental hygiene law relating to the closure or transfer of a state-operated individualized residential alternative, in relation to the effectiveness thereof (Part Z); to amend chapter 670 of the laws of 2021 requiring the office for people with developmental disabilities to establish the care demonstration program, in relation to the effectiveness thereof (Part AA); to amend the social services law, in relation to coverage for services provided by school-based health centers for medical assistance recipients (Part BB); to amend the mental hygiene law, in relation to establishing the "recovery ready workplace act" (Part CC); to amend the insurance law, in relation to certain cost sharing fees for outpatient treatment at a substance use treatment program (Part DD); to amend the public health law, in relation to the audit and

review of medical assistance program funds by the Medicaid inspector general (Part EE); to amend the public health law, in relation to providing that any person may consent for reproductive health care, including abortion and contraception, for themselves (Part FF); to amend the public health law, in relation to reimbursement rates for certain programs established by not-for-profit and public skilled nursing facilities in upstate New York nursing home regions (Part GG); to amend the social services law, in relation to nursing diversion and transition services out of managed Medicaid (Part HH); to amend the public health law, in relation to reporting on food security trends (Part II); to amend the elder law, in relation to requiring the office for the aging to make an annual report on the budget expenditures on behalf of the senior population of the state (Part JJ); to amend the public health law, in relation to the gender-affirming care access program (Part KK); to amend the public health law, in relation to the functions of the Medicaid inspector general with respect to audit and review of medical assistance program funds (Part LL); and to amend the public health law, in relation to expanding health care services provided by telehealth; and to amend part V of chapter 57 of the laws of 2022, amending the public health law and the insurance law relating to reimbursement for commercial and Medicaid services provided via telehealth, in relation to the effectiveness thereof (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 2026-2027 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
6 last section of such Part. Any provision in any section contained within
7 a Part, including the effective date of the Part, which makes a refer-
8 ence to a section "of this act", when used in connection with that
9 particular component, shall be deemed to mean and refer to the corre-
10 sponding section of the Part in which it is found. Section three of this
11 act sets forth the general effective date of this act.

12 PART A

13 Section 1. Sections 91 and 92 of part H of chapter 59 of the laws of
14 2011 relating to the year to year rate of growth of Department of Health
15 state funds and Medicaid funding are REPEALED.

16 § 2. This act shall take effect immediately.

17 PART B

18 Section 1. Subdivision (c) of section 62 of chapter 165 of the laws of
19 1991, amending the public health law and other laws relating to estab-
20 lishing payments for medical assistance, as amended by section 9 of part
21 GG of chapter 56 of the laws of 2020, is amended to read as follows:

22 (c) section 364-j of the social services law, as amended by section
23 eight of this act and subdivision 6 of section 367-a of the social
24 services law as added by section twelve of this act shall expire and be
25 deemed repealed on March 31, [~~2026~~] **2032** and provided further, that the

1 amendments to the provisions of section 364-j of the social services law
2 made by section eight of this act shall only apply to managed care
3 programs approved on or after the effective date of this act;

4 § 2. Section 11 of chapter 710 of the laws of 1988, amending the
5 social services law and the education law relating to medical assistance
6 eligibility of certain persons and providing for managed medical care
7 demonstration programs, as amended by section 10 of part GG of chapter
8 56 of the laws of 2020, is amended to read as follows:

9 § 11. This act shall take effect immediately; except that the
10 provisions of sections one, two, three, four, eight and ten of this act
11 shall take effect on the ninetieth day after it shall have become a law;
12 and except that the provisions of sections five, six and seven of this
13 act shall take effect January 1, 1989; and except that effective imme-
14 diately, the addition, amendment and/or repeal of any rule or regulation
15 necessary for the implementation of this act on its effective date are
16 authorized and directed to be made and completed on or before such
17 effective date; provided, however, that the provisions of section 364-j
18 of the social services law, as added by section one of this act shall
19 expire and be deemed repealed on and after March 31, [~~2026~~ 2032, the
20 provisions of section 364-k of the social services law, as added by
21 section two of this act, except subdivision 10 of such section, shall
22 expire and be deemed repealed on and after January 1, 1994, and the
23 provisions of subdivision 10 of section 364-k of the social services
24 law, as added by section two of this act, shall expire and be deemed
25 repealed on January 1, 1995.

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

30 § 18. This act shall take effect immediately, except that sections
31 six, nine, ten and eleven of this act shall take effect on the sixtieth
32 day after it shall have become a law, sections two, three, four and nine
33 of this act shall expire and be of no further force or effect on or
34 after March 31, [~~2026~~ 2029, section two of this act shall take effect
35 on April 1, 1985 or seventy-five days following the submission of the
36 report required by section one of this act, whichever is later, and
37 sections eleven and thirteen of this act shall expire and be of no
38 further force or effect on or after March 31, 1988.

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

45 § 4. This act shall take effect immediately; provided that the
46 provisions of section one of this act shall be deemed to have been in
47 full force and effect on and after April 1, 2003, and shall expire March
48 31, [~~2026~~ 2029 when upon such date the provisions of such section shall
49 be deemed repealed.

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

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

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

8 § 32. This act shall take effect immediately and shall be deemed to
9 have been in full force and effect on and after April 1, 2008; provided
10 however, that sections one, six-a, nineteen, twenty, twenty-four, and
11 twenty-five of this act shall take effect July 1, 2008; provided however
12 that sections sixteen, seventeen and eighteen of this act shall expire
13 April 1, ~~2026~~ 2029; provided, however, that the amendments made by
14 section twenty-eight of this act shall take effect on the same date as
15 section 1 of chapter 281 of the laws of 2007 takes effect; provided
16 further, that sections twenty-nine, thirty, and thirty-one of this act
17 shall take effect October 1, 2008; provided further, that section twen-
18 ty-seven of this act shall take effect January 1, 2009; and provided
19 further, that section twenty-seven of this act shall expire and be
20 deemed repealed March 31, ~~2026~~ 2029; and provided, further, however,
21 that the amendments to subdivision 1 of section 241 of the education law
22 made by section twenty-nine of this act shall not affect the expiration
23 of such subdivision and shall be deemed to expire therewith and provided
24 that the amendments to section 272 of the public health law made by
25 section thirty of this act shall not affect the repeal of such section
26 and shall be deemed repealed therewith.

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

31 (f) Prior to February 1, 2001, February 1, 2002, February 1, 2003,
32 February 1, 2004, February 1, 2005, February 1, 2006, February 1, 2007,
33 February 1, 2008, February 1, 2009, February 1, 2010, February 1, 2011,
34 February 1, 2012, February 1, 2013, February 1, 2014, February 1, 2015,
35 February 1, 2016, February 1, 2017, February 1, 2018, February 1, 2019,
36 February 1, 2020, February 1, 2021, February 1, 2022, February 1, 2023,
37 February 1, 2024, February 1, 2025 ~~and~~, February 1, 2026, February 1,
38 2027, February 1, 2028, and February 1, 2029, the commissioner of health
39 shall calculate the result of the statewide total of residential health
40 care facility days of care provided to beneficiaries of title XVIII of
41 the federal social security act (medicare), divided by the sum of such
42 days of care plus days of care provided to residents eligible for
43 payments pursuant to title 11 of article 5 of the social services law
44 minus the number of days provided to residents receiving hospice care,
45 expressed as a percentage, for the period commencing January 1, through
46 November 30, of the prior year respectively, based on such data for such
47 period. This value shall be called the 2000, 2001, 2002, 2003, 2004,
48 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016,
49 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025 ~~and~~, 2026, and
50 for each year thereafter, the corresponding year's statewide target
51 percentage respectively.

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

1 (ii) If the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
2 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018,
3 2019, 2020, 2021, 2022, 2023, 2024, 2025 [~~and~~], 2026, 2027, 2028, and
4 2029 statewide target percentages are not for each year at least three
5 percentage points higher than the statewide base percentage, the commis-
6 sioner of health shall determine the percentage by which the statewide
7 target percentage for each year is not at least three percentage points
8 higher than the statewide base percentage. The percentage calculated
9 pursuant to this paragraph shall be called the 1997, 1998, 2000, 2001,
10 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013,
11 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025
12 [~~and~~], 2026, and for each year thereafter, the statewide reduction
13 percentage for the corresponding year, respectively. If the 1997, 1998,
14 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011,
15 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023,
16 2024, 2025 [~~and~~], 2026, and for each year thereafter statewide target
17 percentage for the respective year is at least three percentage points
18 higher than the statewide base percentage, the statewide reduction
19 percentage for the respective year shall be zero.

20 § 9. Subparagraph (iii) of paragraph (b) of subdivision 4 of section
21 64 of chapter 81 of the laws of 1995, amending the public health law and
22 other laws relating to medical reimbursement and welfare reform, as
23 amended by section 23 of part B of chapter 57 of the laws of 2023, is
24 amended to read as follows:

25 (iii) The 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008,
26 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020,
27 2021, 2022, 2023, 2024, 2025 [~~and~~], 2026, 2027, 2028, and 2029 statewide
28 reduction percentage shall be multiplied by one hundred two million
29 dollars respectively to determine the 1998, 2000, 2001, 2002, 2003,
30 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015,
31 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025 [~~and~~], 2026,
32 2027, 2028, and 2029 statewide aggregate reduction amount. If the 1998
33 and the 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009,
34 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021,
35 2022, 2023, 2024, 2025 [~~and~~], 2026, 2027, 2028, and 2029 statewide
36 reduction percentage shall be zero respectively, there shall be no 1998,
37 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011,
38 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023,
39 2024, 2025 [~~and~~], 2026, 2027, 2028, and 2029 reduction amount.

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

43 During the period from April first, two thousand fifteen through March
44 thirty-first, two thousand [~~twenty-six~~] twenty-nine, the commissioner
45 may, in lieu of a managed care provider or pharmacy benefit manager,
46 negotiate directly and enter into an arrangement with a pharmaceutical
47 manufacturer for the provision of supplemental rebates relating to phar-
48 maceutical utilization by enrollees of managed care providers pursuant
49 to section three hundred sixty-four-j of this title and may also negoti-
50 ate directly and enter into such an agreement relating to pharmaceutical
51 utilization by medical assistance recipients not so enrolled. Such
52 rebate arrangements shall be limited to the following: antiretrovirals
53 approved by the FDA for the treatment of HIV/AIDS, accelerated approval
54 drugs established pursuant to this paragraph, opioid dependence agents
55 and opioid antagonists listed in a statewide formulary established
56 pursuant to subparagraph (vii) of this paragraph, hepatitis C agents,

1 high cost drugs as provided for in subparagraph (viii) of this para-
2 graph, gene therapies as provided for in subparagraph (ix) of this para-
3 graph, and any other class or drug designated by the commissioner for
4 which the pharmaceutical manufacturer has in effect a rebate arrangement
5 with the federal secretary of health and human services pursuant to 42
6 U.S.C. § 1396r-8, and for which the state has established standard clin-
7 ical criteria. No agreement entered into pursuant to this paragraph
8 shall have an initial term or be extended beyond the expiration or
9 repeal of this paragraph. For purposes of this paragraph, an "acceler-
10 ated approval" is a drug or labeled indication of a drug authorized by
11 the Federal Food, Drug and Cosmetic Act for drugs approved under Subpart
12 H of 21 CFR Part 314 and Subpart E of 21 CFR Part 601 for serious condi-
13 tions that fill an unmet medical need based on whether the drug has an
14 effect on a surrogate clinical endpoint, and is pending verification of
15 clinical benefit in confirmatory trials.

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

20 1. section one of this act shall expire and be deemed repealed March
21 31, [~~2029~~] 2032;

22 § 12. Section 8 of part KK of chapter 56 of the laws of 2020, amending
23 the public health law relating to the designation of statewide general
24 hospital quality and sole community pools and the reduction of capital
25 related inpatient expenses, as amended by section 26 of part B of chap-
26 ter 57 of the laws of 2023, is amended to read as follows:

27 § 8. This act shall take effect immediately and shall be deemed to
28 have been in full force and effect on and after April 1, 2020, provided,
29 further that sections four through seven of this act shall expire and be
30 deemed repealed March 31, [~~2026~~] 2029; provided further, however, that
31 the director of the budget may, in consultation with the commissioner of
32 health, delay the effective dates prescribed herein for a period of time
33 which shall not exceed ninety days following the conclusion or termi-
34 nation of an executive order issued pursuant to section 28 of the execu-
35 tive law declaring a state disaster emergency for the entire state of
36 New York, upon such delay the director of budget shall notify the chairs
37 of the assembly ways and means committee and senate finance committee
38 and the chairs of the assembly and senate health committee; provided
39 further, however, that the director of the budget shall notify the
40 legislative bill drafting commission upon the occurrence of a delay in
41 the effective date of this act in order that the commission may maintain
42 an accurate and timely effective data base of the official text of the
43 laws of the state of New York in furtherance of effectuating the
44 provisions of section 44 of the legislative law and section 70-b of the
45 public officers law.

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

51 § 4. This act shall take effect on the one hundred twentieth day after
52 it shall have become a law and shall remain in full force and effect
53 until July 1, [~~2026~~] 2029, provided however, that effective immediately,
54 the addition, amendment and/or repeal of any rules or regulations neces-
55 sary for the implementation of the foregoing sections of this act on its

1 effective date are authorized and directed to be made and completed on
2 or before such effective date.

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

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

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

15 5-d. (a) Notwithstanding any inconsistent provision of this section,
16 section twenty-eight hundred seven-w of this article or any other
17 contrary provision of law, and subject to the availability of federal
18 financial participation, for periods on and after January first, two
19 thousand twenty, through [~~March~~] December thirty-first, two thousand
20 [~~twenty-six~~] twenty-nine, all funds available for distribution pursuant
21 to this section, except for funds distributed pursuant to paragraph (b)
22 of subdivision five-b of this section, and all funds available for
23 distribution pursuant to section twenty-eight hundred seven-w of this
24 article, shall be reserved and set aside and distributed in accordance
25 with the provisions of this subdivision.

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

30 (i) Such regulations shall establish methodologies for determining
31 each facility's relative uncompensated care need amount based on unin-
32 sured inpatient and outpatient units of service from the cost reporting
33 year two years prior to the distribution year, multiplied by the appli-
34 cable medicaid rates in effect January first of the distribution year,
35 as summed and adjusted by a statewide cost adjustment factor and reduced
36 by the sum of all payment amounts collected from such uninsured
37 patients, and as further adjusted by application of a nominal need
38 computation that shall take into account each facility's medicaid inpa-
39 tient share.

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

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

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

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

1 For the calendar years two thousand twenty through two thousand twen-
2 ty-two, the total distributions to eligible general hospitals, other
3 than major public general hospitals, shall be subject to an aggregate
4 reduction of one hundred fifty million dollars annually, provided that
5 eligible general hospitals, other than major public general hospitals,
6 that qualify as enhanced safety net hospitals under section two thousand
7 eight hundred seven-c of this article shall not be subject to such
8 reduction.

9 For the calendar years two thousand twenty-three through two thousand
10 [~~twenty-five~~] twenty-nine, the total distributions to eligible general
11 hospitals, other than major public general hospitals, shall be subject
12 to an aggregate reduction of two hundred thirty-five million four
13 hundred thousand dollars annually, provided that eligible general hospi-
14 tals, other than major public general hospitals that qualify as enhanced
15 safety net hospitals under section two thousand eight hundred seven-c of
16 this article as of April first, two thousand twenty, shall not be
17 subject to such reduction.

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

22 (iii) For calendar years two thousand twenty through two thousand
23 [~~twenty-five~~] twenty-nine, sixty-four million six hundred thousand
24 dollars shall be distributed to eligible general hospitals, other than
25 major public general hospitals, that experience a reduction in indigent
26 care pool payments pursuant to this subdivision, and that qualify as
27 enhanced safety net hospitals under section two thousand eight hundred
28 seven-c of this article as of April first, two thousand twenty. Such
29 distribution shall be established pursuant to regulations promulgated by
30 the commissioner and shall be proportional to the reduction experienced
31 by the facility.

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

42 (c) The commissioner shall annually report to the governor and the
43 legislature on the distribution of funds under this subdivision includ-
44 ing, but not limited to:

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

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

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

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

54 § 7. This act shall take effect immediately and shall be deemed to
55 have been in full force and effect on and after April 1, 2019, provided,

1 however, that section two of this act shall expire on April 1, [~~2026~~
2 2028].

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

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

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

18 § 5. This act shall take effect on the one hundred twentieth day after
19 it shall have become a law[~~, provided, however, that the provisions of
20 sections two, three, and four of this act shall expire and be deemed
21 repealed July 1, 2026~~]; provided, however, that the amendments to subdi-
22 vision 1 of section 6801 of the education law made by section one of
23 this act shall be subject to the expiration and reversion of such subdi-
24 vision pursuant to section 8 of chapter 563 of the laws of 2008, when
25 upon such date the provisions of section one-a of this act shall take
26 effect; provided, further, that effective immediately, the addition,
27 amendment and/or repeal of any rule or regulation necessary for the
28 implementation of this act on its effective date are authorized and
29 directed to be made and completed on or before such effective date.

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

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

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

46 § 7. This act shall take effect immediately and shall be deemed to
47 have been in full force and effect on and after April 1, 2022; provided,
48 however, this act shall expire and be deemed repealed on and after April
49 1, [~~2026~~] 2028.

50 § 21. Section 2 of part II of chapter 54 of the laws of 2016 amending
51 part C of chapter 58 of the laws of 2005 relating to authorizing
52 reimbursements for expenditures made by or on behalf of social services
53 districts for medical assistance for needy persons and administration
54 thereof, as amended by section 8 of part B of chapter 57 of the laws of
55 2024, is amended to read as follows:

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

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

8 § 8. Notwithstanding any inconsistent provision of sections 112 and
9 163 of the state finance law, or sections 142 and 143 of the economic
10 development law, or any other contrary provision of law, excepting the
11 13 responsible vendor requirements of the state finance law, including,
12 but not limited to, sections 163 and 139-k of the state finance law, the
13 commissioner of health is authorized to amend or otherwise extend the
14 terms of a contract awarded prior to the effective date and entered into
15 pursuant to subdivision 24 of section 206 of the public health law, as
16 added by section 39 of part C of chapter 58 of the laws of 2008, without
17 a competitive bid or request for proposal process, upon determination
18 that the existing contractor is qualified to continue to provide such
19 services, and provided that efficiency savings are achieved during the
20 period of extension; and provided, further, that the department of
21 health shall submit a request for applications for such contract during
22 the time period specified in this section and may terminate the contract
23 identified herein prior to expiration of the extension authorized by
24 this section. Contracts entered into, amended, or extended pursuant to
25 this section shall not remain in force beyond August 19, [~~2026~~] 2027.

26 § 23. This act shall take effect immediately and shall be deemed to
27 have been in full force and effect on and after April 1, 2026; provided,
28 however, that the amendments to the opening paragraph of paragraph (e)
29 of subdivision 7 of section 367-a of the social services law made by
30 section ten of this act shall not affect the repeal of such paragraph
31 and shall be deemed repealed therewith.

32 PART C

33 Section 1. Section 34 of part A3 of chapter 62 of the laws of 2003
34 amending the public health law and other laws relating to enacting major
35 components necessary to implement the state fiscal plan for the 2003-04
36 state fiscal year, as amended by section 1 of part C of chapter 57 of
37 the laws of 2023, is amended to read as follows:

38 § 34. (1) Notwithstanding any inconsistent provision of law, rule or
39 regulation and effective April 1, 2008 through March 31, [~~2026~~] 2029,
40 the commissioner of health is authorized to transfer and the state comp-
41 troller is authorized and directed to receive for deposit to the credit
42 of the department of health's special revenue fund - other, health care
43 reform act (HCRA) resources fund - 061, provider collection monitoring
44 account, within amounts appropriated each year, those funds collected
45 and accumulated pursuant to section 2807-v of the public health law,
46 including income from invested funds, for the purpose of payment for
47 administrative costs of the department of health related to adminis-
48 tration of statutory duties for the collections and distributions
49 authorized by section 2807-v of the public health law.

50 (2) Notwithstanding any inconsistent provision of law, rule or regu-
51 lation and effective April 1, 2008 through March 31, [~~2026~~] 2029, the
52 commissioner of health is authorized to transfer and the state comp-
53 troller is authorized and directed to receive for deposit to the credit
54 of the department of health's special revenue fund - other, health care

1 reform act (HCRA) resources fund - 061, provider collection monitoring
2 account, within amounts appropriated each year, those funds collected
3 and accumulated and interest earned through surcharges on payments for
4 health care services pursuant to section 2807-s of the public health law
5 and from assessments pursuant to section 2807-t of the public health law
6 for the purpose of payment for administrative costs of the department of
7 health related to administration of statutory duties for the collections
8 and distributions authorized by sections 2807-s, 2807-t, and 2807-m of
9 the public health law.

10 (3) Notwithstanding any inconsistent provision of law, rule or regu-
11 lation and effective April 1, 2008 through March 31, [~~2026~~ 2029, the
12 commissioner of health is authorized to transfer and the comptroller is
13 authorized to deposit, within amounts appropriated each year, those
14 funds authorized for distribution in accordance with the provisions of
15 paragraph (a) of subdivision 1 of section 2807-1 of the public health
16 law for the purposes of payment for administrative costs of the depart-
17 ment of health related to the child health insurance plan program
18 authorized pursuant to title 1-A of article 25 of the public health law
19 into the special revenue funds - other, health care reform act (HCRA)
20 resources fund - 061, child health insurance account, established within
21 the department of health.

22 (5) Notwithstanding any inconsistent provision of law, rule or regu-
23 lation and effective April 1, 2008 through March 31, [~~2026~~ 2029, the
24 commissioner of health is authorized to transfer and the comptroller is
25 authorized to deposit, within amounts appropriated each year, those
26 funds allocated pursuant to paragraph (j) of subdivision 1 of section
27 2807-v of the public health law for the purpose of payment for adminis-
28 trative costs of the department of health related to administration of
29 the state's tobacco control programs and cancer services provided pursu-
30 ant to sections 2807-r and 1399-ii of the public health law into such
31 accounts established within the department of health for such purposes.

32 (6) Notwithstanding any inconsistent provision of law, rule or regu-
33 lation and effective April 1, 2008 through March 31, [~~2026~~ 2029, the
34 commissioner of health is authorized to transfer and the comptroller is
35 authorized to deposit, within amounts appropriated each year, the funds
36 authorized for distribution in accordance with the provisions of section
37 2807-1 of the public health law for the purposes of payment for adminis-
38 trative costs of the department of health related to the programs funded
39 pursuant to section 2807-1 of the public health law into the special
40 revenue funds - other, health care reform act (HCRA) resources fund -
41 061, pilot health insurance account, established within the department
42 of health.

43 (7) Notwithstanding any inconsistent provision of law, rule or regu-
44 lation and effective April 1, 2008 through March 31, [~~2026~~ 2029, the
45 commissioner of health is authorized to transfer and the comptroller is
46 authorized to deposit, within amounts appropriated each year, those
47 funds authorized for distribution in accordance with the provisions of
48 subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c
49 of the public health law from monies accumulated and interest earned in
50 the bad debt and charity care and capital statewide pools through an
51 assessment charged to general hospitals pursuant to the provisions of
52 subdivision 18 of section 2807-c of the public health law and those
53 funds authorized for distribution in accordance with the provisions of
54 section 2807-1 of the public health law for the purposes of payment for
55 administrative costs of the department of health related to programs
56 funded under section 2807-1 of the public health law into the special

1 revenue funds - other, health care reform act (HCRA) resources fund -
2 061, primary care initiatives account, established within the department
3 of health.

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

15 (9) Notwithstanding any inconsistent provision of law, rule or regu-
16 lation and effective April 1, 2008 through March 31, [~~2026~~] 2029, the
17 commissioner of health is authorized to transfer and the comptroller is
18 authorized to deposit, within amounts appropriated each year, those
19 funds authorized pursuant to sections 2807-d, 3614-a and 3614-b of the
20 public health law and section 367-i of the social services law and for
21 distribution in accordance with the provisions of subdivision 9 of
22 section 2807-j of the public health law for the purpose of payment for
23 administration of statutory duties for the collections and distributions
24 authorized by sections 2807-c, 2807-d, 2807-j, 2807-k, 2807-l, 3614-a
25 and 3614-b of the public health law and section 367-i of the social
26 services law into the special revenue funds - other, health care reform
27 act (HCRA) resources fund - 061, provider collection monitoring account,
28 established within the department of health.

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

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

35 (v) one hundred ninety-one million two hundred fifty thousand dollars
36 of the funds accumulated for the period January first, two thousand
37 [~~twenty-six~~] twenty-nine through March thirty-first, two thousand [~~twea-~~
38 ~~ty-six~~] twenty-nine.

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

43 5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health
44 law, as amended or as added by this act, shall expire on December 31,
45 [~~2026~~] 2029, and shall be thereafter effective only in respect to any
46 act done on or before such date or action or proceeding arising out of
47 such act including continued collections of funds from assessments and
48 allowances and surcharges established pursuant to sections 2807-c,
49 2807-j, 2807-s and 2807-t of the public health law, and administration
50 and distributions of funds from pools established pursuant to sections
51 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s and 2807-t of the public
52 health law related to patient services provided before December 31,
53 [~~2026~~] 2029, and continued expenditure of funds authorized for programs
54 and grants until the exhaustion of funds therefor;

55 § 4. Subdivision 1 of section 138 of chapter 1 of the laws of 1999,
56 constituting the New York Health Care Reform Act of 2000, as amended by

1 section 4 of part C of chapter 57 of the laws of 2023, is amended to
2 read as follows:

3 1. sections 2807-c, 2807-j, 2807-s, and 2807-t of the public health
4 law, as amended by this act, shall expire on December 31, [~~2026~~] 2029,
5 and shall be thereafter effective only in respect to any act done before
6 such date or action or proceeding arising out of such act including
7 continued collections of funds from assessments and allowances and
8 surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and
9 2807-t of the public health law, and administration and distributions of
10 funds from pools established pursuant to sections 2807-c, 2807-j,
11 2807-k, 2807-l, 2807-m, 2807-s, 2807-t, 2807-v and 2807-w of the public
12 health law, as amended or added by this act, related to patient services
13 provided before December 31, [~~2026~~] 2029, and continued expenditure of
14 funds authorized for programs and grants until the exhaustion of funds
15 therefor;

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

19 § 2807-l. Health care initiatives pool distributions. 1. Funds accumu-
20 lated in the health care initiatives pools pursuant to paragraph (b) of
21 subdivision nine of section twenty-eight hundred seven-j of this arti-
22 cle, or the health care reform act (HCRA) resources fund established
23 pursuant to section ninety-two-dd of the state finance law, whichever is
24 applicable, including income from invested funds, shall be distributed
25 or retained by the commissioner or by the state comptroller, as applica-
26 ble, in accordance with the following.

27 (a) Funds shall be reserved and accumulated from year to year and
28 shall be available, including income from invested funds, for purposes
29 of distributions to programs to provide health care coverage for unin-
30 sured or underinsured children pursuant to sections twenty-five hundred
31 ten and twenty-five hundred eleven of this chapter from the respective
32 health care initiatives pools established for the following periods in
33 the following amounts:

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

37 (ii) from the pool for the period January first, nineteen hundred
38 ninety-eight through December thirty-first, nineteen hundred ninety-
39 eight, up to one hundred sixty-four million five hundred thousand
40 dollars;

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

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

46 (v) from the pool for the period January first, two thousand one
47 through December thirty-first, two thousand one, two hundred thirty-five
48 million dollars;

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

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

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

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

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

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

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

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

24 (xiv) from the health care reform act (HCRA) resources fund for the
25 period April first, two thousand eleven, through March thirty-first, two
26 thousand twelve, up to three hundred twenty-four million seven hundred
27 forty-four thousand dollars;

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

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

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

39 (b) Funds shall be reserved and accumulated from year to year and
40 shall be available, including income from invested funds, for purposes
41 of distributions for health insurance programs under the individual
42 subsidy programs established pursuant to the expanded health care cover-
43 age act of nineteen hundred eighty-eight as amended, and for evaluation
44 of such programs from the respective health care initiatives pools or
45 the health care reform act (HCRA) resources fund, whichever is applica-
46 ble, established for the following periods in the following amounts:

47 (i) (A) an amount not to exceed six million dollars on an annualized
48 basis for the periods January first, nineteen hundred ninety-seven
49 through December thirty-first, nineteen hundred ninety-nine; up to six
50 million dollars for the period January first, two thousand through
51 December thirty-first, two thousand; up to five million dollars for the
52 period January first, two thousand one through December thirty-first,
53 two thousand one; up to four million dollars for the period January
54 first, two thousand two through December thirty-first, two thousand two;
55 up to two million six hundred thousand dollars for the period January
56 first, two thousand three through December thirty-first, two thousand

1 three; up to one million three hundred thousand dollars for the period
2 January first, two thousand four through December thirty-first, two
3 thousand four; up to six hundred seventy thousand dollars for the period
4 January first, two thousand five through June thirtieth, two thousand
5 five; up to one million three hundred thousand dollars for the period
6 April first, two thousand six through March thirty-first, two thousand
7 seven; and up to one million three hundred thousand dollars annually for
8 the period April first, two thousand seven through March thirty-first,
9 two thousand nine, shall be allocated to individual subsidy programs;
10 and

11 (B) an amount not to exceed seven million dollars on an annualized
12 basis for the periods during the period January first, nineteen hundred
13 ninety-seven through December thirty-first, nineteen hundred ninety-nine
14 and four million dollars annually for the periods January first, two
15 thousand through December thirty-first, two thousand two, and three
16 million dollars for the period January first, two thousand three through
17 December thirty-first, two thousand three, and two million dollars for
18 the period January first, two thousand four through December thirty-
19 first, two thousand four, and two million dollars for the period January
20 first, two thousand five through June thirtieth, two thousand five shall
21 be allocated to the catastrophic health care expense program.

22 (ii) Notwithstanding any law to the contrary, the characterizations of
23 the New York state small business health insurance partnership program
24 as in effect prior to June thirtieth, two thousand three, voucher
25 program as in effect prior to December thirty-first, two thousand one,
26 individual subsidy program as in effect prior to June thirtieth, two
27 thousand five, and catastrophic health care expense program, as in
28 effect prior to June thirtieth, two thousand five, may, for the purposes
29 of identifying matching funds for the community health care conversion
30 demonstration project described in a waiver of the provisions of title
31 XIX of the federal social security act granted to the state of New York
32 and dated July fifteenth, nineteen hundred ninety-seven, may continue to
33 be used to characterize the insurance programs in sections four thousand
34 three hundred twenty-one-a, four thousand three hundred twenty-two-a,
35 four thousand three hundred twenty-six and four thousand three hundred
36 twenty-seven of the insurance law, which are successor programs to these
37 programs.

38 (c) Up to seventy-eight million dollars shall be reserved and accumu-
39 lated from year to year from the pool for the period January first,
40 nineteen hundred ninety-seven through December thirty-first, nineteen
41 hundred ninety-seven, for purposes of public health programs, up to
42 seventy-six million dollars shall be reserved and accumulated from year
43 to year from the pools for the periods January first, nineteen hundred
44 ninety-eight through December thirty-first, nineteen hundred ninety-
45 eight and January first, nineteen hundred ninety-nine through December
46 thirty-first, nineteen hundred ninety-nine, up to eighty-four million
47 dollars shall be reserved and accumulated from year to year from the
48 pools for the period January first, two thousand through December thir-
49 ty-first, two thousand, up to eighty-five million dollars shall be
50 reserved and accumulated from year to year from the pools for the period
51 January first, two thousand one through December thirty-first, two thou-
52 sand one, up to eighty-six million dollars shall be reserved and accumu-
53 lated from year to year from the pools for the period January first, two
54 thousand two through December thirty-first, two thousand two, up to
55 eighty-six million one hundred fifty thousand dollars shall be reserved
56 and accumulated from year to year from the pools for the period January

1 first, two thousand three through December thirty-first, two thousand
2 three, up to fifty-eight million seven hundred eighty thousand dollars
3 shall be reserved and accumulated from year to year from the pools for
4 the period January first, two thousand four through December thirty-
5 first, two thousand four, up to sixty-eight million seven hundred thirty
6 thousand dollars shall be reserved and accumulated from year to year
7 from the pools or the health care reform act (HCRA) resources fund,
8 whichever is applicable, for the period January first, two thousand five
9 through December thirty-first, two thousand five, up to ninety-four
10 million three hundred fifty thousand dollars shall be reserved and accu-
11 mulated from year to year from the health care reform act (HCRA)
12 resources fund for the period January first, two thousand six through
13 December thirty-first, two thousand six, up to seventy million nine
14 hundred thirty-nine thousand dollars shall be reserved and accumulated
15 from year to year from the health care reform act (HCRA) resources fund
16 for the period January first, two thousand seven through December thir-
17 ty-first, two thousand seven, up to fifty-five million six hundred
18 eighty-nine thousand dollars annually shall be reserved and accumulated
19 from year to year from the health care reform act (HCRA) resources fund
20 for the period January first, two thousand eight through December thir-
21 ty-first, two thousand ten, up to thirteen million nine hundred twenty-
22 two thousand dollars shall be reserved and accumulated from year to year
23 from the health care reform act (HCRA) resources fund for the period
24 January first, two thousand eleven through March thirty-first, two thou-
25 sand eleven, and for periods on and after April first, two thousand
26 eleven, up to funding amounts specified below and shall be available,
27 including income from invested funds, for:

28 (i) deposit by the commissioner, within amounts appropriated, and the
29 state comptroller is hereby authorized and directed to receive for
30 deposit to, to the credit of the department of health's special revenue
31 fund - other, hospital based grants program account or the health care
32 reform act (HCRA) resources fund, whichever is applicable, for purposes
33 of services and expenses related to general hospital based grant
34 programs, up to twenty-two million dollars annually from the nineteen
35 hundred ninety-seven pool, nineteen hundred ninety-eight pool, nineteen
36 hundred ninety-nine pool, two thousand pool, two thousand one pool and
37 two thousand two pool, respectively, up to twenty-two million dollars
38 from the two thousand three pool, up to ten million dollars for the
39 period January first, two thousand four through December thirty-first,
40 two thousand four, up to eleven million dollars for the period January
41 first, two thousand five through December thirty-first, two thousand
42 five, up to twenty-two million dollars for the period January first, two
43 thousand six through December thirty-first, two thousand six, up to
44 twenty-two million ninety-seven thousand dollars annually for the period
45 January first, two thousand seven through December thirty-first, two
46 thousand ten, up to five million five hundred twenty-four thousand
47 dollars for the period January first, two thousand eleven through March
48 thirty-first, two thousand eleven, up to thirteen million four hundred
49 forty-five thousand dollars for the period April first, two thousand
50 eleven through March thirty-first, two thousand twelve, and up to thir-
51 teen million three hundred seventy-five thousand dollars each state
52 fiscal year for the period April first, two thousand twelve through
53 March thirty-first, two thousand fourteen;

54 (ii) deposit by the commissioner, within amounts appropriated, and the
55 state comptroller is hereby authorized and directed to receive for
56 deposit to, to the credit of the emergency medical services training

1 account established in section ninety-seven-q of the state finance law
2 or the health care reform act (HCRA) resources fund, whichever is appli-
3 cable, up to sixteen million dollars on an annualized basis for the
4 periods January first, nineteen hundred ninety-seven through December
5 thirty-first, nineteen hundred ninety-nine, up to twenty million dollars
6 for the period January first, two thousand through December thirty-
7 first, two thousand, up to twenty-one million dollars for the period
8 January first, two thousand one through December thirty-first, two thou-
9 sand one, up to twenty-two million dollars for the period January first,
10 two thousand two through December thirty-first, two thousand two, up to
11 twenty-two million five hundred fifty thousand dollars for the period
12 January first, two thousand three through December thirty-first, two
13 thousand three, up to nine million six hundred eighty thousand dollars
14 for the period January first, two thousand four through December thir-
15 ty-first, two thousand four, up to twelve million one hundred thirty
16 thousand dollars for the period January first, two thousand five through
17 December thirty-first, two thousand five, up to twenty-four million two
18 hundred fifty thousand dollars for the period January first, two thou-
19 sand six through December thirty-first, two thousand six, up to twenty
20 million four hundred ninety-two thousand dollars annually for the period
21 January first, two thousand seven through December thirty-first, two
22 thousand ten, up to five million one hundred twenty-three thousand
23 dollars for the period January first, two thousand eleven through March
24 thirty-first, two thousand eleven, up to eighteen million three hundred
25 fifty thousand dollars for the period April first, two thousand eleven
26 through March thirty-first, two thousand twelve, up to eighteen million
27 nine hundred fifty thousand dollars for the period April first, two
28 thousand twelve through March thirty-first, two thousand thirteen, up to
29 nineteen million four hundred nineteen thousand dollars for the period
30 April first, two thousand thirteen through March thirty-first, two thou-
31 sand fourteen, and up to nineteen million six hundred fifty-nine thou-
32 sand seven hundred dollars each state fiscal year for the period of
33 April first, two thousand fourteen through March thirty-first, two thou-
34 sand [~~twenty-six~~] twenty-nine;

35 (iii) priority distributions by the commissioner up to thirty-two
36 million dollars on an annualized basis for the period January first, two
37 thousand through December thirty-first, two thousand four, up to thir-
38 ty-eight million dollars on an annualized basis for the period January
39 first, two thousand five through December thirty-first, two thousand
40 six, up to eighteen million two hundred fifty thousand dollars for the
41 period January first, two thousand seven through December thirty-first,
42 two thousand seven, up to three million dollars annually for the period
43 January first, two thousand eight through December thirty-first, two
44 thousand ten, up to seven hundred fifty thousand dollars for the period
45 January first, two thousand eleven through March thirty-first, two thou-
46 sand eleven, up to two million nine hundred thousand dollars each state
47 fiscal year for the period April first, two thousand eleven through
48 March thirty-first, two thousand fourteen, and up to two million nine
49 hundred thousand dollars each state fiscal year for the period April
50 first, two thousand fourteen through March thirty-first, two thousand
51 [~~twenty-six~~] twenty-nine to be allocated (A) for the purposes estab-
52 lished pursuant to subparagraph (ii) of paragraph (f) of subdivision
53 nineteen of section twenty-eight hundred seven-c of this article as in
54 effect on December thirty-first, nineteen hundred ninety-six and as may
55 thereafter be amended, up to fifteen million dollars annually for the
56 periods January first, two thousand through December thirty-first, two

1 thousand four, up to twenty-one million dollars annually for the period
2 January first, two thousand five through December thirty-first, two
3 thousand six, and up to seven million five hundred thousand dollars for
4 the period January first, two thousand seven through March thirty-first,
5 two thousand seven;

6 (B) pursuant to a memorandum of understanding entered into by the
7 commissioner, the majority leader of the senate and the speaker of the
8 assembly, for the purposes outlined in such memorandum upon the recom-
9 mendation of the majority leader of the senate, up to eight million
10 five hundred thousand dollars annually for the period January first, two
11 thousand through December thirty-first, two thousand six, and up to four
12 million two hundred fifty thousand dollars for the period January first,
13 two thousand seven through June thirtieth, two thousand seven, and for
14 the purposes outlined in such memorandum upon the recommendation of the
15 speaker of the assembly, up to eight million five hundred thousand
16 dollars annually for the periods January first, two thousand through
17 December thirty-first, two thousand six, and up to four million two
18 hundred fifty thousand dollars for the period January first, two thou-
19 sand seven through June thirtieth, two thousand seven; and

20 (C) for services and expenses, including grants, related to emergency
21 assistance distributions as designated by the commissioner. Notwith-
22 standing section one hundred twelve or one hundred sixty-three of the
23 state finance law or any other contrary provision of law, such distrib-
24 utions shall be limited to providers or programs where, as determined by
25 the commissioner, emergency assistance is vital to protect the life or
26 safety of patients, to ensure the retention of facility caregivers or
27 other staff, or in instances where health facility operations are jeop-
28 ardised, or where the public health is jeopardized or other emergency
29 situations exist, up to three million dollars annually for the period
30 April first, two thousand seven through March thirty-first, two thousand
31 eleven, up to two million nine hundred thousand dollars each state
32 fiscal year for the period April first, two thousand eleven through
33 March thirty-first, two thousand fourteen, up to two million nine
34 hundred thousand dollars each state fiscal year for the period April
35 first, two thousand fourteen through March thirty-first, two thousand
36 seventeen, up to two million nine hundred thousand dollars each state
37 fiscal year for the period April first, two thousand seventeen through
38 March thirty-first, two thousand twenty, up to two million nine hundred
39 thousand dollars each state fiscal year for the period April first, two
40 thousand twenty through March thirty-first, two thousand twenty-three,
41 [~~and~~] up to two million nine hundred thousand dollars each state fiscal
42 year for the period April first, two thousand twenty-three through March
43 thirty-first, two thousand twenty-six, and up to two million nine
44 hundred thousand dollars each state fiscal year for the period April
45 first, two thousand twenty-six through March thirty-first, two thousand
46 twenty-nine. Upon any distribution of such funds, the commissioner shall
47 immediately notify the chair and ranking minority member of the senate
48 finance committee, the assembly ways and means committee, the senate
49 committee on health, and the assembly committee on health;

50 (iv) distributions by the commissioner related to poison control
51 centers pursuant to subdivision seven of section twenty-five hundred-d
52 of this chapter, up to five million dollars for the period January
53 first, nineteen hundred ninety-seven through December thirty-first,
54 nineteen hundred ninety-seven, up to three million dollars on an annual-
55 ized basis for the periods during the period January first, nineteen
56 hundred ninety-eight through December thirty-first, nineteen hundred

1 ninety-nine, up to five million dollars annually for the periods January
2 first, two thousand through December thirty-first, two thousand two, up
3 to four million six hundred thousand dollars annually for the periods
4 January first, two thousand three through December thirty-first, two
5 thousand four, up to five million one hundred thousand dollars for the
6 period January first, two thousand five through December thirty-first,
7 two thousand six annually, up to five million one hundred thousand
8 dollars annually for the period January first, two thousand seven
9 through December thirty-first, two thousand nine, up to three million
10 six hundred thousand dollars for the period January first, two thousand
11 ten through December thirty-first, two thousand ten, up to seven hundred
12 seventy-five thousand dollars for the period January first, two thousand
13 eleven through March thirty-first, two thousand eleven, up to two
14 million five hundred thousand dollars each state fiscal year for the
15 period April first, two thousand eleven through March thirty-first, two
16 thousand fourteen, up to three million dollars each state fiscal year
17 for the period April first, two thousand fourteen through March thirty-
18 first, two thousand seventeen, up to three million dollars each state
19 fiscal year for the period April first, two thousand seventeen through
20 March thirty-first, two thousand twenty, up to three million dollars
21 each state fiscal year for the period April first, two thousand twenty
22 through March thirty-first, two thousand twenty-three, [~~and~~] up to three
23 million dollars each state fiscal year for the period April first, two
24 thousand twenty-three through March thirty-first, two thousand twenty-
25 six, and up to three million dollars each state fiscal year for the
26 period April first, two thousand twenty-six through March thirty-first,
27 two thousand twenty-nine; and

28 (v) deposit by the commissioner, within amounts appropriated, and the
29 state comptroller is hereby authorized and directed to receive for
30 deposit to, to the credit of the department of health's special revenue
31 fund - other, miscellaneous special revenue fund - 339 maternal and
32 child HIV services account or the health care reform act (HCRA)
33 resources fund, whichever is applicable, for purposes of a special
34 program for HIV services for women and children, including adolescents
35 pursuant to section twenty-five hundred-f-one of this chapter, up to
36 five million dollars annually for the periods January first, two thou-
37 sand through December thirty-first, two thousand two, up to five million
38 dollars for the period January first, two thousand three through Decem-
39 ber thirty-first, two thousand three, up to two million five hundred
40 thousand dollars for the period January first, two thousand four through
41 December thirty-first, two thousand four, up to two million five hundred
42 thousand dollars for the period January first, two thousand five through
43 December thirty-first, two thousand five, up to five million dollars for
44 the period January first, two thousand six through December thirty-
45 first, two thousand six, up to five million dollars annually for the
46 period January first, two thousand seven through December thirty-first,
47 two thousand ten, up to one million two hundred fifty thousand dollars
48 for the period January first, two thousand eleven through March thirty-
49 first, two thousand eleven, and up to five million dollars each state
50 fiscal year for the period April first, two thousand eleven through
51 March thirty-first, two thousand fourteen;

52 (d) (i) An amount of up to twenty million dollars annually for the
53 period January first, two thousand through December thirty-first, two
54 thousand six, up to ten million dollars for the period January first,
55 two thousand seven through June thirtieth, two thousand seven, up to
56 twenty million dollars annually for the period January first, two thou-

1 sand eight through December thirty-first, two thousand ten, up to five
2 million dollars for the period January first, two thousand eleven
3 through March thirty-first, two thousand eleven, up to nineteen million
4 six hundred thousand dollars each state fiscal year for the period April
5 first, two thousand eleven through March thirty-first, two thousand
6 fourteen, up to nineteen million six hundred thousand dollars each state
7 fiscal year for the period April first, two thousand fourteen through
8 March thirty-first, two thousand seventeen, up to nineteen million six
9 hundred thousand dollars each state fiscal year for the period of April
10 first, two thousand seventeen through March thirty-first, two thousand
11 twenty, up to nineteen million six hundred thousand dollars each state
12 fiscal year for the period of April first, two thousand twenty through
13 March thirty-first, two thousand twenty-three, [~~and~~] up to nineteen
14 million six hundred thousand dollars each state fiscal year for the
15 period of April first, two thousand twenty-three through March thirty-
16 first, two thousand twenty-six, and up to nineteen million six hundred
17 thousand dollars each state fiscal year for the period of April first,
18 two thousand twenty-six through March thirty-first, two thousand twen-
19 ty-nine, shall be transferred to the health facility restructuring pool
20 established pursuant to section twenty-eight hundred fifteen of this
21 article;

22 (ii) provided, however, amounts transferred pursuant to subparagraph
23 (i) of this paragraph may be reduced in an amount to be approved by the
24 director of the budget to reflect the amount received from the federal
25 government under the state's 1115 waiver which is directed under its
26 terms and conditions to the health facility restructuring program.

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

28 (i) from the pool for the period January first, nineteen hundred nine-
29 ty-seven through December thirty-first, nineteen hundred ninety-seven,
30 (A) thirty-four million six hundred thousand dollars shall be trans-
31 ferred to funds reserved and accumulated pursuant to paragraph (b) of
32 subdivision nineteen of section twenty-eight hundred seven-c of this
33 article, and (B) eighty-two million dollars shall be transferred and
34 deposited and credited to the credit of the state general fund medical
35 assistance local assistance account;

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

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

46 (iv) from the pool or the health care reform act (HCRA) resources
47 fund, whichever is applicable, for the period January first, two thou-
48 sand through December thirty-first, two thousand four, eighty-two
49 million dollars annually, and for the period January first, two thousand
50 five through December thirty-first, two thousand five, eighty-two
51 million dollars, and for the period January first, two thousand six
52 through December thirty-first, two thousand six, eighty-two million
53 dollars, and for the period January first, two thousand seven through
54 December thirty-first, two thousand seven, eighty-two million dollars,
55 and for the period January first, two thousand eight through December
56 thirty-first, two thousand eight, ninety million seven hundred thousand

1 dollars shall be deposited by the commissioner, and the state comp-
2 troller is hereby authorized and directed to receive for deposit to the
3 credit of the state special revenue fund - other, HCRA transfer fund,
4 medical assistance account;

5 (v) from the health care reform act (HCRA) resources fund for the
6 period January first, two thousand nine through December thirty-first,
7 two thousand nine, one hundred eight million nine hundred seventy-five
8 thousand dollars, and for the period January first, two thousand ten
9 through December thirty-first, two thousand ten, one hundred twenty-six
10 million one hundred thousand dollars, for the period January first, two
11 thousand eleven through March thirty-first, two thousand eleven, twenty
12 million five hundred thousand dollars, and for each state fiscal year
13 for the period April first, two thousand eleven through March thirty-
14 first, two thousand fourteen, one hundred forty-six million four hundred
15 thousand dollars, shall be deposited by the commissioner, and the state
16 comptroller is hereby authorized and directed to receive for deposit, to
17 the credit of the state special revenue fund - other, HCRA transfer
18 fund, medical assistance account.

19 (g) Funds shall be transferred to primary health care services pools
20 created by the commissioner, and shall be available, including income
21 from invested funds, for distributions in accordance with former section
22 twenty-eight hundred seven-bb of this article from the respective health
23 care initiatives pools for the following periods in the following
24 percentage amounts of funds remaining after allocations in accordance
25 with paragraphs (a) through (f) of this subdivision:

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

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

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

35 (h) Funds shall be reserved and accumulated from year to year by the
36 commissioner and shall be available, including income from invested
37 funds, for purposes of primary care education and training pursuant to
38 article nine of this chapter from the respective health care initiatives
39 pools established for the following periods in the following percentage
40 amounts of funds remaining after allocations in accordance with para-
41 graphs (a) through (f) of this subdivision and shall be available for
42 distributions as follows:

43 (i) funds shall be reserved and accumulated:

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

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

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

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

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

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

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

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

14 (i) Funds shall be reserved and accumulated from year to year and
15 shall be available, including income from invested funds, for distrib-
16 utions in accordance with section twenty-nine hundred fifty-two and
17 section twenty-nine hundred fifty-eight of this chapter for rural health
18 care delivery development and rural health care access development,
19 respectively, from the respective health care initiatives pools or the
20 health care reform act (HCRA) resources fund, whichever is applicable,
21 for the following periods in the following percentage amounts of funds
22 remaining after allocations in accordance with paragraphs (a) through
23 (f) of this subdivision, and for periods on and after January first, two
24 thousand, in the following amounts:

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

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

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

34 (iv) from the pool for the periods January first, two thousand through
35 December thirty-first, two thousand two, seventeen million dollars annu-
36 ally, and for the period January first, two thousand three through
37 December thirty-first, two thousand three, up to fifteen million eight
38 hundred fifty thousand dollars;

39 (v) from the pool or the health care reform act (HCRA) resources fund,
40 whichever is applicable, for the period January first, two thousand four
41 through December thirty-first, two thousand four, up to fifteen million
42 eight hundred fifty thousand dollars, for the period January first, two
43 thousand five through December thirty-first, two thousand five, up to
44 nineteen million two hundred thousand dollars, for the period January
45 first, two thousand six through December thirty-first, two thousand six,
46 up to nineteen million two hundred thousand dollars, for the period
47 January first, two thousand seven through December thirty-first, two
48 thousand ten, up to eighteen million one hundred fifty thousand dollars
49 annually, for the period January first, two thousand eleven through
50 March thirty-first, two thousand eleven, up to four million five hundred
51 thirty-eight thousand dollars, for each state fiscal year for the period
52 April first, two thousand eleven through March thirty-first, two thou-
53 sand fourteen, up to sixteen million two hundred thousand dollars, up to
54 sixteen million two hundred thousand dollars each state fiscal year for
55 the period April first, two thousand fourteen through March thirty-
56 first, two thousand seventeen, up to sixteen million two hundred thou-

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

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

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

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

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

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

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

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

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

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

51 (v) (A) from the pool or the health care reform act (HCRA) resources
52 fund, whichever is applicable, for the period July first, two thousand
53 three through December thirty-first, two thousand three, up to six
54 million dollars, for the period January first, two thousand four through
55 December thirty-first, two thousand six, up to twelve million dollars
56 annually, for the period January first, two thousand seven through

1 December thirty-first, two thousand thirteen, up to forty-eight million
2 dollars annually, for the period January first, two thousand fourteen
3 through March thirty-first, two thousand fourteen, up to twelve million
4 dollars for the period April first, two thousand fourteen through March
5 thirty-first, two thousand seventeen, up to forty-eight million dollars
6 annually, for the period April first, two thousand seventeen through
7 March thirty-first, two thousand twenty, up to forty-eight million
8 dollars annually, for the period April first, two thousand twenty
9 through March thirty-first, two thousand twenty-three, up to forty-eight
10 million dollars annually, [~~and~~] for the period April first, two thousand
11 twenty-three through March thirty-first, two thousand twenty-six, up to
12 forty-eight million dollars annually, and for the period April first,
13 two thousand twenty-six through March thirty-first, two thousand twen-
14 ty-nine, up to forty-eight million dollars annually;

15 (B) from the health care reform act (HCRA) resources fund for the
16 period January first, two thousand six through December thirty-first,
17 two thousand six, an additional seven million five hundred thousand
18 dollars, for the period January first, two thousand seven through Decem-
19 ber thirty-first, two thousand thirteen, an additional seven million
20 five hundred thousand dollars annually, for the period January first,
21 two thousand fourteen through March thirty-first, two thousand fourteen,
22 an additional one million eight hundred seventy-five thousand dollars,
23 for the period April first, two thousand fourteen through March thirty-
24 first, two thousand seventeen, an additional seven million five hundred
25 thousand dollars annually, for the period April first, two thousand
26 seventeen through March thirty-first, two thousand twenty, an additional
27 seven million five hundred thousand dollars annually, for the period
28 April first, two thousand twenty through March thirty-first, two thou-
29 sand twenty-three, an additional seven million five hundred thousand
30 dollars annually, [~~and~~] for the period April first, two thousand twen-
31 ty-three through March thirty-first, two thousand twenty-six, an addi-
32 tional seven million five hundred thousand dollars annually, and for the
33 period April first, two thousand twenty-six through March thirty-first,
34 two thousand twenty-nine, an additional seven million five hundred thou-
35 sand dollars annually for voluntary non-profit diagnostic and treatment
36 center uncompensated care in accordance with subdivision four-c of
37 section twenty-eight hundred seven-p of this article; and

38 (vi) funds reserved and accumulated pursuant to this paragraph for
39 periods on and after July first, two thousand three, shall be deposited
40 by the commissioner, within amounts appropriated, and the state comp-
41 troller is hereby authorized and directed to receive for deposit to the
42 credit of the state special revenue funds - other, HCRA transfer fund,
43 medical assistance account, for purposes of funding the state share of
44 rate adjustments made pursuant to section twenty-eight hundred seven-p
45 of this article, provided, however, that in the event federal financial
46 participation is not available for rate adjustments made pursuant to
47 paragraph (b) of subdivision one of section twenty-eight hundred seven-p
48 of this article, funds shall be distributed pursuant to paragraph (a) of
49 subdivision one of section twenty-eight hundred seven-p of this article
50 from the respective health care initiatives pools or the health care
51 reform act (HCRA) resources fund, whichever is applicable.

52 (l) Funds shall be reserved and accumulated from year to year by the
53 commissioner and shall be available, including income from invested
54 funds, for transfer to and allocation for services and expenses for the
55 payment of benefits to recipients of drugs under the AIDS drug assist-
56 ance program (ADAP) - HIV uninsured care program as administered by

1 Health Research Incorporated from the respective health care initi-
2 atives pools or the health care reform act (HCRA) resources fund, which-
3 ever is applicable, established for the following periods in the follow-
4 ing percentage amounts of funds remaining after allocations in
5 accordance with paragraphs (a) through (f) of this subdivision, and for
6 periods on and after January first, two thousand, in the following
7 amounts:

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

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

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

17 (iv) from the pool for the periods January first, two thousand through
18 December thirty-first, two thousand two, up to twelve million dollars
19 annually, and for the period January first, two thousand three through
20 December thirty-first, two thousand three, up to forty million dollars;
21 and

22 (v) from the pool or the health care reform act (HCRA) resources fund,
23 whichever is applicable, for the periods January first, two thousand
24 four through December thirty-first, two thousand four, up to fifty-six
25 million dollars, for the period January first, two thousand five through
26 December thirty-first, two thousand six, up to sixty million dollars
27 annually, for the period January first, two thousand seven through
28 December thirty-first, two thousand ten, up to sixty million dollars
29 annually, for the period January first, two thousand eleven through
30 March thirty-first, two thousand eleven, up to fifteen million dollars,
31 each state fiscal year for the period April first, two thousand eleven
32 through March thirty-first, two thousand fourteen, up to forty-two
33 million three hundred thousand dollars and up to forty-one million fifty
34 thousand dollars each state fiscal year for the period April first, two
35 thousand fourteen through March thirty-first, two thousand [~~twenty-six~~]
36 twenty-nine.

37 (m) Funds shall be reserved and accumulated from year to year and
38 shall be available, including income from invested funds, for purposes
39 of distributions pursuant to section twenty-eight hundred seven-r of
40 this article for cancer related services from the respective health care
41 initiatives pools or the health care reform act (HCRA) resources fund,
42 whichever is applicable, established for the following periods in the
43 following percentage amounts of funds remaining after allocations in
44 accordance with paragraphs (a) through (f) of this subdivision, and for
45 periods on and after January first, two thousand, in the following
46 amounts:

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

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

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

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

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

7 (vi) from the pool or the health care reform act (HCRA) resources
8 fund, whichever is applicable, for the period January first, two thou-
9 sand five through December thirty-first, two thousand six, up to ten
10 million fifty thousand dollars on an annual basis, for the period Janu-
11 ary first, two thousand seven through December thirty-first, two thou-
12 sand ten, up to nineteen million dollars annually, and for the period
13 January first, two thousand eleven through March thirty-first, two thou-
14 sand eleven, up to four million seven hundred fifty thousand dollars.

15 (n) Funds shall be accumulated and transferred from the health care
16 reform act (HCRA) resources fund as follows: for the period April first,
17 two thousand seven through March thirty-first, two thousand eight, and
18 on an annual basis for the periods April first, two thousand eight
19 through November thirtieth, two thousand nine, funds within amounts
20 appropriated shall be transferred and deposited and credited to the
21 credit of the state special revenue funds - other, HCRA transfer fund,
22 medical assistance account, for purposes of funding the state share of
23 rate adjustments made to public and voluntary hospitals in accordance
24 with paragraphs (i) and (j) of subdivision one of section twenty-eight
25 hundred seven-c of this article.

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

48 3. Revenue from distributions pursuant to this section shall not be
49 included in gross revenue received for purposes of the assessments
50 pursuant to subdivision eighteen of section twenty-eight hundred seven-c
51 of this article, subject to the provisions of paragraph (e) of subdivi-
52 sion eighteen of section twenty-eight hundred seven-c of this article,
53 and shall not be included in gross revenue received for purposes of the
54 assessments pursuant to section twenty-eight hundred seven-d of this
55 article, subject to the provisions of subdivision twelve of section
56 twenty-eight hundred seven-d of this article.

1 § 6. Paragraphs (a), (b), (c) and (p) of subdivision 1 of section
2 2807-m of the public health law are REPEALED and paragraphs (d), (e),
3 (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (q), (r), (s), (t) and
4 (u) are relettered paragraphs (a), (b), (c), (d), (e), (f), (g), (h),
5 (i), (j), (k), (l), (m), (n), (o), (p) and (q).

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

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

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

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

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

29 (ii) for a hospital for which an adjustment amount pursuant to para-
30 graph [~~(s)~~] (o) of this subdivision applies and which received a
31 distribution pursuant to paragraph (a) of subdivision five of this
32 section attributable to the period January first, two thousand three
33 through December thirty-first, two thousand three that is greater than
34 the hospital's adjustment amount, the difference between the distrib-
35 ution amount and the adjustment amount.

36 § 8. Paragraph (f) of subdivision 3, paragraphs (a) and (d) of subdi-
37 vision 5 and the opening paragraph of subdivision 12 of section 2807-m
38 of the public health law, paragraph (f) of subdivision 3, paragraph (a)
39 of subdivision 5 and the opening paragraph of subdivision 12 as amended
40 and paragraph (d) of subdivision 5 as added by section 6 of part Y of
41 chapter 56 of the laws of 2020, are amended to read as follows:

42 (f) Effective January first, two thousand five through December thir-
43 ty-first, two thousand eight, each teaching general hospital shall
44 receive a distribution from the applicable regional pool based on its
45 distribution amount determined under paragraphs (c), (d) and (e) of this
46 subdivision and reduced by its adjustment amount calculated pursuant to
47 paragraph [~~(s)~~] (o) of subdivision one of this section and, for distrib-
48 utions for the period January first, two thousand five through December
49 thirty-first, two thousand five, further reduced by its extra reduction
50 amount calculated pursuant to paragraph [~~(t)~~] (p) of subdivision one of
51 this section.

52 (a) Up to thirty-one million dollars annually for the periods January
53 first, two thousand through December thirty-first, two thousand three,
54 and up to twenty-five million dollars plus the sum of the amounts speci-
55 fied in paragraph [~~(s)~~] (k) of subdivision one of this section for the
56 period January first, two thousand five through December thirty-first,

1 two thousand five, and up to thirty-one million dollars annually for the
2 period January first, two thousand six through December thirty-first,
3 two thousand seven, shall be set aside and reserved by the commissioner
4 from the regional pools established pursuant to subdivision two of this
5 section for supplemental distributions in each such region to be made by
6 the commissioner to consortia and teaching general hospitals in accord-
7 ance with a distribution methodology developed in consultation with the
8 council and specified in rules and regulations adopted by the commis-
9 sioner.

10 (d) Notwithstanding any other provision of law or regulation, for the
11 period January first, two thousand five through December thirty-first,
12 two thousand five, the commissioner shall distribute as supplemental
13 payments the allotment specified in paragraph [~~(a)~~] (k) of subdivision
14 one of this section.

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

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

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

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

36 (b) Physician loan repayment program. One million nine hundred sixty
37 thousand dollars for the period January first, two thousand eight
38 through December thirty-first, two thousand eight, one million nine
39 hundred sixty thousand dollars for the period January first, two thou-
40 sand nine through December thirty-first, two thousand nine, one million
41 nine hundred sixty thousand dollars for the period January first, two
42 thousand ten through December thirty-first, two thousand ten, four
43 hundred ninety thousand dollars for the period January first, two thou-
44 sand eleven through March thirty-first, two thousand eleven, one million
45 seven hundred thousand dollars each state fiscal year for the period
46 April first, two thousand eleven through March thirty-first, two thou-
47 sand fourteen, up to one million seven hundred five thousand dollars
48 each state fiscal year for the period April first, two thousand fourteen
49 through March thirty-first, two thousand seventeen, up to one million
50 seven hundred five thousand dollars each state fiscal year for the peri-
51 od April first, two thousand seventeen through March thirty-first, two
52 thousand twenty, up to one million seven hundred five thousand dollars
53 each state fiscal year for the period April first, two thousand twenty
54 through March thirty-first, two thousand twenty-three, [~~and~~] up to one
55 million seven hundred five thousand dollars each state fiscal year for
56 the period April first, two thousand twenty-three through March thirty-

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

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

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

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

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

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

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

42 (c) Physician practice support. Four million nine hundred thousand
43 dollars for the period January first, two thousand eight through Decem-
44 ber thirty-first, two thousand eight, four million nine hundred thousand
45 dollars annually for the period January first, two thousand nine through
46 December thirty-first, two thousand ten, one million two hundred twen-
47 ty-five thousand dollars for the period January first, two thousand
48 eleven through March thirty-first, two thousand eleven, four million
49 three hundred thousand dollars each state fiscal year for the period
50 April first, two thousand eleven through March thirty-first, two thou-
51 sand fourteen, up to four million three hundred sixty thousand dollars
52 each state fiscal year for the period April first, two thousand fourteen
53 through March thirty-first, two thousand seventeen, up to four million
54 three hundred sixty thousand dollars for each state fiscal year for the
55 period April first, two thousand seventeen through March thirty-first,
56 two thousand twenty, up to four million three hundred sixty thousand

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

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

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

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

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

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

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

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

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

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

52 § 11. Subparagraph (xvi) of paragraph (a) of subdivision 7 of section
53 2807-s of the public health law, as amended by section 8 of part Y of
54 chapter 56 of the laws of 2020, is amended to read as follows:

55 (xvi) provided further, however, for periods prior to July first, two
56 thousand nine, amounts set forth in this paragraph shall be reduced by

1 an amount equal to the actual distribution reductions for all facilities
2 pursuant to paragraph [~~(s)~~] (o) of subdivision one of section twenty-
3 eight hundred seven-m of this article.

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

7 (c) The pool administrator shall, from appropriated funds transferred
8 to the pool administrator from the comptroller, continue to make
9 payments as required pursuant to sections twenty-eight hundred seven-k,
10 twenty-eight hundred seven-m (not including payments made pursuant to
11 subdivision five-b and paragraphs (b), (c), [~~(d)~~], (e) and (f) [~~and~~
12 ~~(s)~~] of subdivision five-a of section twenty-eight hundred seven-m), and
13 twenty-eight hundred seven-w of the public health law, paragraph (e) of
14 subdivision twenty-five of section twenty-eight hundred seven-c of the
15 public health law, paragraphs (b) and (c) of subdivision thirty of
16 section twenty-eight hundred seven-c of the public health law, paragraph
17 (b) of subdivision eighteen of section twenty-eight hundred eight of the
18 public health law, subdivision seven of section twenty-five hundred-d of
19 the public health law and section eighty-eight of chapter one of the
20 laws of nineteen hundred ninety-nine.

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

24 4-c. Notwithstanding any provision of law to the contrary, the commis-
25 sioner shall make additional payments for uncompensated care to volun-
26 tary non-profit diagnostic and treatment centers that are eligible for
27 distributions under subdivision four of this section in the following
28 amounts: for the period June first, two thousand six through December
29 thirty-first, two thousand six, in the amount of seven million five
30 hundred thousand dollars, for the period January first, two thousand
31 seven through December thirty-first, two thousand seven, seven million
32 five hundred thousand dollars, for the period January first, two thou-
33 sand eight through December thirty-first, two thousand eight, seven
34 million five hundred thousand dollars, for the period January first, two
35 thousand nine through December thirty-first, two thousand nine, fifteen
36 million five hundred thousand dollars, for the period January first, two
37 thousand ten through December thirty-first, two thousand ten, seven
38 million five hundred thousand dollars, for the period January first, two
39 thousand eleven through December thirty-first, two thousand eleven, seven
40 million five hundred thousand dollars, for the period January first, two
41 thousand twelve through December thirty-first, two thousand twelve,
42 seven million five hundred thousand dollars, for the period January
43 first, two thousand thirteen through December thirty-first, two thousand
44 thirteen, seven million five hundred thousand dollars, for the period
45 January first, two thousand fourteen through December thirty-first, two
46 thousand fourteen, seven million five hundred thousand dollars, for the
47 period January first, two thousand fifteen through December thirty-
48 first, two thousand fifteen, seven million five hundred thousand
49 dollars, for the period January first two thousand sixteen through
50 December thirty-first, two thousand sixteen, seven million five hundred
51 thousand dollars, for the period January first, two thousand seventeen
52 through December thirty-first, two thousand seventeen, seven million
53 five hundred thousand dollars, for the period January first, two thou-
54 sand eighteen through December thirty-first, two thousand eighteen,
55 seven million five hundred thousand dollars, for the period January
56 first, two thousand nineteen through December thirty-first, two thousand

1 nineteen, seven million five hundred thousand dollars, for the period
2 January first, two thousand twenty through December thirty-first, two
3 thousand twenty, seven million five hundred thousand dollars, for the
4 period January first, two thousand twenty-one through December thirty-
5 first, two thousand twenty-one, seven million five hundred thousand
6 dollars, for the period January first, two thousand twenty-two through
7 December thirty-first, two thousand twenty-two, seven million five
8 hundred thousand dollars, for the period January first, two thousand
9 twenty-three through December thirty-first, two thousand twenty-three,
10 seven million five hundred thousand dollars, for the period January
11 first, two thousand twenty-four through December thirty-first, two thou-
12 sand twenty-four, seven million five hundred thousand dollars, for the
13 period January first, two thousand twenty-five through December thirty-
14 first, two thousand twenty-five, seven million five hundred thousand
15 dollars, for the period January first, two thousand twenty-six through
16 December thirty-first, two thousand twenty-six, seven million five
17 hundred thousand dollars, for the period January first, two thousand
18 twenty-seven through December thirty-first, two thousand twenty-seven,
19 seven million five hundred thousand dollars, for the period January
20 first, two thousand twenty-eight through December thirty-first, two
21 thousand twenty-eight, seven million five hundred thousand dollars, and
22 for the period January first, two thousand [~~twenty-six~~] twenty-nine
23 through March thirty-first, two thousand [~~twenty-six~~] twenty-nine, in
24 the amount of one million six hundred thousand dollars, provided, howev-
25 er, that for periods on and after January first, two thousand eight,
26 such additional payments shall be distributed to voluntary, non-profit
27 diagnostic and treatment centers and to public diagnostic and treatment
28 centers in accordance with paragraph (g) of subdivision four of this
29 section. In the event that federal financial participation is available
30 for rate adjustments pursuant to this section, the commissioner shall
31 make such payments as additional adjustments to rates of payment for
32 voluntary non-profit diagnostic and treatment centers that are eligible
33 for distributions under subdivision four-a of this section in the
34 following amounts: for the period June first, two thousand six through
35 December thirty-first, two thousand six, fifteen million dollars in the
36 aggregate, and for the period January first, two thousand seven through
37 June thirtieth, two thousand seven, seven million five hundred thousand
38 dollars in the aggregate. The amounts allocated pursuant to this para-
39 graph shall be aggregated with and distributed pursuant to the same
40 methodology applicable to the amounts allocated to such diagnostic and
41 treatment centers for such periods pursuant to subdivision four of this
42 section if federal financial participation is not available, or pursuant
43 to subdivision four-a of this section if federal financial participation
44 is available. Notwithstanding section three hundred sixty-eight-a of the
45 social services law, there shall be no local share in a medical assist-
46 ance payment adjustment under this subdivision.

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

50 (xvii) A gross annual statewide amount for the period January first,
51 two thousand twenty-seven to December thirty-first, two thousand twen-
52 ty-nine shall be one billion eighty-five million dollars, forty million
53 dollars annually of which shall be allocated under section twenty-eight
54 hundred seven-o of this article among the municipalities of and the
55 state of New York based on each municipality's share and the state's
56 share of early intervention program expenditures not reimbursable by the

1 medical assistance program for the latest twelve month period for which
2 such data is available.

3 § 15. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section
4 2807-s of the public health law, as amended by section 10 of part C of
5 chapter 57 of the laws of 2023, is amended to read as follows:

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

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

12 (b) Notwithstanding the provisions of paragraph (a) of this subdivi-
13 sion, for covered lives assessment rate periods on and after January
14 first, two thousand fifteen through December thirty-first, two thousand
15 twenty-one, for amounts collected in the aggregate in excess of one
16 billion forty-five million dollars on an annual basis, and for the peri-
17 od January first, two thousand twenty-two to December thirty-first, two
18 thousand [~~twenty-six~~] twenty-nine for amounts collected in the aggregate
19 in excess of one billion eighty-five million dollars on an annual basis,
20 prospective adjustments shall be suspended if the annual reconciliation
21 calculation from the prior year would otherwise result in a decrease to
22 the regional allocation of the specified gross annual payment amount for
23 that region, provided, however, that such suspension shall be lifted
24 upon a determination by the commissioner, in consultation with the
25 director of the budget, that sixty-five million dollars in aggregate
26 collections on an annual basis over and above one billion forty-five
27 million dollars on an annual basis for the period on and after January
28 first, two thousand fifteen through December thirty-first, two thousand
29 twenty-one and for the period January first, two thousand twenty-two to
30 December thirty-first, two thousand [~~twenty-six~~] twenty-nine for amounts
31 collected in the aggregate in excess of one billion eighty-five million
32 dollars on an annual basis have been reserved and set aside for deposit
33 in the HCRA resources fund. Any amounts collected in the aggregate at or
34 below one billion forty-five million dollars on an annual basis for the
35 period on and after January first, two thousand fifteen through December
36 thirty-first, two thousand twenty-two, and for the period January first,
37 two thousand twenty-three to December thirty-first, two thousand [~~twe-~~
38 ~~ty-six~~] twenty-nine for amounts collected in the aggregate in excess of
39 one billion eighty-five million dollars on an annual basis, shall be
40 subject to regional adjustments reconciling any decreases or increases
41 to the regional allocation in accordance with paragraph (a) of this
42 subdivision.

43 § 17. Section 2807-v of the public health law, as amended by section
44 12 of part C of chapter 57 of the laws of 2023, is amended to read as
45 follows:

46 § 2807-v. Tobacco control and insurance initiatives pool distrib-
47 utions. 1. Funds accumulated in the tobacco control and insurance
48 initiatives pool or in the health care reform act (HCRA) resources fund
49 established pursuant to section ninety-two-dd of the state finance law,
50 whichever is applicable, including income from invested funds, shall be
51 distributed or retained by the commissioner or by the state comptroller,
52 as applicable, in accordance with the following:

53 (a) Funds shall be deposited by the commissioner, within amounts
54 appropriated, and the state comptroller is hereby authorized and
55 directed to receive for deposit to the credit of the state special
56 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and

1 medicaid administration account, or any successor fund or account, for
2 purposes of services and expenses related to the toll-free medicaid
3 fraud hotline established pursuant to section one hundred eight of chap-
4 ter one of the laws of nineteen hundred ninety-nine from the tobacco
5 control and insurance initiatives pool established for the following
6 periods in the following amounts: four hundred thousand dollars annually
7 for the periods January first, two thousand through December thirty-
8 first, two thousand two, up to four hundred thousand dollars for the
9 period January first, two thousand three through December thirty-first,
10 two thousand three, up to four hundred thousand dollars for the period
11 January first, two thousand four through December thirty-first, two
12 thousand four, up to four hundred thousand dollars for the period Janu-
13 ary first, two thousand five through December thirty-first, two thousand
14 five, up to four hundred thousand dollars for the period January first,
15 two thousand six through December thirty-first, two thousand six, up to
16 four hundred thousand dollars for the period January first, two thousand
17 seven through December thirty-first, two thousand seven, up to four
18 hundred thousand dollars for the period January first, two thousand
19 eight through December thirty-first, two thousand eight, up to four
20 hundred thousand dollars for the period January first, two thousand nine
21 through December thirty-first, two thousand nine, up to four hundred
22 thousand dollars for the period January first, two thousand ten through
23 December thirty-first, two thousand ten, up to one hundred thousand
24 dollars for the period January first, two thousand eleven through March
25 thirty-first, two thousand eleven and within amounts appropriated on and
26 after April first, two thousand eleven.

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

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

14 (c) Funds shall be deposited by the commissioner, within amounts
15 appropriated, and the state comptroller is hereby authorized and
16 directed to receive for deposit to the credit of the state special
17 revenue funds - other, HCRA transfer fund, enhanced community services
18 account, or any successor fund or account, for mental health services
19 programs for case management services for adults and children; supported
20 housing; home and community based waiver services; family based treat-
21 ment; family support services; mobile mental health teams; transitional
22 housing; and community oversight, established pursuant to articles seven
23 and forty-one of the mental hygiene law and subdivision nine of section
24 three hundred sixty-six of the social services law; and for comprehen-
25 sive care centers for eating disorders pursuant to the former section
26 twenty-seven hundred ninety-nine-1 of this chapter, provided however
27 that, for such centers, funds in the amount of five hundred thousand
28 dollars on an annualized basis shall be transferred from the enhanced
29 community services account, or any successor fund or account, and depos-
30 ited into the fund established by section ninety-five-e of the state
31 finance law; from the tobacco control and insurance initiatives pool
32 established for the following periods in the following amounts:

33 (i) forty-eight million dollars to be reserved, to be retained or for
34 distribution pursuant to a chapter of the laws of two thousand, for the
35 period January first, two thousand through December thirty-first, two
36 thousand;

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

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

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

49 (v) eighty-eight million dollars, plus five hundred thousand dollars,
50 to be reserved, to be retained or for distribution pursuant to a chapter
51 of the laws of two thousand four, and pursuant to the former section
52 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
53 ary first, two thousand four through December thirty-first, two thousand
54 four;

55 (vi) eighty-eight million dollars, plus five hundred thousand dollars,
56 to be reserved, to be retained or for distribution pursuant to a chapter

1 of the laws of two thousand five, and pursuant to the former section
2 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
3 ary first, two thousand five through December thirty-first, two thousand
4 five;

5 (vii) eighty-eight million dollars, plus five hundred thousand
6 dollars, to be reserved, to be retained or for distribution pursuant to
7 a chapter of the laws of two thousand six, and pursuant to former
8 section twenty-seven hundred ninety-nine-1 of this chapter, for the
9 period January first, two thousand six through December thirty-first,
10 two thousand six;

11 (viii) eighty-six million four hundred thousand dollars, plus five
12 hundred thousand dollars, to be reserved, to be retained or for distrib-
13 ution pursuant to a chapter of the laws of two thousand seven and pursu-
14 ant to the former section twenty-seven hundred ninety-nine-1 of this
15 chapter, for the period January first, two thousand seven through Decem-
16 ber thirty-first, two thousand seven; and

17 (ix) twenty-two million nine hundred thirteen thousand dollars, plus
18 one hundred twenty-five thousand dollars, to be reserved, to be retained
19 or for distribution pursuant to a chapter of the laws of two thousand
20 eight and pursuant to the former section twenty-seven hundred ninety-
21 nine-1 of this chapter, for the period January first, two thousand eight
22 through March thirty-first, two thousand eight.

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

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

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

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

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

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

1 (ii) thirty million five hundred thousand dollars for the period Janu-
2 ary first, two thousand one through December thirty-first, two thousand
3 one; and

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

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

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

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

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

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

55 (iv) up to forty million dollars for the period January first, two
56 thousand three through December thirty-first, two thousand three of

1 which fifty percentum shall be allocated to the program pursuant to
2 section four thousand three hundred twenty-one-a of the insurance law
3 and fifty percentum to the program pursuant to section four thousand
4 three hundred twenty-two-a of the insurance law;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

39 (i-1) Notwithstanding the provisions of paragraphs (h) and (i) of this
40 subdivision, the commissioner shall reserve and accumulate up to two
41 million five hundred thousand dollars annually for the periods January
42 first, two thousand four through December thirty-first, two thousand
43 six, one million four hundred thousand dollars for the period January
44 first, two thousand seven through December thirty-first, two thousand
45 seven, two million dollars for the period January first, two thousand
46 eight through December thirty-first, two thousand eight, from funds
47 otherwise available for distribution under such paragraphs for the
48 services and expenses related to the pilot program for entertainment
49 industry employees included in subsection (b) of section one thousand
50 one hundred twenty-two of the insurance law, and an additional seven
51 hundred thousand dollars annually for the periods January first, two
52 thousand four through December thirty-first, two thousand six, an addi-
53 tional three hundred thousand dollars for the period January first, two
54 thousand seven through June thirtieth, two thousand seven for services
55 and expenses related to the pilot program for displaced workers included

1 in subsection (c) of section one thousand one hundred twenty-two of the
2 insurance law.

3 (j) Funds shall be reserved and accumulated from year to year and
4 shall be available, including income from invested funds, for purposes
5 of services and expenses related to the tobacco use prevention and
6 control program established pursuant to sections thirteen hundred nine-
7 ty-nine-ii and thirteen hundred ninety-nine-jj of this chapter, from the
8 tobacco control and insurance initiatives pool established for the
9 following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 (k) Funds shall be deposited by the commissioner, within amounts
11 appropriated, and the state comptroller is hereby authorized and
12 directed to receive for deposit to the credit of the state special
13 revenue fund - other, HCRA transfer fund, health care services account,
14 or any successor fund or account, for purposes of services and expenses
15 related to public health programs, including comprehensive care centers
16 for eating disorders pursuant to the former section twenty-seven hundred
17 ninety-nine-1 of this chapter, provided however that, for such centers,
18 funds in the amount of five hundred thousand dollars on an annualized
19 basis shall be transferred from the health care services account, or any
20 successor fund or account, and deposited into the fund established by
21 section ninety-five-e of the state finance law for periods prior to
22 March thirty-first, two thousand eleven, from the tobacco control and
23 insurance initiatives pool established for the following periods in the
24 following amounts:

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

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

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

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

34 (v) one hundred eight million five hundred seventy-five thousand
35 dollars, plus an additional five hundred thousand dollars, for the peri-
36 od January first, two thousand four through December thirty-first, two
37 thousand four;

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

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

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

48 (ix) one hundred sixteen million nine hundred forty-nine thousand
49 dollars, plus an additional five hundred thousand dollars, for the peri-
50 od January first, two thousand eight through December thirty-first, two
51 thousand eight;

52 (x) one hundred sixteen million nine hundred forty-nine thousand
53 dollars, plus an additional five hundred thousand dollars, for the peri-
54 od January first, two thousand nine through December thirty-first, two
55 thousand nine;

1 (xi) one hundred sixteen million nine hundred forty-nine thousand
2 dollars, plus an additional five hundred thousand dollars, for the peri-
3 od January first, two thousand ten through December thirty-first, two
4 thousand ten;

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

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

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

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

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

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

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

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

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

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

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

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

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

51 (m) Funds shall be deposited by the commissioner, within amounts
52 appropriated, and the state comptroller is hereby authorized and
53 directed to receive for deposit to the credit of the state special
54 revenue funds - other, HCRA transfer fund, medical assistance account,
55 or any successor fund or account, for purposes of funding the state
56 share of services and expenses related to home care workers insurance

1 pilot demonstration programs established pursuant to subdivision two of
2 section three hundred sixty-seven-o of the social services law from the
3 tobacco control and insurance initiatives pool established for the
4 following periods in the following amounts:

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

7 (ii) three million eight hundred thousand dollars for the period Janu-
8 ary first, two thousand one through December thirty-first, two thousand
9 one;

10 (iii) three million eight hundred thousand dollars for the period
11 January first, two thousand two through December thirty-first, two thou-
12 sand two;

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

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

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

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

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

28 (ix) up to nine hundred fifty thousand dollars for the period January
29 first, two thousand eight through March thirty-first, two thousand
30 eight.

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

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

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

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

46 (iv) four hundred thirty-three million three hundred thousand dollars
47 for the period January first, two thousand three through December thir-
48 ty-first, two thousand three;

49 (v) five hundred four million one hundred fifty thousand dollars for
50 the period January first, two thousand four through December thirty-
51 first, two thousand four;

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

- 1 (vii) six hundred three million one hundred fifty thousand dollars for
2 the period January first, two thousand six through December thirty-
3 first, two thousand six;
- 4 (viii) six hundred sixty million eight hundred thousand dollars for
5 the period January first, two thousand seven through December thirty-
6 first, two thousand seven;
- 7 (ix) three hundred sixty-seven million four hundred sixty-three thou-
8 sand dollars for the period January first, two thousand eight through
9 December thirty-first, two thousand eight;
- 10 (x) three hundred thirty-four million eight hundred twenty-five thou-
11 sand dollars for the period January first, two thousand nine through
12 December thirty-first, two thousand nine;
- 13 (xi) three hundred forty-four million nine hundred thousand dollars
14 for the period January first, two thousand ten through December thirty-
15 first, two thousand ten;
- 16 (xii) eighty-seven million seven hundred eighty-eight thousand dollars
17 for the period January first, two thousand eleven through March thirty-
18 first, two thousand eleven;
- 19 (xiii) one hundred forty-three million one hundred fifty thousand
20 dollars for the period April first, two thousand eleven through March
21 thirty-first, two thousand twelve;
- 22 (xiv) one hundred twenty million nine hundred fifty thousand dollars
23 for the period April first, two thousand twelve through March thirty-
24 first, two thousand thirteen;
- 25 (xv) one hundred twenty-eight million eight hundred fifty thousand
26 dollars for the period April first, two thousand thirteen through March
27 thirty-first, two thousand fourteen;
- 28 (xvi) one hundred twenty-seven million four hundred sixteen thousand
29 dollars each state fiscal year for the period April first, two thousand
30 fourteen through March thirty-first, two thousand seventeen;
- 31 (xvii) one hundred twenty-seven million four hundred sixteen thousand
32 dollars each state fiscal year for the period April first, two thousand
33 seventeen through March thirty-first, two thousand twenty;
- 34 (xviii) one hundred twenty-seven million four hundred sixteen thousand
35 dollars each state fiscal year for the period April first, two thousand
36 twenty through March thirty-first, two thousand twenty-three; ~~and~~
- 37 (xix) one hundred twenty-seven million four hundred sixteen thousand
38 dollars each state fiscal year for the period April first, two thousand
39 twenty-three through March thirty-first, two thousand twenty-six~~[-]~~; and
- 40 (xx) one hundred twenty-seven million four hundred sixteen thousand
41 dollars each state fiscal year for the period April first, two thousand
42 twenty-six through March thirty-first, two thousand twenty-nine.
- 43 (o) Funds shall be reserved and accumulated and shall be transferred
44 to the Roswell Park Cancer Institute Corporation, from the tobacco
45 control and insurance initiatives pool established for the following
46 periods in the following amounts:
- 47 (i) up to ninety million dollars for the period January first, two
48 thousand through December thirty-first, two thousand;
- 49 (ii) up to sixty million dollars for the period January first, two
50 thousand one through December thirty-first, two thousand one;
- 51 (iii) up to eighty-five million dollars for the period January first,
52 two thousand two through December thirty-first, two thousand two;
- 53 (iv) eighty-five million two hundred fifty thousand dollars for the
54 period January first, two thousand three through December thirty-first,
55 two thousand three;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (vii) up to eighty-two million dollars for the period January first,
2 two thousand eight through December thirty-first, two thousand eight;
3 (viii) up to eighty-two million dollars for the period January first,
4 two thousand nine through December thirty-first, two thousand nine;
5 (ix) up to eighty-two million dollars for the period January first,
6 two thousand ten through December thirty-first, two thousand ten;
7 (x) up to twenty million five hundred thousand dollars for the period
8 January first, two thousand eleven through March thirty-first, two thou-
9 sand eleven; and
10 (xi) up to eighty-two million dollars each state fiscal year for the
11 period April first, two thousand eleven through March thirty-first, two
12 thousand fourteen.
13 (q) Funds shall be reserved and accumulated from year to year and
14 shall be available, including income from invested funds, for purposes
15 of providing distributions to eligible school based health centers
16 established pursuant to section eighty-eight of chapter one of the laws
17 of nineteen hundred ninety-nine, from the tobacco control and insurance
18 initiatives pool established for the following periods in the following
19 amounts:
20 (i) seven million dollars annually for the period January first, two
21 thousand through December thirty-first, two thousand two;
22 (ii) up to seven million dollars for the period January first, two
23 thousand three through December thirty-first, two thousand three;
24 (iii) up to seven million dollars for the period January first, two
25 thousand four through December thirty-first, two thousand four;
26 (iv) up to seven million dollars for the period January first, two
27 thousand five through December thirty-first, two thousand five;
28 (v) up to seven million dollars for the period January first, two
29 thousand six through December thirty-first, two thousand six;
30 (vi) up to seven million dollars for the period January first, two
31 thousand seven through December thirty-first, two thousand seven;
32 (vii) up to seven million dollars for the period January first, two
33 thousand eight through December thirty-first, two thousand eight;
34 (viii) up to seven million dollars for the period January first, two
35 thousand nine through December thirty-first, two thousand nine;
36 (ix) up to seven million dollars for the period January first, two
37 thousand ten through December thirty-first, two thousand ten;
38 (x) up to one million seven hundred fifty thousand dollars for the
39 period January first, two thousand eleven through March thirty-first,
40 two thousand eleven;
41 (xi) up to five million six hundred thousand dollars each state fiscal
42 year for the period April first, two thousand eleven through March thir-
43 ty-first, two thousand fourteen;
44 (xii) up to five million two hundred eighty-eight thousand dollars
45 each state fiscal year for the period April first, two thousand fourteen
46 through March thirty-first, two thousand seventeen;
47 (xiii) up to five million two hundred eighty-eight thousand dollars
48 each state fiscal year for the period April first, two thousand seven-
49 teen through March thirty-first, two thousand twenty;
50 (xiv) up to five million two hundred eighty-eight thousand dollars
51 each state fiscal year for the period April first, two thousand twenty
52 through March thirty-first, two thousand twenty-three; ~~and~~
53 (xv) up to five million two hundred eighty-eight thousand dollars each
54 state fiscal year for the period April first, two thousand twenty-three
55 through March thirty-first, two thousand twenty-six~~[-]~~; ~~and~~

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

4 (r) Funds shall be deposited by the commissioner within amounts appro-
5 priated, and the state comptroller is hereby authorized and directed to
6 receive for deposit to the credit of the state special revenue funds -
7 other, HCRA transfer fund, medical assistance account, or any successor
8 fund or account, for purposes of providing distributions for supplemen-
9 tary medical insurance for Medicare part B premiums, physicians
10 services, outpatient services, medical equipment, supplies and other
11 health services, from the tobacco control and insurance initiatives pool
12 established for the following periods in the following amounts:

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

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

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

19 (iv) sixty-seven million five hundred thousand dollars for the period
20 January first, two thousand three through December thirty-first, two
21 thousand three;

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

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

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

28 (viii) seventeen million five hundred thousand dollars for the period
29 January first, two thousand seven through December thirty-first, two
30 thousand seven;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (v) Funds shall be transferred by the commissioner and shall be depos-
5 ited to the credit of the hospital excess liability pool created pursu-
6 ant to section eighteen of chapter two hundred sixty-six of the laws of
7 nineteen hundred eighty-six, or any successor fund or account, for
8 purposes of expenses related to the purchase of excess medical malprac-
9 tice insurance and the cost of administrating the pool, including costs
10 associated with the risk management program established pursuant to
11 section forty-two of part A of chapter one of the laws of two thousand
12 two required by paragraph (a) of subdivision one of section eighteen of
13 chapter two hundred sixty-six of the laws of nineteen hundred eighty-six
14 as may be amended from time to time, from the tobacco control and insur-
15 ance initiatives pool established for the following periods in the
16 following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

53 (xiv) up to one hundred twenty-seven million four hundred thousand
54 dollars each state fiscal year for the period April first, two thousand
55 twenty through March thirty-first, two thousand twenty-three; **[and]**

1 (xv) up to one hundred twenty-seven million four hundred thousand
2 dollars each state fiscal year for the period April first, two thousand
3 twenty-three through March thirty-first, two thousand twenty-six[-]; and
4 (xvi) up to one hundred twenty-seven million four hundred thousand
5 dollars each state fiscal year for the period April first, two thousand
6 twenty-six through March thirty-first, two thousand twenty-nine.

7 (w) Funds shall be deposited by the commissioner, within amounts
8 appropriated, and the state comptroller is hereby authorized and
9 directed to receive for deposit to the credit of the state special
10 revenue funds - other, HCRA transfer fund, medical assistance account,
11 or any successor fund or account, for purposes of funding the state
12 share of the treatment of breast and cervical cancer pursuant to para-
13 graph (d) of subdivision four of section three hundred sixty-six of the
14 social services law, from the tobacco control and insurance initiatives
15 pool established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

45 (xi) up to two million one hundred thousand dollars each state fiscal
46 year for the period April first, two thousand eleven through March thir-
47 ty-first, two thousand fourteen;

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

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

54 (xiv) up to two million one hundred thousand dollars each state fiscal
55 year for the period April first, two thousand twenty through March thir-
56 ty-first, two thousand twenty-three; [~~and~~]

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

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

7 (x) Funds shall be deposited by the commissioner, within amounts
8 appropriated, and the state comptroller is hereby authorized and
9 directed to receive for deposit to the credit of the state special
10 revenue funds - other, HCRA transfer fund, medical assistance account,
11 or any successor fund or account, for purposes of funding the state
12 share of the non-public general hospital rates increases for recruitment
13 and retention of health care workers from the tobacco control and insur-
14 ance initiatives pool established for the following periods in the
15 following amounts:

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

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

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

25 (iv) sixty-nine million three hundred thousand dollars for the period
26 January first, two thousand five through December thirty-first, two
27 thousand five;

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

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

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

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

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

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

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

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

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

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

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

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

11 (viii) twelve million two hundred fifty thousand dollars for the peri-
12 od January first, two thousand nine through March thirty-first, two
13 thousand nine.

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

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

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

32 (ii) thirty-three million three hundred thousand dollars on an annual-
33 ized basis for the period January first, two thousand three through
34 December thirty-first, two thousand three;

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

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

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

44 (vi) thirty million nine hundred thousand dollars for the period Janu-
45 ary first, two thousand seven through December thirty-first, two thou-
46 sand seven;

47 (vii) twenty-four million seven hundred thousand dollars for the peri-
48 od January first, two thousand eight through December thirty-first, two
49 thousand eight;

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

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

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

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

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

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

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

20 (iv) sixteen million two hundred thousand dollars for the period Janu-
21 ary first, two thousand five through December thirty-first, two thousand
22 five;

23 (v) sixteen million two hundred thousand dollars for the period Janu-
24 ary first, two thousand six through December thirty-first, two thousand
25 six;

26 (vi) ten million eight hundred thousand dollars for the period January
27 first, two thousand seven through December thirty-first, two thousand
28 seven;

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

32 (viii) one million three hundred fifty thousand dollars for the period
33 January first, two thousand nine through December thirty-first, two
34 thousand nine.

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

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

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

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

3 (F) for the period January first, two thousand seven through December
4 thirty-first, two thousand seven, three hundred forty million dollars;

5 (G) for the period January first, two thousand eight through December
6 thirty-first, two thousand eight, three hundred forty million dollars;

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

9 (I) for the period January first, two thousand ten through December
10 thirty-first, two thousand ten, three hundred forty million dollars;

11 (J) for the period January first, two thousand eleven through March
12 thirty-first, two thousand eleven, eighty-five million dollars;

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

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

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

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

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

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

31 (iii) Personal care service providers which have their rates adjusted
32 pursuant to this paragraph shall use such funds for the purpose of
33 recruitment and retention of non-supervisory personal care services
34 workers or any worker with direct patient care responsibility only and
35 are prohibited from using such funds for any other purpose. Each such
36 personal care services provider shall submit, at a time and in a manner
37 to be determined by the commissioner, a written certification attesting
38 that such funds will be used solely for the purpose of recruitment and
39 retention of non-supervisory personal care services workers or any work-
40 er with direct patient care responsibility. The commissioner is author-
41 ized to audit each such provider to ensure compliance with the written
42 certification required by this subdivision and shall recoup any funds
43 determined to have been used for purposes other than recruitment and
44 retention of non-supervisory personal care services workers or any work-
45 er with direct patient care responsibility. Such recoupment shall be in
46 addition to any other penalties provided by law.

47 (cc) Funds shall be deposited by the commissioner, within amounts
48 appropriated, and the state comptroller is hereby authorized and
49 directed to receive for deposit to the credit of the state special
50 revenue funds - other, HCRA transfer fund, medical assistance account,
51 or any successor fund or account, for the purpose of supporting the
52 state share of adjustments to Medicaid rates of payment for personal
53 care services provided pursuant to paragraph (e) of subdivision two of
54 section three hundred sixty-five-a of the social services law, for local
55 social service districts which shall not include a city with a popu-
56 lation of over one million persons for the purpose of supporting the

1 personal care services worker recruitment and retention program as
2 established pursuant to section three hundred sixty-seven-q of the
3 social services law, from the tobacco control and insurance initiatives
4 pool established for the following periods and the following amounts:

5 (i) two million eight hundred thousand dollars for the period April
6 first, two thousand two through December thirty-first, two thousand two;
7 (ii) five million six hundred thousand dollars, on an annualized
8 basis, for the period January first, two thousand three through December
9 thirty-first, two thousand three;

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

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

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

19 (vi) eleven million two hundred thousand dollars for the period Janu-
20 ary first, two thousand seven through December thirty-first, two thou-
21 sand seven;

22 (vii) eleven million two hundred thousand dollars for the period Janu-
23 ary first, two thousand eight through December thirty-first, two thou-
24 sand eight;

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

28 (ix) eleven million two hundred thousand dollars for the period Janu-
29 ary first, two thousand ten through December thirty-first, two thousand
30 ten;

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

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

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

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

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

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

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

52 (dd) Funds shall be deposited by the commissioner, within amounts
53 appropriated, and the state comptroller is hereby authorized and
54 directed to receive for deposit to the credit of the state special
55 revenue fund - other, HCRA transfer fund, medical assistance account, or
56 any successor fund or account, for purposes of funding the state share

1 of Medicaid expenditures for physician services from the tobacco control
2 and insurance initiatives pool established for the following periods in
3 the following amounts:

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

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

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

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

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

18 (vi) eighty-five million two hundred thousand dollars for the period
19 January first, two thousand seven through December thirty-first, two
20 thousand seven;

21 (vii) eighty-five million two hundred thousand dollars for the period
22 January first, two thousand eight through December thirty-first, two
23 thousand eight;

24 (viii) eighty-five million two hundred thousand dollars for the period
25 January first, two thousand nine through December thirty-first, two
26 thousand nine;

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

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

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

36 (ee) Funds shall be deposited by the commissioner, within amounts
37 appropriated, and the state comptroller is hereby authorized and
38 directed to receive for deposit to the credit of the state special
39 revenue fund - other, HCRA transfer fund, medical assistance account, or
40 any successor fund or account, for purposes of funding the state share
41 of the free-standing diagnostic and treatment center rate increases for
42 recruitment and retention of health care workers pursuant to subdivision
43 seventeen of section twenty-eight hundred seven of this article from the
44 tobacco control and insurance initiatives pool established for the
45 following periods in the following amounts:

46 (i) three million two hundred fifty thousand dollars for the period
47 April first, two thousand two through December thirty-first, two thou-
48 sand two;

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

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

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

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

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

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

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

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

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

22 (ff) Funds shall be deposited by the commissioner, within amounts
23 appropriated, and the state comptroller is hereby authorized and
24 directed to receive for deposit to the credit of the state special
25 revenue fund - other, HCRA transfer fund, medical assistance account, or
26 any successor fund or account, for purposes of funding the state share
27 of Medicaid expenditures for disabled persons as authorized pursuant to
28 former subparagraphs twelve and thirteen of paragraph (a) of subdivision
29 one of section three hundred sixty-six of the social services law from
30 the tobacco control and insurance initiatives pool established for the
31 following periods in the following amounts:

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

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

37 (iii) eighteen million seven hundred thousand dollars on an annualized
38 basis for the period January first, two thousand four through December
39 thirty-first, two thousand four;

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

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

45 (vi) thirty million six hundred thousand dollars for the period Janu-
46 ary first, two thousand seven through December thirty-first, two thou-
47 sand seven;

48 (vii) fifteen million dollars for the period January first, two thou-
49 sand eight through December thirty-first, two thousand eight;

50 (viii) fifteen million dollars for the period January first, two thou-
51 sand nine through December thirty-first, two thousand nine;

52 (ix) fifteen million dollars for the period January first, two thou-
53 sand ten through December thirty-first, two thousand ten;

54 (x) three million seven hundred fifty thousand dollars for the period
55 January first, two thousand eleven through March thirty-first, two thou-
56 sand eleven;

- 1 (xi) fifteen million dollars each state fiscal year for the period
2 April first, two thousand eleven through March thirty-first, two thou-
3 sand fourteen;
- 4 (xii) fifteen million dollars each state fiscal year for the period
5 April first, two thousand fourteen through March thirty-first, two thou-
6 sand seventeen;
- 7 (xiii) fifteen million dollars each state fiscal year for the period
8 April first, two thousand seventeen through March thirty-first, two
9 thousand twenty;
- 10 (xiv) fifteen million dollars each state fiscal year for the period
11 April first, two thousand twenty through March thirty-first, two thou-
12 sand twenty-three; ~~and~~
- 13 (xv) fifteen million dollars each state fiscal year for the period
14 April first, two thousand twenty-three through March thirty-first, two
15 thousand twenty-six~~[-]; and~~
- 16 (xvi) fifteen million dollars each state fiscal year for the period
17 April first, two thousand twenty-six through March thirty-first, two
18 thousand twenty-nine.
- 19 (gg) Funds shall be reserved and accumulated from year to year and
20 shall be available, including income from invested funds, for purposes
21 of grants to non-public general hospitals pursuant to paragraph (c) of
22 subdivision thirty of section twenty-eight hundred seven-c of this arti-
23 cle from the tobacco control and insurance initiatives pool established
24 for the following periods in the following amounts:
- 25 (i) up to one million three hundred thousand dollars on an annualized
26 basis for the period January first, two thousand two through December
27 thirty-first, two thousand two;
- 28 (ii) up to three million two hundred thousand dollars on an annualized
29 basis for the period January first, two thousand three through December
30 thirty-first, two thousand three;
- 31 (iii) up to five million six hundred thousand dollars on an annualized
32 basis for the period January first, two thousand four through December
33 thirty-first, two thousand four;
- 34 (iv) up to eight million six hundred thousand dollars for the period
35 January first, two thousand five through December thirty-first, two
36 thousand five;
- 37 (v) up to eight million six hundred thousand dollars on an annualized
38 basis for the period January first, two thousand six through December
39 thirty-first, two thousand six;
- 40 (vi) up to two million six hundred thousand dollars for the period
41 January first, two thousand seven through December thirty-first, two
42 thousand seven;
- 43 (vii) up to two million six hundred thousand dollars for the period
44 January first, two thousand eight through December thirty-first, two
45 thousand eight;
- 46 (viii) up to two million six hundred thousand dollars for the period
47 January first, two thousand nine through December thirty-first, two
48 thousand nine;
- 49 (ix) up to two million six hundred thousand dollars for the period
50 January first, two thousand ten through December thirty-first, two thou-
51 sand ten; and
- 52 (x) up to six hundred fifty thousand dollars for the period January
53 first, two thousand eleven through March thirty-first, two thousand
54 eleven.
- 55 (hh) Funds shall be deposited by the commissioner, within amounts
56 appropriated, and the state comptroller is hereby authorized and

1 directed to receive for deposit to the credit of the special revenue
2 fund - other, HCRA transfer fund, medical assistance account for
3 purposes of providing financial assistance to residential health care
4 facilities pursuant to subdivisions nineteen and twenty-one of section
5 twenty-eight hundred eight of this article, from the tobacco control and
6 insurance initiatives pool established for the following periods in the
7 following amounts:

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

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

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

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

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

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

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

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

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

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

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

34 (ii) Funds shall be deposited by the commissioner, within amounts
35 appropriated, and the state comptroller is hereby authorized and
36 directed to receive for deposit to the credit of the state special
37 revenue funds - other, HCRA transfer fund, medical assistance account,
38 or any successor fund or account, for the purpose of supporting the
39 state share of Medicaid expenditures for disabled persons as authorized
40 by sections 1619 (a) and (b) of the federal social security act pursuant
41 to the tobacco control and insurance initiatives pool established for
42 the following periods in the following amounts:

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

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

48 (iii) eight million five hundred thousand dollars for the period Janu-
49 ary first, two thousand four through December thirty-first, two thousand
50 four;

51 (iv) eight million five hundred thousand dollars for the period Janu-
52 ary first, two thousand five through December thirty-first, two thousand
53 five;

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

- 1 (vi) eight million six hundred thousand dollars for the period January
2 first, two thousand seven through December thirty-first, two thousand
3 seven;
- 4 (vii) eight million five hundred thousand dollars for the period Janu-
5 ary first, two thousand eight through December thirty-first, two thou-
6 sand eight;
- 7 (viii) eight million five hundred thousand dollars for the period
8 January first, two thousand nine through December thirty-first, two
9 thousand nine;
- 10 (ix) eight million five hundred thousand dollars for the period Janu-
11 ary first, two thousand ten through December thirty-first, two thousand
12 ten;
- 13 (x) two million one hundred twenty-five thousand dollars for the peri-
14 od January first, two thousand eleven through March thirty-first, two
15 thousand eleven;
- 16 (xi) eight million five hundred thousand dollars each state fiscal
17 year for the period April first, two thousand eleven through March thir-
18 ty-first, two thousand fourteen;
- 19 (xii) eight million five hundred thousand dollars each state fiscal
20 year for the period April first, two thousand fourteen through March
21 thirty-first, two thousand seventeen;
- 22 (xiii) eight million five hundred thousand dollars each state fiscal
23 year for the period April first, two thousand seventeen through March
24 thirty-first, two thousand twenty;
- 25 (xiv) eight million five hundred thousand dollars each state fiscal
26 year for the period April first, two thousand twenty through March thir-
27 ty-first, two thousand twenty-three; ~~and~~
- 28 (xv) eight million five hundred thousand dollars each state fiscal
29 year for the period April first, two thousand twenty-three through March
30 thirty-first, two thousand twenty-six~~[-]; and~~
- 31 (xvi) eight million five hundred thousand dollars each state fiscal
32 year for the period April first, two thousand twenty-six through March
33 thirty-first, two thousand twenty-nine.
- 34 (jj) Funds shall be reserved and accumulated from year to year and
35 shall be available, including income from invested funds, for the
36 purposes of a grant program to improve access to infertility services,
37 treatments and procedures, from the tobacco control and insurance initi-
38 atives pool established for the period January first, two thousand two
39 through December thirty-first, two thousand two in the amount of nine
40 million one hundred seventy-five thousand dollars, for the period April
41 first, two thousand six through March thirty-first, two thousand seven
42 in the amount of five million dollars, for the period April first, two
43 thousand seven through March thirty-first, two thousand eight in the
44 amount of five million dollars, for the period April first, two thousand
45 eight through March thirty-first, two thousand nine in the amount of
46 five million dollars, and for the period April first, two thousand nine
47 through March thirty-first, two thousand ten in the amount of five
48 million dollars, for the period April first, two thousand ten through
49 March thirty-first, two thousand eleven in the amount of two million two
50 hundred thousand dollars, and for the period April first, two thousand
51 eleven through March thirty-first, two thousand twelve up to one million
52 one hundred thousand dollars.
- 53 (kk) Funds shall be deposited by the commissioner, within amounts
54 appropriated, and the state comptroller is hereby authorized and
55 directed to receive for deposit to the credit of the state special
56 revenue funds -- other, HCRA transfer fund, medical assistance account,

1 or any successor fund or account, for purposes of funding the state
2 share of Medical Assistance Program expenditures from the tobacco
3 control and insurance initiatives pool established for the following
4 periods in the following amounts:

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

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

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

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

16 (v) up to eight hundred sixty-six million three hundred thousand
17 dollars for the period January first, two thousand six through December
18 thirty-first, two thousand six;

19 (vi) up to six hundred sixteen million seven hundred thousand dollars
20 for the period January first, two thousand seven through December thir-
21 ty-first, two thousand seven;

22 (vii) up to five hundred seventy-eight million nine hundred twenty-
23 five thousand dollars for the period January first, two thousand eight
24 through December thirty-first, two thousand eight; and

25 (viii) within amounts appropriated on and after January first, two
26 thousand nine.

27 (ll) Funds shall be deposited by the commissioner, within amounts
28 appropriated, and the state comptroller is hereby authorized and
29 directed to receive for deposit to the credit of the state special
30 revenue funds -- other, HCRA transfer fund, medical assistance account,
31 or any successor fund or account, for purposes of funding the state
32 share of Medicaid expenditures related to the city of New York from the
33 tobacco control and insurance initiatives pool established for the
34 following periods in the following amounts:

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

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

41 (iii) one hundred twenty-four million seven hundred thousand dollars
42 for the period January first, two thousand four through December thir-
43 ty-first, two thousand four;

44 (iv) one hundred twenty-four million seven hundred thousand dollars
45 for the period January first, two thousand five through December thir-
46 ty-first, two thousand five;

47 (v) one hundred twenty-four million seven hundred thousand dollars for
48 the period January first, two thousand six through December thirty-
49 first, two thousand six;

50 (vi) one hundred twenty-four million seven hundred thousand dollars
51 for the period January first, two thousand seven through December thir-
52 ty-first, two thousand seven;

53 (vii) one hundred twenty-four million seven hundred thousand dollars
54 for the period January first, two thousand eight through December thir-
55 ty-first, two thousand eight;

1 (viii) one hundred twenty-four million seven hundred thousand dollars
2 for the period January first, two thousand nine through December thir-
3 ty-first, two thousand nine;

4 (ix) one hundred twenty-four million seven hundred thousand dollars
5 for the period January first, two thousand ten through December thirty-
6 first, two thousand ten;

7 (x) thirty-one million one hundred seventy-five thousand dollars for
8 the period January first, two thousand eleven through March thirty-
9 first, two thousand eleven; and

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

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

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

23 (B) for the period January first, two thousand five through December
24 thirty-first, two thousand five, seventy-five percent of the state
25 share; and

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

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

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

1 (B) three hundred seventy-four million dollars for the period January
2 first, two thousand four through December thirty-first, two thousand
3 four;

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

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

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

13 (F) five hundred seventy million twenty-five thousand dollars for the
14 period January first, two thousand eight through December thirty-first,
15 two thousand eight;

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

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

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

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

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

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

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

37 (nn) Funds shall be deposited by the commissioner, within amounts
38 appropriated, and the state comptroller is hereby authorized and
39 directed to receive for deposit to the credit of the state special
40 revenue fund - other, HCRA transfer fund, health care services account,
41 or any successor fund or account, for purposes related to adult home
42 initiatives for medicaid eligible residents of residential facilities
43 licensed pursuant to section four hundred sixty-b of the social services
44 law from the tobacco control and insurance initiatives pool established
45 for the following periods in the following amounts:

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

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

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

1 any successor fund or account, for the purposes set forth in this para-
2 graph;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

54 (pp) Funds shall be reserved and accumulated from year to year and
55 shall be available, including income from invested funds, for the
56 purpose of supporting the provision of tax credits for long term care

1 insurance pursuant to subdivision one of section one hundred ninety of
2 the tax law, paragraph (a) of subdivision fourteen of section two
3 hundred ten-B of such law, subsection (aa) of section six hundred six of
4 such law and paragraph one of subdivision (m) of section fifteen hundred
5 eleven of such law, in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

52 (ss) Funds shall be reserved and accumulated from the tobacco control
53 and insurance initiatives pool and used for a health care stabilization
54 program established by the commissioner for the purposes of stabilizing
55 critical health care providers and health care programs whose ability to
56 continue to provide appropriate services are threatened by financial or

1 other challenges, in the amount of up to twenty-eight million dollars
2 for the period July first, two thousand four through June thirtieth, two
3 thousand five. Notwithstanding the provisions of section one hundred
4 twelve of the state finance law or any other inconsistent provision of
5 the state finance law or any other law, funds available for distribution
6 pursuant to this paragraph may be allocated and distributed by the
7 commissioner, or the state comptroller as applicable without a competi-
8 tive bid or request for proposal process. Considerations relied upon by
9 the commissioner in determining the allocation and distribution of these
10 funds shall include, but not be limited to, the following: (i) the
11 importance of the provider or program in meeting critical health care
12 needs in the community in which it operates; (ii) the provider or
13 program provision of care to under-served populations; (iii) the quality
14 of the care or services the provider or program delivers; (iv) the abil-
15 ity of the provider or program to continue to deliver an appropriate
16 level of care or services if additional funding is made available; (v)
17 the ability of the provider or program to access, in a timely manner,
18 alternative sources of funding, including other sources of government
19 funding; (vi) the ability of other providers or programs in the communi-
20 ty to meet the community health care needs; (vii) whether the provider
21 or program has an appropriate plan to improve its financial condition;
22 and (viii) whether additional funding would permit the provider or
23 program to consolidate, relocate, or close programs or services where
24 such actions would result in greater stability and efficiency in the
25 delivery of needed health care services or programs.

26 (tt) Funds shall be reserved and accumulated from year to year and
27 shall be available, including income from invested funds, for purposes
28 of providing grants for two long term care demonstration projects
29 designed to test new models for the delivery of long term care services
30 established pursuant to section twenty-eight hundred seven-x of this
31 [~~chapter~~ article, for the following periods and in the following
32 amounts:

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

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

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

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

41 (v) up to two hundred fifty thousand dollars for the period January
42 first, two thousand eight through March thirty-first, two thousand
43 eight.

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

49 (i) five million dollars for the period January first, two thousand
50 four through December thirty-first, two thousand four, of which three
51 million dollars shall be available for disease management demonstration
52 programs and two million dollars shall be available for telemedicine
53 demonstration programs;

54 (ii) five million dollars for the period January first, two thousand
55 five through December thirty-first, two thousand five, of which three
56 million dollars shall be available for disease management demonstration

1 programs and two million dollars shall be available for telemedicine
2 demonstration programs;

3 (iii) nine million five hundred thousand dollars for the period Janu-
4 ary first, two thousand six through December thirty-first, two thousand
5 six, of which seven million five hundred thousand dollars shall be
6 available for disease management demonstration programs and two million
7 dollars shall be available for telemedicine demonstration programs;

8 (iv) nine million five hundred thousand dollars for the period January
9 first, two thousand seven through December thirty-first, two thousand
10 seven, of which seven million five hundred thousand dollars shall be
11 available for disease management demonstration programs and one million
12 dollars shall be available for telemedicine demonstration programs;

13 (v) nine million five hundred thousand dollars for the period January
14 first, two thousand eight through December thirty-first, two thousand
15 eight, of which seven million five hundred thousand dollars shall be
16 available for disease management demonstration programs and two million
17 dollars shall be available for telemedicine demonstration programs;

18 (vi) seven million eight hundred thirty-three thousand three hundred
19 thirty-three dollars for the period January first, two thousand nine
20 through December thirty-first, two thousand nine, of which seven million
21 five hundred thousand dollars shall be available for disease management
22 demonstration programs and three hundred thirty-three thousand three
23 hundred thirty-three dollars shall be available for telemedicine demon-
24 stration programs for the period January first, two thousand nine
25 through March first, two thousand nine;

26 (vii) one million eight hundred seventy-five thousand dollars for the
27 period January first, two thousand ten through March thirty-first, two
28 thousand ten shall be available for disease management demonstration
29 programs.

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

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

43 (ii) sixty million five hundred thousand dollars for the period Janu-
44 ary first, two thousand six through December thirty-first, two thousand
45 six.

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

- 1 (i) three million five hundred thousand dollars for the period January
2 first, two thousand five through December thirty-first, two thousand
3 five;
- 4 (ii) three million five hundred thousand dollars for the period Janu-
5 ary first, two thousand six through December thirty-first, two thousand
6 six;
- 7 (iii) three million five hundred thousand dollars for the period Janu-
8 ary first, two thousand seven through December thirty-first, two thou-
9 sand seven;
- 10 (iv) three million five hundred thousand dollars for the period Janu-
11 ary first, two thousand eight through December thirty-first, two thou-
12 sand eight; and
- 13 (v) three million two hundred eight thousand dollars for the period
14 January first, two thousand nine through November thirtieth, two thou-
15 sand nine.
- 16 (yy) Funds shall be reserved and accumulated from year to year and
17 shall be available, within amounts appropriated and notwithstanding
18 section one hundred twelve of the state finance law and any other
19 contrary provision of law, for the purpose of supporting grants not to
20 exceed five million dollars to be made by the commissioner without a
21 competitive bid or request for proposal process, in support of the
22 delivery of critically needed health care services, to health care
23 providers located in the counties of Erie and Niagara which executed a
24 memorandum of closing and conducted a merger closing in escrow on Novem-
25 ber twenty-fourth, nineteen hundred ninety-seven and which entered into
26 a settlement dated December thirtieth, two thousand four for a loss on
27 disposal of assets under the provisions of title XVIII of the federal
28 social security act applicable to mergers occurring prior to December
29 first, nineteen hundred ninety-seven.
- 30 (zz) Funds shall be reserved and accumulated from year to year and
31 shall be available, within amounts appropriated, for the purpose of
32 supporting expenditures authorized pursuant to section twenty-eight
33 hundred eighteen of this article from the tobacco control and insurance
34 initiatives pool established for the following periods in the following
35 amounts:
- 36 (i) six million five hundred thousand dollars for the period January
37 first, two thousand five through December thirty-first, two thousand
38 five;
- 39 (ii) one hundred eight million three hundred thousand dollars for the
40 period January first, two thousand six through December thirty-first,
41 two thousand six, provided, however, that within amounts appropriated in
42 the two thousand six through two thousand seven state fiscal year, a
43 portion of such funds may be transferred to the Roswell Park Cancer
44 Institute Corporation to fund capital costs;
- 45 (iii) one hundred seventy-one million dollars for the period January
46 first, two thousand seven through December thirty-first, two thousand
47 seven, provided, however, that within amounts appropriated in the two
48 thousand six through two thousand seven state fiscal year, a portion of
49 such funds may be transferred to the Roswell Park Cancer Institute
50 Corporation to fund capital costs;
- 51 (iv) one hundred seventy-one million five hundred thousand dollars for
52 the period January first, two thousand eight through December thirty-
53 first, two thousand eight;
- 54 (v) one hundred twenty-eight million seven hundred fifty thousand
55 dollars for the period January first, two thousand nine through December
56 thirty-first, two thousand nine;

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

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

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

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

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

16 (aaa) Funds shall be reserved and accumulated from year to year and
17 shall be available, including income from invested funds, for services
18 and expenses related to school based health centers, in an amount up to
19 three million five hundred thousand dollars for the period April first,
20 two thousand six through March thirty-first, two thousand seven, up to
21 three million five hundred thousand dollars for the period April first,
22 two thousand seven through March thirty-first, two thousand eight, up to
23 three million five hundred thousand dollars for the period April first,
24 two thousand eight through March thirty-first, two thousand nine, up to
25 three million five hundred thousand dollars for the period April first,
26 two thousand nine through March thirty-first, two thousand ten, up to
27 three million five hundred thousand dollars for the period April first,
28 two thousand ten through March thirty-first, two thousand eleven, up to
29 two million eight hundred thousand dollars each state fiscal year for
30 the period April first, two thousand eleven through March thirty-first,
31 two thousand fourteen, up to two million six hundred forty-four thousand
32 dollars each state fiscal year for the period April first, two thousand
33 fourteen through March thirty-first, two thousand seventeen, up to two
34 million six hundred forty-four thousand dollars each state fiscal year
35 for the period April first, two thousand seventeen through March thir-
36 ty-first, two thousand twenty, up to two million six hundred forty-four
37 thousand dollars each state fiscal year for the period April first, two
38 thousand twenty through March thirty-first, two thousand twenty-three,
39 ~~and~~ up to two million six hundred forty-four thousand dollars each
40 state fiscal year for the period April first, two thousand twenty-three
41 through March thirty-first, two thousand twenty-six, and up to two
42 million six hundred forty-four thousand dollars each state fiscal year
43 for the period April first, two thousand twenty-six through March thir-
44 ty-first, two thousand twenty-nine. The total amount of funds provided
45 herein shall be distributed as grants based on the ratio of each provid-
46 er's total enrollment for all sites to the total enrollment of all
47 providers. This formula shall be applied to the total amount provided
48 herein.

49 (bbb) Funds shall be reserved and accumulated from year to year and
50 shall be available, including income from invested funds, for purposes
51 of awarding grants to operators of adult homes, enriched housing
52 programs and residences through the enhancing abilities and life experi-
53 ence (EnAbLe) program to provide for the installation, operation and
54 maintenance of air conditioning in resident rooms, consistent with this
55 paragraph, in an amount up to two million dollars for the period April
56 first, two thousand six through March thirty-first, two thousand seven,

1 up to three million eight hundred thousand dollars for the period April
2 first, two thousand seven through March thirty-first, two thousand
3 eight, up to three million eight hundred thousand dollars for the period
4 April first, two thousand eight through March thirty-first, two thousand
5 nine, up to three million eight hundred thousand dollars for the period
6 April first, two thousand nine through March thirty-first, two thousand
7 ten, and up to three million eight hundred thousand dollars for the
8 period April first, two thousand ten through March thirty-first, two
9 thousand eleven. Residents shall not be charged utility cost for the use
10 of air conditioners supplied under the EnAbLe program. All such air
11 conditioners must be operated in occupied resident rooms consistent with
12 requirements applicable to common areas.

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

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

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

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

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

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

37 (vi) twelve million five hundred thousand dollars for the period Janu-
38 ary first, two thousand eleven through March thirty-first, two thousand
39 eleven;

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

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

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

49 (x) up to fifty million dollars each state fiscal year for the period
50 April first, two thousand twenty through March thirty-first, two thou-
51 sand twenty-three; ~~and~~

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

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

4 (ddd) Funds shall be deposited by the commissioner, within amounts
5 appropriated, and the state comptroller is hereby authorized and
6 directed to receive for the deposit to the credit of the state special
7 revenue funds - other, HCRA transfer fund, medical assistance account,
8 or any successor fund or account, for purposes of funding the state
9 share of increases in the medical assistance rates for providers for
10 purposes of enhancing the provision, quality and/or efficiency of home
11 care services pursuant to subdivision eleven of section thirty-six
12 hundred fourteen of this chapter from the tobacco control and insurance
13 initiatives pool established for the following period in the amount of
14 eight million dollars for the period April first, two thousand six
15 through December thirty-first, two thousand six.

16 (eee) Funds shall be reserved and accumulated from year to year and
17 shall be available, including income from invested funds, to the Center
18 for Functional Genomics at the State University of New York at Albany,
19 for the purposes of the Adirondack network for cancer education and
20 research in rural communities grant program to improve access to health
21 care and shall be made available from the tobacco control and insurance
22 initiatives pool established for the following period in the amount of
23 up to five million dollars for the period January first, two thousand
24 six through December thirty-first, two thousand six.

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

29 (ggg) Funds shall be deposited by the commissioner, within amounts
30 appropriated, and the state comptroller is hereby authorized and
31 directed to receive for deposit to the credit of the state special
32 revenue fund - other, HCRA transfer fund, medical assistance account, or
33 any successor fund or account, for the purpose of supporting the state
34 share of Medicaid expenditures for hospital translation services as
35 authorized pursuant to paragraph (k) of subdivision one of section twen-
36 ty-eight hundred seven-c of this article from the tobacco control and
37 initiatives pool established for the following periods in the following
38 amounts:

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

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

44 (hhh) Funds shall be deposited by the commissioner, within amounts
45 appropriated, and the state comptroller is hereby authorized and
46 directed to receive for deposit to the credit of the state special
47 revenue fund - other, HCRA transfer fund, medical assistance account, or
48 any successor fund or account, for the purpose of supporting the state
49 share of Medicaid expenditures for adjustments to inpatient rates of
50 payment for general hospitals located in the counties of Nassau and
51 Suffolk as authorized pursuant to paragraph (l) of subdivision one of
52 section twenty-eight hundred seven-c of this article from the tobacco
53 control and initiatives pool established for the following periods in
54 the following amounts:

1 (i) two million five hundred thousand dollars for the period April
2 first, two thousand eight through December thirty-first, two thousand
3 eight; and

4 (ii) two million two hundred ninety-two thousand dollars for the peri-
5 od January first, two thousand nine through November thirtieth, two
6 thousand nine.

7 (iii) Funds shall be reserved and set aside and accumulated from year
8 to year and shall be made available, including income from investment
9 funds, for the purpose of supporting the New York state medical indem-
10 nity fund as authorized pursuant to title four of article twenty-nine-D
11 of this chapter, for the following periods and in the following amounts,
12 provided, however, that the commissioner is authorized to seek waiver
13 authority from the federal centers for medicare and Medicaid for the
14 purpose of securing Medicaid federal financial participation for such
15 program, in which case the funding authorized pursuant to this paragraph
16 shall be utilized as the non-federal share for such payments:

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

19 2. (a) For periods prior to January first, two thousand five, the
20 commissioner is authorized to contract with the article forty-three
21 insurance law plans, or such other contractors as the commissioner shall
22 designate, to receive and distribute funds from the tobacco control and
23 insurance initiatives pool established pursuant to this section. In the
24 event contracts with the article forty-three insurance law plans or
25 other commissioner's designees are effectuated, the commissioner shall
26 conduct annual audits of the receipt and distribution of such funds. The
27 reasonable costs and expenses of an administrator as approved by the
28 commissioner, not to exceed for personnel services on an annual basis
29 five hundred thousand dollars, for collection and distribution of funds
30 pursuant to this section shall be paid from such funds.

31 (b) Notwithstanding any inconsistent provision of section one hundred
32 twelve or one hundred sixty-three of the state finance law or any other
33 law, at the discretion of the commissioner without a competitive bid or
34 request for proposal process, contracts in effect for administration of
35 pools established pursuant to sections twenty-eight hundred seven-k,
36 twenty-eight hundred seven-l and twenty-eight hundred seven-m of this
37 article for the period January first, nineteen hundred ninety-nine
38 through December thirty-first, nineteen hundred ninety-nine may be
39 extended to provide for administration pursuant to this section and may
40 be amended as may be necessary.

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

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

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

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

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

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

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

13 § 20. Paragraph (y) of subdivision 1 of section 367-q of the social
 14 services law, as added by section 15 of part C of chapter 57 of the laws
 15 of 2023, is amended and three new paragraphs (z), (aa) and (bb) are
 16 added to read as follows:

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

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

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

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

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

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

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

39 (c) the amendments to paragraph (i-1) of subdivision 1 of section
 40 2807-v of the public health law made by section seventeen of this act
 41 shall not affect the repeal of such paragraph and shall be deemed
 42 repealed therewith.

43

PART D

44 Section 1. Paragraph (a) of subdivision 1 of section 18 of chapter 266
 45 of the laws of 1986, amending the civil practice law and rules and other
 46 laws relating to malpractice and professional medical conduct, as
 47 amended by section 1 of part G of chapter 57 of the laws of 2025, is
 48 amended to read as follows:

49 (a) The superintendent of financial services and the commissioner of
 50 health or their designee shall, from funds available in the hospital
 51 excess liability pool created pursuant to subdivision 5 of this section,
 52 purchase a policy or policies for excess insurance coverage, as author-
 53 ized by paragraph 1 of subsection (e) of section 5502 of the insurance
 54 law; or from an insurer, other than an insurer described in section 5502

1 of the insurance law, duly authorized to write such coverage and actual-
2 ly writing medical malpractice insurance in this state; or shall
3 purchase equivalent excess coverage in a form previously approved by the
4 superintendent of financial services for purposes of providing equiv-
5 alent excess coverage in accordance with section 19 of chapter 294 of
6 the laws of 1985, for medical or dental malpractice occurrences between
7 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,
8 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June
9 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991
10 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July
11 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
12 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
13 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
14 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
15 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
16 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
17 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
18 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
19 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
20 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June
21 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
22 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July
23 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,
24 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June
25 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019
26 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July
27 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023,
28 between July 1, 2023 and June 30, 2024, between July 1, 2024 and June
29 30, 2025, [~~and~~] between July 1, 2025 and June 30, 2026, and between July
30 1, 2026 and June 30, 2027 or reimburse the hospital where the hospital
31 purchases equivalent excess coverage as defined in subparagraph (i) of
32 paragraph (a) of subdivision 1-a of this section for medical or dental
33 malpractice occurrences between July 1, 1987 and June 30, 1988, between
34 July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990,
35 between July 1, 1990 and June 30, 1991, between July 1, 1991 and June
36 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993
37 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July
38 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997,
39 between July 1, 1997 and June 30, 1998, between July 1, 1998 and June
40 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000
41 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July
42 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004,
43 between July 1, 2004 and June 30, 2005, between July 1, 2005 and June
44 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007
45 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July
46 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011,
47 between July 1, 2011 and June 30, 2012, between July 1, 2012 and June
48 30, 2013, between July 1, 2013 and June 30, 2014, between July 1, 2014
49 and June 30, 2015, between July 1, 2015 and June 30, 2016, between July
50 1, 2016 and June 30, 2017, between July 1, 2017 and June 30, 2018,
51 between July 1, 2018 and June 30, 2019, between July 1, 2019 and June
52 30, 2020, between July 1, 2020 and June 30, 2021, between July 1, 2021
53 and June 30, 2022, between July 1, 2022 and June 30, 2023, between July
54 1, 2023 and June 30, 2024, between July 1, 2024 and June 30, 2025, [~~and~~]
55 between July 1, 2025 and June 30, 2026, and between July 1, 2026 and
56 June 30, 2027 for physicians or dentists certified as eligible for each

1 such period or periods pursuant to subdivision 2 of this section by a
2 general hospital licensed pursuant to article 28 of the public health
3 law; provided that no single insurer shall write more than fifty percent
4 of the total excess premium for a given policy year; and provided,
5 however, that such eligible physicians or dentists must have in force an
6 individual policy, from an insurer licensed in this state of primary
7 malpractice insurance coverage in amounts of no less than one million
8 three hundred thousand dollars for each claimant and three million nine
9 hundred thousand dollars for all claimants under that policy during the
10 period of such excess coverage for such occurrences or be endorsed as
11 additional insureds under a hospital professional liability policy which
12 is offered through a voluntary attending physician ("channeling")
13 program previously permitted by the superintendent of financial services
14 during the period of such excess coverage for such occurrences. During
15 such period, such policy for excess coverage or such equivalent excess
16 coverage shall, when combined with the physician's or dentist's primary
17 malpractice insurance coverage or coverage provided through a voluntary
18 attending physician ("channeling") program, total an aggregate level of
19 two million three hundred thousand dollars for each claimant and six
20 million nine hundred thousand dollars for all claimants from all such
21 policies with respect to occurrences in each of such years provided,
22 however, if the cost of primary malpractice insurance coverage in excess
23 of one million dollars, but below the excess medical malpractice insur-
24 ance coverage provided pursuant to this act, exceeds the rate of nine
25 percent per annum, then the required level of primary malpractice insur-
26 ance coverage in excess of one million dollars for each claimant shall
27 be in an amount of not less than the dollar amount of such coverage
28 available at nine percent per annum; the required level of such coverage
29 for all claimants under that policy shall be in an amount not less than
30 three times the dollar amount of coverage for each claimant; and excess
31 coverage, when combined with such primary malpractice insurance cover-
32 age, shall increase the aggregate level for each claimant by one million
33 dollars and three million dollars for all claimants; and provided
34 further, that, with respect to policies of primary medical malpractice
35 coverage that include occurrences between April 1, 2002 and June 30,
36 2002, such requirement that coverage be in amounts no less than one
37 million three hundred thousand dollars for each claimant and three
38 million nine hundred thousand dollars for all claimants for such occur-
39 rences shall be effective April 1, 2002.

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

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

1 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,
2 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June
3 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009
4 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July
5 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,
6 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June
7 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016
8 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July
9 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,
10 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June
11 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023
12 and June 30, 2024, between July 1, 2024 and June 30, 2025, [~~and~~] between
13 July 1, 2025 and June 30, 2026, and between July 1, 2026 and June 30,
14 2027 allocable to each general hospital for physicians or dentists
15 certified as eligible for purchase of a policy for excess insurance
16 coverage by such general hospital in accordance with subdivision 2 of
17 this section, and may amend such determination and certification as
18 necessary.

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

1 to the period January 1, 1991 to June 30, 1991, to the period July 1,
2 1991 to December 31, 1991, to the period January 1, 1992 to June 30,
3 1992, to the period July 1, 1992 to December 31, 1992, to the period
4 January 1, 1993 to June 30, 1993, to the period July 1, 1993 to December
5 31, 1993, to the period January 1, 1994 to June 30, 1994, to the period
6 July 1, 1994 to December 31, 1994, to the period January 1, 1995 to June
7 30, 1995, to the period July 1, 1995 to December 31, 1995, to the period
8 January 1, 1996 to June 30, 1996, to the period July 1, 1996 to December
9 31, 1996, to the period January 1, 1997 to June 30, 1997, to the period
10 July 1, 1997 to December 31, 1997, to the period January 1, 1998 to June
11 30, 1998, to the period July 1, 1998 to December 31, 1998, to the period
12 January 1, 1999 to June 30, 1999, to the period July 1, 1999 to December
13 31, 1999, to the period January 1, 2000 to June 30, 2000, to the period
14 July 1, 2000 to December 31, 2000, to the period January 1, 2001 to June
15 30, 2001, to the period July 1, 2001 to June 30, 2002, to the period
16 July 1, 2002 to June 30, 2003, to the period July 1, 2003 to June 30,
17 2004, to the period July 1, 2004 to June 30, 2005, to the period July 1,
18 2005 and June 30, 2006, to the period July 1, 2006 and June 30, 2007, to
19 the period July 1, 2007 and June 30, 2008, to the period July 1, 2008
20 and June 30, 2009, to the period July 1, 2009 and June 30, 2010, to the
21 period July 1, 2010 and June 30, 2011, to the period July 1, 2011 and
22 June 30, 2012, to the period July 1, 2012 and June 30, 2013, to the
23 period July 1, 2013 and June 30, 2014, to the period July 1, 2014 and
24 June 30, 2015, to the period July 1, 2015 and June 30, 2016, to the
25 period July 1, 2016 and June 30, 2017, to the period July 1, 2017 to
26 June 30, 2018, to the period July 1, 2018 to June 30, 2019, to the peri-
27 od July 1, 2019 to June 30, 2020, to the period July 1, 2020 to June 30,
28 2021, to the period July 1, 2021 to June 30, 2022, to the period July 1,
29 2022 to June 30, 2023, to the period July 1, 2023 to June 30, 2024, to
30 the period July 1, 2024 to June 30, 2025, [~~and~~] to the period July 1,
31 2025 to June 30, 2026, and to the period July 1, 2026 to June 30, 2027.

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

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

1 30, 2012, during the period July 1, 2012 to June 30, 2013, during the
2 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to
3 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during
4 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017
5 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,
6 during the period July 1, 2019 to June 30, 2020, during the period July
7 1, 2020 to June 30, 2021, during the period July 1, 2021 to June 30,
8 2022, during the period July 1, 2022 to June 30, 2023, during the period
9 July 1, 2023 to June 30, 2024, during the period July 1, 2024 to June
10 30, 2025, [and] during the period July 1, 2025 to June 30, 2026, and
11 during the period July 1, 2026 to June 30, 2027 allocated or reallocated
12 in accordance with paragraph (a) of subdivision 4-a of this section to
13 rates of payment applicable to state governmental agencies, each physi-
14 cian or dentist for whom a policy for excess insurance coverage or
15 equivalent excess coverage is purchased for such period shall be respon-
16 sible for payment to the provider of excess insurance coverage or equiv-
17 alent excess coverage of an allocable share of such insufficiency, based
18 on the ratio of the total cost of such coverage for such physician to
19 the sum of the total cost of such coverage for all physicians applied to
20 such insufficiency.

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

1 (c) If a physician or dentist liable for payment of a portion of the
2 costs of excess insurance coverage or equivalent excess coverage cover-
3 ing the period July 1, 1992 to June 30, 1993, or covering the period
4 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to
5 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or
6 covering the period July 1, 1996 to June 30, 1997, or covering the peri-
7 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to
8 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or
9 covering the period July 1, 2000 to June 30, 2001, or covering the peri-
10 od July 1, 2001 to October 29, 2001, or covering the period April 1,
11 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,
12 2003, or covering the period July 1, 2003 to June 30, 2004, or covering
13 the period July 1, 2004 to June 30, 2005, or covering the period July 1,
14 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,
15 2007, or covering the period July 1, 2007 to June 30, 2008, or covering
16 the period July 1, 2008 to June 30, 2009, or covering the period July 1,
17 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,
18 2011, or covering the period July 1, 2011 to June 30, 2012, or covering
19 the period July 1, 2012 to June 30, 2013, or covering the period July 1,
20 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,
21 2015, or covering the period July 1, 2015 to June 30, 2016, or covering
22 the period July 1, 2016 to June 30, 2017, or covering the period July 1,
23 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,
24 2019, or covering the period July 1, 2019 to June 30, 2020, or covering
25 the period July 1, 2020 to June 30, 2021, or covering the period July 1,
26 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30,
27 2023, or covering the period July 1, 2023 to June 30, 2024, or covering
28 the period July 1, 2024 to June 30, 2025, or covering the period July 1,
29 2025 to June 30, 2026, or covering the period July 1, 2026 to June 30,
30 2027 determined in accordance with paragraph (a) of this subdivision
31 fails, refuses or neglects to make payment to the provider of excess
32 insurance coverage or equivalent excess coverage in such time and manner
33 as determined by the superintendent of financial services pursuant to
34 paragraph (b) of this subdivision, excess insurance coverage or equiv-
35 alent excess coverage purchased for such physician or dentist in accord-
36 ance with this section for such coverage period shall be cancelled and
37 shall be null and void as of the first day on or after the commencement
38 of a policy period where the liability for payment pursuant to this
39 subdivision has not been met.

40 (d) Each provider of excess insurance coverage or equivalent excess
41 coverage shall notify the superintendent of financial services and the
42 commissioner of health or their designee of each physician and dentist
43 eligible for purchase of a policy for excess insurance coverage or
44 equivalent excess coverage covering the period July 1, 1992 to June 30,
45 1993, or covering the period July 1, 1993 to June 30, 1994, or covering
46 the period July 1, 1994 to June 30, 1995, or covering the period July 1,
47 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,
48 1997, or covering the period July 1, 1997 to June 30, 1998, or covering
49 the period July 1, 1998 to June 30, 1999, or covering the period July 1,
50 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,
51 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-
52 ing the period April 1, 2002 to June 30, 2002, or covering the period
53 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to
54 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or
55 covering the period July 1, 2005 to June 30, 2006, or covering the peri-
56 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to

1 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or
2 covering the period July 1, 2009 to June 30, 2010, or covering the peri-
3 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to
4 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or
5 covering the period July 1, 2013 to June 30, 2014, or covering the peri-
6 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to
7 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or
8 covering the period July 1, 2017 to June 30, 2018, or covering the peri-
9 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to
10 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or
11 covering the period July 1, 2021 to June 30, 2022, or covering the peri-
12 od July 1, 2022 to June 30, 2023, or covering the period July 1, 2023 to
13 June 30, 2024, or covering the period July 1, 2024 to June 30, 2025, or
14 covering the period July 1, 2025 to June 30, 2026, or covering the peri-
15 od July 1, 2026 to June 30, 2027 that has made payment to such provider
16 of excess insurance coverage or equivalent excess coverage in accordance
17 with paragraph (b) of this subdivision and of each physician and dentist
18 who has failed, refused or neglected to make such payment.

19 (e) A provider of excess insurance coverage or equivalent excess
20 coverage shall refund to the hospital excess liability pool any amount
21 allocable to the period July 1, 1992 to June 30, 1993, and to the period
22 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June
23 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the
24 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to
25 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to
26 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000
27 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,
28 and to the period April 1, 2002 to June 30, 2002, and to the period July
29 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,
30 2004, and to the period July 1, 2004 to June 30, 2005, and to the period
31 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June
32 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the
33 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to
34 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to
35 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012
36 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and
37 to the period July 1, 2014 to June 30, 2015, and to the period July 1,
38 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and
39 to the period July 1, 2017 to June 30, 2018, and to the period July 1,
40 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,
41 and to the period July 1, 2020 to June 30, 2021, and to the period July
42 1, 2021 to June 30, 2022, and to the period July 1, 2022 to June 30,
43 2023, and to the period July 1, 2023 to June 30, 2024, and to the period
44 July 1, 2024 to June 30, 2025, and to the period July 1, 2025 to June
45 30, 2026, and to the period July 1, 2026 to June 30, 2027 received from
46 the hospital excess liability pool for purchase of excess insurance
47 coverage or equivalent excess coverage covering the period July 1, 1992
48 to June 30, 1993, and covering the period July 1, 1993 to June 30, 1994,
49 and covering the period July 1, 1994 to June 30, 1995, and covering the
50 period July 1, 1995 to June 30, 1996, and covering the period July 1,
51 1996 to June 30, 1997, and covering the period July 1, 1997 to June 30,
52 1998, and covering the period July 1, 1998 to June 30, 1999, and cover-
53 ing the period July 1, 1999 to June 30, 2000, and covering the period
54 July 1, 2000 to June 30, 2001, and covering the period July 1, 2001 to
55 October 29, 2001, and covering the period April 1, 2002 to June 30,
56 2002, and covering the period July 1, 2002 to June 30, 2003, and cover-

1 ing the period July 1, 2003 to June 30, 2004, and covering the period
2 July 1, 2004 to June 30, 2005, and covering the period July 1, 2005 to
3 June 30, 2006, and covering the period July 1, 2006 to June 30, 2007,
4 and covering the period July 1, 2007 to June 30, 2008, and covering the
5 period July 1, 2008 to June 30, 2009, and covering the period July 1,
6 2009 to June 30, 2010, and covering the period July 1, 2010 to June 30,
7 2011, and covering the period July 1, 2011 to June 30, 2012, and cover-
8 ing the period July 1, 2012 to June 30, 2013, and covering the period
9 July 1, 2013 to June 30, 2014, and covering the period July 1, 2014 to
10 June 30, 2015, and covering the period July 1, 2015 to June 30, 2016,
11 and covering the period July 1, 2016 to June 30, 2017, and covering the
12 period July 1, 2017 to June 30, 2018, and covering the period July 1,
13 2018 to June 30, 2019, and covering the period July 1, 2019 to June 30,
14 2020, and covering the period July 1, 2020 to June 30, 2021, and cover-
15 ing the period July 1, 2021 to June 30, 2022, and covering the period
16 July 1, 2022 to June 30, 2023 for, and covering the period July 1, 2023
17 to June 30, 2024, and covering the period July 1, 2024 to June 30, 2025,
18 and covering the period July 1, 2025 to June 30, 2026, and covering the
19 period July 1, 2026 to June 30, 2027 a physician or dentist where such
20 excess insurance coverage or equivalent excess coverage is cancelled in
21 accordance with paragraph (c) of this subdivision.

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

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

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

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

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

1 2019, or July 1, 2019 to June 30, 2020, or July 1, 2020 to June 30,
2 2021, or July 1, 2021 to June 30, 2022, or July 1, 2022 to June 30,
3 2023, or July 1, 2023 to June 30, 2024, or July 1, 2024 to June 30,
4 2025, or July 1, 2025 to June 30, 2026, or July 1, 2026 to June 30, 2027
5 as applicable.

6 (a) This section shall be effective only upon a determination, pursu-
7 ant to section five of this act, by the superintendent of financial
8 services and the commissioner of health, and a certification of such
9 determination to the state director of the budget, the chair of the
10 senate committee on finance and the chair of the assembly committee on
11 ways and means, that the amount of funds in the hospital excess liabil-
12 ity pool, created pursuant to section 18 of chapter 266 of the laws of
13 1986, is insufficient for purposes of purchasing excess insurance cover-
14 age for eligible participating physicians and dentists during the period
15 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July
16 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,
17 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007
18 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to
19 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June
20 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
21 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,
22 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,
23 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,
24 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,
25 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,
26 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30,
27 2026, or July 1, 2026 to June 30, 2027 as applicable.

28 (e) The commissioner of health shall transfer for deposit to the
29 hospital excess liability pool created pursuant to section 18 of chapter
30 266 of the laws of 1986 such amounts as directed by the superintendent
31 of financial services for the purchase of excess liability insurance
32 coverage for eligible participating physicians and dentists for the
33 policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30,
34 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,
35 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,
36 2007, as applicable, and the cost of administering the hospital excess
37 liability pool for such applicable policy year, pursuant to the program
38 established in chapter 266 of the laws of 1986, as amended, no later
39 than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June
40 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010,
41 June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15,
42 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June
43 15, 2020, June 15, 2021, June 15, 2022, June 15, 2023, June 15, 2024,
44 June 15, 2025, [~~and~~] June 15, 2026, and June 15, 2027 as applicable.

45 § 6. Section 20 of part H of chapter 57 of the laws of 2017, amending
46 the New York Health Care Reform Act of 1996 and other laws relating to
47 extending certain provisions thereto, as amended by section 6 of part G
48 of chapter 57 of the laws of 2025, is amended to read as follows:

49 § 20. Notwithstanding any law, rule or regulation to the contrary,
50 only physicians or dentists who were eligible, and for whom the super-
51 intendent of financial services and the commissioner of health, or their
52 designee, purchased, with funds available in the hospital excess liabil-
53 ity pool, a full or partial policy for excess coverage or equivalent
54 excess coverage for the coverage period ending the thirtieth of June,
55 two thousand [~~twenty-five~~] twenty-six, shall be eligible to apply for
56 such coverage for the coverage period beginning the first of July, two

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

20 § 7. This act shall take effect immediately and shall be deemed to
21 have been in full force and effect on and after April 1, 2026.

22 PART E

23 Intentionally Omitted

24 PART F

25 Section 1. The section heading and subdivisions 1 and 3 of section
26 97-www of the state finance law, as added by chapter 586 of the laws of
27 2000, are amended to read as follows:

28 [~~Percy T. Phillips educational foundation of the Dental Society of the~~
29 ~~state of~~] New York State Dental Foundation fund. 1. There is hereby
30 established in the joint custody of the state comptroller and the
31 commissioner of taxation and finance a fund to be known as the "[~~Percy~~
32 ~~T. Phillips Educational Foundation of The Dental Society of the State~~
33 ~~of~~] New York State Dental Foundation Fund".

34 3. Moneys of the fund shall be expended for the benefit of the dental
35 education and public access programs of the [~~Percy T. Phillips educa-~~
36 ~~tional foundation of the Dental Society of the state of~~] New York State
37 Dental Foundation. Moneys shall be paid out of the fund on the audit
38 and warrant of the state comptroller on vouchers [~~approved by the chair-~~
39 ~~man of the board of trustees of the Percy T. Phillips educational foun-~~
40 ~~dition of the Dental Society of the state of New York or by the treasur-~~
41 ~~er or the executive director of the Percy T. Phillips educational~~
42 ~~foundation of the Dental Society of the state of New York~~] approved and
43 certified by the commissioner of health. Any interest received by the
44 comptroller on moneys on deposit in the [~~Percy T. Phillips educational~~
45 ~~foundation of the Dental Society of the state of~~] New York State Dental
46 Foundation fund shall be retained in and become part of such fund. No
47 money from such fund may be withdrawn, transferred, or used by any
48 person for any purpose other than as permitted in this section.

49 § 1-a. Subdivision 3 of section 404-r of the vehicle and traffic law,
50 as added by chapter 586 of the laws of 2000, is amended to read as
51 follows:

1 3. A distinctive plate issued pursuant to this section shall be issued
2 in the same manner as other number plates upon payment of the regular
3 registration fee prescribed by section four hundred one of this article
4 and an additional annual service charge of thirty dollars. Twenty
5 dollars from each thirty dollars received as annual service charges
6 under this section shall be deposited to a fund for the credit of the
7 [~~Percy T. Phillips Educational Foundation of The Dental Society of the~~
8 ~~State of~~] New York State Dental Foundation, said fund established as a
9 revolving fund pursuant to section ninety-seven-ww of the state finance
10 law; provided, however, that one year after the effective date of this
11 section, funds in the amount of five thousand dollars, or so much there-
12 of as may be available shall be allocated from such fund to the depart-
13 ment to offset costs associated with the production of such license
14 plates.

15 § 2. Section 9 of part JJ of chapter 57 of the laws of 2025 amending
16 the public health law relating to reporting pregnancy losses and clari-
17 fying which agencies are responsible for such reports, is amended to
18 read as follows:

19 § 9. 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; provided,
21 however that [~~the amendments to subdivision 2 of section 4160 of the~~
22 ~~public health law made by~~] section [~~two~~] three of this act shall [~~expire~~
23 ~~and be deemed repealed~~] take effect March 30, 2027[~~, when upon such date~~
24 ~~the provisions of section three of this act shall take effect~~].

25 § 3. Section 5 of part P of chapter 57 of the laws of 2025 amending
26 the public health law relating to requiring hospitals to provide stabi-
27 lizing care to pregnant individuals, is amended to read as follows:

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

35 § 4. Intentionally omitted.

36 § 5. Subdivision 6 of section 3331 of the public health law, as
37 amended by chapter 178 of the laws of 2010, is amended to read as
38 follows:

39 6. A practitioner dispensing a controlled substance shall file infor-
40 mation pursuant to such dispensing with the department by electronic
41 means in such manner and detail as the commissioner shall, by regu-
42 lation, require. This requirement shall not apply to the dispensing by a
43 practitioner pursuant to subdivision [~~five~~] six of section thirty-three
44 hundred fifty-one of this article.

45 § 6. Subparagraph (ii) of paragraph (a) of subdivision 2 of section
46 3343-a of the public health law, as added by section 2 of part A of
47 chapter 447 of the laws of 2012, is amended to read as follows:

48 (ii) a practitioner dispensing pursuant to subdivision [~~three~~] four of
49 section thirty-three hundred fifty-one of this article;

50 § 7. Clause (vi) of subparagraph 1 of paragraph (e) of subdivision 5
51 of section 366 of the social services law, as amended by section 13 of
52 part MM of chapter 56 of the laws of 2020, is amended to read as
53 follows:

54 (vi) "look-back period" means the sixty-month period immediately
55 preceding the date that an institutionalized individual is both institu-
56 tionalized and has applied for medical assistance, or in the case of a

1 non-institutionalized individual, subject to federal approval, the thir-
 2 ty-month period immediately preceding the date that such non-institu-
 3 tionalized individual applies for medical assistance coverage of long
 4 term care services. Nothing herein precludes a review of eligibility for
 5 retroactive authorization for medical expenses incurred during the
 6 [~~three months prior to the month of application for medical assistance~~]
 7 maximum allowable retroactive eligibility period under federal law.

8 § 8. Subsection (c) of section 1119 of the insurance law, as amended
 9 by chapter 76 of the laws of 2026, is amended to read as follows:

10 (c) Such organization shall be subject to the provisions of article
 11 seventy-four of this chapter. Prior to commencing action under such
 12 article seventy-four, the superintendent shall consult with the continu-
 13 ing care retirement community council established pursuant to section
 14 [~~forty-six hundred two~~] forty-six hundred three of the public health
 15 law.

16 § 9. This act shall take effect immediately; provided, however:

17 a. sections five and six of this act shall take effect on the same
 18 date and in the same manner as chapter 546 of the laws of 2025 took
 19 effect;

20 b. section seven of this act shall take effect January 1, 2027; and

21 c. section eight of this act shall take effect on the same date and in
 22 the same manner as chapter 76 of the laws of 2026 took effect.

23 PART G

24 Section 1. Section 3000-b of the public health law, as added by chap-
 25 ter 552 of the laws of 1998, paragraph (b) of subdivision 1 as amended
 26 by chapter 119 of the laws of 2017, subdivision 2 as amended by chapter
 27 583 of the laws of 1999, paragraph (a) of subdivision 3 as amended by
 28 chapter 243 of the laws of 2010, and paragraph (f) of subdivision 3 as
 29 added by chapter 236 of the laws of 2007, is amended to read as follows:

30 § 3000-b. Automated external defibrillators: Public access providers.

31 1. [~~Definitions.~~] As used in this section, unless the context clearly
 32 requires otherwise, the following terms shall have the following mean-
 33 ings:

34 (a) "Automated external defibrillator" means a medical device,
 35 approved by the United States food and drug administration, that[~~+~~(i)]
 36 is capable with or without intervention by an operator of: recognizing
 37 the presence or absence, in a patient, of ventricular fibrillation and
 38 rapid ventricular tachycardia; [~~(ii) is capable of~~] determining[~~, with-~~
 39 ~~out intervention by an operator,~~] whether defibrillation should be
 40 performed on the patient; [~~(iii)~~] upon determining that defibrillation
 41 should be performed, automatically [~~charges~~] charging [~~and requests~~
 42 ~~delivery of an electrical impulse to the patient's heart~~]; and [~~(iv)~~
 43 ~~then, upon action by an operator, delivers~~] delivering an appropriate
 44 electrical impulse to the patient's heart to perform defibrillation.

45 (b) [~~"Emergency health care provider" means (i) a physician with know-~~
 46 ~~ledge and experience in the delivery of emergency cardiac care, (ii) a~~
 47 ~~physician assistant or nurse practitioner with knowledge and experience~~
 48 ~~in the delivery of emergency cardiac care, and who is acting within his~~
 49 ~~or her scope of practice, or (iii) a hospital licensed under article~~
 50 ~~twenty eight of this chapter that provides emergency cardiac care.~~

51 (c) [~~e~~] "Public access defibrillation provider" means a person, firm,
 52 organization or other entity possessing or operating an automated
 53 external defibrillator pursuant to [~~a collaborative agreement under~~]
 54 this section.

1 ~~[(d) "Nationally recognized organization" means a national organiza-~~
2 ~~tion approved by the department for the purpose of training people in~~
3 ~~use of an automated external defibrillator.]~~

4 2. ~~[Collaborative agreement.]~~ A person, firm, organization or other
5 entity may purchase, acquire, possess and operate an automated external
6 defibrillator pursuant to ~~[a collaborative agreement with an emergency~~
7 ~~health care provider]~~ this section. ~~[The collaborative agreement shall~~
8 ~~include a written agreement and written practice protocols, and policies~~
9 ~~and procedures that shall assure compliance with this section. The~~
10 ~~public access defibrillation provider shall file a copy of the collabo-~~
11 ~~rative agreement with the department and with the appropriate regional~~
12 ~~council prior to operating the]~~ Operation of an automated external defi-
13 brillator under this section shall be authorized in accordance with
14 regulations promulgated by the department.

15 3. ~~[Possession and operation of automated external defibrillator.~~
16 ~~Possession and operation of an automated external defibrillator by a]~~ A
17 public access defibrillation provider in possession of an automated
18 external defibrillator shall comply with the following requirements, in
19 a manner prescribed by the department:

20 (a) ~~[No person may operate an automated external defibrillator unless~~
21 ~~the person has successfully completed a training course in the operation~~
22 ~~of an automated external defibrillator approved by a nationally recog-~~
23 ~~nized organization or the state emergency medical services council.~~
24 ~~However, this section shall not prohibit operation of an automated~~
25 ~~external defibrillator, (i) by a health care practitioner licensed or~~
26 ~~certified under title VIII of the education law or a person certified~~
27 ~~under this article acting within his or her lawful scope of practice,~~
28 ~~(ii) by a person acting pursuant to a lawful prescription, or (iii) by a~~
29 ~~person who operates the automated external defibrillator other than as~~
30 ~~part of or incidental to his or her employment or regular duties, who is~~
31 ~~acting in good faith, with reasonable care, and without expectation of~~
32 ~~monetary compensation, to provide first aid that includes operation of~~
33 ~~an automated external defibrillator, nor shall this section limit any~~
34 ~~good samaritan protections provided in section three thousand-a of this~~
35 ~~article]~~ The public access defibrillation provider shall provide train-
36 ing in the use of an automated external defibrillator and cardiopulmo-
37 nary resuscitation consistent with standards approved by the department,
38 including but not limited to programs developed or authorized by the
39 department or determined by the department to be consistent with
40 accepted standards of practice. At least one individual associated with
41 the public access defibrillation provider shall be designated to receive
42 such training and to be familiar with the operation and routine mainte-
43 nance of the automated external defibrillator.

44 (b) The public access defibrillation provider shall cause the auto-
45 mated external defibrillator to be maintained and tested according to
46 applicable standards of the manufacturer and any appropriate government
47 agency.

48 (c) The public access defibrillation provider shall ~~[notify the~~
49 ~~regional council of]~~ register the existence, location and type of any
50 automated external defibrillator it possesses with the department.

51 (d) Every use of an automated external defibrillator on a patient
52 shall be immediately reported to the appropriate local emergency medical
53 services system~~, emergency communications center or emergency vehicle~~
54 ~~dispatch center as appropriate and promptly reported to the emergency~~
55 ~~health care provider]~~ or public safety answering point.

1 (e) The [~~emergency health care~~] public access defibrillator provider
2 shall [~~participate in the regional quality improvement program pursuant~~
3 ~~to subdivision one of section three thousand four a of this article~~]
4 report data related to the use of automated external defibrillators to
5 the department. Such data may be incorporated into statewide or regional
6 quality improvement and cardiac arrest surveillance programs, including
7 participation in nationally recognized registries, as determined by the
8 department.

9 § 1-a. Section 3000-f of the public health law, as added by chapter
10 681 of the laws of 2023, paragraph (d) of subdivision 1, subdivision 2,
11 and paragraph (e) of subdivision 2 as amended by chapter 9 of the laws
12 of 2024, is amended to read as follows:

13 § 3000-f. Automated external defibrillator; camps and youth sports
14 programs. 1. [~~Definitions.~~] As used in this section, unless the context
15 clearly requires otherwise, the following terms have the following mean-
16 ings:

17 (a) "Automated external defibrillator" [~~means a medical device,~~
18 ~~approved by the United States food and drug administration, that: (i) is~~
19 ~~capable of recognizing the presence or absence in a patient of ventricu-~~
20 ~~lar fibrillation and rapid ventricular tachycardia; (ii) is capable of~~
21 ~~determining, without intervention by an operator, whether defibrillation~~
22 ~~should be performed on a patient; (iii) upon determining that defibril-~~
23 ~~lation should be performed, automatically charges and requests delivery~~
24 ~~of an electrical impulse to a patient's heart; and (iv) then, upon~~
25 ~~action by an operator, delivers an appropriate electrical impulse to a~~
26 ~~patient's heart to perform defibrillation] shall have the meaning set
27 forth in section three-thousand-b of this article.~~

28 (b) [~~"Training course" means a course approved by a nationally recog-~~
29 ~~nized organization or the state emergency medical services council in~~
30 ~~the operation of automated external defibrillators.~~

31 (c) [~~"Nationally recognized organization" means a national organization~~
32 ~~approved by the department for the purpose of training people in use of~~
33 ~~an automated external defibrillator.~~

34 (d) [~~"Camp" means a children's overnight camp, summer day camp, or~~
35 ~~traveling summer day camp, as such terms are defined in section thirteen~~
36 ~~hundred ninety-two of this chapter, that is subject to regulation by the~~
37 ~~department.~~

38 (e) (c) "Youth sports program" means any league or recreation
39 program organized to provide group athletic activity to individuals
40 under seventeen years old or programs providing athletic activity for
41 high school students regardless of the age of the participants of such
42 programs. Public school athletic programs subject to the requirements of
43 section nine hundred seventeen of the education law shall not be subject
44 to the requirements of this section.

45 2. Within one hundred eighty days of the effective date of this
46 section, each camp, and each youth sports program that either hosts or
47 participates in games, matches, tournaments, leagues, or similar activ-
48 ities in which at least five teams are participating, shall establish an
49 automated external defibrillator implementation plan describing how the
50 camp or program will:

51 (a) make available an automated external defibrillator or describe
52 reasonable access to an automated external defibrillator at every camp,
53 game and practice; and

54 (b) use best efforts to ensure that there is at least one employee,
55 volunteer, coach, umpire or other qualified adult who is present at each
56 such camp, game and practice who has successfully completed a training

1 course consistent with the standards approved by the department under
 2 the authority of section 3000-b of this article, within the preceding
 3 twenty-four months of each such camp session, game and practice, and is
 4 familiar with the operation and routine maintenance of the automated
 5 external defibrillator.

6 (c) Each camp and youth sports program shall maintain records that
 7 such camp or youth sports program possesses at least one automated
 8 external defibrillator.

9 (d) Implementation plans shall include an equipment checklist and
 10 cardiac emergency protocol for when cardiac emergency incidents occur.

11 (e) Implementation plans can include automated external defibrillator
 12 access provided by athletic facilities, playing fields or site for games
 13 or practices where the operator of the facility provides automated
 14 external defibrillator access at their location.

15 3. Implementation of automated external defibrillator plans shall be
 16 done in accordance with the requirements and protections of section
 17 3000-b of this article, including requirements as to maintenance, test-
 18 ing, and reporting usage and use-related data.

19 § 1-b. Subdivision 3 of section 917 of the education law is amended to
 20 read as follows:

21 3. Public school facilities and staff pursuant to subdivisions one and
 22 two of this section shall be deemed a "public access defibrillation
 23 provider" as defined in paragraph [~~(e)~~] (b) of subdivision one of
 24 section three thousand-b of the public health law and shall be subject
 25 to the requirements and limitations of such section.

26 § 1-c. Subdivisions 3, 4 and 5 of section 917-a of the education law
 27 is amended to read as follows:

28 3. No person may operate an AED in a nonpublic school facility unless
 29 the person has successfully completed a training course in the operation
 30 of an AED [~~approved by a nationally recognized organization as defined~~
 31 ~~in paragraph (d) of subdivision one of~~] consistent with the standards
 32 approved by the department of health under section three thousand-b of
 33 the public health law or the state emergency medical services council.
 34 However, this section shall not prohibit operation of an AED:

35 (a) by a health care practitioner licensed or certified under title
 36 eight of this chapter or a person certified under article thirty of the
 37 public health law acting within their lawful scope of practice;

38 (b) by a person acting pursuant to a lawful prescription; or

39 (c) by a person who operates the AED other than as part of or inci-
 40 dental to their employment or regular duties, who is acting in good
 41 faith, with reasonable care, and without expectation of monetary compen-
 42 sation, to provide first aid that includes operation of an AED; nor
 43 shall this section limit any good samaritan protections provided in
 44 section three thousand-a of the public health law.

45 4. Every use of an AED on a patient in a nonpublic school shall be
 46 immediately reported to the appropriate local emergency medical services
 47 system[~~, emergency communications center or emergency vehicle dispatch~~
 48 ~~center, as appropriate~~] or public safety answering point.

49 5. Nonpublic schools shall [~~notify the appropriate regional emergency~~
 50 ~~services council of~~] register the existence, location and type of any
 51 AED they possess with the department of health.

52 (f) The public access defibrillation provider shall post a sign or
 53 notice at the main entrance to the facility or building in which the
 54 automated external defibrillator is stored, indicating the location
 55 where any such automated external defibrillator is stored or maintained
 56 in such building or facility on a regular basis.

1 4. [~~Application of other laws. (a)~~] Operation of an automated external
2 defibrillator pursuant to this section shall be considered first aid or
3 emergency treatment for the purpose of any statute relating to liability[~~-~~

4
5 ~~(b) Operation of an automated external defibrillator pursuant to this~~
6 ~~section] and shall not constitute the unlawful practice of a profession~~
7 under title VIII of the education law.

8 5. Any manufacturer, distributor, retailer, or reseller that sells or
9 otherwise transfers an automated external defibrillator for use in this
10 state shall, at the time of sale or transfer, provide the purchaser with
11 written or electronic notice of applicable requirements under this
12 section, including registration, maintenance, and reporting obligations,
13 in a form prescribed by the department.

14 § 2. This act shall take effect June 1, 2026. Effective immediately,
15 the addition, amendment, and/or repeal of any rule or regulation neces-
16 sary for the implementation of this act on its effective date are
17 authorized to be made and completed on or before such effective date.

18 PART H

19 Section 1. Section 4552 of the public health law, as added by section
20 1 of part M of chapter 57 of the laws of 2023, is amended to read as
21 follows:

22 § 4552. Notice of material transactions; requirements. 1. A health
23 care entity shall submit to the department written notice, with support-
24 ing documentation as described below and further defined in regulation
25 developed by the department, which the department shall be in receipt of
26 at least thirty days before the closing date of the transaction, in the
27 form and manner prescribed by the department. Immediately upon the
28 submission to the department, the department shall submit electronic
29 copies of such notice with supporting documentation to the antitrust,
30 health care and charities bureaus of the office of the New York attorney
31 general. Such written notice shall include, but not be limited to:

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

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

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

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

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

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

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

47 (ii) any commitments by the health care entity to address anticipated
48 impacts[~~-~~];

49 (g) A statement as to whether any party to the transaction, or a
50 person with control of such party, owns any other health care entity
51 which, in the past three years has closed operations, is in the process
52 of closing operations, or has experienced a substantial reduction in
53 services provided. The parties shall specifically identify the health

1 care entity or entities subject to such closure or substantial service
2 reduction and detail the circumstances of such; and

3 (h) A statement as to whether a sale-leaseback agreement or mortgage
4 or lease payments or other payments associated with real estate are a
5 component of the proposed transaction and if so, the parties shall
6 provide the proposed sale-leaseback agreement or mortgage, lease, or
7 real estate documents with the notice.

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

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

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

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

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

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

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

25 (b) Annually, for a five-year period following closing of the trans-
26 action and on the date of such anniversary, parties to a material trans-
27 action shall notify the department, in the form and manner prescribed by
28 the department, of factors and metrics to assess the impacts of the
29 transaction on cost, quality, access, health equity, and competition.
30 The department may require that any party to a transaction, or any
31 person with control over a transaction party, submit additional docu-
32 ments and information in connection with the annual report required
33 under this paragraph, to the extent such additional information is
34 necessary to assess the impacts of the transaction on cost, quality,
35 access, health equity, and competition or to verify or clarify informa-
36 tion submitted in support or as part of the annual report required under
37 this paragraph. Parties shall submit such information within seven days
38 of request. This paragraph shall apply to all material transactions
39 reported to the department beginning on August first, two thousand twen-
40 ty-three.

41 4. (a) The department shall conduct a preliminary review of all
42 proposed transactions. Review of a material transaction notice in which
43 the transaction is valued at one hundred million dollars or more may
44 also, at the discretion of the department, consist of a full cost and
45 market impact review. Transactions valued at less than one hundred
46 million dollars may be subject to a full cost and market impact review
47 at the discretion of the department if the department reasonably
48 believes that they may negatively impact cost, quality, access, health
49 equity, or competition in the impacted markets. The department shall
50 notify the parties if and when it determines that a full cost and market
51 impact review is required and, if so, the date that the preliminary
52 review is completed; provided, however, that the preliminary review
53 shall not exceed thirty days from the date a complete notice is received
54 by the department.

55 (b) In the event the department determines that a full cost and market
56 impact review is required, the department shall have discretion to

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

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

9 5. (a) The department may require that any party to a transaction,
10 including any person with control over a transaction party, submit addi-
11 tional documents and information in connection with a material trans-
12 action notice or a full cost and market impact review required under
13 this section, to the extent such additional information is necessary to
14 conduct a preliminary review or full cost and market impact review of
15 the transaction; to assess the impacts of the transaction on cost, qual-
16 ity, access, health equity, and competition; or to verify or clarify
17 information submitted pursuant to subdivision one of this section.
18 Parties shall submit such information within seven days of request.

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

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

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

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

40 ~~[4.]~~ 8. Failure to [notify the department of a material transaction
41 under] comply with any requirement of this section shall be subject to
42 civil penalties under section twelve of this chapter. Each day in which
43 the violation continues shall constitute a separate violation.

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

49

PART I

50 Section 1. The public health law is amended by adding two new sections
51 2999-k and 2999-l to read as follows:

52 § 2999-k. Medical indemnity fund ombudsperson. 1. There is hereby
53 established an office of the state medical indemnity fund ombudsperson
54 for the purpose of receiving and resolving complaints affecting quali-

1 fied plaintiffs, where appropriate, referring such complaints to the
2 appropriate agencies and acting in concert with such agencies. The
3 commissioner shall appoint a full-time medical indemnity fund ombudsper-
4 son to administer and supervise the office of the state medical indem-
5 nity fund ombudsperson. The medical indemnity fund ombudsperson shall
6 be selected from among individuals with expertise and experience in the
7 field of neurological injuries and advocacy, and with such other quali-
8 fications as shall be determined by the commissioner. Such ombudsperson
9 may, with approval of the commissioner, appoint one or more authorized
10 deputies to assist in their duties pursuant to this section; provided,
11 however, that no such deputy shall have any conflict of interest, or be
12 employed by the fund administrator or other party involved in the
13 management of the fund. The medical indemnity fund ombudsperson shall,
14 personally or through authorized deputies:

15 (a) identify, investigate and resolve complaints that are made by or
16 on behalf of qualified plaintiffs, and that relate to actions, inactions
17 or decisions that may adversely affect the health, safety, welfare or
18 rights of qualified plaintiffs;

19 (b) provide services to assist qualified plaintiffs, or their repre-
20 sentatives, in navigating the fund and understanding the fund's regu-
21 lations, guidelines and procedures;

22 (c) inform qualified plaintiffs, or their representatives, of their
23 rights and means of obtaining the services, supplies and modifications
24 to which they are entitled;

25 (d) analyze and monitor implementation of the laws and regulations
26 relating to the fund; and

27 (e) carry out other such activities as the commissioner shall deter-
28 mine appropriate.

29 2. Neither the medical indemnity fund ombudsperson, nor any of their
30 deputies shall disclose to any person outside the office of the state
31 medical indemnity fund ombudsperson any information obtained from a
32 qualified plaintiff's records without the consent of the qualified
33 plaintiff or their representative.

34 3. Within one year of the effective date of this section, and annually
35 thereafter, the medical indemnity fund ombudsperson shall submit to the
36 commissioner, the speaker of the assembly and the temporary president of
37 the senate, a report which shall include, but not be limited to, a
38 detailed summary of the activities of the office of the state medical
39 indemnity fund ombudsperson, data regarding the complaints and issues
40 within the fund, the process used in resolving issues, and recommenda-
41 tions for legislative or regulatory amendments to improve the fund.

42 § 2999-1. Medical indemnity fund advisory panel. There is hereby
43 established an advisory panel to be comprised of the commissioner, qual-
44 ified plaintiffs or representatives of qualified plaintiffs, physicians,
45 medical suppliers, advocates and other interested parties. The advisory
46 panel shall be chaired by the commissioner and shall be composed of not
47 less than nine additional members appointed by the governor, of which
48 two shall be appointed upon recommendation of the temporary president of
49 the senate and two shall be appointed upon the recommendation of the
50 speaker of the assembly. The advisory panel shall meet biannually, with
51 the first meeting occurring within one hundred eighty days of the effec-
52 tive date of this section, to discuss the functioning of the fund and
53 any relevant issues. The commissioner shall consider the input and
54 comments of the advisory panel in drafting and amending regulations,
55 guidelines or policies pertaining to the fund administration.

1 § 2. Section 5 of chapter 517 of the laws of 2016, amending the public
2 health law relating to payments from the New York state medical indem-
3 nity fund, as amended by section 1 of part MM of chapter 57 of the laws
4 of 2025, is amended to read as follows:

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

10 § 3. This act shall take effect immediately.

11 PART J

12 Section 1. Subdivisions 2 and 8 of section 2999-ii of the public
13 health law, subdivision 2 as added by section 1 of part X of chapter 57
14 of the laws of 2023 and subdivision 8 as amended by chapter 598 of the
15 laws of 2025, are amended to read as follows:

16 2. "Controlling person" means a person or business entity, officer,
17 program administrator, or director whose responsibilities include the
18 direction of the management or policies of a temporary health care
19 services agency. "Controlling person" also means [~~an individual~~] a
20 person or business entity who^[7] directly owns at least ten percent
21 voting interest in a corporation, partnership, or other business entity
22 that is a controlling person.

23 8. "Temporary health care services agency" or "agency" means a person,
24 firm, corporation, partnership, association or other entity in the busi-
25 ness of providing or procuring temporary employment or engaging individ-
26 uals to provide health care services for health care entities, or of
27 enabling health care entities, directly or indirectly, to engage indi-
28 viduals to perform health care services. Temporary health care services
29 agency shall include a nurses' registry licensed under article eleven of
30 the general business law and entities that utilize apps or other tech-
31 nology-based solutions to provide, procure or enable health care enti-
32 ties to engage individuals to perform health care services, including
33 vendor management systems and subcontracting arrangements with other
34 agencies that result in the engagement of individuals. Temporary health
35 care services agency shall not include: (a) an individual who only
36 engages in providing the individual's own services on a temporary basis
37 to health care entities; or (b) a home care agency licensed under arti-
38 cle thirty-six of this chapter.

39 § 2. Subdivision 3 of section 2999-jj of the public health law, as
40 added by section 1 of part X of chapter 57 of the laws of 2023 and para-
41 graph (a) as amended by chapter 598 of the laws of 2025, is amended to
42 read as follows:

43 3. As a condition of registration, a temporary health care services
44 agency:

45 (a) Shall document that each individual engaged to provide health care
46 services to health care entities currently meets the minimum licensing,
47 training, and continuing education standards for the position in which
48 the [~~health care personnel~~] individual will be working.

49 (b) Shall comply with all pertinent requirements and qualifications
50 for personnel employed in health care entities.

51 (c) Shall not restrict in any manner the employment opportunities of
52 [~~its health care personnel~~] individuals it connects with health care
53 entities to provide health care services.

1 (d) Shall not require the payment of liquidated damages, employment
2 fees, or other compensation should the [~~health care personnel~~] individ-
3 uals it connects with health care entities to provide health care
4 services be hired as a permanent employee, contractor, or contingent
5 worker of a health care entity in any contract with any [~~health care~~
6 ~~personnel~~] individual engaged to provide health care services or health
7 care entity or otherwise.

8 (e) Shall not require the payment of fees or other compensation from
9 the individual engaged to provide health care services for placement or
10 connection with a health care entity other than reimbursement for actual
11 costs expended on required expenses, such as background checks, drug
12 tests, and equipment.

13 [~~(e)~~] (f) Shall retain all records related to [~~health care personnel~~]
14 individuals engaged to provide health care services for six [~~calendar~~]
15 years and make them available to the department upon request.

16 [~~(f)~~] (g) Shall comply with any requests made by the department to
17 examine the books and records of the agency, subpoena witnesses and
18 documents and make such other investigation as is necessary in the event
19 that the department has reason to believe that the books or records do
20 not accurately reflect the financial condition or financial transactions
21 of the agency.

22 [~~(g)~~] (h) Shall comply with any additional requirements the department
23 may deem necessary.

24 § 3. Subdivisions 2 and 3 of section 2999-kk of the public health law,
25 subdivision 2 as added by section 1 of part X of chapter 57 of the laws
26 of 2023, paragraphs (a), (b), (f) and (h) of subdivision 2 and subdivi-
27 sion 3 as amended by chapter 598 of the laws of 2025, are amended to
28 read as follows:

29 2. A temporary health care services agency shall maintain, and require
30 subcontracting arrangements with other agencies to maintain, a written
31 agreement or contract with each health care entity, which shall include,
32 at a minimum:

33 (a) The required minimum licensing, training, and continuing education
34 requirements for each individual engaged in a health care position.

35 (b) Any requirement for minimum advance notice in order to ensure
36 prompt arrival of individuals engaged to provide health care services.

37 (c) The maximum rates that can be billed or charged by the temporary
38 health care services agency pursuant to section twenty-nine hundred
39 ninety-nine-mm of this article and any applicable regulations.

40 (d) The rates to be charged by the temporary health care services
41 agency.

42 (e) Procedures for the investigation and resolution of complaints
43 about the performance of [~~temporary health care services agency person-~~
44 ~~nel~~] individuals engaged to provide health care services.

45 (f) Procedures for notice from health care entities of failure of
46 individuals engaged to provide health care services to report to an
47 agreed upon scheduled shift.

48 (g) Procedures for notice of actual or suspected abuse, theft, tamper-
49 ing or other diversion of controlled substances by [~~medical personnel~~]
50 individuals engaged to provide health care services.

51 (h) The types and qualifications of individuals engaged to provide
52 health care services available through the temporary health care
53 services agency.

54 3. A temporary health care services agency shall [~~submit to the~~
55 ~~department~~] retain for six years and make available to the department
56 upon request copies of all contracts between the agency or a third party

1 with whom the agency is subcontracting and a health care entity to which
 2 it assigns or otherwise connects individuals engaged to provide health
 3 care services, and copies of all invoices to health care entities
 4 [~~personnel~~]. Executed contracts [~~must be sent to the department within~~
 5 ~~five business days of their effective date and~~ submitted upon request
 6 to the department are not subject to disclosure under article six of
 7 the public officers law.

8 § 4. Section 2999-ll of the public health law, as added by section 1
 9 of part X of chapter 57 of the laws of 2023, is amended to read as
 10 follows:

11 § 2999-ll. Violations; penalties. In addition to other remedies avail-
 12 able by law, violations of the provisions of this article and any regu-
 13 lations promulgated thereunder shall be subject to penalties and fines
 14 pursuant to section twelve of this chapter; provided, however, that each
 15 violation committed by [~~any health care personnel of~~] a temporary health
 16 care services agency shall be considered a separate violation.

17 § 5. Section 2999-mm of the public health law, as added by section 1
 18 of part X of chapter 57 of the laws of 2023, is amended to read as
 19 follows:

20 § 2999-mm. Rates for temporary health care services; reports. 1. A
 21 temporary health care services agency shall report quarterly to the
 22 department a full disclosure of charges and compensation, including a
 23 schedule of all hourly bill rates per category of [~~health care person-~~
 24 ~~nel~~] individuals engaged to provide health care services, a full
 25 description of administrative charges, and a schedule of rates of all
 26 compensation per category of [~~health care personnel~~] individuals engaged
 27 to provide health care services including, but not limited to:

28 [~~1.~~] (a) hourly regular pay rate, shift differential, weekend differ-
 29 ential, hazard pay, charge nurse add-on, overtime, holiday pay, travel
 30 or mileage pay, and any health or other fringe benefits provided;

31 [~~2.~~] (b) the percentage of health care entity dollars that the agency
 32 expended on [~~temporary personnel wages and benefits~~] compensation,
 33 including, as applicable, benefits, to individuals engaged to provide
 34 health care services compared to the temporary health care services
 35 agency's profits and other administrative costs;

36 [~~3.~~] (c) a list of the states and zip codes of [~~their health care~~
 37 ~~personnel~~] the primary residences of individuals engaged to provide
 38 health care services;

39 [~~4.~~] (d) the names of all health care entities they or a third party
 40 with whom the agency is subcontracting have contracted within New York
 41 state;

42 [~~5.~~] (e) the number of [~~health care personnel of~~] individuals engaged
 43 to provide health care services by the temporary health care services
 44 agency working at each entity; and

45 [~~6.~~] (f) any other information prescribed by the commissioner.

46 2. The commissioner is hereby authorized to promulgate regulations to
 47 establish, monitor, and enforce a limitation on the amount that tempo-
 48 rary health care services agencies or certain types or classes of such
 49 agencies may retain as profit from providing, procuring, or enabling
 50 health care entities to engage an individual to provide health care
 51 services, which for the purposes of this section shall be referred to as
 52 the "agency rate." In setting one or more agency rates, which can be
 53 expressed as a percentage or in another manner as determined by the
 54 department, the department shall take into consideration factors includ-
 55 ing but not limited to the ability to maintain sufficient staffing of
 56 the health care workforce, whether on a contract or permanent basis and

1 across the range of needed professional titles and roles, in all
2 geographic areas across the state. The department shall also engage in a
3 periodic reassessment of any agency rates to ensure that they reflect
4 current conditions and remain effective.

5 3. The department shall have discretion to grant waivers for extraor-
6 inary circumstances where compliance with the agency rate would result
7 in demonstrable harm to health care access or staffing availability.

8 4. The commissioner shall publish guidelines establishing the forms
9 and procedures for verification of compliance with an agency rate. In
10 addition, a temporary health care services agency shall retain for six
11 years and make available to the department upon request copies of all
12 contracts, invoices, records, payroll information, and other documents
13 necessary to determine compliance with the agency rate. The department
14 is authorized to conduct audits of temporary health care services agen-
15 cies as well as targeted investigations based on complaints or atypical
16 reporting patterns.

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

22 PART K

23 Section 1. Subdivision 3 of section 3018 of the public health law, as
24 amended by section 8 of part B of chapter 57 of the laws of 2025, is
25 amended to read as follows:

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

34 (b) Any ambulance service or advanced life support first response
35 service not currently approved and operating in accordance with para-
36 graph (a) of this subdivision may apply to the department for approval
37 to operate a mobile integrated and community paramedicine program, and
38 any mobile integrated and community paramedicine program currently oper-
39 ating pursuant to paragraph (a) of this subdivision for a limited
40 purpose, including but not limited to vaccination administration, may
41 apply to the department for approval to modify its existing mobile inte-
42 grated and community paramedicine program. Such applications must be
43 submitted in a form and format prescribed by the department. The depart-
44 ment may approve up to ninety-nine new or modified mobile integrated and
45 community paramedicine programs pursuant to this paragraph. Programs
46 approved pursuant to this paragraph may be permitted to operate in a
47 geographic area defined by the department for a two-year period. Such
48 approval may be extended by the department through May twenty-first, two
49 thousand thirty-one, provided, however, no mobile integrated and commu-
50 nity paramedicine program shall operate beyond such date. If a mobile
51 integrated and community paramedicine program ceases to operate for any
52 reason, the department may approve another ambulance service or advanced
53 life support first response service, but at no point shall the aggregate

1 number of mobile integrated and community paramedicine programs operat-
2 ing concurrently be more than ninety-nine.

3 (c) Upon a finding that an ambulance service or advanced life support
4 first response service has failed to comply with the provisions of this
5 article or the rules and regulations promulgated thereunder, the depart-
6 ment may revoke its approval of the ambulance service's or advanced life
7 support first response service's mobile integrated and community param-
8 edicine program.

9 § 2. Section 2 of chapter 137 of the laws of 2023 amending the public
10 health law relating to establishing a community-based paramedicine
11 demonstration program, as amended by section 8-a of part B of chapter 57
12 of the laws of 2025, is amended to read as follows:

13 § 2. This act shall take effect immediately and shall expire and be
14 deemed repealed [4] 8 years after such date; provided, however, that if
15 this act shall have become a law on or after May 22, 2023 this act shall
16 take effect immediately and shall be deemed to have been in full force
17 and effect on and after May 22, 2023.

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

21 1. "Emergency medical service" means initial emergency medical assist-
22 ance including, but not limited to, the treatment of trauma[7];
23 burns[7]; respiratory, circulatory and obstetrical emergencies; and
24 executing medical regimens prescribed or ordered by a licensed health
25 care provider authorized to make such prescription or order under this
26 chapter or the education law.

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

29 12. A certified nurse practitioner may prescribe and order a non-pa-
30 tient specific regimen for administering immunizations to an emergency
31 medical services practitioner licensed by the department of health
32 pursuant to article thirty of the public health law, pursuant to regu-
33 lations promulgated by the commissioner, and consistent with the public
34 health law, utilizing generally accepted medical standards and taking
35 into consideration recommendations of the American Academy of Pedia-
36 trics, the American Academy of Family Physicians, the American College
37 of Obstetricians and Gynecologists, the American College of Physicians,
38 the Advisory Committee on Immunization Practices, and/or other similar
39 nationally or internationally recognized scientific organizations. Noth-
40 ing in this subdivision shall authorize unlicensed persons to administer
41 immunizations, vaccines or other drugs.

42 § 5. Section 6527 of the education law is amended by adding a new
43 subdivision 12 to read as follows:

44 12. A licensed physician may prescribe and order a non-patient specif-
45 ic regimen for administering immunizations to an emergency medical
46 services practitioner licensed by the department of health pursuant to
47 article thirty of the public health law, pursuant to regulations promul-
48 gated by the commissioner, and consistent with the public health law,
49 utilizing generally accepted medical standards and taking into consider-
50 ation recommendations of the American Academy of Pediatrics, the Ameri-
51 can Academy of Family Physicians, the American College of Obstetricians
52 and Gynecologists, the American College of Physicians, the Advisory
53 Committee on Immunization Practices, and/or other similar nationally or
54 internationally recognized scientific organizations. Nothing in this
55 subdivision shall authorize unlicensed persons to administer immuniza-
56 tions, vaccines or other drugs.

1 § 6. Section 2803 of the public health law is amended by adding a new
2 subdivision 15 to read as follows:

3 15. Subject to the availability of federal financial participation and
4 notwithstanding any provision of this article, or any rule or regulation
5 to the contrary, the commissioner may allow general hospitals to provide
6 off-site acute care medical services, that are:

7 (a) not home care services as defined in subdivision one of section
8 thirty-six hundred two of this chapter or the professional services
9 enumerated in subdivision two of section thirty-six hundred two of this
10 chapter; provided, however, that nothing shall preclude a hospital from
11 offering hospital services as defined in subdivision four of section
12 twenty-eight hundred one of this article;

13 (b) provided by a medical professional, including a physician, regis-
14 tered nurse, nurse practitioner, or physician assistant, to a patient
15 with a preexisting clinical relationship with the general hospital, or
16 with the health care professional providing the service;

17 (c) provided to a patient for whom a medical professional has deter-
18 mined is appropriate to receive acute medical services at their resi-
19 dence; and

20 (d) consistent with all applicable federal, state, and local laws, the
21 general hospital has appropriate discharge planning in place to coordi-
22 nate discharge to a home care agency where medically necessary and
23 consented to by the patient after the patient's acute care episode ends.

24 (e) Nothing in this subdivision shall preclude off-site services from
25 being provided in accordance with subdivision eleven of this section and
26 department regulations.

27 (f) The department is authorized to establish medical assistance
28 program rates to effectuate this subdivision. For the purposes of the
29 department determining the applicable rates pursuant to such authority,
30 any general hospital approved pursuant to this subdivision shall report
31 to the department, in the form and format required by the department,
32 its annual operating costs and statistics, specifically for such off-
33 site acute services. Failure to timely submit such cost data to the
34 department may result in revocation of authority to participate in a
35 program under this section due to the inability to establish appropriate
36 reimbursement rates.

37 § 7. This act shall take effect immediately and shall be deemed to
38 have been in full force and effect on and after April 1, 2026; provided,
39 however, that the amendments to subdivision 3 of section 3018 of the
40 public health law made by section one of this act shall not affect the
41 repeal of such section and shall be deemed repealed therewith.

42 PART L

43 Section 1. Subparagraph (iv) of paragraph (b) of subdivision 2-b of
44 section 2808 of the public health law, as amended by section 2 of part E
45 of chapter 57 of the laws of 2024, is amended to read as follows:

46 (iv) The capital cost component of rates on and after January first,
47 two thousand nine shall: (A) fully reflect the cost of local property
48 taxes and payments made in lieu of local property taxes, as reported in
49 each facility's cost report submitted for the year two years prior to
50 the rate year; (B) provided, however, notwithstanding any inconsistent
51 provision of this article, commencing April first, two thousand twenty
52 and ending March thirty-first, two thousand twenty-six for rates of
53 payment for patients eligible for payments made by state governmental
54 agencies, the capital cost component determined in accordance with this

1 subparagraph and inclusive of any shared savings for eligible facilities
2 that elect to refinance their mortgage loans pursuant to paragraph (d)
3 of subdivision two-a of this section, shall be reduced by the commis-
4 sioner by five percent; and (C) provided, however, notwithstanding any
5 inconsistent provision of this article, commencing April first, two
6 thousand twenty-four and ending March thirty-first, two thousand twen-
7 ty-six for rates of payment for patients eligible for payments made by
8 state governmental agencies, the capital cost component determined in
9 accordance with this subparagraph and inclusive of any shared savings
10 for eligible facilities that elect to refinance their mortgage loans
11 pursuant to paragraph (d) of subdivision two-a of this section, shall be
12 reduced by the commissioner by an additional ten percent, provided,
13 however, that such reduction shall not apply to rates of payment for
14 patients in pediatric residential health care facilities as defined in
15 paragraph (c) of subdivision two of section twenty-eight hundred eight-e
16 of this article.

17 § 2. Subdivision 12 of section 367-a of the social services law, as
18 amended by section 42 of part B of chapter 57 of the laws of 2015, is
19 amended to read as follows:

20 12. Prior to receiving medical assistance under subparagraphs five and
21 six of paragraph (c) of subdivision one of section three hundred sixty-
22 six of this title, a person whose net available income is at least one
23 hundred fifty percent of the applicable federal income official poverty
24 line, as defined and updated by the United States department of health
25 and human services, must pay a monthly premium, in accordance with a
26 procedure to be established by the commissioner. The amount of such
27 premium shall be [~~twenty five dollars for an individual who is otherwise~~
28 ~~eligible for medical assistance under such subparagraphs, and fifty~~
29 ~~dollars for a couple, both of whom are otherwise eligible for medical~~
30 ~~assistance under such subparagraphs] subject to federal approval, up to
31 three percent of net earned income and seven and one-half percent of net
32 unearned income. No premium shall be required from a person whose net
33 available income is less than one hundred fifty percent of the applica-
34 ble federal income official poverty line, as defined and updated by the
35 United States department of health and human services.~~

36 § 3. This act shall take effect immediately and shall be deemed to
37 have been in full force and effect on and after April 1, 2026.

38 PART M

39 Section 1. Intentionally omitted.

40 § 2. Paragraph (c) of subdivision 1 of section 369-gg of the social
41 services law is REPEALED.

42 § 3. Subdivision 1 of section 369-gg of the social services law is
43 amended by adding a new paragraph (c) to read as follows:

44 (c) "Health care services" means (i) the services and supplies as
45 defined by the commissioner in consultation with the superintendent of
46 financial services, and shall be consistent with and subject to the
47 essential health benefits as defined by the commissioner in accordance
48 with the provisions of the patient protection and affordable care act
49 (P.L. 111-148) and consistent with the benefits provided by the refer-
50 ence plan selected by the commissioner for the purposes of defining such
51 benefits, and shall include coverage of and access to the services of
52 any national cancer institute-designated cancer center licensed by the
53 department of health within the service area of the approved organiza-
54 tion that is willing to agree to provide cancer-related inpatient,

1 outpatient and medical services to all enrollees in approved organiza-
2 tions' plans in such cancer center's service area under the prevailing
3 terms and conditions that the approved organization requires of other
4 similar providers to be included in the approved organization's network,
5 provided that such terms shall include reimbursement of such center at
6 no less than the fee-for-service medicaid payment rate and methodology
7 applicable to the center's inpatient and outpatient services; and (ii)
8 dental and vision services as defined by the commissioner;

9 § 3-a. Subdivision 1 of section 369-gg of the social services law is
10 amended by adding a new paragraph (c) to read as follows:

11 (c) "Health care services" means (i) the services and supplies as
12 defined by the commissioner in consultation with the superintendent of
13 financial services, and shall be consistent with and subject to the
14 essential health benefits as defined by the commissioner in accordance
15 with the provisions of the patient protection and affordable care act
16 (P.L. 111-148) and consistent with the benefits provided by the refer-
17 ence plan selected by the commissioner for the purposes of defining such
18 benefits, and shall include coverage of and access to the services of
19 any national cancer institute-designated cancer center licensed by the
20 department of health within the service area of the approved organiza-
21 tion that is willing to agree to provide cancer-related inpatient,
22 outpatient and medical services to all enrollees in approved organiza-
23 tions' plans in such cancer center's service area under the prevailing
24 terms and conditions that the approved organization requires of other
25 similar providers to be included in the approved organization's network,
26 provided that such terms shall include reimbursement of such center at
27 no less than the fee-for-service medicaid payment rate and methodology
28 applicable to the center's inpatient and outpatient services; (ii)
29 dental and vision services as defined by the commissioner; and (iii) as
30 defined by the commissioner and subject to federal approval, certain
31 services and supports provided to enrollees eligible pursuant to subpar-
32 agraph one of paragraph (g) of subdivision one of section three hundred
33 sixty-six of this article who have functional limitations and/or chronic
34 illnesses that have the primary purpose of supporting the ability of the
35 enrollee to live or work in the setting of their choice, which may
36 include the individual's home, a worksite, or a provider-owned or
37 controlled residential setting;

38 § 4. Intentionally omitted.

39 § 5. Intentionally omitted.

40 § 6. Intentionally omitted.

41 § 7. Intentionally omitted.

42 § 8. Intentionally omitted.

43 § 9. Intentionally omitted.

44 § 10. Intentionally omitted.

45 § 11. Subdivision 5-d of section 4406-c of the public health law, as
46 added by chapter 451 of the laws of 2007 and as relettered by chapter
47 237 of the laws of 2009, is amended to read as follows:

48 5-d. (a) If a contract between a plan and a hospital is not renewed or
49 is terminated by either party, the parties shall continue to abide by
50 the terms of such contract, including reimbursement terms, and including
51 all terms affecting hospital-owned provider practices, for a period of
52 [~~two months~~] one hundred twenty days from the effective date of termi-
53 nation or, in the case of a non-renewal, from the end of the contract
54 period. Notice shall be provided to all enrollees potentially affected
55 by such termination or non-renewal within fifteen days after commence-
56 ment of the [~~two-month~~] one hundred twenty-day period. The commissioner

1 shall have the authority to waive the [~~two-month~~] one hundred twenty-day
2 period upon the request of either party to a contract [~~that is being~~
3 ~~terminated for cause. This subdivision shall not apply where both~~
4 ~~parties mutually agree in writing to the termination or non-renewal and~~
5 ~~the plan provides notice to the enrollee at least thirty days in advance~~
6 ~~of the date of contract termination~~].

7 (b) Notwithstanding any other provision of this section, the commis-
8 sioner and the superintendent of financial services shall jointly review
9 and approve all correspondence, communications, and publications that
10 parties to a contract between a plan and a hospital intend to use to
11 notify consumers within the sixty-day period prior to the contract
12 termination or renewal date.

13 (c) The department and the department of financial services shall
14 publish a notice to the department's website and the department of
15 financial services' website informing all enrollees of ongoing negoti-
16 ations or expected changes in enrollee coverage due to contract termi-
17 nations between a plan and a hospital.

18 § 11-a. Subsection (i) of section 3217-b of the insurance law, as
19 added by chapter 451 of the laws of 2007 and as relettered by chapter
20 237 of the laws of 2009, is amended to read as follows:

21 (i) (1) If a contract between an insurer and a hospital is not renewed
22 or is terminated by either party, the parties shall continue to abide by
23 the terms of such contract, including reimbursement terms, and including
24 all terms affecting hospital-owned provider practices, for a period of
25 [~~two-months~~] one hundred twenty days from the effective date of termi-
26 nation or, in the case of a non-renewal, from the end of the contract
27 period. Notice shall be provided to all insureds potentially affected by
28 such termination or non-renewal within fifteen days after commencement
29 of the [~~two-month~~] one hundred twenty-day period. The commissioner of
30 health shall have the authority to waive the [~~two-month~~] one hundred
31 twenty-day period upon the request of either party to a contract [~~that~~
32 ~~is being terminated for cause. This subsection shall not apply where~~
33 ~~both parties mutually agree in writing to the termination or non-renewal~~
34 ~~and the insurer provides notice to the insured at least thirty days in~~
35 ~~advance of the date of contract termination~~].

36 (2) Notwithstanding any other provision of this section, the commis-
37 sioner of health and the superintendent shall jointly review and approve
38 all correspondence, communications, and publications that parties to a
39 contract between an insurer and a hospital intend to use to notify
40 consumers within the sixty-day period prior to the contract termination
41 or renewal date.

42 (3) The department and the department of health shall publish a notice
43 to the department's website and the department of financial services'
44 website informing all enrollees of ongoing negotiations or expected
45 changes in enrollee coverage due to contract terminations between an
46 insurer and a hospital.

47 § 11-b. Subsection (j) of section 4325 of the insurance law, as added
48 by chapter 451 of the laws of 2007 and as relettered by chapter 487 of
49 the laws of 2010, is amended to read as follows:

50 (j) (1) If a contract between a corporation and a hospital is not
51 renewed or is terminated by either party, the parties shall continue to
52 abide by the terms of such contract, including reimbursement terms, and
53 including all terms affecting hospital-owned provider practices, for a
54 period of [~~two-months~~] one hundred twenty days from the effective date
55 of termination or, in the case of a non-renewal, from the end of the
56 contract period. Notice shall be provided to all subscribers potentially

1 affected by such termination or non-renewal within fifteen days after
2 commencement of the [~~two-month~~] one hundred twenty-day period. The
3 commissioner of health shall have the authority to waive the [~~two-month~~]
4 one hundred twenty-day period upon the request of either party to a
5 contract [~~that is being terminated for cause. This subsection shall not~~
6 ~~apply where both parties mutually agree in writing to the termination or~~
7 ~~non-renewal and the corporation provides notice to the subscriber at~~
8 ~~least thirty days in advance of the date of contract termination~~].

9 (2) Notwithstanding any other provision of this section, the commis-
10 sioner of health and the superintendent shall jointly review and approve
11 all correspondence, communications, and publications that parties to a
12 contract between a corporation and a hospital intend to use to notify
13 consumers within the sixty-day period prior to the contract termination
14 or renewal date.

15 (3) The department and the department of health shall publish a notice
16 to the department's website and the department of financial services'
17 website informing all enrollees of ongoing negotiations or expected
18 changes in enrollee coverage due to contract terminations between a
19 corporation and a hospital.

20 § 12. Intentionally omitted.

21 § 13. Intentionally omitted.

22 § 14. Intentionally omitted.

23 § 15. This act shall take effect immediately and shall be deemed to
24 have been in full force and effect on and after April 1, 2026; provided,
25 however:

26 a. that the amendments to subdivision 1 of section 369-gg of the
27 social services law made by section three of this act shall be subject
28 to the expiration and reversion of such subdivision pursuant to section
29 8 of part BBB of chapter 56 of the laws of 2022, as amended, when upon
30 such date the provisions of section three-a of this act shall take
31 effect;

32 b. the amendments to subdivision 5-d of section 4406-c of the public
33 health law made by section eleven of this act shall not effect the expi-
34 ration and repeal of such subdivision and shall be deemed repealed ther-
35 ewith;

36 c. the amendments to subsection (i) of section 3217-b of the insurance
37 law made by section eleven-a of this act shall not affect the repeal of
38 such subsection and shall be deemed repealed therewith; and

39 d. the amendments to subsection (j) of section 4325 of the insurance
40 law made by section eleven-b of this act shall not affect the repeal of
41 such subsection and shall be deemed repealed therewith.

42 PART N

43 Intentionally Omitted

44 PART O

45 Section 1. Section 1-c of part I of chapter 57 of the laws of 2022
46 providing a one percent across the board payment increase to all quali-
47 fying fee-for-service Medicaid rates, as added by section 5 of part F of
48 chapter 57 of the laws of 2025, is amended to read as follows:

49 § 1-c. Notwithstanding any provision of law to the contrary, for the
50 period April 1, 2025 through March 31, 2026 Medicaid payments made for
51 clinic service provided by federally qualified health centers and diag-

1 nostic and treatment centers licensed pursuant to article 28 of the
2 public health law shall be increased by an aggregate amount of up to
3 \$40,000,000 in addition to any applicable increase contained in section
4 one of this act subject to the approval of the commissioner of health
5 and the director of the budget. Notwithstanding any provision of law to
6 the contrary, for the period April 1, 2026, and thereafter, Medicaid
7 payments made for clinic service provided by federally qualified health
8 centers and diagnostic and treatment centers licensed pursuant to arti-
9 cle [~~twenty-eight~~] 28 of the public health law shall be increased by an
10 aggregate amount of up to [~~\$20,000,000~~] \$100,000,000 in addition to any
11 applicable increase contained in section one of this act subject to the
12 approval of the commissioner of health and the director of the budget.
13 Such rate increases shall be subject to federal financial participation
14 and the provisions established under section one-f of this act.

15 § 2. Section 1-e of part I of chapter 57 of the laws of 2022 providing
16 a one percent across the board payment increase to all qualifying fee-
17 for-service Medicaid rates, as amended by section 7 of part F of chapter
18 57 of the laws of 2025, is amended to read as follows:

19 § 1-e. Such increases as added by [~~the~~] part NN of chapter 57 of the
20 laws of 2024 [~~that added this section~~], part F of chapter 57 of the laws
21 of 2025, or the chapter of the laws of 2026 that added section one-g to
22 this act may take the form of increased rates of payment in Medicaid
23 fee-for-service and/or Medicaid managed care, lump sum payments, or
24 state directed payments under 42 CFR 438.6(c). Such rate increases shall
25 be subject to federal financial participation and the provisions estab-
26 lished under section one-f of this act.

27 § 3. Section 1-f of part I of chapter 57 of the laws of 2022 providing
28 a one percent across the board payment increase to all qualifying fee-
29 for-service Medicaid rates, as added by section 7 of part F of chapter
30 57 of the laws of 2025, is amended and three new sections 1-g, 1-h and
31 1-i are added to read as follows:

32 § 1-f. Such increases as added by [~~the~~] part F of chapter 57 of the
33 laws of 2025 [~~that added this section~~] and the chapter of the laws of
34 2026 that added section one-g to this act shall be contingent upon the
35 availability of funds within the healthcare stability fund established
36 by section 99-ss of the state finance law, as added by section 2 of part
37 II of chapter 57 of the laws of 2024 and later renumbered and amended by
38 section 2 of part F of chapter 57 of the laws of 2025. Upon a determi-
39 nation by the director of the budget that the balance of such fund is
40 projected to be insufficient to support the continuation of such
41 increases, the commissioner of health, subject to the approval of the
42 director of the budget, shall take steps necessary to suspend or termi-
43 nate such increases, until a determination is made that there are suffi-
44 cient balances to support these increases.

45 § 1-g. Notwithstanding any provision of law to the contrary, for the
46 period April 1, 2026 through March 31, 2027 Medicaid payments made for
47 hospital services shall be increased by an aggregate amount of up to
48 \$810,000,000 in addition to the increase contained in sections one and
49 one-a of this act, subject to the approval of the commissioner of health
50 and the director of the budget. Such rate increases shall be subject to
51 federal financial participation and the provisions established under
52 section one-f of this act.

53 § 1-h. Notwithstanding any provision of law to the contrary, for the
54 period April 1, 2026 through March 31, 2027 Medicaid payments made for
55 nursing home services shall be increased by an aggregate amount of up to
56 \$540,000,000 in addition to the increase contained in sections one and

1 one-b of this act, subject to the approval of the commissioner of health
2 and the director of the budget. Such rate increases shall be subject to
3 federal financial participation and the provisions established under
4 section one-f of this act.

5 § 1-i. Notwithstanding any provision of law to the contrary, for the
6 period April 1, 2026 through March 31, 2027 Medicaid payments for certi-
7 fied home health agencies shall be increased by up to \$50,000,000
8 subject to the approval of the commissioner of health and the director
9 of the budget. Such rate increases shall be subject to federal financial
10 participation and the provisions established under section one-f of this
11 act.

12 § 4. This act shall take effect immediately.

13 PART P

14 Section 1. 1. Subject to available appropriations and approval of the
15 director of the budget, the commissioners of the department of health,
16 the office of mental health, the office for people with developmental
17 disabilities, the office of addiction services and supports, the office
18 of temporary and disability assistance, the office of children and fami-
19 ly services, and the directors of the state office for the aging and the
20 office of victim services (hereinafter "the commissioners") shall estab-
21 lish a state fiscal year 2026-2027 targeted inflationary increase,
22 effective April 1, 2026, for projecting for the effects of inflation
23 upon rates of payments, contracts, or any other form of reimbursement
24 for the programs and services listed in subdivision four of this
25 section. The targeted inflationary increase established herein shall be
26 applied to the appropriate portion of reimbursable costs or contract
27 amounts. Where appropriate, transfers to the department of health (DOH)
28 shall be made as reimbursement for the state and/or local share of
29 medical assistance.

30 2. Notwithstanding any inconsistent provision of law, subject to the
31 approval of the director of the budget and available appropriations
32 therefor, for the period of April 1, 2026 through March 31, 2027, the
33 commissioners shall provide funding to support a four percent (4%)
34 targeted inflationary increase under this section for all eligible
35 programs and services as determined pursuant to subdivision four of this
36 section.

37 3. Notwithstanding any inconsistent provision of law, and as approved
38 by the director of the budget, the 4 percent targeted inflationary
39 increase established herein shall be inclusive of all other inflationary
40 increases, cost of living type increases, inflation factors, or trend
41 factors that are newly applied effective April 1, 2026. Except for the 4
42 percent targeted inflationary increase established herein, for the peri-
43 od commencing on April 1, 2026 and ending March 31, 2027 the commission-
44 ers shall not apply any other new targeted inflationary increases or
45 cost of living adjustments for the purpose of establishing rates of
46 payments, contracts or any other form of reimbursement. The phrase "all
47 other inflationary increases, cost of living type increases, inflation
48 factors, or trend factors" as defined in this subdivision shall not
49 include payments made pursuant to the American Rescue Plan Act or other
50 federal relief programs related to the Coronavirus Disease 2019 (COVID-
51 19) pandemic public health emergency. This subdivision shall not prevent
52 the office of children and family services from applying additional
53 trend factors or staff retention factors to eligible programs and
54 services under paragraph (v) of subdivision four of this section.

1 3-a. Each local government unit or direct contract provider receiv-
2 ing the targeted inflationary increase established herein shall use such
3 funding to provide a targeted salary increase of at least one and three
4 tenths percent (1.3%) to eligible individuals in accordance with subdi-
5 vision five of this section. Notwithstanding any inconsistent provision
6 of law, the commissioners and directors shall develop guidelines for
7 local government units and direct contract providers on implementation
8 of such targeted salary increase.

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

43 (ii) Programs and services funded, licensed, or certified by the
44 office for people with developmental disabilities (OPWDD) eligible for
45 the targeted inflationary increase established herein, pending federal
46 approval where applicable, include: local/unified services; chapter 620
47 services; voluntary operated community residential services; article 16
48 clinics; day treatment services; family support services; 100% day
49 training; epilepsy services; traumatic brain injury services; hepatitis
50 B services; independent practitioner services for individuals with
51 intellectual and/or developmental disabilities; crisis services for
52 individuals with intellectual and/or developmental disabilities; family
53 care residential habilitation; supervised residential habilitation;
54 supportive residential habilitation; respite; day habilitation; prevoca-
55 tional services; supported employment; community habilitation; interme-
56 diate care facility day and residential services; specialty hospital;

1 pathways to employment; intensive behavioral services; community transi-
2 tion services; family education and training; fiscal intermediary;
3 support broker; and personal resource accounts. The office for people
4 with developmental disabilities, in collaboration with the department of
5 education, shall also provide a comparable targeted inflationary
6 increase to the independent living centers program.

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

33 (iv) Programs and services funded, licensed, or certified by the
34 office of temporary and disability assistance (OTDA) eligible for the
35 targeted inflationary increase established herein, pending federal
36 approval where applicable, include: the nutrition outreach and education
37 program (NOEP); New York state supportive housing program; solutions to
38 end homelessness program; disability advocacy programs; and state
39 supplemental nutrition assistance program outreach program.

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

1 domestic violence services and preventative services as defined by
2 section 409 of the social services law.

3 (vi) Programs and services funded, licensed, or certified by the state
4 office for the aging (SOFA) eligible for the targeted inflationary
5 increase established herein, pending federal approval where applicable,
6 include: community services for the elderly; expanded in-home services
7 for the elderly; and the wellness in nutrition program; New York
8 connects program; long term ombudsman program; naturally occurring
9 retirement communities (NORCs); neighborhood naturally occurring retire-
10 ment communities (NNORCs); and social adult day services program.

11 (vii) Programs and services funded, licensed, or certified by the
12 department of health eligible for the cost of living adjustment estab-
13 lished herein, pending federal approval where applicable, include:
14 health home care management agencies authorized under section 365-1 of
15 the social services law; rape crisis programs; maternal, infant, and
16 early childhood home visiting (MIECHV) initiative; and Medicaid trans-
17 portation program.

18 (viii) Programs and services funded, licensed, or certified by the
19 office of victim services eligible for the cost of living adjustment
20 established herein, pending federal approval where applicable, include:
21 crime victim service programs as defined by section 631-a of the execu-
22 tive law.

23 4-a. All state-funded human services programs not listed in paragraphs
24 (i), (ii), (iii), (iv), (v), (vi), (vii), and (viii) of subdivision four
25 of this section shall be deemed eligible for the cost of living adjust-
26 ment established herein, pending federal approval where applicable, if
27 such program or service is provided to individuals or groups of individ-
28 uals, for the purpose of improving or enhancing such individuals' health
29 and/or welfare, by addressing social problems. The commissioners and
30 directors of the office of mental health, the office for people with
31 developmental disabilities, the office of addiction services and
32 supports, the office of temporary and disability assistance, the office
33 of children and family services, the state office for the aging, the
34 department of health, and the office of victim services shall publish a
35 list of such newly eligible programs and services each year on depart-
36 ment websites no later than March first and review the current list of
37 cost of living adjustment eligible programs every five years.

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

47 6. Notwithstanding any inconsistent provision of law to the contrary,
48 agency commissioners shall be authorized to recoup funding from a local
49 governmental unit or direct contract provider for the targeted infla-
50 tionary increase established herein determined to have been used in a
51 manner inconsistent with the appropriation, or any other provision of
52 this section. Such agency commissioners shall be authorized to employ
53 any legal mechanism to recoup such funds, including an offset of other
54 funds that are owed to such local governmental unit or direct contract
55 provider.

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

3 PART Q

4 Section 1. The mental hygiene law is amended by adding a new section
5 36.08 to read as follows:

6 § 36.08 Integrated behavioral health services programs.

7 (a) Definitions. For the purpose of this article:

8 (1) "Integrated behavioral health services" shall mean the systematic
9 coordination of evidence-based services for the care and treatment of
10 mental illness and addictive disorders, provided, however, that the
11 scope of such services may be restricted pursuant to regulation as
12 authorized by this article.

13 (2) "Integrated behavioral health services program" means a program
14 approved in accordance with this section to provide integrated behav-
15 ioral health services.

16 (b) Notwithstanding any law, rule, or regulation to the contrary, the
17 commissioner of mental health and the commissioner of addiction services
18 and supports shall be authorized to jointly license integrated behav-
19 ioral health services programs.

20 (c) The commissioner of mental health and the commissioner of
21 addiction services and supports shall promulgate joint regulations
22 necessary for the operation of integrated behavioral health services
23 programs established under this section. Such regulations shall include
24 licensing standards and requirements, including but not limited to:

25 (1) scope of integrated behavioral health services, including associ-
26 ated physical health services;

27 (2) programmatic standards;

28 (3) creation of an application review and oversight process for inte-
29 grated behavioral health services programs;

30 (4) construction of integrated behavioral health services facilities;

31 (5) facilitation of integrated treatment records that comply with
32 applicable federal and state confidentiality requirements;

33 (6) development of billing and reimbursement structures supportive of
34 integrated behavioral health services;

35 (7) physical plant standards to foster proper care and treatment;

36 (8) corporate structure and governance;

37 (9) utilization review;

38 (10) patient rights;

39 (11) staffing requirements; and

40 (12) standards for incident reporting, information sharing, and reme-
41 diation pursuant to article eleven of the social services law.

42 (d) The office of addiction services and supports and the office of
43 mental health shall be jointly authorized to adopt a single process for
44 the suspension, revocation, or limitation of a license issued pursuant
45 to this section, consistent with the procedures under article thirty-two
46 of this chapter.

47 (e) (1) A provider shall not be authorized to provide integrated
48 behavioral health services unless they have sufficiently demonstrated,
49 consistent with the standards and requirements set forth by the commis-
50 sioner of mental health and the commissioner of addiction services and
51 supports:

52 (i) experience in the delivery of mental health and addiction
53 services;

1 (ii) the capacity to provide integrated behavioral health services in
2 each location approved by both the commissioner of mental health and the
3 commissioner of addiction services and supports; and

4 (iii) compliance with standards established pursuant to this section
5 for providing and receiving payment for integrated behavioral health
6 services.

7 (2) Integrated behavioral health service providers shall be considered
8 contracted, approved or otherwise authorized by the office of addiction
9 services and supports and the office of mental health for the purpose of
10 sections 19.20, 19.20-a, and 31.35 of this chapter, as applicable.
11 Providers shall be required to comply with the review of criminal histo-
12 ry information, as required in such sections, and consistent with
13 section 36.06 of this article for prospective owners, operators, employ-
14 ees or volunteers who will have regular and substantial unsupervised or
15 unrestricted physical contact with clients of such provider receiving
16 behavioral health services. The office of addiction services and
17 supports and the office of mental health, in consultation with the
18 justice center for the protection of people with special needs, shall
19 jointly promulgate regulations establishing the process by which a
20 provider shall comply with this paragraph.

21 (3) The commissioner of mental health and the commissioner of
22 addiction services and supports shall be authorized to promulgate addi-
23 tional regulations necessary to implement integrated behavioral health
24 services programs consistent with this section.

25 § 2. Subdivision 4 of section 488 of the social services law is
26 amended by adding a new paragraph (a-1) to read as follows:

27 (a-1) an integrated behavioral health services program that is
28 licensed under section 36.08 of the mental hygiene law;

29 § 3. Subdivision 1 of section 2801 of the public health law, as
30 amended by section 2 of part E of chapter 57 of the laws of 2023, is
31 amended to read as follows:

32 1. "Hospital" means a facility or institution engaged principally in
33 providing services by or under the supervision of a physician or, in the
34 case of a dental clinic or dental dispensary, of a dentist, or, in the
35 case of a midwifery birth center, of a midwife, for the prevention,
36 diagnosis or treatment of human disease, pain, injury, deformity or
37 physical condition, including, but not limited to, a general hospital,
38 public health center, diagnostic center, treatment center, a rural emer-
39 gency hospital under 42 USC 1395x(kkk), or successor provisions, dental
40 clinic, dental dispensary, rehabilitation center other than a facility
41 used solely for vocational rehabilitation, nursing home, tuberculosis
42 hospital, chronic disease hospital, maternity hospital, midwifery birth
43 center, lying-in-asylum, out-patient department, out-patient lodge,
44 dispensary and a laboratory or central service facility serving one or
45 more such institutions, but the term hospital shall not include an
46 institution, sanitarium or other facility engaged principally in provid-
47 ing services for the prevention, diagnosis or treatment of mental disa-
48 bility and which is subject to the powers of visitation, examination,
49 inspection and investigation of the department of mental hygiene except
50 for those distinct parts of such a facility which provide hospital
51 service. The provisions of this article shall not apply to a facility or
52 institution engaged principally in providing services by or under the
53 supervision of the bona fide members and adherents of a recognized reli-
54 gious organization whose teachings include reliance on spiritual means
55 through prayer alone for healing in the practice of the religion of such
56 organization and where services are provided in accordance with those

1 teachings. No provision of this article or any other provision of law
2 shall be construed to: (a) limit the volume of mental health, [~~substance~~
3 ~~use~~] addiction disorder services or developmental disability services
4 that can be provided by a provider of primary care services licensed
5 under this article and authorized to provide integrated services in
6 accordance with regulations issued by the commissioner in consultation
7 or jointly with the commissioner of the office of mental health, the
8 commissioner of the office of [~~alcoholism and substance abuse services~~]
9 addiction services and supports and the commissioner of the office for
10 people with developmental disabilities as applicable, including regu-
11 lations issued pursuant to subdivision seven of section three hundred
12 sixty-five-1 of the social services law or part L of chapter fifty-six
13 of the laws of two thousand twelve; (b) require a provider licensed
14 pursuant to article thirty-one of the mental hygiene law or certified
15 pursuant to article sixteen or article thirty-two of the mental hygiene
16 law to obtain an operating certificate from the department if such
17 provider has been authorized to provide integrated services in accord-
18 ance with regulations issued by the commissioner in consultation or
19 jointly with the commissioner of the office of mental health, the
20 commissioner of the office of [~~alcoholism and substance abuse services~~
21 ~~and~~] addiction services and supports or the commissioner of the office
22 for people with developmental disabilities as applicable, including
23 regulations issued pursuant to subdivision seven of section three
24 hundred sixty-five-1 of the social services law or part L of chapter
25 fifty-six of the laws of two thousand twelve, as amended by a chapter of
26 the laws of two thousand twenty-six; or (c) apply to an integrated
27 behavioral health services program, as defined by section 36.08 of the
28 mental hygiene law.

29 § 4. Subdivision (f) of section 31.02 of the mental hygiene law, as
30 amended by section 2 of part Z of chapter 57 of the laws of 2019, is
31 amended to read as follows:

32 (f) No provision of this article or any other provision of law shall
33 be construed to require a provider licensed pursuant to article twenty-
34 eight of the public health law or certified pursuant to article sixteen
35 or article thirty-two of this chapter to obtain an operating certificate
36 from the office of mental health if such provider has been authorized to
37 provide integrated services in accordance with regulations issued by the
38 commissioner of the office of mental health in consultation or jointly
39 with the commissioner of the department of health, the commissioner of
40 the office of [~~alcoholism and substance abuse services and~~] addiction
41 services and supports or the commissioner of the office for people with
42 developmental disabilities as applicable, including regulations issued
43 pursuant to subdivision seven of section three hundred sixty-five-1 of
44 the social services law or part L of chapter fifty-six of the laws of
45 two thousand twelve, as amended by a chapter of the laws of two thousand
46 twenty-six. Furthermore, no provision of this section shall be
47 construed to apply to integrated behavioral health services programs, as
48 defined by section 36.08 of this title.

49 § 5. Subdivision (b) of section 32.05 of the mental hygiene law, as
50 amended by section 3 of part Z of chapter 57 of the laws of 2019 and
51 paragraph (i) as amended by chapter 511 of the laws of 2025, is amended
52 to read as follows:

53 (b) (i) Methadone, or such other controlled substance designated by
54 the commissioner of health as appropriate for such use, may be adminis-
55 tered to a person with substance use disorder, as defined in section
56 thirty-three hundred two of the public health law, by individual physi-

1 cians, groups of physicians and public or private medical facilities
2 certified pursuant to article twenty-eight or thirty-three of the public
3 health law as part of a chemical dependence program which has been
4 issued an operating certificate by the commissioner pursuant to subdivi-
5 sion (b) of section 32.09 of this article, provided, however, that such
6 administration must be done in accordance with all applicable federal
7 and state laws and regulations. Individual physicians or groups of
8 physicians who have obtained authorization from the federal government
9 to administer buprenorphine to people with substance use disorder may do
10 so without obtaining an operating certificate from the commissioner.

11 (ii) No provision of this article or any other provision of law shall be
12 construed to require a provider licensed pursuant to article twenty-
13 eight of the public health law, article thirty-one of this chapter or a
14 provider certified pursuant to article sixteen of this chapter to obtain
15 an operating certificate from the office of [~~alcoholism and substance~~
16 ~~abuse services~~] addiction services and supports if such provider has
17 been authorized to provide integrated services in accordance with regu-
18 lations issued by the commissioner of [~~alcoholism and substance abuse~~
19 ~~services~~] addiction services and supports in consultation or jointly
20 with the commissioner of the department of health, or the commissioner
21 of the office of mental health and the commissioner of the office for
22 people with developmental disabilities as applicable, including regu-
23 lations issued pursuant to subdivision seven of section three hundred
24 sixty-five-1 of the social services law or part L of chapter fifty-six
25 of the laws of two thousand twelve, as amended by a chapter of the laws
26 of two thousand twenty-six. Furthermore, no provision of this section
27 shall be construed to apply to integrated behavioral health services
28 programs, as defined by section 36.08 of this title.

29 § 6. Subdivisions (a) and (b) of section 43.02 of the mental hygiene
30 law, as amended by section 3 of part 00 of chapter 58 of the laws of
31 2015, are amended to read as follows:

32 (a) Notwithstanding any inconsistent provision of law, payment made by
33 government agencies pursuant to title eleven of article five of the
34 social services law for services provided by any facility licensed by
35 the office of mental health pursuant to article thirty-one of this chap-
36 ter [~~or~~], certified by the office of [~~alcoholism and substance abuse~~]
37 addiction services and supports pursuant to this chapter to provide
38 inpatient chemical dependence services, as defined in section 1.03 of
39 this chapter, or facilities jointly licensed by the office of mental
40 health and the office of addiction services and supports pursuant to
41 article thirty-six of this title, shall be at rates or fees certified by
42 the commissioner of the respective office or offices and approved by the
43 director of the division of the budget, provided, however, the commis-
44 sioner of mental health shall annually certify such rates or fees which
45 may vary for distinct geographical areas of the state and, provided,
46 further, that rates or fees for service for inpatient psychiatric
47 services or inpatient chemical dependence services, at hospitals other-
48 wise licensed pursuant to article twenty-eight of the public health law
49 shall be established in accordance with section two thousand eight
50 hundred seven of the public health law and, provided, further, that
51 rates or fees for services provided by any facility or program licensed,
52 operated or approved by the office for people with developmental disa-
53 bilities, shall be certified by the commissioner of health; provided,
54 however, that such methodologies shall be subject to approval by the
55 office for people with developmental disabilities and shall take into
56 account the policies and goals of such office.

1 (b) Operators of facilities licensed by the office of mental health
2 pursuant to article thirty-one of this chapter, licensed by the office
3 for people with developmental disabilities pursuant to article sixteen
4 of this chapter [~~or~~], certified by the office of [~~alcoholism and~~
5 ~~substance abuse~~] addiction services and supports pursuant to this chap-
6 ter to provide inpatient chemical dependence services, or facilities
7 jointly licensed by the office of mental health and the office of
8 addiction services and supports pursuant to article thirty-six of this
9 title, shall provide to the commissioner of the respective office or
10 offices such financial, statistical and program information as the
11 commissioner may determine to be necessary. The commissioner of the
12 appropriate office or offices shall have the power to conduct on-site
13 audits of books and records of such facilities.

14 § 7. This act shall take effect April 1, 2026.

15 PART R

16 Section 1. Subsection (c) of section 309 of the insurance law, as
17 added by chapter 41 of the laws of 2014, is amended to read as follows:

18 (c) As part of an examination, the superintendent shall review deter-
19 minations of coverage for [~~substance use disorder treatment~~] substance-
20 related and addictive disorder services and shall ensure that such
21 determinations are issued in compliance with sections three thousand two
22 hundred sixteen, three thousand two hundred twenty-one, four thousand
23 three hundred three, and title one of article forty-nine of this chap-
24 ter.

25 § 2. Section 343 of the insurance law, as added by chapter 207 of the
26 laws of 2019, is amended to read as follows:

27 § 343. Mental health and [~~substance use~~] substance-related and addic-
28 tive disorder services parity report. (a) Beginning July first, two
29 thousand nineteen and every two years thereafter, each insurer providing
30 managed care products, individual comprehensive accident and health insur-
31 ance, each corporation organized pursuant to article forty-three of this
32 chapter providing comprehensive health insurance and each entity
33 licensed pursuant to article forty-four of the public health law provid-
34 ing comprehensive health service plans shall submit to the superinten-
35 dent, in a form and manner prescribed by the superintendent, a report
36 detailing the entity's compliance with federal and state mental health
37 and [~~substance use~~] substance-related and addictive disorder services
38 parity laws based on the entity's record during the preceding two calen-
39 dar years. The superintendent shall publish on the department's website
40 on or before October first, two thousand nineteen, and every two years
41 thereafter, the reports submitted pursuant to this section.

42 (b) Each person required to submit a report under this section shall
43 include in the report the following information:

44 (1) Rates of utilization review for mental health and [~~substance use~~]
45 substance-related and addictive disorder claims as compared to medical
46 and surgical claims, including rates of approval and denial, categorized
47 by benefits provided under the following classifications: inpatient
48 in-network, inpatient out-of-network, outpatient in-network, outpatient
49 out-of-network, emergency care, and prescription drugs;

50 (2) The number of prior or concurrent authorization requests for
51 mental health services and for [~~substance use~~] substance-related and
52 addictive disorder services and the number of denials for such requests,
53 compared with the number of prior or concurrent authorization requests
54

1 for medical and surgical services and the number of denials for such
2 requests, categorized by the same classifications identified in para-
3 graph one of this subsection;

4 (3) The rates of appeals of adverse determinations, including the
5 rates of adverse determinations upheld and overturned, for mental health
6 claims and [~~substance-use~~] substance-related and addictive disorder
7 claims compared with the rates of appeals of adverse determinations,
8 including the rates of adverse determinations upheld and overturned, for
9 medical and surgical claims;

10 (4) The percentage of claims paid for in-network mental health
11 services and for [~~substance-use~~] substance-related and addictive disor-
12 der services compared with the percentage of claims paid for in-network
13 medical and surgical services and the percentage of claims paid for
14 out-of-network mental health services and [~~substance-use~~] substance-re-
15 lated and addictive disorder services compared with the percentage of
16 claims paid for out-of-network medical and surgical services;

17 (5) The number of behavioral health advocates, pursuant to an agree-
18 ment with the office of the attorney general if applicable, or staff
19 available to assist policyholders with mental health benefits and
20 [~~substance-use~~] substance-related and addictive disorder benefits;

21 (6) A comparison of the cost sharing requirements including but not
22 limited to co-pays and coinsurance, and the benefit limitations includ-
23 ing limitations on the scope and duration of coverage, for medical and
24 surgical services, and mental health services and [~~substance-use~~]
25 substance-related and addictive disorder services for coverage in the
26 individual, small group, and large group markets, provided that the
27 comparison captures at least seventy-five percent of a company's enrol-
28 lees in each market;

29 (7) The number by type of providers licensed to practice in this state
30 that provide services for the treatment and diagnosis of [~~substance-use~~]
31 substance-related and addictive disorder who are in-network, and the
32 number by type of providers licensed to practice in this state that
33 provide services for the diagnosis and treatment of mental, nervous or
34 emotional disorders and ailments, however defined in a company's policy,
35 who are in-network;

36 (8) The percentage of providers of services for the treatment and
37 diagnosis of [~~substance-use~~] substance-related and addictive disorder
38 who remained participating providers, and the percentage of providers of
39 services for the diagnosis and treatment of mental, nervous or emotional
40 disorders and ailments, however defined in a company's policy, who
41 remained participating providers; and

42 (9) Any other data, information, or metric the superintendent deems
43 necessary or useful to measure compliance with mental health and
44 [~~substance-use~~] substance-related and addictive disorder parity includ-
45 ing, but not limited to an evaluation and assessment of: (i) the adequa-
46 cy of the company's in-network mental health services and [~~substance~~
47 ~~use~~] substance-related and addictive disorder provider panels pursuant
48 to provisions of the insurance law and public health law; and (ii) the
49 company's reimbursement for in-network and out-of-network mental health
50 services and [~~substance-use~~] substance-related and addictive disorder
51 services as compared to the reimbursement for in-network and out-of-net-
52 work medical and surgical services.

53 § 3. Section 344 of the insurance law, as added by section 1 of part
54 QQQ of chapter 58 of the laws of 2020, is amended to read as follows:

55 § 344. Mental health and [~~substance-use~~] substance-related and addic-
56 tive disorder parity compliance programs. Penalties collected for

1 violations of section three thousand two hundred sixteen, three thousand
2 two hundred twenty-one and four thousand three hundred three of this
3 chapter related to mental health and [~~substance-use~~] substance-related
4 and addictive disorder parity compliance shall be deposited in a fund
5 established pursuant to section ninety-nine-hh of the state finance law.

6 § 4. Paragraph 30 of subsection (i) of section 3216 of the insurance
7 law, as amended by section 5 of subpart AA of part BB of chapter 57 of
8 the laws of 2019, is amended to read as follows:

9 (30)(A) Every policy that provides hospital, major medical or similar
10 comprehensive coverage shall provide inpatient coverage for the diagno-
11 sis and treatment of [~~substance-use~~] substance-related and addictive
12 disorder, including detoxification and rehabilitation services. Such
13 inpatient coverage shall include unlimited medically necessary treatment
14 for [~~substance-use~~] substance-related and addictive disorder treatment
15 services provided in residential settings. Further, such inpatient
16 coverage shall not apply financial requirements or treatment limita-
17 tions, including utilization review requirements, to inpatient
18 [~~substance-use~~] substance-related and addictive disorder benefits that
19 are more restrictive than the predominant financial requirements and
20 treatment limitations applied to substantially all medical and surgical
21 benefits covered by the policy.

22 (B) Coverage provided under this paragraph may be limited to facili-
23 ties in New York state that are licensed, certified or otherwise author-
24 ized by the office of [~~alcoholism and substance abuse services~~]
25 addiction services and supports and, in other states, to those which are
26 accredited by the joint commission as alcoholism, addiction, substance
27 abuse, or chemical dependence treatment programs and are similarly
28 licensed, certified or otherwise authorized in the state in which the
29 facility is located.

30 (C) Coverage provided under this paragraph may be subject to annual
31 deductibles and co-insurance as deemed appropriate by the superintendent
32 and that are consistent with those imposed on other benefits within a
33 given policy.

34 (D) This subparagraph shall apply to facilities in this state that are
35 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
36 ~~and substance abuse services~~] addiction services and supports that are
37 participating in the insurer's provider network. Coverage provided under
38 this paragraph shall not be subject to preauthorization. Coverage
39 provided under this paragraph shall also not be subject to concurrent
40 utilization review during the first twenty-eight days of the inpatient
41 admission provided that the facility notifies the insurer of both the
42 admission and the initial treatment plan within two business days of the
43 admission. The facility shall perform daily clinical review of the
44 patient, including periodic consultation with the insurer at or just
45 prior to the fourteenth day of treatment to ensure that the facility is
46 using the evidence-based and peer reviewed clinical review tool utilized
47 by the insurer which is designated by the office of [~~alcoholism and~~
48 ~~substance abuse services~~] addiction services and supports and appropri-
49 ate to the age of the patient, to ensure that the inpatient treatment is
50 medically necessary for the patient. Prior to discharge, the facility
51 shall provide the patient and the insurer with a written discharge plan
52 which shall describe arrangements for additional services needed follow-
53 ing discharge from the inpatient facility as determined using the
54 evidence-based and peer-reviewed clinical review tool utilized by the
55 insurer which is designated by the office of [~~alcoholism and substance~~
56 ~~abuse services~~] addiction services and supports. Prior to discharge,

1 the facility shall indicate to the insurer whether services included in
2 the discharge plan are secured or determined to be reasonably available.
3 Any utilization review of treatment provided under this subparagraph may
4 include a review of all services provided during such inpatient treat-
5 ment, including all services provided during the first twenty-eight days
6 of such inpatient treatment. Provided, however, the insurer shall only
7 deny coverage for any portion of the initial twenty-eight day inpatient
8 treatment on the basis that such treatment was not medically necessary
9 if such inpatient treatment was contrary to the evidence-based and peer
10 reviewed clinical review tool utilized by the insurer which is desig-
11 nated by the office of [~~alcoholism and substance abuse services~~]
12 addiction services and supports. An insured shall not have any finan-
13 cial obligation to the facility for any treatment under this subpara-
14 graph other than any copayment, coinsurance, or deductible otherwise
15 required under the policy.

16 (E) An insurer shall make available to any insured, prospective
17 insured, or in-network provider, upon request, the criteria for medical
18 necessity determinations under the policy with respect to inpatient
19 [~~substance use~~] substance-related and addictive disorder benefits.

20 (F) For purposes of this paragraph:

21 (i) "financial requirement" means deductible, copayments, coinsurance
22 and out-of-pocket expenses;

23 (ii) "predominant" means that a financial requirement or treatment
24 limitation is the most common or frequent of such type of limit or
25 requirement;

26 (iii) "treatment limitation" means limits on the frequency of treat-
27 ment, number of visits, days of coverage, or other similar limits on the
28 scope or duration of treatment and includes nonquantitative treatment
29 limitations such as: medical management standards limiting or excluding
30 benefits based on medical necessity, or based on whether the treatment
31 is experimental or investigational; formulary design for prescription
32 drugs; network tier design; standards for provider admission to partic-
33 ipate in a network, including reimbursement rates; methods for determin-
34 ing usual, customary, and reasonable charges; fail-first or step therapy
35 protocols; exclusions based on failure to complete a course of treat-
36 ment; and restrictions based on geographic location, facility type,
37 provider specialty, and other criteria that limit the scope or duration
38 of benefits for services provided under the policy; and

39 (iv) "[~~substance use~~] substance-related and addictive disorder" shall
40 have the meaning set forth in the most recent edition of the diagnostic
41 and statistical manual of mental disorders or the most recent edition of
42 another generally recognized independent standard of current medical
43 practice, such as the international classification of diseases.

44 (G) An insurer shall provide coverage under this paragraph, at a mini-
45 mum, consistent with the federal Paul Wellstone and Pete Domenici Mental
46 Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).

47 § 5. Paragraph 31 of subsection (i) of section 3216 of the insurance
48 law, as amended by section 6 of subpart A of part BB of chapter 57 of
49 the laws of 2019, subparagraph (B) as amended by section 10 and subpara-
50 graph (I) as added by section 11 of part AA of chapter 57 of the laws of
51 2021, and subparagraph (J) as amended by chapter 660 of the laws of
52 2025, is amended to read as follows:

53 (31) (A) Every policy that provides medical, major medical or similar
54 comprehensive-type coverage shall provide outpatient coverage for the
55 diagnosis and treatment of [~~substance use~~] substance-related and addic-
56 tive disorder, including detoxification and rehabilitation services.

1 Such coverage shall not apply financial requirements or treatment limi-
2 tations to outpatient [~~substance use~~] substance-related and addictive
3 disorder benefits that are more restrictive than the predominant finan-
4 cial requirements and treatment limitations applied to substantially all
5 medical and surgical benefits covered by the policy.

6 (B) Coverage under this paragraph may be limited to facilities in this
7 state that are licensed, certified or otherwise authorized by the office
8 of addiction services and supports to provide outpatient [~~substance use~~]
9 substance-related and addictive disorder services and crisis stabiliza-
10 tion centers licensed pursuant to section 36.01 of the mental hygiene
11 law, and, in other states, to those which are accredited by the joint
12 commission as alcoholism, addiction or chemical dependence substance
13 abuse treatment programs and are similarly licensed, certified, or
14 otherwise authorized in the state in which the facility is located.

15 (C) Coverage provided under this paragraph may be subject to annual
16 deductibles and co-insurance as deemed appropriate by the superintendent
17 and that are consistent with those imposed on other benefits within a
18 given policy.

19 (D) A policy providing coverage for [~~substance use~~] substance-related
20 and addictive disorder services pursuant to this paragraph shall provide
21 up to twenty outpatient visits per policy or calendar year to an indi-
22 vidual who identifies [~~him or herself~~] themselves as a family member of
23 a person suffering from [~~substance use~~] substance-related and addictive
24 disorder and who seeks treatment as a family member who is otherwise
25 covered by the applicable policy pursuant to this paragraph. The cover-
26 age required by this paragraph shall include treatment as a family
27 member pursuant to such family member's own policy provided such family
28 member:

29 (i) does not exceed the allowable number of family visits provided by
30 the applicable policy pursuant to this paragraph; and

31 (ii) is otherwise entitled to coverage pursuant to this paragraph and
32 such family member's applicable policy.

33 (E) This subparagraph shall apply to facilities in this state that are
34 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
35 ~~and substance abuse services~~] addiction services and supports for the
36 provision of outpatient, intensive outpatient, outpatient rehabilitation
37 and opioid treatment that are participating in the insurer's provider
38 network. Coverage provided under this paragraph shall not be subject to
39 preauthorization. Coverage provided under this paragraph shall not be
40 subject to concurrent review for the first four weeks of continuous
41 treatment, not to exceed twenty-eight visits, provided the facility
42 notifies the insurer of both the start of treatment and the initial
43 treatment plan within two business days. The facility shall perform
44 clinical assessment of the patient at each visit, including periodic
45 consultation with the insurer at or just prior to the fourteenth day of
46 treatment to ensure that the facility is using the evidence-based and
47 peer reviewed clinical review tool utilized by the insurer which is
48 designated by the office of [~~alcoholism and substance abuse services~~]
49 addiction services and supports and appropriate to the age of the
50 patient, to ensure that the outpatient treatment is medically necessary
51 for the patient. Any utilization review of the treatment provided under
52 this subparagraph may include a review of all services provided during
53 such outpatient treatment, including all services provided during the
54 first four weeks of continuous treatment, not to exceed twenty-eight
55 visits, of such outpatient treatment. Provided, however, the insurer
56 shall only deny coverage for any portion of the initial four weeks of

1 continuous treatment, not to exceed twenty-eight visits, for outpatient
2 treatment on the basis that such treatment was not medically necessary
3 if such outpatient treatment was contrary to the evidence-based and peer
4 reviewed clinical review tool utilized by the insurer which is design-
5 nated by the office of [~~alcoholism and substance abuse services~~]
6 addiction services and supports. An insured shall not have any finan-
7 cial obligation to the facility for any treatment under this subpara-
8 graph other than any copayment, coinsurance, or deductible otherwise
9 required under the policy.

10 (F) The criteria for medical necessity determinations under the policy
11 with respect to outpatient [~~substance use~~] substance-related and addic-
12 tive disorder benefits shall be made available by the insurer to any
13 insured, prospective insured, or in-network provider upon request.

14 (G) For purposes of this paragraph:

15 (i) "financial requirement" means deductible, copayments, coinsurance
16 and out-of-pocket expenses;

17 (ii) "predominant" means that a financial requirement or treatment
18 limitation is the most common or frequent of such type of limit or
19 requirement;

20 (iii) "treatment limitation" means limits on the frequency of treat-
21 ment, number of visits, days of coverage, or other similar limits on the
22 scope or duration of treatment and includes nonquantitative treatment
23 limitations such as: medical management standards limiting or excluding
24 benefits based on medical necessity, or based on whether the treatment
25 is experimental or investigational; formulary design for prescription
26 drugs; network tier design; standards for provider admission to partic-
27 ipate in a network, including reimbursement rates; methods for determin-
28 ing usual, customary, and reasonable charges; fail-first or step therapy
29 protocols; exclusions based on failure to complete a course of treat-
30 ment; and restrictions based on geographic location, facility type,
31 provider specialty, and other criteria that limit the scope or duration
32 of benefits for services provided under the policy; and

33 (iv) [~~"substance use"~~] "substance-related and addictive disorder" shall
34 have the meaning set forth in the most recent edition of the diagnostic
35 and statistical manual of mental disorders or the most recent edition of
36 another generally recognized independent standard of current medical
37 practice such as the international classification of diseases.

38 (H) An insurer shall provide coverage under this paragraph, at a mini-
39 mum, consistent with the federal Paul Wellstone and Pete Domenici Mental
40 Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).

41 (I) This subparagraph shall apply to crisis stabilization centers in
42 this state that are licensed pursuant to section 36.01 of the mental
43 hygiene law and participate in the insurer's provider network. Benefits
44 for care in a crisis stabilization center shall not be subject to preau-
45 thorization. All treatment provided under this subparagraph may be
46 reviewed retrospectively. Where care is denied retrospectively, an
47 insured shall not have any financial obligation to the facility for any
48 treatment under this subparagraph other than any copayment, coinsurance,
49 or deductible otherwise required under the policy.

50 (J) This subparagraph shall apply to facilities in this state that are
51 licensed, certified, or otherwise authorized by the office of addiction
52 services and supports for the provision of outpatient, intensive outpa-
53 tient, outpatient rehabilitation and opioid treatment that are partic-
54 ipating in the insurer's provider network. Reimbursement for covered
55 outpatient treatment provided by such facilities shall be at rates nego-
56 tiated between the insurer and the participating facility, provided that

1 such rates are not less than the rates that would be paid for such
2 treatment pursuant to the medical assistance program under title eleven
3 of article five of the social services law. For the purposes of this
4 subparagraph, the rates that would be paid for such treatment pursuant
5 to the medical assistance program under title eleven of article five of
6 the social services law shall be set forth in a fee schedule setting
7 forth the specific fee for each individual service covered by this
8 subparagraph published by the office of addiction services and supports
9 by November first of the preceding calendar year and shall be the rates
10 with an effective date of April first of the preceding year, which shall
11 be established prior to October first of the preceding calendar year.
12 Prior to the submission of premium rate filings and applications, the
13 superintendent shall provide insurers with guidance on factors to
14 consider in calculating the impact of rate changes for the purposes of
15 submitting premium rate filings and applications to the superintendent
16 for the subsequent policy year. To the extent that the rates with an
17 effective date of April first differ from the estimated rates incorpo-
18 rated in premium rate filings and applications, insurers may account for
19 such differences in future premium rate filings and applications submit-
20 ted to the superintendent for approval.

21 § 6. Paragraph 31-a of subsection (i) of section 3216 of the insurance
22 law, as added by chapter 748 of the laws of 2019, and subparagraph (A)
23 as amended by section 1 of subpart E of part II of chapter 57 of the
24 laws of 2023, is amended to read as follows:

25 (31-a) (A) No policy that provides medical, major medical or similar
26 comprehensive-type coverage and provides coverage for prescription drugs
27 for medication for the treatment of a [~~substance-use~~] substance-related
28 and addictive disorder shall require prior authorization for an initial
29 or renewal prescription for the detoxification or maintenance treatment
30 of a [~~substance-use~~] substance-related and addictive disorder, including
31 all buprenorphine products, methadone, long acting injectable naltrex-
32 one, or medication for opioid overdose reversal prescribed or dispensed
33 to an insured covered under the policy, including federal food and drug
34 administration-approved over-the-counter opioid overdose reversal medi-
35 cation as prescribed, dispensed or as otherwise authorized under state
36 or federal law, except where otherwise prohibited by law.

37 (B) Coverage provided under this paragraph may be subject to copay-
38 ments, coinsurance, and annual deductibles that are consistent with
39 those imposed on other benefits within the policy.

40 § 7. Paragraph 17 of subsection (a) of section 3217-a of the insurance
41 law, as amended by section 2 of subpart B of part AA of chapter 57 of
42 the laws of 2022, is amended to read as follows:

43 (17) where applicable, a listing by specialty, which may be in a sepa-
44 rate document that is updated annually, of the name, address, telephone
45 number, and digital contact information of all participating providers,
46 including facilities, and: (A) whether the provider is accepting new
47 patients; (B) in the case of mental health or [~~substance-use~~]
48 substance-related and addictive disorder services providers, any affil-
49 iations with participating facilities certified or authorized by the
50 office of mental health or the office of addiction services and
51 supports, and any restrictions regarding the availability of the indi-
52 vidual provider's services; and (C) in the case of physicians, board
53 certification, languages spoken and any affiliations with participating
54 hospitals. The listing shall also be posted on the insurer's website and
55 the insurer shall update the website within fifteen days of the addition

1 or termination of a provider from the insurer's network or a change in a
2 physician's hospital affiliation;

3 § 8. Subsection (m) of section 3217-b of the insurance law, as added
4 by section 3 of subpart B of part AA of chapter 57 of the laws of 2022,
5 is amended to read as follows:

6 (m) A contract between an insurer and a health care provider shall
7 include a provision that requires the health care provider to have in
8 place business processes to ensure the timely provision of provider
9 directory information to the insurer. A health care provider shall
10 submit such provider directory information to an insurer, at a minimum,
11 when a provider begins or terminates a network agreement with an insur-
12 er, when there are material changes to the content of the provider
13 directory information of the health care provider, and at any other
14 time, including upon the insurer's request, as the health care provider
15 determines to be appropriate. For purposes of this subsection, "provider
16 directory information" shall include the name, address, specialty, tele-
17 phone number, and digital contact information of such health care
18 provider; whether the provider is accepting new patients; for mental
19 health and [~~substance-use~~] substance-related and addictive disorder
20 services providers, any affiliations with participating facilities
21 certified or authorized by the office of mental health or the office of
22 addiction services and supports, and any restrictions regarding the
23 availability of the individual provider's services; and in the case of
24 physicians, board certification, languages spoken, and any affiliations
25 with participating hospitals.

26 § 9. Subparagraphs (A), (B), (D), (E) and (F) of paragraph 6 of
27 subsection (l) of section 3221 of the insurance law, subparagraphs (A),
28 (B), and (D) as amended and subparagraphs (E) and (F) as added by
29 section 15 of subpart A of part BB of chapter 57 of the laws of 2019,
30 are amended to read as follows:

31 (A) Every policy that provides hospital, major medical or similar
32 comprehensive coverage shall provide inpatient coverage for the diagno-
33 sis and treatment of [~~substance-use~~] substance-related and addictive
34 disorder, including detoxification and rehabilitation services. Such
35 inpatient coverage shall include unlimited medically necessary treatment
36 for [~~substance-use~~] substance-related and addictive disorder treatment
37 services provided in residential settings. Further, such inpatient
38 coverage shall not apply financial requirements or treatment limita-
39 tions, including utilization review requirements, to inpatient
40 [~~substance-use~~] substance-related and addictive disorder benefits that
41 are more restrictive than the predominant financial requirements and
42 treatment limitations applied to substantially all medical and surgical
43 benefits covered by the policy.

44 (B) Coverage provided under this paragraph may be limited to facili-
45 ties in New York state that are licensed, certified or otherwise author-
46 ized by the office of [~~alcoholism and substance abuse services~~]
47 addiction services and supports and, in other states, to those which are
48 accredited by the joint commission as alcoholism, addiction, substance
49 abuse or chemical dependence treatment programs and are similarly
50 licensed, certified, or otherwise authorized in the state in which the
51 facility is located.

52 (D) This subparagraph shall apply to facilities in this state that are
53 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
54 and substance abuse services] addiction services and supports that are
55 participating in the insurer's provider network. Coverage provided under
56 this paragraph shall not be subject to preauthorization. Coverage

1 provided under this paragraph shall also not be subject to concurrent
2 utilization review during the first twenty-eight days of the inpatient
3 admission provided that the facility notifies the insurer of both the
4 admission and the initial treatment plan within two business days of the
5 admission. The facility shall perform daily clinical review of the
6 patient, including periodic consultation with the insurer at or just
7 prior to the fourteenth day of treatment to ensure that the facility is
8 using the evidence-based and peer reviewed clinical review tool utilized
9 by the insurer which is designated by the office of [~~alcoholism and~~
10 ~~substance abuse services~~] addiction services and supports and appropri-
11 ate to the age of the patient, to ensure that the inpatient treatment is
12 medically necessary for the patient. Prior to discharge, the facility
13 shall provide the patient and the insurer with a written discharge plan
14 which shall describe arrangements for additional services needed follow-
15 ing discharge from the inpatient facility as determined using the
16 evidence-based and peer-reviewed clinical review tool utilized by the
17 insurer which is designated by the office of [~~alcoholism and substance~~
18 ~~abuse services~~] addiction services and supports. Prior to discharge,
19 the facility shall indicate to the insurer whether services included in
20 the discharge plan are secured or determined to be reasonably available.
21 Any utilization review of treatment provided under this subparagraph may
22 include a review of all services provided during such inpatient treat-
23 ment, including all services provided during the first twenty-eight days
24 of such inpatient treatment. Provided, however, the insurer shall only
25 deny coverage for any portion of the initial twenty-eight day inpatient
26 treatment on the basis that such treatment was not medically necessary
27 if such inpatient treatment was contrary to the evidence-based and peer
28 reviewed clinical review tool utilized by the insurer which is desig-
29 nated by the office of [~~alcoholism and substance abuse services~~]
30 addiction services and supports. An insured shall not have any finan-
31 cial obligation to the facility for any treatment under this subpara-
32 graph other than any copayment, coinsurance, or deductible otherwise
33 required under the policy.

34 (E) The criteria for medical necessity determinations under the policy
35 with respect to inpatient [~~substance use~~] substance-related and addic-
36 tive disorder benefits shall be made available by the insurer to any
37 insured, prospective insured, or in-network provider upon request.

38 (F) For purposes of this paragraph:

39 (i) "financial requirement" means deductible, copayments, coinsurance
40 and out-of-pocket expenses;

41 (ii) "predominant" means that a financial requirement or treatment
42 limitation is the most common or frequent of such type of limit or
43 requirement;

44 (iii) "treatment limitation" means limits on the frequency of treat-
45 ment, number of visits, days of coverage, or other similar limits on the
46 scope or duration of treatment and includes nonquantitative treatment
47 limitations such as: medical management standards limiting or excluding
48 benefits based on medical necessity, or based on whether the treatment
49 is experimental or investigational; formulary design for prescription
50 drugs; network tier design; standards for provider admission to partic-
51 ipate in a network, including reimbursement rates; methods for determin-
52 ing usual, customary, and reasonable charges; fail-first or step therapy
53 protocols; exclusions based on failure to complete a course of treat-
54 ment; and restrictions based on geographic location, facility type,
55 provider specialty, and other criteria that limit the scope or duration
56 of benefits for services provided under the policy; and

1 (iv) [~~substance-use~~] substance-related and addictive disorder" shall
2 have the meaning set forth in the most recent edition of the diagnostic
3 and statistical manual of mental disorders or the most recent edition of
4 another generally recognized independent standard of current medical
5 practice such as the international classification of diseases.

6 § 10. Paragraph 7 of subsection (l) of section 3221 of the insurance
7 law, as amended by chapter 41 of the laws of 2014, subparagraph (A) as
8 amended and subparagraph (C-1) as added by section 16 and subparagraph
9 (E) as amended, and subparagraphs (F), (G), and (H) as added by section
10 17 of subpart A of part BB of chapter 57 of the laws of 2019, subpara-
11 graph (B) as amended by section 16 and subparagraph (I) as added by
12 section 17 of part AA of chapter 57 of the laws of 2021, subparagraph (J)
13 as amended by chapter 660 of the laws of 2025, is amended to read as
14 follows:

15 (7) (A) Every policy that provides medical, major medical or similar
16 comprehensive-type coverage shall provide outpatient coverage for the
17 diagnosis and treatment of [~~substance-use~~] substance-related and addic-
18 tive disorder, including detoxification and rehabilitation services.
19 Such coverage shall not apply financial requirements or treatment limi-
20 tations to outpatient [~~substance-use~~] substance-related and addictive
21 disorder benefits that are more restrictive than the predominant finan-
22 cial requirements and treatment limitations applied to substantially all
23 medical and surgical benefits covered by the policy.

24 (B) Coverage under this paragraph may be limited to facilities in this
25 state that are licensed, certified or otherwise authorized by the office
26 of addiction services and supports to provide outpatient [~~substance-use~~]
27 substance-related and addictive disorder services and crisis stabiliza-
28 tion centers licensed pursuant to section 36.01 of the mental hygiene
29 law, and, in other states, to those which are accredited by the joint
30 commission as alcoholism, addiction or chemical dependence treatment
31 programs and similarly licensed, certified or otherwise authorized in
32 the state in which the facility is located.

33 (C) Coverage provided under this paragraph may be subject to annual
34 deductibles and co-insurance as deemed appropriate by the superintendent
35 and that are consistent with those imposed on other benefits within a
36 given policy.

37 (C-1) A large group policy that provides coverage under this paragraph
38 shall not impose copayments or coinsurance for outpatient [~~substance~~
39 use] substance-related and addictive disorder services that exceeds the
40 copayment or coinsurance imposed for a primary care office visit.
41 Provided that no greater than one such copayment may be imposed for all
42 services provided in a single day by a facility licensed, certified or
43 otherwise authorized by the office of [~~alcoholism and substance abuse~~
44 services] addiction services and supports to provide outpatient
45 [~~substance-use~~] substance-related and addictive disorder services.

46 (D) A policy providing coverage for [~~substance-use~~] substance-related
47 and addictive disorder services pursuant to this paragraph shall provide
48 up to twenty outpatient visits per policy or calendar year to an indi-
49 vidual who identifies [~~him or herself~~] themselves as a family member of
50 a person suffering from [~~substance-use~~] a substance-related and addic-
51 tive disorder and who seeks treatment as a family member who is other-
52 wise covered by the applicable policy pursuant to this paragraph. The
53 coverage required by this paragraph shall include treatment as a family
54 member pursuant to such family member's own policy provided such family
55 member:

1 (i) does not exceed the allowable number of family visits provided by
2 the applicable policy pursuant to this paragraph; and

3 (ii) is otherwise entitled to coverage pursuant to this paragraph and
4 such family member's applicable policy.

5 (E) This subparagraph shall apply to facilities in this state that are
6 licensed, certified or otherwise authorized by the office of [~~alcoholism
7 and substance abuse services~~] addiction services and supports for the
8 provision of outpatient, intensive outpatient, outpatient rehabilitation
9 and opioid treatment that are participating in the insurer's provider
10 network. Coverage provided under this paragraph shall not be subject to
11 preauthorization. Coverage provided under this paragraph shall not be
12 subject to concurrent review for the first four weeks of continuous
13 treatment, not to exceed twenty-eight visits, provided the facility
14 notifies the insurer of both the start of treatment and the initial
15 treatment plan within two business days. The facility shall perform
16 clinical assessment of the patient at each visit, including periodic
17 consultation with the insurer at or just prior to the fourteenth day of
18 treatment to ensure that the facility is using the evidence-based and
19 peer reviewed clinical review tool utilized by the insurer which is
20 designated by the office of [~~alcoholism and substance abuse services~~]
21 addiction services and supports and appropriate to the age of the
22 patient, to ensure that the outpatient treatment is medically necessary
23 for the patient. Any utilization review of the treatment provided under
24 this subparagraph may include a review of all services provided during
25 such outpatient treatment, including all services provided during the
26 first four weeks of continuous treatment, not to exceed twenty-eight
27 visits, of such outpatient treatment. Provided, however, the insurer
28 shall only deny coverage for any portion of the initial four weeks of
29 continuous treatment, not to exceed twenty-eight visits, for outpatient
30 treatment on the basis that such treatment was not medically necessary
31 if such outpatient treatment was contrary to the evidence-based and peer
32 reviewed clinical review tool utilized by the insurer which is desig-
33 nated by the office of [~~alcoholism and substance abuse services~~]
34 addiction services and supports. An insured shall not have any finan-
35 cial obligation to the facility for any treatment under this subpara-
36 graph other than any copayment, coinsurance, or deductible otherwise
37 required under the policy.

38 (F) The criteria for medical necessity determinations under the policy
39 with respect to outpatient [~~substance use~~] substance-related and addic-
40 tive disorder benefits shall be made available by the insurer to any
41 insured, prospective insured, or in-network provider upon request.

42 (G) For purposes of this paragraph:

43 (i) "financial requirement" means deductible, copayments, coinsurance
44 and out-of-pocket expenses;

45 (ii) "predominant" means that a financial requirement or treatment
46 limitation is the most common or frequent of such type of limit or
47 requirement;

48 (iii) "treatment limitation" means limits on the frequency of treat-
49 ment, number of visits, days of coverage, or other similar limits on the
50 scope or duration of treatment and includes nonquantitative treatment
51 limitations such as: medical management standards limiting or excluding
52 benefits based on medical necessity, or based on whether the treatment
53 is experimental or investigational; formulary design for prescription
54 drugs; network tier design; standards for provider admission to partic-
55 ipate in a network, including reimbursement rates; methods for determin-
56 ing usual, customary, and reasonable charges; fail-first or step therapy

1 protocols; exclusions based on failure to complete a course of treat-
2 ment; and restrictions based on geographic location, facility type,
3 provider specialty, and other criteria that limit the scope or duration
4 of benefits for services provided under the policy; and

5 (iv) [~~"substance-use~~] "substance-related and addictive disorder" shall
6 have the meaning set forth in the most recent edition of the diagnostic
7 and statistical manual of mental disorders or the most recent edition of
8 another generally recognized independent standard of current medical
9 practice such as the international classification of diseases.

10 (H) An insurer shall provide coverage under this paragraph, at a mini-
11 mum, consistent with the federal Paul Wellstone and Pete Domenici Mental
12 Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a).

13 (I) This subparagraph shall apply to crisis stabilization centers in
14 this state that are licensed pursuant to section 36.01 of the mental
15 hygiene law and participate in the insurer's provider network. Benefits
16 for care in a crisis stabilization center shall not be subject to preau-
17 thorization. All treatment provided under this subparagraph may be
18 reviewed retrospectively. Where care is denied retrospectively, an
19 insured shall not have any financial obligation to the facility for any
20 treatment under this subparagraph other than any copayment, coinsurance,
21 or deductible otherwise required under the policy.

22 (J) This subparagraph shall apply to facilities in this state that are
23 licensed, certified, or otherwise authorized by the office of addiction
24 services and supports for the provision of outpatient, intensive outpa-
25 tient, outpatient rehabilitation and opioid treatment that are partic-
26 ipating in the insurer's provider network. Reimbursement for covered
27 outpatient treatment provided by such facilities shall be at rates nego-
28 tiated between the insurer and the participating facility, provided that
29 such rates are not less than the rates that would be paid for such
30 treatment pursuant to the medical assistance program under title eleven
31 of article five of the social services law. For the purposes of this
32 subparagraph, the rates that would be paid for such treatment pursuant
33 to the medical assistance program under title eleven of article five of
34 the social services law shall be set forth in a fee schedule setting
35 forth the specific fee for each individual service covered by this
36 subparagraph published by the office of addiction services and supports
37 by November first of the preceding calendar year and shall be the rates
38 with an effective date of April first of the preceding year, which shall
39 be established prior to October first of the preceding calendar year.
40 Prior to the submission of premium rate filings and applications, the
41 superintendent shall provide insurers with guidance on factors to
42 consider in calculating the impact of rate changes for the purposes of
43 submitting premium rate filings and applications to the superintendent
44 for the subsequent policy year. To the extent that the rates with an
45 effective date of April first differ from the estimated rates incorpo-
46 rated in premium rate filings and applications, insurers may account for
47 such differences in future premium rate filings and applications submit-
48 ted to the superintendent for approval.

49 § 11. Subparagraph (A) of paragraph 7-a of subsection (1) of section
50 3221 of the insurance law, as amended by section 2 of subpart E of part
51 II of chapter 57 of the laws of 2023, is amended to read as follows:

52 (A) No policy that provides medical, major medical or similar compre-
53 hensive-type small group coverage and provides coverage for prescription
54 drugs for medication for the treatment of a [~~substance-use~~] substance-
55 related and addictive disorder shall require prior authorization for an
56 initial or renewal prescription for the detoxification or maintenance

1 treatment of a [~~substance-use~~] substance-related and addictive disorder,
2 including all buprenorphine products, methadone, long acting injectable
3 naltrexone, or medication for opioid overdose reversal prescribed or
4 dispensed to an insured covered under the policy, including federal food
5 and drug administration-approved over-the-counter opioid overdose
6 reversal medication as prescribed, dispensed or as otherwise authorized
7 under state or federal law, except where otherwise prohibited by law.
8 Every policy that provides medical, major medical or similar comprehen-
9 sive-type large group coverage shall provide coverage for prescription
10 drugs for medication for the treatment of a [~~substance-use~~] substance-
11 related and addictive disorder and shall not require prior authorization
12 for an initial or renewal prescription for the detoxification or mainte-
13 nance treatment of a [~~substance-use~~] substance-related and addictive
14 disorder, including all buprenorphine products, methadone, long acting
15 injectable naltrexone, or medication for opioid overdose reversal
16 prescribed or dispensed to an insured covered under the policy, includ-
17 ing federal food and drug administration-approved over-the-counter
18 opioid overdose reversal medication as prescribed, dispensed or as
19 otherwise authorized under state or federal law, except where otherwise
20 prohibited by law.

21 § 12. Subsection (a) of section 3241 of the insurance law, as amended
22 by section 1 of subpart F of part II of chapter 57 of the laws of 2023,
23 is amended to read as follows:

24 (a) (1) An insurer, a corporation organized pursuant to article
25 forty-three of this chapter, a municipal cooperative health benefit plan
26 certified pursuant to article forty-seven of this chapter, or a student
27 health plan established or maintained pursuant to section one thousand
28 one hundred twenty-four of this chapter, that issues a health insurance
29 policy or contract with a network of health care providers shall ensure
30 that the network is adequate to meet the health, substance-related and
31 addictive disorder and mental health needs of insureds and provide an
32 appropriate choice of providers sufficient to render the services
33 covered under the policy or contract. The superintendent shall review
34 the network of health care providers for adequacy at the time of the
35 superintendent's initial approval of a health insurance policy or
36 contract; at least every three years thereafter; and upon application
37 for expansion of any service area associated with the policy or contract
38 in conformance with the standards set forth in subdivision five of
39 section four thousand four hundred three of the public health law. The
40 superintendent shall determine standards for network adequacy for mental
41 health and [~~substance-use~~] substance-related and addictive disorder
42 treatment services, including sub-acute care in a residential facility,
43 assertive community treatment services, critical time intervention
44 services and mobile crisis intervention services, in consultation with
45 the commissioner of the office of mental health and the commissioner of
46 the office of addiction services and supports. To the extent that the
47 network has been determined by the commissioner of health to meet the
48 standards set forth in subdivision five of section four thousand four
49 hundred three of the public health law, such network shall be deemed
50 adequate by the superintendent.

51 (2) The superintendent, in consultation with the commissioner of
52 health, the commissioner of the office of mental health, and the commis-
53 sioner of the office of addiction services and supports, shall propose
54 regulations setting forth standards for network adequacy for mental
55 health and [~~substance-use~~] substance-related and addictive disorder
56 treatment services, including sub-acute care in a residential facility,

1 assertive community treatment services, critical time intervention
2 services and mobile crisis intervention services, by December thirty-
3 first, two thousand twenty-three.

4 § 13. Subsection (k) of section 4303 of the insurance law, as amended
5 by section 26 of subpart A of part BB of chapter 57 of the laws of 2019,
6 is amended to read as follows:

7 (k)(1) Every contract that provides hospital, major medical or similar
8 comprehensive coverage shall provide inpatient coverage for the diagno-
9 sis and treatment of [~~substance-use~~] substance-related and addictive
10 disorder, including detoxification and rehabilitation services. Such
11 inpatient coverage shall include unlimited medically necessary treatment
12 for [~~substance-use~~] substance-related and addictive disorder treatment
13 services provided in residential settings. Further, such inpatient
14 coverage shall not apply financial requirements or treatment limita-
15 tions, including utilization review requirements, to inpatient
16 [~~substance-use~~] substance-related and addictive disorder benefits that
17 are more restrictive than the predominant financial requirements and
18 treatment limitations applied to substantially all medical and surgical
19 benefits covered by the contract.

20 (2) Coverage provided under this subsection may be limited to facili-
21 ties in New York state that are licensed, certified or otherwise author-
22 ized by the office of [~~alcoholism and substance abuse services~~]
23 addiction services and supports and, in other states, to those which are
24 accredited by the joint commission as alcoholism, addiction, substance
25 abuse, or chemical dependence treatment programs and are similarly
26 licensed, certified or otherwise authorized in the state in which the
27 facility is located.

28 (3) Coverage provided under this subsection may be subject to annual
29 deductibles and co-insurance as deemed appropriate by the superintendent
30 and that are consistent with those imposed on other benefits within a
31 given contract.

32 (4) This paragraph shall apply to facilities in this state that are
33 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
34 ~~and substance abuse services~~] addiction services and supports that are
35 participating in the corporation's provider network. Coverage provided
36 under this subsection shall not be subject to preauthorization. Coverage
37 provided under this subsection shall also not be subject to concurrent
38 utilization review during the first twenty-eight days of the inpatient
39 admission provided that the facility notifies the corporation of both
40 the admission and the initial treatment plan within two business days of
41 the admission. The facility shall perform daily clinical review of the
42 patient, including periodic consultation with the corporation at or just
43 prior to the fourteenth day of treatment to ensure that the facility is
44 using the evidence-based and peer reviewed clinical review tool utilized
45 by the corporation which is designated by the office of [~~alcoholism and~~
46 ~~substance abuse services~~] addiction services and supports and appropri-
47 ate to the age of the patient, to ensure that the inpatient treatment is
48 medically necessary for the patient. Prior to discharge, the facility
49 shall provide the patient and the corporation with a written discharge
50 plan which shall describe arrangements for additional services needed
51 following discharge from the inpatient facility as determined using the
52 evidence-based and peer-reviewed clinical review tool utilized by the
53 corporation which is designated by the office of [~~alcoholism and~~
54 ~~substance abuse services~~] addiction services and supports. Prior to
55 discharge, the facility shall indicate to the corporation whether
56 services included in the discharge plan are secured or determined to be

1 reasonably available. Any utilization review of treatment provided
2 under this paragraph may include a review of all services provided
3 during such inpatient treatment, including all services provided during
4 the first twenty-eight days of such inpatient treatment. Provided,
5 however, the corporation shall only deny coverage for any portion of the
6 initial twenty-eight day inpatient treatment on the basis that such
7 treatment was not medically necessary if such inpatient treatment was
8 contrary to the evidence-based and peer reviewed clinical review tool
9 utilized by the corporation which is designated by the office of [~~aleo-~~
10 ~~holism and substance abuse services~~] addiction services and supports.

11 An insured shall not have any financial obligation to the facility for
12 any treatment under this paragraph other than any copayment, coinsu-
13 rance, or deductible otherwise required under the contract.

14 (5) The criteria for medical necessity determinations under the
15 contract with respect to inpatient [~~substance use~~] substance-related and
16 addictive disorder benefits shall be made available by the corporation
17 to any insured, prospective insured or in-network provider upon request.

18 (6) For purposes of this subsection:

19 (A) "financial requirement" means deductible, copayments, coinsurance
20 and out-of-pocket expenses;

21 (B) "predominant" means that a financial requirement or treatment
22 limitation is the most common or frequent of such type of limit or
23 requirement;

24 (C) "treatment limitation" means limits on the frequency of treatment,
25 number of visits, days of coverage, or other similar limits on the scope
26 or duration of treatment and includes nonquantitative treatment limita-
27 tions such as: medical management standards limiting or excluding bene-
28 fits based on medical necessity, or based on whether the treatment is
29 experimental or investigational; formulary design for prescription
30 drugs; network tier design; standards for provider admission to partic-
31 ipate in a network, including reimbursement rates; methods for determin-
32 ing usual, customary, and reasonable charges; fail-first or step therapy
33 protocols; exclusions based on failure to complete a course of treat-
34 ment; and restrictions based on geographic location, facility type,
35 provider specialty, and other criteria that limit the scope or duration
36 of benefits for services provided under the contract; and

37 (D) [~~substance use~~] "substance-related and addictive disorder" shall
38 have the meaning set forth in the most recent edition of the diagnostic
39 and statistical manual of mental disorders or the most recent edition of
40 another generally recognized independent standard of current medical
41 practice such as the international classification of diseases.

42 (7) A corporation shall provide coverage under this subsection, at a
43 minimum, consistent with the federal Paul Wellstone and Pete Domenici
44 Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. §
45 1185a).

46 § 14. Subsection (1) of section 4303 of the insurance law, as amended
47 by chapter 41 of the laws of 2014, paragraph 1 as amended and paragraph
48 3-a as added by section 27, paragraph 5 as amended and paragraphs 6, 7,
49 and 8 as added by section 28 of subpart A of part BB of chapter 57 of
50 the laws of 2019, paragraph 2 as amended by section 20 and paragraph 9
51 as added by section 21 of part AA of chapter 57 of the laws of 2021,
52 paragraph 10 as amended by chapter 660 of the laws of 2025, is amended
53 to read as follows:

54 (1) (1) Every contract that provides medical, major medical or similar
55 comprehensive-type coverage shall provide outpatient coverage for the
56 diagnosis and treatment of [~~substance use~~] substance-related and addic-

1 tive disorder, including detoxification and rehabilitation services.
2 Such coverage shall not apply financial requirements or treatment limi-
3 tations to outpatient [~~substance-use~~] substance-related and addictive
4 disorder benefits that are more restrictive than the predominant finan-
5 cial requirements and treatment limitations applied to substantially all
6 medical and surgical benefits covered by the contract.

7 (2) Coverage under this subsection may be limited to facilities in
8 this state that are licensed, certified or otherwise authorized by the
9 office of addiction services and supports to provide outpatient
10 [~~substance-use~~] substance-related and addictive disorder services and
11 crisis stabilization centers licensed pursuant to section 36.01 of the
12 mental hygiene law, and, in other states, to those which are accredited
13 by the joint commission as alcoholism, addiction or chemical dependence
14 substance abuse treatment programs and are similarly licensed, certified
15 or otherwise authorized in the state in which the facility is located.

16 (3) Coverage provided under this subsection may be subject to annual
17 deductibles and co-insurance as deemed appropriate by the superintendent
18 and that are consistent with those imposed on other benefits within a
19 given contract.

20 (3-a) A contract that provides large group coverage under this
21 subsection shall not impose copayments or coinsurance for outpatient
22 [~~substance-use~~] substance-related and addictive disorder services that
23 exceed the copayment or coinsurance imposed for a primary care office
24 visit. Provided that no greater than one such copayment may be imposed
25 for all services provided in a single day by a facility licensed, certi-
26 fied or otherwise authorized by the office of [~~alcoholism and substance~~
27 ~~abuse services~~] addiction services and supports to provide outpatient
28 [~~substance-use~~] substance-related and addictive disorder services.

29 (4) A contract providing coverage for [~~substance-use~~] substance-relat-
30 ed and addictive disorder services pursuant to this subsection shall
31 provide up to twenty outpatient visits per contract or calendar year to
32 an individual who identifies [~~him or herself~~] themselves as a family
33 member of a person suffering from [~~substance-use~~] substance-related and
34 addictive disorder and who seeks treatment as a family member who is
35 otherwise covered by the applicable contract pursuant to this
36 subsection. The coverage required by this subsection shall include
37 treatment as a family member pursuant to such family member's own
38 contract provided such family member:

39 (A) does not exceed the allowable number of family visits provided by
40 the applicable contract pursuant to this subsection; and

41 (B) is otherwise entitled to coverage pursuant to this subsection and
42 such family member's applicable contract.

43 (5) This paragraph shall apply to facilities in this state that are
44 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
45 ~~and substance abuse services~~] addiction services and supports for the
46 provision of outpatient, intensive outpatient, outpatient rehabilitation
47 and opioid treatment that are participating in the corporation's provid-
48 er network. Coverage provided under this subsection shall not be subject
49 to preauthorization. Coverage provided under this subsection shall not
50 be subject to concurrent review for the first four weeks of continuous
51 treatment, not to exceed twenty-eight visits, provided the facility
52 notifies the corporation of both the start of treatment and the initial
53 treatment plan within two business days. The facility shall perform
54 clinical assessment of the patient at each visit, including periodic
55 consultation with the corporation at or just prior to the fourteenth day
56 of treatment to ensure that the facility is using the evidence-based and

1 peer reviewed clinical review tool utilized by the corporation which is
2 designated by the office of [~~alcoholism and substance abuse services~~]
3 addiction services and supports and appropriate to the age of the
4 patient, to ensure that the outpatient treatment is medically necessary
5 for the patient. Any utilization review of the treatment provided under
6 this paragraph may include a review of all services provided during such
7 outpatient treatment, including all services provided during the first
8 four weeks of continuous treatment, not to exceed twenty-eight visits,
9 of such outpatient treatment. Provided, however, the corporation shall
10 only deny coverage for any portion of the initial four weeks of contin-
11 uous treatment, not to exceed twenty-eight visits, for outpatient treat-
12 ment on the basis that such treatment was not medically necessary if
13 such outpatient treatment was contrary to the evidence-based and peer
14 reviewed clinical review tool utilized by the corporation which is
15 designated by the office of [~~alcoholism and substance abuse services~~]
16 addiction services and supports. A subscriber shall not have any finan-
17 cial obligation to the facility for any treatment under this paragraph
18 other than any copayment, coinsurance, or deductible otherwise required
19 under the contract.

20 (6) The criteria for medical necessity determinations under the
21 contract with respect to outpatient [~~substance use~~] substance-related
22 and addictive disorder benefits shall be made available by the corpo-
23 ration to any insured, prospective insured, or in-network provider upon
24 request.

25 (7) For purposes of this subsection:

26 (A) "financial requirement" means deductible, copayments, coinsurance
27 and out-of-pocket expenses;

28 (B) "predominant" means that a financial requirement or treatment
29 limitation is the most common or frequent of such type of limit or
30 requirement.

31 (C) "treatment limitation" means limits on the frequency of treatment,
32 number of visits, days of coverage, or other similar limits on the scope
33 or duration of treatment and includes nonquantitative treatment limita-
34 tions such as: medical management standards limiting or excluding bene-
35 fits based on medical necessity, or based on whether the treatment is
36 experimental or investigational; formulary design for prescription
37 drugs; network tier design; standards for provider admission to partic-
38 ipate in a network, including reimbursement rates; methods for determin-
39 ing usual, customary, and reasonable charges; fail-first or step therapy
40 protocols; exclusions based on failure to complete a course of treat-
41 ment; and restrictions based on geographic location, facility type,
42 provider specialty, and other criteria that limit the scope or duration
43 of benefits for services provided under the contract; and

44 (D) [~~"substance use~~] "substance-related and addictive disorder" shall
45 have the meaning set forth in the most recent edition of the diagnostic
46 and statistical manual of mental disorders or the most recent edition of
47 another generally recognized independent standard of current medical
48 practice such as the international classification of diseases.

49 (8) A corporation shall provide coverage under this subsection, at a
50 minimum, consistent with the federal Paul Wellstone and Pete Domenici
51 Mental Health Parity and Addiction Equity Act of 2008 (29 U.S.C. §
52 1185a).

53 (9) This paragraph shall apply to crisis stabilization centers in this
54 state that are licensed pursuant to section 36.01 of the mental hygiene
55 law and participate in the corporation's provider network. Benefits for
56 care in a crisis stabilization center shall not be subject to preauthor-

1 ization. All treatment provided under this paragraph may be reviewed
2 retrospectively. Where care is denied retrospectively, an insured shall
3 not have any financial obligation to the facility for any treatment
4 under this paragraph other than any copayment, coinsurance, or deduct-
5 ible otherwise required under the contract.

6 (10) This paragraph shall apply to facilities in this state that are
7 licensed, certified, or otherwise authorized by the office of addiction
8 services and supports for the provision of outpatient, intensive outpa-
9 tient, outpatient rehabilitation and opioid treatment that are partic-
10 ipating in the corporation's provider network. Reimbursement for covered
11 outpatient treatment provided by such facilities shall be at rates nego-
12 tiated between the corporation and the participating facility, provided
13 that such rates are not less than the rates that would be paid for such
14 treatment pursuant to the medical assistance program under title eleven
15 of article five of the social services law. For the purposes of this
16 paragraph, the rates that would be paid for such treatment pursuant to
17 the medical assistance program under title eleven of article five of the
18 social services law shall be set forth in a fee schedule setting forth
19 the specific fee for each individual service covered by this paragraph
20 published by the office of addiction services and supports by November
21 first of the preceding calendar year and shall be the rates with an
22 effective date of April first of the preceding year, which shall be
23 established prior to October first of the preceding calendar year. Prior
24 to the submission of premium rate filings and applications, the super-
25 intendent shall provide corporations with guidance on factors to consid-
26 er in calculating the impact of rate changes for the purposes of submit-
27 ting premium rate filings and applications to the superintendent for the
28 subsequent policy year. To the extent that the rates with an effective
29 date of April first differ from the estimated rates incorporated in
30 premium rate filings and applications, corporations may account for such
31 differences in future premium rate filings and applications submitted to
32 the superintendent for approval.

33 § 15. Paragraph (A) of subsection (l-1) of section 4303 of the insur-
34 ance law, as amended by section 3 of subpart E of part II of chapter 57
35 of the laws of 2023, is amended to read as follows:

36 (A) No contract that provides medical, major medical or similar
37 comprehensive-type individual or small group coverage and provides
38 coverage for prescription drugs for medication for the treatment of a
39 [~~substance-use~~] substance-related and addictive disorder shall require
40 prior authorization for an initial or renewal prescription for the
41 detoxification or maintenance treatment of a [~~substance-use~~] substance-
42 related and addictive disorder, including all buprenorphine products,
43 methadone, long acting injectable naltrexone, or medication for opioid
44 overdose reversal prescribed or dispensed to an insured covered under
45 the contract, including federal food and drug administration-approved
46 over-the-counter opioid overdose reversal medication as prescribed,
47 dispensed or as otherwise authorized under state or federal law, except
48 where otherwise prohibited by law. Every contract that provides medical,
49 major medical, or similar comprehensive-type large group coverage shall
50 provide coverage for prescription drugs for medication for the treatment
51 of a [~~substance-use~~] substance-related and addictive disorder and shall
52 not require prior authorization for an initial or renewal prescription
53 for the detoxification of maintenance treatment of a [~~substance-use~~]
54 substance-related and addictive disorder, including all buprenorphine
55 products, methadone, long acting injectable naltrexone, or medication
56 for opioid overdose reversal prescribed or dispensed to an individual

1 covered under the contract, including federal food and drug administra-
2 tion-approved over-the-counter opioid overdose reversal medication as
3 prescribed, dispensed or as otherwise authorized under state or federal
4 law, except where otherwise prohibited by law.

5 § 16. Subparagraph (E) of paragraph 1 of subsection (a) of section
6 4306-h of the insurance law, as added by section 35 of subpart B of part
7 J of chapter 57 of the laws of 2019, is amended to read as follows:

8 (E) mental health and [~~substance-use~~] substance-related and addictive
9 disorder services, including behavioral health treatment;

10 § 17. Paragraph 17 of subsection (a) of section 4324 of the insurance
11 law, as amended by section 4 of subpart B of part AA of chapter 57 of
12 the laws of 2022, is amended to read as follows:

13 (17) where applicable, a listing by specialty, which may be in a sepa-
14 rate document that is updated annually, of the name, address, telephone
15 number, and digital contact information of all participating providers,
16 including facilities, and: (A) whether the provider is accepting new
17 patients; (B) in the case of mental health or [~~substance—use~~]
18 substance-related and addictive disorder services providers, any affil-
19 iations with participating facilities certified or authorized by the
20 office of mental health or the office of addiction services and
21 supports, and any restrictions regarding the availability of the indi-
22 vidual provider's services; (C) in the case of physicians, board certif-
23 ication, languages spoken and any affiliations with participating hospi-
24 tals. The listing shall also be posted on the corporation's website and
25 the corporation shall update the website within fifteen days of the
26 addition or termination of a provider from the corporation's network or
27 a change in a physician's hospital affiliation;

28 § 18. Subsection (n) of section 4325 of the insurance law, as added by
29 section 5 of subpart B of part AA of chapter 57 of the laws of 2022, is
30 amended to read as follows:

31 (n) A contract between a corporation and a health care provider shall
32 include a provision that requires the health care provider to have in
33 place business processes to ensure the timely provision of provider
34 directory information to the corporation. A health care provider shall
35 submit such provider directory information to a corporation, at a mini-
36 mum, when a provider begins or terminates a network agreement with a
37 corporation, when there are material changes to the content of the
38 provider directory information of the health care provider, and at any
39 other time, including upon the corporation's request, as the health care
40 provider determines to be appropriate. For purposes of this subsection,
41 "provider directory information" shall include the name, address,
42 specialty, telephone number, and digital contact information of such
43 health care provider; whether the provider is accepting new patients;
44 for mental health and [~~substance-use~~] substance-related and addictive
45 disorder services providers, any affiliations with participating facili-
46 ties certified or authorized by the office of mental health or the
47 office of addiction services and supports, and any restrictions regard-
48 ing the availability of the individual provider's services; and in the
49 case of physicians, board certification, languages spoken, and any
50 affiliations with participating hospitals.

51 § 19. Subparagraph (C) of paragraph 1 of subsection (b) of section
52 4900 of the insurance law, as amended by section 2 of part MM of chapter
53 57 of the laws of 2023, is amended to read as follows:

54 (C) for purposes of a determination involving [~~substance—use~~]
55 substance-related and addictive disorder treatment:

1 (i) a physician who possesses a current and valid non-restricted
2 license to practice medicine and who specializes in behavioral health
3 and has experience in the delivery of [~~substance-use~~] substance-related
4 and addictive disorder courses of treatment; or

5 (ii) a health care professional other than a licensed physician who
6 specializes in behavioral health and has experience in the delivery of
7 [~~substance-use~~] substance-related and addictive disorder courses of
8 treatment and, where applicable, possesses a current and valid non-res-
9 tricted license, certificate or registration or, where no provision for
10 a license, certificate or registration exists, is credentialed by the
11 national accrediting body appropriate to the profession; or

12 § 20. Clause (iv) of subparagraph (A) of paragraph 2 of subsection (b)
13 of section 4900 of the insurance law, as separately amended by section 2
14 of part MM of chapter 57 and chapter 170 of the laws of 2023, is amended
15 to read as follows:

16 (iv) for purposes of a determination involving [~~substance-use~~]
17 substance-related and addictive disorder treatment, possesses a current
18 and valid non-restricted license to practice medicine and who special-
19 izes in behavioral health and has experience in the delivery of
20 [~~substance-use~~] substance-related and addictive disorder courses of
21 treatment;

22 § 21. Clause (iv) of subparagraph (B) of paragraph 2 of subsection (b)
23 of section 4900 of the insurance law, as separately amended by section 2
24 of part MM of chapter 57 and chapter 170 of the laws of 2023, is amended
25 to read as follows:

26 (iv) for purposes of a determination involving [~~substance-use~~]
27 substance-related and addictive disorder treatment, specializes in
28 behavioral health and has experience in the delivery of [~~substance-use~~]
29 substance-related and addictive disorder courses of treatment and, where
30 applicable, possesses a current and valid non-restricted license,
31 certificate or registration or, where no provision for a license,
32 certificate or registration exists, is credentialed by the national
33 accrediting body appropriate to the profession;

34 § 22. Paragraph 9 subsection (a) of section 4902 of the insurance law,
35 as amended by section 37 of subpart A of part BB of chapter 57 of the
36 laws of 2019, is amended to read as follows:

37 (9) When conducting utilization review for purposes of determining
38 health care coverage for [~~substance-use~~] substance-related and addictive
39 disorder treatment, a utilization review agent shall utilize an
40 evidence-based and peer reviewed clinical review tool that is appropri-
41 ate to the age of the patient. When conducting such utilization review
42 for treatment provided in this state, a utilization review agent shall
43 utilize an evidence-based and peer reviewed clinical tool designated by
44 the office of [~~alcoholism and substance abuse services~~] addiction
45 services and supports that is consistent with the treatment service
46 levels within the office of [~~alcoholism and substance abuse services~~]
47 addiction services and supports system. All approved tools shall have
48 inter rater reliability testing completed by December thirty-first, two
49 thousand sixteen.

50 § 23. Paragraph 2 subsection (b) of section 4903 of the insurance law,
51 as added by chapter 371 of the laws of 2015, is amended to read as
52 follows:

53 (2) With regard to individual or group contracts authorized pursuant
54 to article thirty-two, forty-three or forty-seven of this chapter or
55 article forty-four of the public health law, for utilization and review
56 determinations involving proposed mental health and/or [~~substance-use~~]

1 substance-related and addictive disorder services where the insured or
2 the insured's designee has, in a format prescribed by the superinten-
3 dent, certified in the request that the proposed services are for an
4 individual who will be appearing, or has appeared, before a court of
5 competent jurisdiction and may be subject to a court order requiring
6 such services, the utilization review agent shall make a determination
7 and provide notice of such determination to the insured or the insured's
8 designee by telephone within seventy-two hours of receipt of the
9 request. Written notice of the determination to the insured or insured's
10 designee shall follow within three business days. Where feasible, such
11 telephonic and written notice shall also be provided to the court.

12 § 24. Subsection (c) of section 4903 of the insurance law, as amended
13 by chapter 41 of the laws of 2014, is amended to read as follows:

14 (c) (1) A utilization review agent shall make a determination involv-
15 ing continued or extended health care services, additional services for
16 an insured undergoing a course of continued treatment prescribed by a
17 health care provider, or requests for inpatient [~~substance—use~~]
18 substance-related and addictive disorder treatment, or home health care
19 services following an inpatient hospital admission, and shall provide
20 notice of such determination to the insured or the insured's designee,
21 which may be satisfied by notice to the insured's health care provider,
22 by telephone and in writing within one business day of receipt of the
23 necessary information except, with respect to home health care services
24 following an inpatient hospital admission, within seventy-two hours of
25 receipt of the necessary information when the day subsequent to the
26 request falls on a weekend or holiday and except, with respect to inpa-
27 tient [~~substance—use~~] substance-related and addictive disorder treat-
28 ment, within twenty-four hours of receipt of the request for services
29 when the request is submitted at least twenty-four hours prior to
30 discharge from an inpatient admission. Notification of continued or
31 extended services shall include the number of extended services
32 approved, the new total of approved services, the date of onset of
33 services and the next review date.

34 (2) Provided that a request for home health care services and all
35 necessary information is submitted to the utilization review agent prior
36 to discharge from an inpatient hospital admission pursuant to this
37 subsection, a utilization review agent shall not deny, on the basis of
38 medical necessity or lack of prior authorization, coverage for home
39 health care services while a determination by the utilization review
40 agent is pending.

41 (3) Provided that a request for inpatient treatment for [~~substance~~
42 ~~use~~] substance-related and addictive disorder is submitted to the utili-
43 zation review agent at least twenty-four hours prior to discharge from
44 an inpatient admission pursuant to this subsection, a utilization review
45 agent shall not deny, on the basis of medical necessity or lack of prior
46 authorization, coverage for the inpatient [~~substance—use~~] substance-re-
47 lated and addictive disorder treatment while a determination by the
48 utilization review agent is pending.

49 § 25. Subsection (b) of section 4904 of the insurance law, as amended
50 by chapter 371 of the laws of 2015, is amended to read as follows:

51 (b) A utilization review agent shall establish an expedited appeal
52 process for appeal of an adverse determination involving (1) continued
53 or extended health care services, procedures or treatments or additional
54 services for an insured undergoing a course of continued treatment
55 prescribed by a health care provider or home health care services
56 following discharge from an inpatient hospital admission pursuant to

1 subsection (c) of section four thousand nine hundred three of this
2 title; (2) an adverse determination in which the health care provider
3 believes an immediate appeal is warranted except any retrospective
4 determination; or (3) potential court-ordered mental health and/or
5 ~~[substance-use]~~ substance-related and addictive disorder services pursu-
6 ant to paragraph two of subsection (b) of section four thousand nine
7 hundred three of this title. Such process shall include mechanisms which
8 facilitate resolution of the appeal including but not limited to the
9 sharing of information from the insured's health care provider and the
10 utilization review agent by telephonic means or by facsimile. The utili-
11 zation review agent shall provide reasonable access to its clinical peer
12 reviewer within one business day of receiving notice of the taking of an
13 expedited appeal. Expedited appeals shall be determined within two
14 business days of receipt of necessary information to conduct such appeal
15 except, with respect to inpatient ~~[substance-use]~~ substance-related and
16 addictive disorder treatment provided pursuant to paragraph three of
17 subsection (c) of section four thousand nine hundred three of this
18 title, expedited appeals shall be determined within twenty-four hours of
19 receipt of such appeal. Expedited appeals which do not result in a
20 resolution satisfactory to the appealing party may be further appealed
21 through the standard appeal process, or through the external appeal
22 process pursuant to section four thousand nine hundred fourteen of this
23 article as applicable. Provided that the insured or the insured's health
24 care provider files an expedited internal and external appeal within
25 twenty-four hours from receipt of an adverse determination for inpatient
26 ~~[substance-use]~~ substance-related and addictive disorder treatment for
27 which coverage was provided while the initial utilization review deter-
28 mination was pending pursuant to paragraph three of subsection (c) of
29 section four thousand nine hundred three of this title, a utilization
30 review agent shall not deny on the basis of medical necessity or lack of
31 prior authorization such ~~[substance-use]~~ substance-related and addictive
32 disorder treatment while a determination by the utilization review agent
33 or external appeal agent is pending.

34 § 26. Subparagraph (iii) of paragraph (a) of subdivision 2 of section
35 4900 of the public health law, as amended by section 1 of part MM of
36 chapter 57 of the laws of 2023, is amended to read as follows:

37 (iii) for purposes of a determination involving ~~[substance-use]~~
38 substance-related and addictive disorder treatment:

39 (A) a physician who possesses a current and valid non-restricted
40 license to practice medicine and who specializes in behavioral health
41 and has experience in the delivery of ~~[substance-use]~~ substance-related
42 and addictive disorder courses of treatment; or

43 (B) a health care professional other than a licensed physician who
44 specializes in behavioral health and has experience in the delivery of
45 ~~[substance-use]~~ substance-related and addictive disorder courses of
46 treatment and, where applicable, possesses a current and valid non-res-
47 tricted license, certificate or registration or, where no provision for
48 a license, certificate or registration exists, is credentialed by the
49 national accrediting body appropriate to the profession; or

50 § 27. Clause (D) of subparagraph (i) of paragraph (b) of subdivision 2
51 of section 4900 of the public health law, as separately amended by
52 section 1 of part MM of chapter 57 and chapter 170 of the laws of 2023,
53 is amended to read as follows:

54 (D) for purposes of a determination involving ~~[substance-use]~~
55 substance-related and addictive disorder treatment, possesses a current
56 and valid non-restricted license to practice medicine and specializes in

1 behavioral health and has experience in the delivery of [~~substance—use~~]
2 substance-related and addictive disorder courses of treatment;

3 § 28. Clause (E) of subparagraph (ii) of paragraph (b) of subdivision
4 2 of section 4900 of the public health law, as separately amended by
5 section 1 of part MM of chapter 57 and chapter 170 of the laws of 2023,
6 is amended to read as follows:

7 (E) for purposes of a determination involving [~~substance—use~~]
8 substance-related and addictive disorder, specializes in behavioral
9 health and has experience in the delivery of [~~substance—use~~] substance-
10 related and addictive disorder courses of treatment and, where applica-
11 ble, possesses a current and valid non-restricted license, certificate
12 or registration or, where no provision for a license, certificate or
13 registration exists, is credentialed by the national accrediting body
14 appropriate to the profession;

15 § 29. Paragraph (i) of subdivision 1 of section 4902 of the public
16 health law, as amended by section 43 of subpart A of part BB of chapter
17 57 of the laws of 2019, is amended to read as follows:

18 (i) When conducting utilization review for purposes of determining
19 health care coverage for [~~substance—use~~] substance-related and addictive
20 disorder treatment, a utilization review agent shall utilize an
21 evidence-based and peer reviewed clinical review tool that is appropri-
22 ate to the age of the patient. When conducting such utilization review
23 for treatment provided in this state, a utilization review agent shall
24 utilize an evidence-based and peer reviewed clinical tool designated by
25 the office of [~~alcoholism and substance abuse services~~] addiction
26 services and supports that is consistent with the treatment service
27 levels within the office of [~~alcoholism and substance abuse services~~]
28 addiction services and supports system. All approved tools shall have
29 inter rater reliability testing completed by December thirty-first, two
30 thousand sixteen.

31 § 30. Paragraph (b) of subdivision 2 of section 4903 of the public
32 health law, as added by chapter 371 of the laws of 2015, is amended to
33 read as follows:

34 (b) With regard to individual or group contracts authorized pursuant
35 to article forty-four of this chapter, for utilization review determi-
36 nations involving proposed mental health and/or [~~substance—use~~]
37 substance-related and addictive disorder services where the enrollee or
38 the enrollee's designee has, in a format prescribed by the superinten-
39 dent of financial services, certified in the request that the proposed
40 services are for an individual who will be appearing, or has appeared,
41 before a court of competent jurisdiction and may be subject to a court
42 order requiring such services, the utilization review agent shall make a
43 determination and provide notice of such determination to the enrollee
44 or the enrollee's designee by telephone within seventy-two hours of
45 receipt of the request. Written notice of the determination to the
46 enrollee or enrollee's designee shall follow within three business days.
47 Where feasible, such telephonic and written notice shall also be
48 provided to the court.

49 § 31. Subdivision 3 of section 4903 of the public health law, as
50 amended by chapter 41 of the laws of 2014, is amended to read as
51 follows:

52 3. (a) A utilization review agent shall make a determination involving
53 continued or extended health care services, additional services for an
54 enrollee undergoing a course of continued treatment prescribed by a
55 health care provider, or requests for inpatient [~~substance—use~~]
56 substance-related and addictive disorder treatment, or home health care

1 services following an inpatient hospital admission, and shall provide
2 notice of such determination to the enrollee or the enrollee's designee,
3 which may be satisfied by notice to the enrollee's health care provider,
4 by telephone and in writing within one business day of receipt of the
5 necessary information except, with respect to home health care services
6 following an inpatient hospital admission, within seventy-two hours of
7 receipt of the necessary information when the day subsequent to the
8 request falls on a weekend or holiday and except, with respect to inpa-
9 tient [~~substance-use~~] substance-related and addictive disorder treat-
10 ment, within twenty-four hours of receipt of the request for services
11 when the request is submitted at least twenty-four hours prior to
12 discharge from an inpatient admission. Notification of continued or
13 extended services shall include the number of extended services
14 approved, the new total of approved services, the date of onset of
15 services and the next review date.

16 (b) Provided that a request for home health care services and all
17 necessary information is submitted to the utilization review agent prior
18 to discharge from an inpatient hospital admission pursuant to this
19 subdivision, a utilization review agent shall not deny, on the basis of
20 medical necessity or lack of prior authorization, coverage for home
21 health care services while a determination by the utilization review
22 agent is pending.

23 (c) Provided that a request for inpatient treatment for [~~substance~~
24 ~~use~~] substance-related and addictive disorder is submitted to the utili-
25 zation review agent at least twenty-four hours prior to discharge from
26 an inpatient admission pursuant to this subdivision, a utilization
27 review agent shall not deny, on the basis of medical necessity or lack
28 of prior authorization, coverage for the inpatient [~~substance-use~~]
29 substance-related and addictive disorder treatment while a determination
30 by the utilization review agent is pending.

31 § 32. Paragraph (c) of subdivision 2 of section 4904 of the public
32 health law, as amended by chapter 371 of the laws of 2015, is amended to
33 read as follows:

34 (c) potential court-ordered mental health and/or [~~substance-use~~]
35 substance-related and addictive disorder services pursuant to paragraph
36 (b) of subdivision two of section forty-nine hundred three of this
37 title. Such process shall include mechanisms which facilitate resolution
38 of the appeal including but not limited to the sharing of information
39 from the enrollee's health care provider and the utilization review
40 agent by telephonic means or by facsimile. The utilization review agent
41 shall provide reasonable access to its clinical peer reviewer within one
42 business day of receiving notice of the taking of an expedited appeal.
43 Expedited appeals shall be determined within two business days of
44 receipt of necessary information to conduct such appeal except, with
45 respect to inpatient [~~substance-use~~] substance-related and addictive
46 disorder treatment provided pursuant to paragraph (c) of subdivision
47 three of section forty-nine hundred three of this title, expedited
48 appeals shall be determined within twenty-four hours of receipt of such
49 appeal. Expedited appeals which do not result in a resolution satisfac-
50 tory to the appealing party may be further appealed through the standard
51 appeal process, or through the external appeal process pursuant to
52 section forty-nine hundred fourteen of this article as applicable.
53 Provided that the enrollee or the enrollee's health care provider files
54 an expedited internal and external appeal within twenty-four hours from
55 receipt of an adverse determination for inpatient [~~substance-use~~]
56 substance-related and addictive disorder treatment for which coverage

1 was provided while the initial utilization review determination was
 2 pending pursuant to paragraph (c) of subdivision three of section
 3 forty-nine hundred three of this title, a utilization review agent shall
 4 not deny on the basis of medical necessity or lack of prior authori-
 5 zation such [~~substance-use~~] substance-related and addictive disorder
 6 treatment while a determination by the utilization review agent or
 7 external appeal agent is pending.

8 § 33. This act shall take effect January 1, 2027 and shall apply to
 9 policies issued, renewed or modified on or after such date.

10 PART S

11 Intentionally Omitted

12 PART T

13 Section 1. Section 5 of part ZZ of chapter 56 of the laws of 2020
 14 amending the tax law and the social services law relating to certain
 15 Medicaid management, as amended by section 2 of part D of chapter 57 of
 16 the laws of 2024, is amended to read as follows:

17 § 5. This act shall take effect immediately [~~and~~]; provided, however,
 18 that sections two and three of this act shall be deemed repealed [~~eight~~
 19 ~~years after such effective date~~] March 31, 2026.

20 § 2. Subdivision 2 of section 605 of the public health law, as amended
 21 by section 2 of part E of chapter 57 of the laws of 2022, is amended to
 22 read as follows:

23 2. State aid reimbursement for public health services provided by a
 24 municipality under this title, shall be made if the municipality is
 25 providing some or all of the core public health services identified in
 26 section six hundred two of this title, pursuant to an approved applica-
 27 tion for state aid, at a rate of no less than thirty-six per centum[~~7~~
 28 ~~except for the city of New York which shall receive no less than twenty~~
 29 ~~per centum~~] of the difference between the amount of moneys expended by
 30 the municipality for public health services required by section six
 31 hundred two of this title during the fiscal year and the base grant
 32 provided pursuant to subdivision one of this section. Provided, howev-
 33 er, that a municipality's documented fringe benefit costs submitted
 34 under an application for state aid and otherwise eligible for reimburse-
 35 ment under this article shall not exceed fifty per centum of the munici-
 36 pality's eligible personnel services. No such reimbursement shall be
 37 provided for services that are not eligible for state aid pursuant to
 38 this article.

39 § 3. Subdivision 1 of section 616 of the public health law, as amended
 40 by section 2 of part O of chapter 57 of the laws of 2019, is amended to
 41 read as follows:

42 1. The total amount of state aid provided pursuant to this article
 43 shall be limited to the amount of the annual appropriation made by the
 44 legislature. In no event, however, shall such state aid be less than an
 45 amount to provide the full base grant and, as otherwise provided by
 46 subdivision two of section six hundred five of this article, no less
 47 than thirty-six per centum[~~7~~ ~~except for the city of New York which shall~~
 48 ~~receive no less than twenty per centum~~] of the difference between the
 49 amount of moneys expended by the municipality for eligible public health
 50 services pursuant to an approved application for state aid during the

1 fiscal year and the base grant provided pursuant to subdivision one of
2 section six hundred five of this article.
3 § 4. This act shall take effect immediately.

4 PART U

5 Section 1. Section 48-a of part A of chapter 56 of the laws of 2013
6 amending the public health law and other laws relating to general hospi-
7 tal reimbursement for annual rates, as amended by section 1 of part LL
8 of chapter 57 of the laws of 2022, is amended to read as follows:

9 § 48-a. 1. Notwithstanding any contrary provision of law, the commis-
10 sioners of the office of addiction services and supports and the office
11 of mental health are authorized, subject to the approval of the director
12 of the budget, to transfer to the commissioner of health state funds to
13 be utilized as the state share for the purpose of increasing payments
14 under the medicaid program to managed care organizations licensed under
15 article 44 of the public health law or under article 43 of the insurance
16 law. Such managed care organizations shall utilize such funds for the
17 purpose of reimbursing providers licensed pursuant to article 28 of the
18 public health law or article 36, 31 or 32 of the mental hygiene law for
19 ambulatory behavioral health services, as determined by the commissioner
20 of health, in consultation with the commissioner of addiction services
21 and supports and the commissioner of the office of mental health,
22 provided to medicaid enrolled outpatients and for all other behavioral
23 health services except inpatient included in New York state's Medicaid
24 redesign waiver approved by the centers for medicare and Medicaid
25 services (CMS). Such reimbursement shall be in the form of fees for
26 such services which are equivalent to the payments established for such
27 services under the ambulatory patient group (APG) rate-setting methodol-
28 ogy as utilized by the department of health, the office of addiction
29 services and supports, or the office of mental health for rate-setting
30 purposes or any such other fees pursuant to the Medicaid state plan or
31 otherwise approved by CMS in the Medicaid redesign waiver; provided,
32 however, that the increase to such fees that shall result from the
33 provisions of this section shall not, in the aggregate and as determined
34 by the commissioner of health, in consultation with the commissioner of
35 addiction services and supports and the commissioner of the office of
36 mental health, be greater than the increased funds made available pursu-
37 ant to this section. The increase of such ambulatory behavioral health
38 fees to providers available under this section shall be for all rate
39 periods on and after the effective date of section [~~18~~] 1 of part [~~E~~] LL
40 of chapter 57 of the laws of [~~2019~~] 2022 through March 31, [~~2027~~] 2031
41 for patients in the city of New York, for all rate periods on and after
42 the effective date of section [~~18~~] 1 of part [~~E~~] LL of chapter 57 of the
43 laws of [~~2019~~] 2022 through March 31, [~~2027~~] 2031 for patients outside
44 the city of New York, and for all rate periods on and after the effec-
45 tive date of such chapter through March 31, [~~2027~~] 2031 for all services
46 provided to persons under the age of twenty-one; provided, however, the
47 commissioner of health, in consultation with the commissioner of
48 addiction services and supports and the commissioner of mental health,
49 may require, as a condition of approval of such ambulatory behavioral
50 health fees, that aggregate managed care expenditures to eligible
51 providers meet the alternative payment methodology requirements as set
52 forth in attachment I of the New York state medicaid section one thou-
53 sand one hundred fifteen medicaid redesign team waiver as approved by
54 the centers for medicare and medicaid services. The commissioner of

1 health shall, in consultation with the commissioner of addiction
2 services and supports and the commissioner of mental health, waive such
3 conditions if a sufficient number of providers, as determined by the
4 commissioner, suffer a financial hardship as a consequence of such
5 alternative payment methodology requirements, or if [~~he or she~~] such
6 commissioner shall determine that such alternative payment methodologies
7 significantly threaten individuals access to ambulatory behavioral
8 health services. Such waiver may be applied on a provider specific or
9 industry wide basis. Further, such conditions may be waived, as the
10 commissioner determines necessary, to comply with federal rules or regu-
11 lations governing these payment methodologies. Nothing in this section
12 shall prohibit managed care organizations and providers from negotiating
13 different rates and methods of payment during such periods described
14 above, subject to the approval of the department of health. The depart-
15 ment of health shall consult with the office of addiction services and
16 supports and the office of mental health in determining whether such
17 alternative rates shall be approved. The commissioner of health may, in
18 consultation with the commissioner of addiction services and supports
19 and the commissioner of the office of mental health, promulgate regu-
20 lations, including emergency regulations promulgated prior to October 1,
21 2015 to establish rates for ambulatory behavioral health services, as
22 are necessary to implement the provisions of this section. Rates promul-
23 gated under this section shall be included in the report required under
24 section 45-c of part A of this chapter.

25 2. Notwithstanding any contrary provision of law, the fees paid by
26 managed care organizations licensed under article 44 of the public
27 health law or under article 43 of the insurance law, to providers
28 licensed pursuant to article 28 of the public health law or article 36,
29 31 or 32 of the mental hygiene law, for ambulatory behavioral health
30 services provided to patients enrolled in the child health insurance
31 program pursuant to title 1-A of article 25 of the public health law,
32 shall be in the form of fees for such services which are equivalent to
33 the payments established for such services under the ambulatory patient
34 group (APG) rate-setting methodology or any such other fees established
35 pursuant to the Medicaid state plan. The commissioner of health shall
36 consult with the commissioner of addiction services and supports and the
37 commissioner of the office of mental health in determining such services
38 and establishing such fees. Such ambulatory behavioral health fees to
39 providers available under this section shall be for all rate periods on
40 and after the effective date of this chapter through March 31, [~~2027~~]
41 2031, provided, however, that managed care organizations and providers
42 may negotiate different rates and methods of payment during such periods
43 described above, subject to the approval of the department of health.
44 The department of health shall consult with the office of addiction
45 services and supports and the office of mental health in determining
46 whether such alternative rates shall be approved. The report required
47 under section 16-a of part C of chapter 60 of the laws of 2014 shall
48 also include the population of patients enrolled in the child health
49 insurance program pursuant to title 1-A of article 25 of the public
50 health law in its examination on the transition of behavioral health
51 services into managed care.

52 § 2. Section 1 of part H of chapter 111 of the laws of 2010 relating
53 to increasing Medicaid payments to providers through managed care organ-
54 izations and providing equivalent fees through an ambulatory patient
55 group methodology, as amended by section 2 of part LL of chapter 57 of
56 the laws of 2022, is amended to read as follows:

1 Section 1. a. Notwithstanding any contrary provision of law, the
2 commissioners of mental health and addiction services and supports are
3 authorized, subject to the approval of the director of the budget, to
4 transfer to the commissioner of health state funds to be utilized as the
5 state share for the purpose of increasing payments under the medicaid
6 program to managed care organizations licensed under article 44 of the
7 public health law or under article 43 of the insurance law. Such managed
8 care organizations shall utilize such funds for the purpose of reimburs-
9 ing providers licensed pursuant to article 28 of the public health law,
10 or pursuant to article 36, 31 or article 32 of the mental hygiene law
11 for ambulatory behavioral health services, as determined by the commis-
12 sioner of health in consultation with the commissioner of mental health
13 and commissioner of addiction services and supports, provided to medi-
14 caid enrolled outpatients and for all other behavioral health services
15 except inpatient included in New York state's Medicaid redesign waiver
16 approved by the centers for medicare and Medicaid services (CMS). Such
17 reimbursement shall be in the form of fees for such services which are
18 equivalent to the payments established for such services under the ambu-
19 latory patient group (APG) rate-setting methodology as utilized by the
20 department of health or by the office of mental health or office of
21 addiction services and supports for rate-setting purposes or any such
22 other fees pursuant to the Medicaid state plan or otherwise approved by
23 CMS in the Medicaid redesign waiver; provided, however, that the
24 increase to such fees that shall result from the provisions of this
25 section shall not, in the aggregate and as determined by the commis-
26 sioner of health in consultation with the commissioners of mental health and
27 addiction services and supports, be greater than the increased funds
28 made available pursuant to this section. The increase of such behavioral
29 health fees to providers available under this section shall be for all
30 rate periods on and after the effective date of section [19] 2 of part
31 [E] LL of chapter 57 of the laws of [2019] 2022 through March 31, [2027]
32 2031 for patients in the city of New York, for all rate periods on and
33 after the effective date of section [19] 2 of part [E] LL of chapter 57
34 of the laws of [2019] 2022 through March 31, [2027] 2031 for patients
35 outside the city of New York, and for all rate periods on and after the
36 effective date of section [19] 2 of part [E] LL of chapter 57 of the
37 laws of [2019] 2022 through March 31, [2027] 2031 for all services
38 provided to persons under the age of twenty-one; provided, however, the
39 commissioner of health, in consultation with the commissioner of
40 addiction services and supports and the commissioner of mental health,
41 may require, as a condition of approval of such ambulatory behavioral
42 health fees, that aggregate managed care expenditures to eligible
43 providers meet the alternative payment methodology requirements as set
44 forth in attachment I of the New York state medicaid section one thou-
45 sand one hundred fifteen medicaid redesign team waiver as approved by
46 the centers for medicare and medicaid services. The commissioner of
47 health shall, in consultation with the commissioner of addiction
48 services and supports and the commissioner of mental health, waive such
49 conditions if a sufficient number of providers, as determined by the
50 commissioner, suffer a financial hardship as a consequence of such
51 alternative payment methodology requirements, or if [~~he or she~~] such
52 commissioner shall determine that such alternative payment methodologies
53 significantly threaten individuals access to ambulatory behavioral
54 health services. Such waiver may be applied on a provider specific or
55 industry wide basis. Further, such conditions may be waived, as the
56 commissioner determines necessary, to comply with federal rules or regu-

1 lations governing these payment methodologies. Nothing in this section
2 shall prohibit managed care organizations and providers from negotiating
3 different rates and methods of payment during such periods described,
4 subject to the approval of the department of health. The department of
5 health shall consult with the office of addiction services and supports
6 and the office of mental health in determining whether such alternative
7 rates shall be approved. The commissioner of health may, in consultation
8 with the commissioners of mental health and addiction services and
9 supports, promulgate regulations, including emergency regulations
10 promulgated prior to October 1, 2013 that establish rates for behavioral
11 health services, as are necessary to implement the provisions of this
12 section. Rates promulgated under this section shall be included in the
13 report required under section 45-c of part A of chapter 56 of the laws
14 of 2013.

15 b. Notwithstanding any contrary provision of law, the fees paid by
16 managed care organizations licensed under article 44 of the public
17 health law or under article 43 of the insurance law, to providers
18 licensed pursuant to article 28 of the public health law or article 36,
19 31 or 32 of the mental hygiene law, for ambulatory behavioral health
20 services provided to patients enrolled in the child health insurance
21 program pursuant to title 1-A of article 25 of the public health law,
22 shall be in the form of fees for such services which are equivalent to
23 the payments established for such services under the ambulatory patient
24 group (APG) rate-setting methodology. The commissioner of health shall
25 consult with the commissioner of addiction services and supports and the
26 commissioner of the office of mental health in determining such services
27 and establishing such fees. Such ambulatory behavioral health fees to
28 providers available under this section shall be for all rate periods on
29 and after the effective date of this chapter through March 31, [~~2027~~]
30 2031, provided, however, that managed care organizations and providers
31 may negotiate different rates and methods of payment during such periods
32 described above, subject to the approval of the department of health.
33 The department of health shall consult with the office of addiction
34 services and supports and the office of mental health in determining
35 whether such alternative rates shall be approved. The report required
36 under section 16-a of part C of chapter 60 of the laws of 2014 shall
37 also include the population of patients enrolled in the child health
38 insurance program pursuant to title 1-A of article 25 of the public
39 health law in its examination on the transition of behavioral health
40 services into managed care.

41 § 3. Section 2 of part H of chapter 111 of the laws of 2010 relating
42 to increasing Medicaid payments to providers through managed care organ-
43 izations and providing equivalent fees through an ambulatory patient
44 group methodology, as amended by section 3 of part LL of chapter 57 of
45 the laws of 2022, is amended to read as follows:

46 § 2. This act shall take effect immediately and shall be deemed to
47 have been in full force and effect on and after April 1, 2010, and shall
48 expire on March 31, [~~2027~~] 2031.

49 § 4. This act shall take effect immediately; provided, however that
50 the amendments to section 1 of part H of chapter 111 of the laws of 2010
51 relating to increasing Medicaid payments to providers through managed
52 care organizations and providing equivalent fees through an ambulatory
53 patient group methodology, made by section two of this act shall not
54 affect the expiration of such section and shall expire therewith.

1 Section 1. Short title. This act shall be known and may be cited as
2 the "New York affordable drug manufacturing act".

3 § 2. Article 2-A of the public health law is amended by adding a new
4 title IV to read as follows:

5 TITLE IV

6 NEW YORK AFFORDABLE DRUG MANUFACTURING ACT

7 Section 282. Definitions.

8 283. Partnerships; production and distribution of generic
9 prescription drugs.

10 284. Reporting.

11 285. Proprietary information.

12 § 282. Definitions. As used in this title, the following terms shall
13 have the following meanings:

14 1. "Generic prescription drug" means a drug that is approved pursuant
15 to an application submitted under subdivision (j) of section 355 of the
16 Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 301 et seq.), or a
17 biosimilar, as defined under the federal Public Health Service Act (42
18 U.S.C. Sec. 262) that is not under patent.

19 2. "Partnerships" means agreements for the procurement of generic
20 prescription drugs by way of contracts or purchasing by a payer, state
21 governmental agency, group purchasing organization, nonprofit organiza-
22 tion, or other entity.

23 § 283. Partnerships; production and distribution of generic
24 prescription drugs. 1. (a) The commissioner shall enter into partner-
25 ships, consistent with paragraph (b) of subdivision two of this section,
26 in consultation with all appropriate state agencies and the department
27 of health or equivalent institution of any other state as determined by
28 the commissioner, to increase competition, lower prices, and address
29 shortages in the market for generic prescription drugs, to reduce the
30 cost of prescription drugs for public and private purchasers, taxpayers,
31 and consumers, and to increase patient access to affordable drugs.

32 (b) The department shall have the ability to hire staff to oversee and
33 project-manage the partnerships for manufacturing or distribution of
34 generic prescription drugs.

35 2. (a) The commissioner shall enter into partnerships resulting in the
36 production or distribution of generic prescription drugs, with the
37 intent that these drugs be made widely available to public and private
38 purchasers, facilities licensed pursuant to article twenty-eight of this
39 chapter, and pharmacies as defined in section six thousand eight hundred
40 two of the education law, as appropriate. The generic prescription drugs
41 shall be produced or distributed by a drug company or generic drug
42 manufacturer that is registered with the United States Food and Drug
43 Administration.

44 (b) (i) The commissioner shall only enter into partnerships pursuant
45 to paragraph (a) of this subdivision to produce a generic prescription
46 drug at a price that results in savings, targets failures in the market
47 for generic drugs, and improves patient access to affordable medica-
48 tions.

49 (ii) For top drugs identified pursuant to the criteria listed in
50 subparagraph (v) of this paragraph, the department shall determine if
51 viable pathways exist for partnerships to manufacture or distribute
52 generic prescription drugs by examining the relevant legal, market,
53 policy, and regulatory factors.

54 (iii) The department shall consider the following, if applicable, when
55 setting the price of the generic prescription drug:

56 (1) United States Food and Drug Administration user fees.

1 (2) Abbreviated new drug application acquisition costs amortized over
2 a five-year period.

3 (3) Mandatory rebates.

4 (4) Total contracting and production costs for the drug, including a
5 reasonable amount for administrative, operating, and rate-of-return
6 expenses of the drug company or generic drug manufacturer.

7 (5) Research and development costs attributed to the drug over a five-
8 year period.

9 (6) Other initial start-up costs amortized over a five-year period.

10 (iv) Each drug shall be made available to providers, patients, and
11 purchasers at a transparent price and without rebates, other than feder-
12 ally required rebates.

13 (v) The department shall prioritize the selection of generic
14 prescription drugs that have the greatest impact on lowering drug costs
15 to patients, increasing competition and addressing shortages in the
16 prescription drug market, improving public health, or reducing the cost
17 of prescription drugs to public and private purchasers.

18 (c) (i) In identifying generic prescription drugs to be produced, the
19 department shall consider prescription drug retail price lists made
20 pursuant to section two hundred seventy-eight of this article.

21 (ii) The partnerships entered into pursuant to paragraph (a) of this
22 subdivision shall include the production of at least one form of insu-
23 lin, provided that a viable pathway for manufacturing a more affordable
24 form of insulin exists.

25 (iii) The department shall prioritize drugs for chronic and high-cost
26 conditions.

27 (d) The department shall consult with all of the following public and
28 private purchasers to assist in developing a list of generic
29 prescription drugs to be manufactured or distributed through partner-
30 ships and to determine the volume of each generic prescription drug that
31 can be procured over a multiyear period to support a market for a lower
32 cost generic prescription drug:

33 (i) The department of mental hygiene, the office for people with
34 developmental disabilities, the office of general services, and the
35 department of corrections and community supervision, or the entities
36 acting on behalf of each of those state purchasers.

37 (ii) Health insurers licensed pursuant to the insurance law.

38 (iii) Hospitals.

39 (iv) Any other entity as determined by the commissioner.

40 (e) Before effectuating a partnership pursuant to this section, the
41 commissioner shall determine minimum thresholds for procurement of an
42 entity's expected volume of a targeted drug from the company or manufac-
43 turer over a multiyear period.

44 (f) All state agencies shall be required to purchase generic
45 prescription drugs from the department or entities that contract or
46 partner with the department pursuant to this chapter.

47 (g) The department shall not be required to consult with every entity
48 listed in subparagraphs (ii), (iii) and (iv) of paragraph (d) of this
49 subdivision, so long as purchaser engagement includes a reasonable
50 representation from these groups.

51 § 284. Reporting. 1. On or before January first, two thousand twenty-
52 eight, the department shall submit a report to the legislature that
53 assesses the feasibility of directly manufacturing generic prescription
54 drugs and selling generic prescription drugs at a fair price. The report
55 shall include, but not be limited to, an analysis of governance struc-
56 ture options for manufacturing functions, including chartering a private

1 organization, a public-private partnership, or a public board of direc-
2 tors.

3 2. On or before March first, two thousand twenty-seven, the department
4 shall report to the legislature on both of the following:

5 (a) A description of the status of all drugs targeted under this chap-
6 ter.

7 (b) An analysis of how the activities of the department may impact
8 competition, access to targeted drugs, the costs of those drugs, and the
9 costs of generic prescription drugs to public and private purchasers.

10 § 285. Proprietary information. Notwithstanding any provision of law
11 to the contrary, all nonpublic information and documents obtained by the
12 department pursuant to this title shall not be required to be disclosed
13 pursuant to article six of the public officers law.

14 § 3. Severability. If any clause, sentence, paragraph, section or part
15 of this act shall be adjudged by any court of competent jurisdiction to
16 be invalid and after exhaustion of all further judicial review, the
17 judgment shall not affect, impair or invalidate the remainder thereof,
18 but shall be confined in its operation to the clause, sentence, para-
19 graph, section or part of this act directly involved in the controversy
20 in which the judgment shall have been rendered.

21 § 4. This act shall take effect on the first of January next succeed-
22 ing one year after it shall have become a law.

23 PART W

24 Section 1. Short title. This act shall be known and may be cited as
25 the "340B prescription drug anti-discrimination act".

26 § 2. The public health law is amended by adding a new section 280-e to
27 read as follows:

28 § 280-e. Prescription drug discrimination prohibited. 1. Definitions.

29 (a) "340B program" shall mean the drug discount program authorized by
30 section 340B of the federal public health service act (42 U.S.C. §
31 256b).

32 (b) "Covered entity" shall have the same meaning as is set forth in
33 section 340B(a)(4) of the federal public health service act (42 U.S.C. §
34 256b).

35 (c) "Contract pharmacy" shall include New York state pharmacies that
36 receive drugs purchased under a contract pharmacy arrangement with a
37 covered entity.

38 (d) "Dispensing" shall include a pharmacy's entire distribution proc-
39 ess, including, but not limited to, the ordering, purchasing, deliver-
40 ing, receipt, and sale of drugs.

41 (e) "Pharmacy" shall have the same meaning as is set forth in section
42 sixty-eight hundred two of the education law.

43 2. Prohibition of discriminatory practice. No pharmaceutical manufac-
44 turer, pharmacy benefit manager, outsourcing facility, or third-party
45 logistics provider shall directly or indirectly:

46 (a) deny, prohibit, condition, or otherwise limit the dispensing of
47 drugs from a covered entity or contract pharmacy, other than such limi-
48 tations explicitly identified or explicitly authorized either under
49 section 340B of the federal public health service act (42 U.S.C. §
50 256b), or any regulations promulgated pursuant to such statute;

51 (b) deny access to drugs manufactured by a pharmaceutical manufacturer
52 to a covered entity or contract pharmacy based on such covered entity's
53 or contract pharmacy's participation in the 340B program; or

1 (c) impose requirements, exclusions, reimbursement terms, fees,
 2 audits, claim identification, or other conditions on a covered entity or
 3 contract pharmacy that differ from the requirements, exclusions,
 4 reimbursement terms, fees, audits, claim identification, or other condi-
 5 tions applied to entities that do not participate in the 340B program,
 6 other than such limitations explicitly identified or explicitly author-
 7 ized either under section 340B of the federal public health service act
 8 (42 U.S.C. § 256b), or any regulations promulgated pursuant to such
 9 statute.

10 3. Enforcement. (a) Any provision of a contract that is contrary to
 11 this act shall be void and unenforceable.

12 (b) The commissioner shall have the authority to impose a civil mone-
 13 etary penalty pursuant to section twelve of this chapter on any entity
 14 that violates the provisions of this act.

15 (c) The commissioner shall refer any matters in which a civil monetary
 16 penalty is being imposed to the education department and the office of
 17 the attorney general for review.

18 § 3. Severability clause. If any clause, sentence, paragraph, subdivi-
 19 sion, section or part of this act shall be adjudged by any court of
 20 competent jurisdiction to be invalid, such judgment shall not affect,
 21 impair, or invalidate the remainder thereof, but shall be confined in
 22 its operation to the clause, sentence, paragraph, subdivision, section
 23 or part thereof directly involved in the controversy in which such judg-
 24 ment shall have been rendered. It is hereby declared to be the intent of
 25 the legislature that this act would have been enacted even if such
 26 invalid provisions had not been included herein.

27 § 4. This act shall take effect immediately.

28 PART X

29 Section 1. The public health law is amended by adding a new article
 30 25-AA to read as follows:

31 ARTICLE 25-AA

32 NEW YORK STATE ABORTION CLINICAL TRAINING PROGRAM ACT

33 Section 2599-bb-10. Policy and purpose.

34 2599-bb-11. Definitions.

35 2599-bb-12. Establishment of the New York state abortion clin-
 36 ical training program.

37 2599-bb-13. Reporting.

38 § 2599-bb-10. Policy and purpose. 1. New York has long held that
 39 comprehensive reproductive health care is a fundamental component of
 40 every individual's health, privacy and equality, and that access to
 41 reproductive health care services is integral to their ability to choose
 42 to carry a pregnancy to term, to give birth to a child, or to have an
 43 abortion.

44 2. Abortion care is provided in hospitals, clinics, and private
 45 medical practices across the state, with a majority of this care deliv-
 46 ered by community-based providers. However, growing maternal health care
 47 deserts have made it difficult for individuals to access this vital form
 48 of care. The need for abortion care continues to increase while the
 49 number of providers trained to perform these services is declining.
 50 Although there are community-based abortion facilities in every region
 51 of the state, only seven out of ten regions have community-based facili-
 52 ties that perform abortion care beyond fifteen weeks of pregnancy. In
 53 three regions, only two facilities provide abortion care up to twenty
 54 weeks of pregnancy. This has resulted in pregnant people having to trav-

1 el further, and in some cases out of state, to access care, especially
2 later in pregnancy.

3 3. While any physician and health care practitioner licensed by the
4 state with abortion in their scope of practice is authorized to provide
5 this care under law, there is no structured training program available
6 to them for this purpose.

7 4. New York is in a strong position to address the training needs of
8 these individuals by establishing a statewide abortion clinical training
9 program. There are multiple abortion providers who are experienced,
10 utilize innovative abortion care procedures, and interested in training
11 their peers but require funding to do so.

12 5. It is the purpose of this article to create new training opportu-
13 nities for New York health care practitioners in the delivery of
14 abortion care through such a program, thereby protecting every individ-
15 ual's right to health, privacy and equality.

16 § 2599-bb-11. Definitions. As used in this article, the following
17 terms shall have the following meanings:

18 1. "Abortion" shall mean the termination of a pregnancy pursuant to
19 section twenty-five hundred ninety-nine-bb of this chapter.

20 2. "Health care services" shall mean the range of care related to the
21 provision of abortion pursuant to section twenty-five hundred ninety-
22 nine-bb of this chapter.

23 3. "Health care practitioner" shall mean any health care practitioner
24 authorized to provide health care services pursuant to section twenty-
25 five hundred ninety-nine-bb of this chapter or an intern or resident who
26 is employed by a hospital or otherwise enrolled in an accredited gradu-
27 ate medical education program.

28 4. "Professional educators" shall mean organizations providing repro-
29 ductive health care, continuing education programs for qualified provid-
30 ers through professional associations or clinical education programs
31 that meet professionally recognized training standards.

32 § 2599-bb-12. Establishment of the New York state abortion clinical
33 training program. 1. (a) There is hereby established within the depart-
34 ment the New York state abortion clinical training program for the
35 purpose of training health care practitioners in the performance of
36 abortion and related reproductive health care services. The commissioner
37 in consultation with the state education department, shall adopt a
38 comprehensive curriculum and competency based-standards for the training
39 of health care practitioners in the performance of a full range of
40 abortion and related reproductive health care services. Such curriculum
41 and standards shall be consistent with evidence-based training methods
42 and shall include, but not be limited to:

43 (i) counseling and informed consent;

44 (ii) miscarriage management;

45 (iii) patient-centered care;

46 (iv) pre-abortion evaluation;

47 (v) contraception and aftercare;

48 (vi) telehealth delivery;

49 (vii) procedural abortion;

50 (viii) medication abortion; and

51 (ix) potential complications and required care.

52 (b) The commissioner shall update the adopted curriculum and standards
53 at least every five years.

54 (c) The commissioner shall consult a range of experts, including, but
55 not limited to, individuals and entities providing abortion care,
56 abortion funds, and other organizations whose mission is to expand

1 access to abortion care, to ensure the program structure reflects the
2 needs of abortion providers, abortion funds and consumers in developing
3 the initial curriculum and standards and all subsequent updates.

4 (d) For professional educators currently operating an abortion clin-
5 ical training program within the state and selected by the department to
6 facilitate training through the program, the commissioner shall approve
7 the existing curriculum for use in the New York state abortion clinical
8 training program so long as the curriculum meets adopted statewide stan-
9 dards.

10 3. (a) The commissioner is authorized to enter into agreements with
11 professional educators to facilitate clinical training related to
12 abortion care and other related reproductive health services at a mini-
13 imum of four sites across the state. In entering such agreements, the
14 commissioner shall consider organizations that:

15 (i) comply with applicable state laws and regulations;

16 (ii) are capable of providing culturally congruent care and implicit
17 bias training;

18 (iii) have demonstrated experience in coordinating abortion care
19 training programs; and

20 (iv) have sufficient patient volume to accommodate training need.

21 (b) Professional educators shall not be required to provide training
22 in all areas of the approved curriculum, provided, however, special
23 consideration shall be given to professional educators who have the
24 capability to provide the full range of abortion care and related repro-
25 ductive health care services.

26 (c) The commissioner may engage the services of a consultant on a
27 contract basis to support the administration and operation of the
28 program. Such consultant shall be a professional educator that has the
29 demonstrated ability to provide programmatic oversight on a statewide
30 level including, but not limited to candidate selection and screening,
31 and adherence to the approved curriculum and clinical standards.

32 (d) Each professional educator receiving funding pursuant to this
33 paragraph shall submit a written certification in such form and at such
34 time as the commissioner shall prescribe, attesting how any award made
35 was used to support training health care practitioners in the perform-
36 ance of abortion and related reproductive health care services includ-
37 ing, but not limited to the number of health care practitioners selected
38 for training; the number of health care practitioners completing the
39 training; and the areas of the state served by the health care practi-
40 tioners selected.

41 (e) Notwithstanding any inconsistent provision of law to the contrary,
42 the commissioner shall be authorized to recoup any award made and deter-
43 mined to have been used in a manner inconsistent with the purposes of
44 the abortion clinical training program. The commissioner is authorized
45 to employ any legal mechanism to recoup such funds, including an offset
46 of other funds that are owed to such professional educator.

47 4. The commissioner shall prioritize eligible health care practition-
48 ers who will provide abortion and related reproductive health care
49 services to underserved communities in the state to receive training.

50 5. The commissioner shall award and distribute grants to address prac-
51 tical support needs of eligible health care providers. Funds may be
52 awarded to support an eligible health care practitioner in obtaining
53 clinical education on abortion care and other reproductive health
54 services, including, but not limited to, financial support for travel
55 and lodging associated with attending the program.

1 6. The commissioner shall promulgate rules and regulations as are
 2 necessary to carry out the provisions of this section.

3 7. Nothing in this article shall be construed to limit or restrict
 4 abortion training that occurs within New York state separate and apart
 5 from the New York state abortion clinical training program.

6 § 2599-bb-13. Reporting. The commissioner shall submit a report no
 7 later than twelve months after the effective date of this section and
 8 annually thereafter, to the governor, the temporary president of the
 9 senate and the speaker of the assembly, which shall include, but not be
 10 limited to, the total amount of grants issued, the number of eligible
 11 participants, the number of eligible providers, and the region of the
 12 state where the eligible providers are located. Notwithstanding any
 13 other provision of law, the commissioner shall not report any identify-
 14 ing information of eligible participants in the program.

15 § 2. This act shall take effect on the first of April next succeeding
 16 the date upon which it shall have become a law. Effective immediately,
 17 the addition, amendment and/or repeal of any rule or regulation neces-
 18 sary for the implementation of this act on its effective date are
 19 authorized to be made and completed on or before such effective date.

20

PART Y

21 Section 1. Subdivisions 3 and 4 of section 99-jj of the state finance
 22 law, as added by chapter 92 of the laws of 2021, are amended to read as
 23 follows:

24 3. The moneys in such fund shall be expended to the commissioner of
 25 the office of addiction services and supports and disbursed, in consul-
 26 tation with the commissioner of the department of health, the office of
 27 mental health, the office of cannabis management and the commissioner of
 28 education for the following purposes:

29 (a) Reasonable costs incurred, subject to available appropriations, by
 30 the office of addiction services and supports, to administer funds in
 31 accordance with the allowable uses in paragraphs (b), (c), (d) and (e)
 32 of this subdivision.

33 (b) To develop and implement a youth-focused public health education
 34 and prevention campaign, including school-based prevention, early inter-
 35 vention, and health care services and programs to reduce the risk of
 36 [~~cannabis and other~~] substance use by school-aged children;

37 (c) To develop and implement a statewide public health campaign
 38 focused on the health effects of cannabis and legal use, including an
 39 ongoing education and prevention campaign that educates the general
 40 public, including parents, consumers and retailers, on the legal use of
 41 cannabis, the importance of preventing youth access, the importance of
 42 safe storage and preventing secondhand cannabis smoke exposure, informa-
 43 tion for pregnant or breastfeeding women, and the overconsumption of
 44 edible cannabis products;

45 (d) To provide substance use disorder prevention, treatment
 46 [~~programs~~], and recovery services for youth and adults, with an emphasis
 47 on programs that are culturally and gender competent, trauma-informed,
 48 [~~evidence-based and provide a continuum of care that includes~~]
 49 evidence-informed, and provide care including, but not limited to, one
 50 or more of the following: screening and assessment (substance use disor-
 51 der as well as mental health), early intervention, active treatment,
 52 family involvement, case management, drug user health services such as
 53 overdose prevention[~~r~~] and prevention of communicable diseases related
 54 to substance use, [~~relapse~~ reoccurrence management for substance use

1 and other co-occurring behavioral health disorders, vocational services,
2 literacy services, parenting classes, family therapy and counseling
3 services, medication-assisted treatments, psychiatric medication [~~and~~],
4 psychotherapy, and recovery services; and

5 (e) To evaluate the programs being funded to determine their effec-
6 tiveness.

7 4. On or before the first day of [~~February~~] December each year, the
8 commissioner of the office of addiction services and supports shall
9 provide a written report to the temporary president of the senate,
10 speaker of the assembly, chair of the senate finance committee, chair of
11 the assembly ways and means committee, chair of the senate committee on
12 alcoholism and [~~drug abuse~~] substance use disorders, chair of the assem-
13 bly alcoholism and drug abuse committee, the state comptroller and the
14 public. Such report shall also be presented as a consolidated dashboard
15 and be made publicly available on the website of the office of addiction
16 services and supports. Such report shall detail how the moneys of the
17 fund were utilized during the preceding calendar year, and shall
18 include:

19 (a) the amount of money [~~dispersed~~] disbursed from the fund and the
20 award process used for such disbursements, including the state agency
21 that disbursed the award;

22 (b) recipients of awards from the fund;

23 (c) the amount awarded to each recipient of an award from the fund;

24 (d) the start and end date of each award period from the fund;

25 (e) the purposes for which such awards were granted; [~~and~~

26 ~~(e)~~] (f) a summary financial plan for such monies which shall include
27 estimates of all receipts and all disbursements for the current and
28 succeeding fiscal years, along with the actual results from the prior
29 fiscal year; and

30 (g) the amount of money remaining in the fund.

31 § 2. This act shall take effect immediately.

32 PART Z

33 Section 1. Section 2 of part Q of chapter 59 of the laws of 2016,
34 amending the mental hygiene law relating to the closure or transfer of a
35 state-operated individualized residential alternative, as amended by
36 section 11 of part B of chapter 57 of the laws of 2024, is amended to
37 read as follows:

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

40 § 2. This act shall take effect immediately.

41 PART AA

42 Section 1. Section 3 of chapter 670 of the laws of 2021 requiring the
43 office for people with developmental disabilities to establish the care
44 demonstration program, as amended by section 13 of part B of chapter 57
45 of the laws of 2024, is amended to read as follows:

46 § 3. This act shall take effect immediately and shall expire and be
47 deemed repealed March 31, [~~2026~~] 2028.

48 § 2. This act shall take effect immediately.

49 PART BB

1 Section 1. Paragraph (d-3) of subdivision 3 of section 364-j of the
2 social services law, as amended by section 1 of part HH of chapter 57 of
3 the laws of 2025, 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-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
10 section one of this act shall not affect the repeal of such section and
11 shall be deemed repealed therewith.

12 PART CC

13 Section 1. Short title. This act shall be known and may be cited as
14 the "recovery ready workplace act".

15 § 2. The mental hygiene law is amended by adding a new section 32.40
16 to read as follows:

17 § 32.40 Recovery-ready workplace program.

18 (a) Definitions. For purposes of this section, the following terms
19 shall have the following meanings:

20 1. "Employer" shall include any person, entity, corporation, limited
21 liability company, or association employing any individual in any occu-
22 pation, industry, trade, business or service.

23 2. "Employee" means any person employed for hire by an employer in any
24 employment.

25 3. "Lived experience" means having first-hand experience living with
26 mental health and/or substance use disorder and the associated chal-
27 lenges.

28 4. "Opioid use disorder" or "OUD" means a problematic pattern of
29 opioid use leading to clinically significant impairment or distress and
30 is a subset of SUD.

31 5. "Member assistance program" means a labor union administered educa-
32 tion and assistance program that provides support to members struggling
33 with mental health or substance use problems.

34 6. "Prevention" means a way of preventing substance misuse through
35 strategies to reduce the risk of injury and stress in the workplace and
36 address other factors that may increase the risk of substance misuse and
37 through training and education to build a substance use disorder and
38 recovery literacy.

39 7. "Recovery" means a process of change through which individuals
40 improve their health and wellness, live a self-directed life, and strive
41 to reach their full potential.

42 8. "Recovery ready workplace advisor" means a person who is an employ-
43 ee of or contractor for a recovery ready workplace program and whose
44 duties include, but are not limited to, assisting employers through the
45 process of becoming a certified recovery ready workplace.

46 9. "Certified peer support advocate" means a person with the lived
47 experience of recovery from a substance use disorder or co-occurring
48 disorder and who is certified to provide non-clinical, strengths-based
49 support to others experiencing similar challenges. "Certified peer
50 support advocates" shall also be known as "peer specialists", "peer
51 recovery coaches", and "peer recovery support specialists".

52 10. "Recovery ready workplace" or "RRW" means an established program
53 to prevent exposure to workplace factors that could cause or perpetuate
54 a SUD while lowering barriers to seeking care, receiving care, and main-

1 taining recovery, and to educate its management team and workers on
2 issues surrounding SUDs to reduce the stigma around such challenge.

3 11. "Substance use disorder" or "SUD" means the recurrent use of alco-
4 hol and/or drugs that causes clinically significant impairment, includ-
5 ing health problems, disability, and failure to meet major responsibil-
6 ities at work, school, or home.

7 12. "Workplace" means any site where an employee performs any work-re-
8 lated duty or duties in the scope and course of the employee's employ-
9 ment, provided that such locations shall not include an employee's domi-
10 cile, permanent or temporary, where an employee performs any
11 work-related duty in the course of their employment.

12 (b) The office, in consultation with the department of labor, shall
13 establish a recovery ready workplace program to be administered and
14 overseen by the office. At a minimum, the program shall:

15 1. Develop a process through which employers may apply to become a
16 recovery ready workplace participant or certified as recovery ready as
17 set forth in this section;

18 2. Develop an orientation process that includes training materials for
19 employers that provides a baseline introduction to substance use disor-
20 der, treatment, and recovery, including information on the science of
21 addiction, stigma, substance use in the workforce, prevention measures,
22 available local resources, and the ways in which employers can amend and
23 implement recovery ready policies and practices to help their employees
24 with substance use disorders;

25 3. Provide consultation, guidance, technical assistance, training and
26 education, and other support to employers seeking to become participants
27 or certified recovery ready workplaces, as well as to current program
28 participants and certified recovery ready employers;

29 4. Conduct outreach to stakeholders, including employers that are not
30 engaged in the program, labor unions, and recovery support organiza-
31 tions, to provide information regarding the program; and

32 5. Establish a recovery ready workplace program webpage on the
33 office's website that provides information on substance use in the work-
34 place to employers, employees, and the general public.

35 (c) The office of addiction services and supports, shall promulgate
36 regulations establishing the criteria by which an employer can obtain
37 certification as a RRW. Such criteria shall include, but not be limited
38 to, the following:

39 1. a signed letter of interest from the employer to become a RRW;

40 2. issuance of a written declaration to employees;

41 3. collaboration with employees and, if any, the collective bargaining
42 agent or the bona fide labor organization which has established itself
43 and/or its affiliates as the collective bargaining representative for
44 persons employed by such employer, recovery community organizations, and
45 government officials in establishing a RRW and the development of the
46 proposed recovery ready workplace program in writing;

47 4. proactively identifying and addressing the primary prevention of
48 workplace hazards and sources of stress at work associated with opioid
49 and other substance misuse, including prescription medications and
50 through self-medication;

51 5. establishing availability of naloxone onsite and training personnel
52 on its administration and other first aid measures that reduce the risk
53 of death as a result of an overdose;

54 6. supporting and providing information to injured workers on how to
55 avoid opioid and other substance misuse;

1 7. providing training and orientation to supervisors, management,
2 employees, and union officials;

3 8. providing resources and information to employees;

4 9. connecting with a recovery community organization within six months
5 of certification;

6 10. assessing and addressing workplace culture issues by:

7 (A) encouraging all qualified applicants, including persons in recov-
8 ery;

9 (B) having programs and practices that promote and support employee
10 health, wellness, and work-life balance, such as but not limited to
11 member assistance programs; and

12 (C) supporting employees who seek treatment and who require residen-
13 tial or outpatient treatment and related disability leave, including
14 planning for return to work;

15 11. offering health benefits that provide comprehensive coverage for
16 SUDs, including medications for OUD and SUD, aftercare, and counseling;

17 12. evaluating and improving, as needed, access to treatment and
18 recovery resources and ensure mental health and substance use benefits
19 are equal to those for physical health as required by paragraph five of
20 subsection one of section three thousand two hundred twenty-one and
21 subsections (g) and (h) of section four thousand three hundred three of
22 the insurance law, and the federal mental health parity addiction equity
23 act;

24 13. providing work accommodations for employees in recovery to attend
25 treatment and recovery services and providing reasonable work accommo-
26 dations to support workers in recovery in compliance with federal and
27 state law; and

28 14. ensuring employer RRW policies include confidentiality provisions
29 to maintain confidentiality of employees accessing services.

30 (d) 1. An employer shall develop the plan to become certified as a RRW
31 in cooperation with the collective bargaining agent or the bona fide
32 labor organization which has established itself and/or its affiliates as
33 the collective bargaining representative for persons employed by such
34 employer, if any, or with meaningful participation of employees where
35 there is no collective bargaining representative, for all aspects of the
36 plan, and such plan shall be tailored to the specific industry and work
37 place or workplaces of the employer.

38 2. Employers shall be encouraged to establish multi-stakeholder
39 committees, subcommittees, or task forces to help develop RRW programs.
40 Where there is a collective bargaining agent or a bona fide labor organ-
41 ization which has established itself and/or its affiliates as the
42 collective bargaining representative for persons employed by such
43 employer, such collective bargaining representative shall select employ-
44 ees to be members of such committee.

45 3. To the extent that any individual voluntarily self-discloses lived
46 experience with SUD or recovery, a RRW committee, subcommittee, or task
47 force shall invite representatives with lived experience to participate
48 in the development and the annual review of the RRW plan, while main-
49 taining confidentiality.

50 4. The employer shall update its drug and alcohol policies in writing
51 within one year of certification. The employer shall make such policies
52 available to all employees, shall review such policies annually in
53 consultation with the employers' RRW committee, and shall update such
54 policies as necessary, except as described in subdivision (c) of this
55 section.

1 5. Employer policies related to accessing treatment and recovery
2 resources shall be evaluated and improved, as necessary, including a
3 review of mental health and substance use benefits to assess parity to
4 those for physical health in conformance with federal, state, and local
5 laws.

6 (e) The provisions of this section shall not be construed to diminish
7 or alter the rights or benefits of any employee pursuant to any other
8 law, regulation, or collective bargaining agreement.

9 § 3. This act shall take effect on the one hundred eightieth day after
10 it shall have become a law.

11 PART DD

12 Section 1. Subparagraph (E) of paragraph 31 of subsection (i) of
13 section 3216 of the insurance law, as amended by section 6 of subpart A
14 of part BB of chapter 57 of the laws of 2019, is amended and a new
15 subparagraph (K) is added to read as follows:

16 (E) This subparagraph shall apply to facilities in this state that are
17 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
18 ~~and substance abuse~~] addiction services and supports for the provision
19 of outpatient, intensive outpatient, outpatient rehabilitation and
20 opioid treatment that are participating in the insurer's provider
21 network. Coverage provided under this paragraph shall not be subject to
22 preauthorization. Coverage provided under this paragraph shall not be
23 subject to concurrent review for the first four weeks of continuous
24 treatment, not to exceed twenty-eight visits, provided the facility
25 notifies the insurer of both the start of treatment and the initial
26 treatment plan within two business days. The facility shall perform
27 clinical assessment of the patient at each visit, including periodic
28 consultation with the insurer at or just prior to the fourteenth day of
29 treatment to ensure that the facility is using the evidence-based and
30 peer reviewed clinical review tool utilized by the insurer which is
31 designated by the office of [~~alcoholism and substance abuse~~] addiction
32 services and supports and appropriate to the age of the patient, to
33 ensure that the outpatient treatment is medically necessary for the
34 patient. Any utilization review of the treatment provided under this
35 subparagraph may include a review of all services provided during such
36 outpatient treatment, including all services provided during the first
37 four weeks of continuous treatment, not to exceed twenty-eight visits,
38 of such outpatient treatment. Provided, however, the insurer shall only
39 deny coverage for any portion of the initial four weeks of continuous
40 treatment, not to exceed twenty-eight visits, for outpatient treatment
41 on the basis that such treatment was not medically necessary if such
42 outpatient treatment was contrary to the evidence-based and peer
43 reviewed clinical review tool utilized by the insurer which is desig-
44 nated by the office of [~~alcoholism and substance abuse~~] addiction
45 services and supports. An insured shall only have financial responsibil-
46 ities as set out in subparagraph (K) of this paragraph and shall not
47 have any financial obligation to the facility for any treatment under
48 this subparagraph other than any [~~copayment,~~] coinsurance[~~, or deduct-~~
49 ~~ible~~] otherwise required under the policy.

50 (K) For a substance use disorder outpatient treatment episode of care
51 by a provider licensed, certified or otherwise authorized by the office
52 of addiction services and supports, an insured shall only be responsible
53 for a cost sharing fee not to exceed two hundred fifty dollars. An
54 insurer providing coverage under this paragraph shall be responsible for

1 all other financial obligations to the facility. An episode of care is
2 defined to include up to sixty visits with the same treatment provider.

3 § 2. Subparagraphs (C-1) and (E) of paragraph 7 of subsection (1) of
4 section 3221 of the insurance law, subparagraph (C-1) as added by
5 section 16 and subparagraph (E) as amended by section 17 of subpart A of
6 part BB of chapter 57 of the laws of 2019, are amended and a new subpar-
7 agraph (K) is added to read as follows:

8 (C-1) A large group policy that provides coverage under this paragraph
9 shall not impose [~~copayments or~~] coinsurance for outpatient substance
10 use disorder services that exceeds the [~~copayment or~~] coinsurance
11 imposed for a primary care office visit. [~~Provided that no greater than~~
12 ~~one such copayment may be imposed for all services provided in a single~~
13 ~~day by a facility licensed, certified or otherwise authorized by the~~
14 ~~office of alcoholism and substance abuse services to provide outpatient~~
15 ~~substance use disorder services] A large group policy that provides
16 coverage under this paragraph shall not impose copayments for outpatient
17 substance use disorder services.~~

18 (E) This subparagraph shall apply to facilities in this state that are
19 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
20 ~~and substance abuse~~] addiction services and supports for the provision
21 of outpatient, intensive outpatient, outpatient rehabilitation and
22 opioid treatment that are participating in the insurer's provider
23 network. Coverage provided under this paragraph shall not be subject to
24 preauthorization. Coverage provided under this paragraph shall not be
25 subject to concurrent review for the first four weeks of continuous
26 treatment, not to exceed twenty-eight visits, provided the facility
27 notifies the insurer of both the start of treatment and the initial
28 treatment plan within two business days. The facility shall perform
29 clinical assessment of the patient at each visit, including periodic
30 consultation with the insurer at or just prior to the fourteenth day of
31 treatment to ensure that the facility is using the evidence-based and
32 peer reviewed clinical review tool utilized by the insurer which is
33 designated by the office of [~~alcoholism and substance abuse~~] addiction
34 services and supports and appropriate to the age of the patient, to
35 ensure that the outpatient treatment is medically necessary for the
36 patient. Any utilization review of the treatment provided under this
37 subparagraph may include a review of all services provided during such
38 outpatient treatment, including all services provided during the first
39 four weeks of continuous treatment, not to exceed twenty-eight visits,
40 of such outpatient treatment. Provided, however, the insurer shall only
41 deny coverage for any portion of the initial four weeks of continuous
42 treatment, not to exceed twenty-eight visits, for outpatient treatment
43 on the basis that such treatment was not medically necessary if such
44 outpatient treatment was contrary to the evidence-based and peer
45 reviewed clinical review tool utilized by the insurer which is desig-
46 nated by the office of [~~alcoholism and substance abuse~~] addiction
47 services and supports. An insured shall only have financial responsibil-
48 ities as set out in subparagraph (K) of this paragraph and shall not
49 have any financial obligation to the facility for any treatment under
50 this subparagraph other than any [~~copayment,~~] coinsurance[~~, or deduct-~~
51 ~~ible~~] otherwise required under the policy.

52 (K) For a substance use disorder outpatient treatment episode of care
53 by a provider licensed, certified or otherwise authorized by the office
54 of addiction services and supports, an insured shall only be responsible
55 for a cost sharing fee not to exceed two hundred fifty dollars. An
56 insurer providing coverage under this paragraph shall be responsible for

1 all other financial obligations to the facility. An episode of care is
2 defined to include up to sixty visits with the same treatment provider.

3 § 3. Paragraphs 3-a and 5 of subsection (1) of section 4303 of the
4 insurance law, paragraph 3-a as added by section 27 and paragraph 5 as
5 amended by section 28 of subpart A of part BB of chapter 57 of the laws
6 of 2019, are amended and a new paragraph 11 is added to read as follows:

7 (3-a) A contract that provides large group coverage under this
8 subsection shall not impose [~~copayments or~~] coinsurance for outpatient
9 substance use disorder services that exceed the [~~copayment or~~] coinsu-
10 rance imposed for a primary care office visit. [~~Provided that no greater~~
11 ~~than one such copayment may be imposed for all services provided in a~~
12 ~~single day by a facility licensed, certified or otherwise authorized by~~
13 ~~the office of alcoholism and substance abuse services to provide outpa-~~
14 ~~tient substance use disorder services] A large group policy that
15 provides coverage under this paragraph shall not impose copayments for
16 outpatient substance use disorder services.~~

17 (5) This paragraph shall apply to facilities in this state that are
18 licensed, certified or otherwise authorized by the office of [~~alcoholism~~
19 ~~and substance abuse~~] addiction services and supports for the provision
20 of outpatient, intensive outpatient, outpatient rehabilitation and
21 opioid treatment that are participating in the corporation's provider
22 network. Coverage provided under this subsection shall not be subject to
23 preauthorization. Coverage provided under this subsection shall not be
24 subject to concurrent review for the first four weeks of continuous
25 treatment, not to exceed twenty-eight visits, provided the facility
26 notifies the corporation of both the start of treatment and the initial
27 treatment plan within two business days. The facility shall perform
28 clinical assessment of the patient at each visit, including periodic
29 consultation with the corporation at or just prior to the fourteenth day
30 of treatment to ensure that the facility is using the evidence-based and
31 peer reviewed clinical review tool utilized by the corporation which is
32 designated by the office of [~~alcoholism and substance abuse~~] addiction
33 services and supports and appropriate to the age of the patient, to
34 ensure that the outpatient treatment is medically necessary for the
35 patient. Any utilization review of the treatment provided under this
36 paragraph may include a review of all services provided during such
37 outpatient treatment, including all services provided during the first
38 four weeks of continuous treatment, not to exceed twenty-eight visits,
39 of such outpatient treatment. Provided, however, the corporation shall
40 only deny coverage for any portion of the initial four weeks of contin-
41 uous treatment, not to exceed twenty-eight visits, for outpatient treat-
42 ment on the basis that such treatment was not medically necessary if
43 such outpatient treatment was contrary to the evidence-based and peer
44 reviewed clinical review tool utilized by the corporation which is
45 designated by the office of [~~alcoholism and substance abuse~~] addiction
46 services and supports. A subscriber shall only have financial responsi-
47 bilities as set out in paragraph eleven of this subsection and shall not
48 have any financial obligation to the facility for any treatment under
49 this paragraph other than any [~~copayment,~~] coinsurance[~~, or deductible~~]
50 otherwise required under the contract.

51 (11) For a substance use disorder outpatient treatment episode of care
52 by a provider licensed, certified or otherwise authorized by the office
53 of addiction services and supports, an insured shall only be responsible
54 for a cost sharing fee not to exceed two hundred fifty dollars. An
55 insurer providing coverage under this paragraph shall be responsible for

1 all other financial obligations to the facility. An episode of care is
2 defined to include up to sixty visits with the same treatment provider.

3 § 4. This act shall take effect on the first of January next succeed-
4 ing the date on which it shall have become a law and shall apply to
5 policies and contracts issued, renewed, modified, altered or amended on
6 and after such date.

7 PART EE

8 Section 1. The public health law is amended by adding a new section 37
9 to read as follows:

10 § 37. Audit and review of medical assistance program funds. Where the
11 inspector determines an overpayment of funds has occurred due to a
12 provider's submission of supporting records in a form, format, or method
13 of transmission that is not in accordance with program requirements in
14 effect at the time of the claim, but, due to intervening changes to
15 program requirements, including changes to state agency guidelines,
16 regulations, or other guidance, is in accordance with the requirements
17 in effect at the time of the inspector's review or determination or any
18 administrative reviews and other court proceedings related to the
19 inspector's review or determination, then, in the absence of fraud or
20 evidence the provider received reimbursement for items or services that
21 were not provided to the beneficiary, or the beneficiary was not eligi-
22 ble for the items or services, recoupment for such claim disallowances
23 shall be limited to the reimbursement amount of the claims actually
24 reviewed by the inspector without extrapolation, and the inspector shall
25 not initiate new or additional reviews against the provider on the same
26 basis.

27 § 2. This act shall take effect immediately and shall apply to audits
28 commenced on or after such effective date, audits pending as of such
29 date, and audits that the Medicaid inspector general has concluded but
30 which are under administrative review or other properly filed judicial
31 review or appeal.

32 PART FF

33 Section 1. Subdivision 3 of section 2504 of the public health law, as
34 added by chapter 976 of the laws of 1984, is amended to read as follows:

35 3. Any person [~~who is pregnant may give effective consent for medical,~~
36 ~~dental, health and hospital services relating to prenatal care~~] may give
37 effective consent for reproductive health care, including, but not
38 limited to, a contraceptive device or medication or abortion, for them-
39 self, and without needing to provide a reason.

40 § 2. This act shall take effect immediately.

41 PART GG

42 Section 1. Section 2826 of the public health law is amended by adding
43 a new subdivision (h) to read as follows:

44 (h) Notwithstanding any provision of law to the contrary, the commis-
45 sioner is authorized to grant approval to eligible programs established
46 by not-for-profit and public skilled nursing facilities in any of the
47 five nursing home regions in upstate New York, which are designed to
48 work collaboratively on efforts to improve nursing home efficiency,
49 staffing, and quality of care. Upon application by the regional program,
50 the commissioner shall approve those regions which apply for such desig-

1 nation who can demonstrate, to the satisfaction of the commissioner,
2 that the programs present a collaborative effort designed to improve the
3 quality of nursing home care and services and that appropriate program
4 structural safeguards are included to prevent any collusion or anti-com-
5 petitive practices.

6 § 2. This act shall take effect immediately.

7 PART HH

8 Section 1. Paragraph (d-2) of subdivision 3 of section 364-j of the
9 social services law, as amended by chapter 41 of the laws of 2025, is
10 amended to read as follows:

11 (d-2) Services provided pursuant to a waiver, granted pursuant to
12 subsection (c) of section 1915 of the federal social security act, to
13 persons suffering from traumatic brain injuries, shall not be provided
14 to medical assistance recipients through managed care programs estab-
15 lished pursuant to this section. Services provided pursuant to a waiver,
16 granted pursuant to subsection (c) of section 1915 of the federal social
17 security act, to persons qualifying for nursing home diversion and tran-
18 sition services, shall not be provided to medical assistance recipients
19 through managed care programs [~~until at least January first, two thou-~~
20 ~~sand twenty seven~~].

21 § 2. This act shall take effect immediately; provided that the amend-
22 ments to section 364-j of the social services law made by section one of
23 this act shall not affect the repeal of such section and shall be deemed
24 repealed therewith.

25 PART II

26 Section 1. Legislative findings. The legislature finds that following
27 the enactment of the National Nutrition Monitoring and Related Research
28 Act of 1990, the Economic Research Service (ERS) of the United States
29 Department of Agriculture (USDA) began issuing an annual food insecurity
30 report. ERS's annual report collects and analyzes data gathered from the
31 Census Bureau of the United States Department of Commerce through its
32 annual Current Population Survey (CPS)-Food Security Supplement (FSS).
33 The annual FSS survey asks about food security, food spending, and the
34 use of federal and community nutrition assistance programs. Using the
35 CPS-FSS data on households in the United States, including in New York,
36 ERS has consistently reported on national and state-level household food
37 insecurity and provided detailed documentation and data files for public
38 use. Nonetheless, as of September 2025, the USDA announced that ERS will
39 no longer issue the annual food insecurity report.

40 The legislature additionally finds that some New York households expe-
41 rience food insecurity at times during the year due to lack of money and
42 other resources. According to the Food Insufficiency Data Brief released
43 by the NY Health Foundation on March 31, 2025, "The food insufficiency
44 rate in New York State is 10.4%, which is higher than it was during the
45 early days of the pandemic in 2020 (10.2%)." New York households often
46 look to the Supplemental Nutrition Assistance Program (SNAP, also known
47 as "food stamps") when facing food insecurity, however, the latest
48 federal budget bill (H.R.1) makes deep cuts to SNAP which are expected
49 to significantly increase the number of New Yorkers experiencing food
50 insecurity. In light of these circumstances, information on food securi-
51 ty trends is now more important than ever to help the New York legisla-
52 ture and other stakeholders better understand hunger trends and make

1 decisions for investing taxpayer dollars as efficiently and effectively
2 as possible.

3 § 2. Subdivision 1 of section 201 of the public health law is amended
4 by adding a new paragraph (z) to read as follows:

5 (z) include as part of the department's annual participation in the
6 Behavioral Risk Factor Surveillance System, the U.S. Household Food
7 Security Survey Module: Six-Item Short Form Economic Research Service,
8 developed by the United States department of agriculture, and publicly
9 report annually the results of such survey module broken down to the
10 county level on the public website of the department.

11 § 3. This act shall take effect immediately.

12 PART JJ

13 Section 1. Subdivisions 16 and 17 of section 202 of the elder law,
14 subdivision 16 as amended by chapter 63 of the laws of 2022, and subdivi-
15 sion 17 as added by section 1 of subpart J of part XX of chapter 55 of
16 the laws of 2020, are amended and a new subdivision 18 is added to read
17 as follows:

18 16. to the extent appropriations are available, and in consultation
19 with the office of children and family services, conduct a public educa-
20 tion campaign that emphasizes zero-tolerance for elder abuse. Such
21 campaign shall include information about the signs and symptoms of elder
22 abuse, identification of potential causes of elder abuse, which includes
23 identity theft, resources available to assist in the prevention of elder
24 abuse, where suspected elder abuse can be reported, contact information
25 for programs offering services to victims of elder abuse such as coun-
26 seling, and assistance with arranging personal care and shelter. Such
27 campaign may include, but not be limited to: printed educational and
28 informational materials; audio, video, electronic, other media; and
29 public service announcements or advertisements; ~~and~~

30 17. subject to an appropriation, make available to designated agencies
31 as defined in paragraph (a) of subdivision one of section two hundred
32 fourteen of this title, a training program for the purpose of raising
33 awareness, removing barriers and improving services for older adults
34 based on their sexual orientation and gender identity or expression as
35 defined in section two hundred ninety-two of the executive law. Such
36 training program may include:

37 (i) an overview of the history, unique needs, and concerns of lesbian,
38 gay, bisexual, transgender, asexual, gender non-conforming and gender
39 non-binary older adults;

40 (ii) reasons why lesbian, gay, bisexual, transgender, asexual, gender
41 non-conforming and gender non-binary older adults may choose not to
42 self-identify; and

43 (iii) tools that may be used to incorporate lesbian, gay, bisexual,
44 transgender, asexual, gender non-conforming and gender non-binary older
45 adult concerns into direct care and steps that may be taken to improve
46 the quality of services and support provided~~[-]~~; and

47 18. to issue a report annually on April first which provides a
48 complete accounting of all expenditures in the state budget on behalf of
49 the senior population of the state.

50 § 2. This act shall take effect immediately.

51 PART KK

1 Section 1. Title 2-F of article 2 of the public health law is amended
2 by adding a new section 244-a to read as follows:

3 § 244-a. Gender-affirming care access program. 1. As used in this
4 section, the following terms shall have the following meanings:

5 (a) "Gender expansive" shall mean a transgender, non-binary, gender
6 non-conforming, intersex individuals, or other individuals who have a
7 gender identity or expression that is different from the sex assigned to
8 them at birth.

9 (b) "Gender-affirming care" shall mean and include any type of care
10 provided to an individual to affirm their gender identity or gender
11 expression including, but not limited to, care an individual provides to
12 themselves; provided that surgical interventions on minors with variations
13 in their sex characteristics that are not sought and initiated by the
14 individual patient are not gender-affirming care.

15 (c) "Program" shall mean the gender-affirming care access program
16 established pursuant to subdivision two of this section.

17 2. The commissioner shall establish a gender-affirming care access
18 program. The program shall provide funding to gender-affirming care
19 providers and non-profit organizations that provide or facilitate access
20 to gender-affirming care. The program shall be designed to provide
21 support to gender-affirming care providers and non-profit organizations
22 to increase access to care, fund uncompensated care, and to address the
23 support needs of individuals accessing gender-affirming care. The
24 commissioner shall consult a range of experts including, but not limited
25 to gender expansive individuals, individuals and entities providing
26 gender-affirming care, gender-affirming funds and other organizations
27 work to advance access to gender-affirming care, to ensure the gender-
28 affirming care program structure and expenditures reflect the needs of
29 gender-affirming care providers and patients. Funding used to support
30 this program shall be subject to appropriation.

31 3. The commissioner shall distribute grant funds made available for
32 expenditure under this section. In determining funding for applicants
33 under the grant program, the commissioner shall consider the following
34 criteria and goals:

35 (a) Increasing access to care by growing the capacity of gender-af-
36 firming care providers to meet present and future care needs. Grant
37 funds may be awarded to support the recruitment and retention of staff,
38 staff training, the establishment of new or renovation of existing
39 health centers, investments in technology to facilitate care, security
40 enhancements, cover the costs of medical malpractice liability and
41 general liability insurance for health care providers involved in the
42 provision of gender-affirming health care services, and other opera-
43 tional or capital needs that increase access to gender-affirming care.

44 (b) Funding uncompensated health care services associated with
45 gender-affirming care, to ensure the affordability of and access to care
46 for individuals who lack ability to pay for care, for individuals who
47 lack insurance coverage, are underinsured, or whose insurance is deemed
48 unusable by the rendering provider.

49 (c) Addressing practical support needs of individuals accessing
50 gender-affirming care for individuals who lack ability to pay for such
51 support.

52 4. The commissioner shall not request, or otherwise require, any
53 gender-affirming care provider or organization receiving moneys from the
54 program to divulge the name, address, photograph, license number, email
55 address, phone number, or any other individual identifying information
56 of any patient, or individual who sought or received health care

1 services or practical support from a gender-affirming care provider or
2 organization under the program.

3 5. Any organization or gender-affirming care provider receiving funds
4 from the program shall take all necessary steps to ensure the confiden-
5 tiality of the individuals receiving services pursuant to state and
6 federal laws.

7 § 2. Severability clause. If any clause, sentence, paragraph, section
8 or part of this act shall be adjudged by any court of competent juris-
9 diction to be invalid and after exhaustion of all further judicial
10 review, such judgment shall not affect, impair or invalidate the remain-
11 der thereof, but shall be confined in its operation to the clause,
12 sentence, paragraph, section or part thereof directly involved in the
13 controversy in which such judgment shall have been rendered.

14 § 3. This act shall take effect immediately.

15 PART LL

16 Section 1. Section 30-a of the public health law is amended by adding
17 three new subdivisions 4, 5 and 6 to read as follows:

18 4. "Overpayment" shall mean any amount not authorized to be paid under
19 the medical assistance program, whether paid as the result of inaccurate
20 or improper cost reporting, improper claiming, unacceptable practices,
21 fraud, abuse or mistake.

22 5. "Applicable standards" shall mean the state laws, regulations and
23 duly promulgated policies, guidelines, protocols and interpretations of
24 state agencies with jurisdiction in effect at the time the provider
25 engaged in the regulated conduct or provision of services that the
26 inspector general is auditing or reviewing.

27 6. "Clerical or minor error or omission" shall include mathematical or
28 computational mistakes; transposed procedure or diagnostic codes; inac-
29 curate data entry; computer errors; duplicate claims; and incorrect data
30 items, such as provider number, use of a modifier or date of service.

31 § 2. The public health law is amended by adding a new section 37 to
32 read as follows:

33 § 37. Audit and recovery of medical assistance payments to providers.
34 Any audit or review of any provider contracts, cost reports, claims,
35 bills, or medical assistance payments by the inspector, anyone desig-
36 nated by the inspector to conduct such audit or review, shall comply
37 with the following standards:

38 1. Any reviews or audits of provider contracts, cost reports, claims,
39 bills or medical assistance payments shall apply the applicable stand-
40 ard. Prior to commencing an audit or review, the inspector shall provide
41 to the provider access to any applicable standards. For the purpose of
42 this subdivision, an applicable standard shall not be deemed in effect
43 if federal governmental approval was pending or denied at the time the
44 provider engaged in the regulated conduct or provision of services.

45 2. The inspector shall publish the most current version of protocols
46 applicable to and governing any audit or review of a provider or provid-
47 er contracts, cost reports, claims, bills or medical assistance payments
48 on the office of the Medicaid inspector general website in advance of
49 commencing such audit or review, which protocols shall include any and
50 all applicable standards.

51 3. In determining the amount of an overpayment a provider must repay
52 following an audit or review, consistent with subdivision six of section
53 thirty-two of this title, the inspector must consider the following
54 factors:

1 (a) Whether the findings suggest a sustained or high level of payment
2 error;

3 (b) Whether the nature of the error is a clerical or minor error or
4 omission;

5 (c) Impacts to the provider's financial solvency; and

6 (d) The potential for the repayment, if ordered, to negatively impact
7 access to services.

8 4. Any sampling and extrapolation methodologies utilized by the
9 inspector shall be consistent with accepted standards of sound auditing
10 practice and statistical analysis.

11 5. If the inspector determines that the basis of an overpayment is a
12 clerical or minor error or omission, and if the inspector further deter-
13 mines such clerical or minor error or omission are isolated occurrences,
14 limited to three or less, then the inspector shall not apply extrapo-
15 lation in those cases and recoupment will be limited to each such
16 affected audited claim.

17 6. The draft audit report given to the provider shall include the
18 inspector's findings and a detailed written explanation of the extrapo-
19 lation method if used, including the size of the sample, the sampling
20 methodology, the defined universe of claims, the specific claims
21 included in the sample, the results of the sample, the assumptions made
22 about the accuracy and reliability of the sample and the level of confi-
23 dence in the sample results, and the steps undertaken to calculate the
24 alleged overpayment and any applicable offset based on the sample
25 results.

26 7. The inspector shall consider any supporting documentation that the
27 provider submits prior to the issuance of the final audit report that
28 the provider thinks is relevant to the audit, including, but not limited
29 to attestations addressing missing documentation and/or signatures. The
30 inspector shall use the totality of the record to determine if the
31 documentation or signature requirement, as outlined in statute or regu-
32 lation, is met, and/or consider submitted attestations to resolve the
33 issue. If the inspector rejects such supporting documentation, an expla-
34 nation for such rejection shall be provided in writing.

35 8. The inspector's final audit report or final notice of agency action
36 shall include a specific explanation of the inspector's consideration of
37 the factors described in paragraphs (a) through (d) of subdivision three
38 of this section.

39 9. The inspector shall not foreclose or prohibit the provider from
40 settling through repayment at the lower confidence limit plus applicable
41 interest, even if the provider requests a hearing, up until the hearing
42 determination is issued.

43 10. Neither recoupment by the inspector nor repayment by the provider
44 of overpayments shall commence earlier than sixty days from the issuance
45 date of the final audit report or, if the provider requests a hearing,
46 then sixty days from the issuance date of the hearing determination.

47 11. Nothing in this section shall prevent the inspector from complying
48 with Medicaid audit requirements established by federal law, rules and
49 regulations, or binding federal agency guidance and directives.

50 § 3. The opening paragraph of subdivision 1 of section 35 of the
51 public health law, as added by chapter 442 of the laws of 2006, is
52 amended to read as follows:

53 The inspector shall, no later than October first of each year,
54 ~~submit~~ consult with the commissioner on the preparation of an annual
55 report, to be made and filed by the inspector and submitted to the
56 governor, the temporary president of the senate, the speaker of the

1 assembly, the minority leader of the senate, the minority leader of the
 2 assembly, the commissioner, the commissioner of the office of addiction
 3 services and supports, and the commissioner of the office of mental
 4 health, the commissioner of the office of persons with developmental
 5 disabilities, the state comptroller and the attorney general[, ~~a report~~
 6 ~~summarizing the activities of the office during the preceding calendar~~
 7 ~~year~~]. Such report shall include:

8 § 4. Paragraphs (b), (f) and (g) of subdivision 1 of section 35 of the
 9 public health law, paragraph (b) as added by chapter 442 of the laws of
 10 2006, paragraph (f) as amended and paragraph (g) as added by section 111
 11 of part E of chapter 56 of the laws of 2013, are amended and a new para-
 12 graph (h) is added to read as follows:

13 (b) the number, subject and other relevant characteristics of audits
 14 initiated, and those completed, including but not limited to outcome,
 15 region, reason for audit and the total dollar value identified for
 16 recovery [~~and~~], the actual recovery from such audits and how many audits
 17 where overpayments were recovered used extrapolation;

18 (f) a narrative that evaluates the office's performance, describes any
 19 specific problems and connection with the procedures and agreements
 20 required under this section, discusses any other matters that may have
 21 impaired its effectiveness and summarizes the total savings to the
 22 state's medical assistance program; [~~and~~]

23 (g) a narrative, provided by the department in its annual report
 24 pursuant to paragraph (t) of subdivision one of section two hundred six
 25 of this chapter that summarizes the department's activities to mitigate
 26 fraud, waste and abuse during the preceding calendar year[~~;~~]; and

27 (h) a narrative that describes the steps taken by the office in the
 28 past year to comply with subdivision six of section thirty-two of this
 29 title, which requires consideration of quality and availability of
 30 medical and long term care and services and the best interest of both
 31 the medical assistance program and recipients, in the pursuit of civil
 32 and administrative enforcement actions.

33 § 5. This act shall take effect on the first of April next succeeding
 34 the date on which it shall have become a law.

35 PART MM

36 Section 1. Subdivision 1 of section 2999-dd of the public health law,
 37 as amended by section 2 of part V of chapter 57 of the laws of 2022, is
 38 amended to read as follows:

39 1. Health care services delivered by means of telehealth shall be
 40 entitled to reimbursement under section three hundred sixty-seven-u of
 41 the social services law on the same basis, at the same rate, and to the
 42 same extent the equivalent services, as may be defined in regulations
 43 promulgated by the commissioner, are reimbursed when delivered in
 44 person; provided, however, that health care services delivered by means
 45 of telehealth shall not require reimbursement to a telehealth provider
 46 for certain costs, including but not limited to facility fees or costs
 47 reimbursed through ambulatory patient groups or other clinic reimburse-
 48 ment methodologies set forth in section twenty-eight hundred seven of
 49 this chapter, if such costs were not incurred in the provision of tele-
 50 health services due to neither the originating site nor the distant site
 51 occurring within a facility or other clinic setting; and further
 52 provided, however, reimbursement for additional modalities, provider
 53 categories and originating sites specified in accordance with section
 54 twenty-nine hundred ninety-nine-ee of this article, and audio-only tele-

1 phone communication defined in regulations promulgated pursuant to
2 subdivision four of section twenty-nine hundred ninety-nine-cc of this
3 article, shall be contingent upon federal financial participation.
4 Notwithstanding the provisions of this subdivision, for services
5 licensed, certified or otherwise authorized pursuant to article sixteen,
6 article thirty-one or article thirty-two of the mental hygiene law, and
7 for any services delivered through a facility licensed under article
8 twenty-eight of this chapter that is eligible to be designated or has
9 received a designation as a federally qualified health center in accord-
10 ance with 42 USC § 1396a(aa), as amended, or any successor law thereto,
11 including those facilities that are also licensed under article thirty-
12 one or article thirty-two of the mental hygiene law, such services
13 provided by telehealth[~~, as deemed appropriate by the relevant commis-~~
14 ~~sioner,~~] shall be reimbursed at the applicable in person rates or fees
15 established by law, or otherwise established or certified by the office
16 for people with developmental disabilities, office of mental health, or
17 the office of addiction services and supports pursuant to article
18 forty-three of the mental hygiene law.

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

24 § 7. This act shall take effect immediately and shall be deemed to
25 have been in full force and effect on and after April 1, 2022; provided,
26 however, this act shall expire and be deemed repealed on and after April
27 1, ~~[2026]~~ 2028.

28 § 3. This act shall take effect immediately; provided however, that
29 the provisions of section one of this act shall take effect April 1,
30 2026; provided further, however, that the amendments to subdivision 1 of
31 section 2999-dd of the public health law made by section one of this act
32 shall not affect the expiration of such subdivision and shall expire and
33 be deemed repealed therewith.

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

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