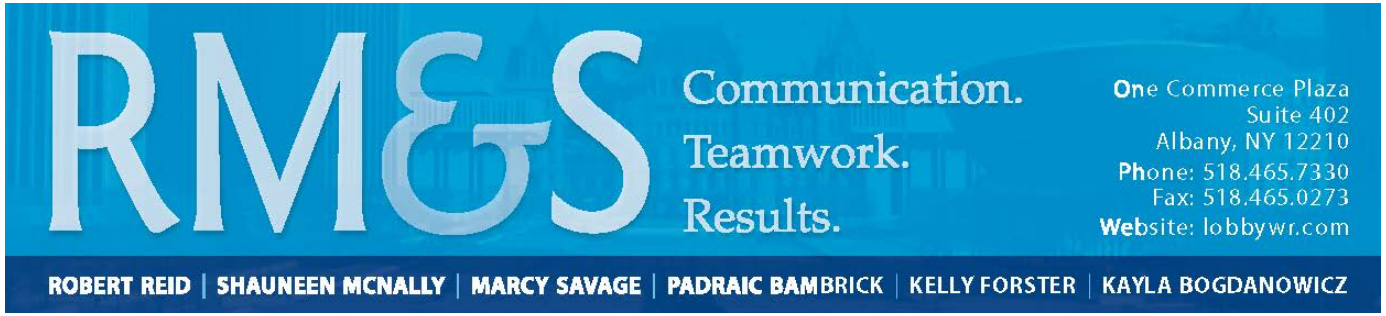


**SFY 2019-20 State Budget**
**Health/Mental Hygiene Executive Budget**
**January 18, 2019**

# Contents

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| **Multiple-Sectors** | | |
| | **Medicaid Spending** | Increases the State share of Medicaid funding by $568 million, growing from $18.9 billion to $19.4 billion (state share). Total Medicaid spending, including spending outside the Global Cap, is expected to increase by $1.3 billion, to $21.7 billion (state share). Federal, State and local Medicaid spending is expected to be $73.9 billion in SFY 2020, an increase of $1.3 billion from SFY 2019. |
| | **Medicaid Global Cap** | Proposes to extend the Medicaid Global Spending Cap through SFY 2020-21 at a rate of 3.2%. |
| | **Health Exchange** | Codifies the "NY State of Health," Health Exchange in statute and proposes to provide $575 million in total funding for its operation. |
| | **Health Care Facility Transformation III** | Proposes to use $300 million of the $525 million provided in last year's budget to issue more awards by May 1, 2019 based on applications already submitted under Statewide II.<br><br>A new RFP would be issued in 2019 for the remaining $225 million. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | **Essential Community Provider/VAP Funding** | Includes $132 million for Essential Community Providers and Vital Access Provider (VAP) services. |
| | **Cost of Living Adjustments (COLA)** | Defers the 2.9% human services COLA one year through SFY 2020 (March 31, 2020). Saves $142 million. |
| | **Health Homes** | Reforms the Health Homes program by streamlining the outreach reimbursement rate for care managers after initial contact has been established. This reform will incentivize enrollment of new members in programs and connect them to the services they require while disincentivizing intense care management over an extended period. The Executive projects a savings of $5 million due to a rate reduction (state share). |
| | **SHIN-NY** | $30 million is allocated for the SHIN-NY. The funding is directed to the New York eHealth Collaborative, which will administer the funding for the SHIN-NY and Qualified Entities – formerly known as Regional Health Information Organizations (RHIOs). |
| | **All Payer Database** | Proposes $10 million for the operation of the All Payer Database (APD). |
| | **Medical Marijuana Program** | Proposes $9.8 million for the State's Medical Marijuana Program and relocates the program to |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | the Office of Cannabis Management within the Division of Alcohol Beverage Control. |
| | **Adult Regulated Cannabis Program** | Establishes a regulated adult-use cannabis program and creates the Office of Cannabis Management (OCM) within the Division of Alcohol Beverage Control, creating a consolidated governance of adult-use, medical, and industrial hemp. Led by an executive director, the OCM would be authorized to:<br>• Review and seal past marijuana convictions. The executive director will also be authorized to issue low interest loans to "qualified social equity applicants" that are seeking licenses to grow/distribute or sell marijuana.<br>• The medical marijuana program will allow vertical integration, in which individual companies will be permitted to grow, distribute and sell medical marijuana products.<br>• The recreational program will require separate licensing programs for marijuana growers, distributors and retailers, with a ban on growers also opening retail shops. Those companies who already participate in the medical program will be permitted to participate in a competitive bidding process for recreational licenses.<br>• Impose a 20 percent state tax and 2 percent local tax on the sale of the drug from |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | wholesalers to retailers, plus a per-gram tax on growers. It is anticipated that in 2020 these taxes will generate $83 million in revenue and $300 million every subsequent year.<br>• Allow counties and large cities to ban marijuana sales within their boundaries.<br>• Ban marijuana sales to anyone under the age of 21.<br>• Home-grow of marijuana plants will only be permitted for those enrolled in the medical marijuana program who are 21 years or older and will be limited to no more than four plants.<br><br>If enacted, most provisions would take effect immediately, however, legal sales wouldn't begin until April 1, 2020, at the earliest. |
| | **Office of the Medicaid Inspector General (OMIG) Authority** | Expands the authority of the Office of the Medicaid Inspector General (OMIG) by authorizing OMIG to conduct periodic reviews of managed care plans to ensure adherence to program integrity obligations. OMIG is required to publish a list of contractual obligations subject to review and how such obligations will be evaluated by OMIG. If OMIG determines that a managed care provider has not met its program integrity obligations, OMIG is authorized to recover up to 2 percent of the Medicaid premiums for the period under review. The language also clarifies that |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | payments to Managed Care Providers including MLTC as Medicaid payments for the purposes of recouping payments to providers. All recoveries are to be taken from the administrative component of the Medicaid premium and may be recovered by OMIG in the same manner as it recovers overpayments (i.e., withholding). Providers that are subject to audit under this provision are entitled to receive a draft and final audit report and to request a hearing in accordance with OMIG regulations.<br><br>It is anticipated that these initiatives, combined with OMIG's ongoing audit and recovery activities will save $4.1 million in FY 2020 and $8.7 million in savings in FY 2021. |
| | **Medicaid Payment of Medicare Part-B Deductibles** | Proposes to limit Medicaid payments for Medicare Part-B deductibles to no more than the amount that Medicaid would pay for services to a non-dual eligible Medicaid member. |
| | **Medicaid Payment of Medicare Coinsurance** | Proposes to limit Medicaid payments for Medicare Part B coinsurance for ambulance and psychologist services to no more than the amount that would be paid for a non-dual eligible member. |
| | **Women's/Reproductive Health Proposals** | Includes the following proposals in Executive Budget:<br><br>Comprehensive Contraceptive Coverage Act |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | • Would codify insurance coverage of all FDA approved contraceptive drugs, including emergency contraception and over the counter drugs. Where the FDA has approved one or more equivalent versions of contraceptives, coverage is only required for one version, so long as there is no cost sharing. Required coverage includes: emergency contraception without cost sharing when provided through a prescription or non-patient specific order; twelve months of contraception; voluntary sterilization procedures for both men and women; patient counseling about contraception; any follow-up care related to the covered contraception.<br>• Allows for dispensing of up to 12 months of contraception.<br><br>Codify Roe v. Wade/ Reproductive Health Act into State Law stating:<br>• An abortion may be performed by a licensed, certified or authorized practitioner within 24 weeks from commencement of pregnancy, or there is an absence of fetal viability, or at any time when necessary to protect a patient's life or health.<br>• Requires that when an abortion is performed after the 12$^{th}$ week of pregnancy |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | it shall be performed only in a hospital on an inpatient basis.<br>• Makes it a Class A misdemeanor to sell or distribute any recipe, drug or medicine for the prevention of conception to a minor under age 16 unless done by a licensed pharmacist, and prohibits advertisement of such within the pharmacy.<br>• Removes related references in Penal Law.<br><br>Establish the Maternal Mortality Review Board<br>• Would establish the Maternal Mortality and Review Board, consisting of fifteen multidisciplinary experts appointed by the Commissioner of Health, responsible for review and assessment of cause of death and factors leading to maternal death, Severe Maternal Morbidity and racial disparities in maternal outcomes. The Board will collect and review confidential information and develop recommendations for the Commissioner to improve care and management. |
| | **Universal Health Care Commission** | Establishes a Commission on universal access to health care to be supported by Department of Health and Department of Financial Services, and comprised of health policy and insurance experts to develop options for achieving universal access to high-quality, affordable health care in New |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | York. This review process will consider all options for advancing access to care. The Commission would report its findings December 1, 2019. |
| | **Statutory Extenders** | Proposes to extend various provisions of law as follows:<br>• Medicaid coverage to children who are 19 or 20 years old living with their parents through October 1, 2024.<br>• Authorization of Bad Debt and Charity Care Allowances for Certified Home Health Agencies (CHHAs) through June 30, 2024.<br>• Statewide Patient Centered Medical Home program through April 1, 2024;<br>• Authority for increased certificates of operation and submission of waivers by DOH for the Medicaid Managed-Long Term Care program through April 1, 2024.<br>• 1996-97 trend factor projections or adjustments for nursing home and inpatients rates through March 31, 2024.<br>• Limitation on the reimbursement of CHHAs and Long Term Home Health Care programs administrative and general costs to not exceed a statewide average through March 31, 2024.<br>• Elimination of general hospital trend factor through March 31, 2024. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | • Authorization of episodic payment per 60 day period of care for CHHAs through March 31, 2024.<br>• Hospital capital methodology currently in use through March 31, 2024.<br>• Adjusted rates paid to Article 31 and 32 providers to align with the current Medicaid APG methodology through March 31, 2022.<br>• Commissioner of Mental Health's authority, in consultation with DOH, to certify Mental Health Special Needs Plans through March 31, 2025. |
| **Hospitals/Healthcare Facilities** | | |
| | **Indigent Care Pool** | Provides $1.1 billion for public hospitals and voluntary hospitals. |
| | **Grants to Academic Centers of Excellence** | Proposes to eliminate $24.5 million in funding to Major Academic Centers of Excellence at five hospitals. |
| | **Extension of DSRIP Regulatory Waiver Authority** | Proposes to extend the regulatory authority of the commissioners of DOH, OMH, and OASAS to waive regulations to allow providers who are involved in DSRIP projects, or who would like to scale and replicate the ideas of a DSRIP program, provided that such waivers do not impact patient safety. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | **Hospital Inpatient Psychiatric Rates** | Proposes to provide DOH with the discretion to revise hospital inpatient rates and allow for alternatives to the All Patients Refined Diagnosis related (DRG) classification system. |
| | **Rate Adjustments Linked to Hospital Performance** | Proposed to implement facility specific reductions in inpatient payments for lower performance on a mix of potentially avoidable inpatient services and reinvest a portion of the savings in primary care, maternity, and other ambulatory services. |
| | **Hospital/ ED Opioid Requirements** | Proposes to eliminate the current exemption in the Public Health Law for a prescriber in a hospital emergency department to check the Prescription Monitoring Program (PMP) when prescribing a controlled substance for less than a 5 day supply.<br><br>Proposes to require hospital emergency departments to have policies and procedures in place for providing medication assisted-treatment (MAT) prior to patient discharge. This includes policies and procedures and treatment protocols for the appropriate use of buprenorphine, prior to discharge, or referral protocols for evaluation of medication-assisted treatment when initiation in an emergency department is not feasible. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| **Long Term Care/Home Care/ Nursing Homes** | | |
| | **Spousal Refusal** | Conform NY to Federal Spousal Impoverishment Provisions by eliminating spousal refusal. |
| | **CDPAP (Consumer Directed Personal Assistance Program) –Consolidation** | Repeals existing law and replaces it with new language governing the CDPAS program to consolidate FIs and establish uniform reimbursement for CDPAS services. Effective immediately, requirements for FIs to receive authorization from NYSDOH and limitations on advertising by FIs would be repealed. Beginning January 1, 2020, entities authorized to provide FI services would be limited to those that have a contract with NYSDOH per an application process and entities that were FIs beginning on or before January 1, 2012. Ultimately limiting to a single statewide FI with a regional presence. |
| | **Personal Care Management** | Administrative Actions seek to generate $50 million through better managing utilization of personal care. |
| | **National Provider Identifier (NPI) for Home Care Workers** | Each home care worker will have to obtain an individual NPI from the National Provider Plan and Provider Enumeration System (NPPES) which will provide the public with their contact information. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | **Episodic Payment for CHHAs** | Extends the Episodic Rates of Payment through 4/1/2024. |
| | **Home Health Aide Registry** | Appropriates $1.8 million for the Registry. |
| | **Bad Debt, Charity Care and Admin Cap on CHHAS** | All are extended until 2024. |
| | **Electronic Visit Verification** | $10 million appropriation matched by Federal monies to implement this program for in-home services under the Medicaid program. |
| | **Private Pay Option for State Office of Aging Programs** | Under the proposal, persons would be eligible to purchase SOFA programs through Private Pay with incomes over 400% of poverty. |
| | **Managed Long Term Care Extender** | Extends the Program through 2024. |
| | **Traumatic Brain Injury (TBI)** | Moves the TBI program under the Medicaid Global Cap. |
| **Physicians/ Healthcare Providers** | | |
| | **Excess Medical Malpractice Program** | Extends the Excess program for one year through June 30, 2020 and includes level funding of $127.4 million. |
| | **Doctors Across NY (DANY) Funding** | Includes $9,065,000 in funding for physician loan forgiveness and practice support under DANY. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | **Rural Telehealth** | Includes $5 million in funding to promote Rural Telehealth Services for Perinatal Care |
| | **Ban Conversion Therapy for Minors** | Proposes to expand the definition of professional misconduct for professions licensed under the education law to include engaging in, advertising for, or allowing someone under one's direction or oversight to engage in conversion therapy with a patient under the age of eighteen years. |
| **Pharmacy/ Pharmaceuticals** | | |
| | **Co-Payments** | Increases the co-pay amount for non-prescription drugs and OTCs covered by Medicaid from 50 cents to $1; Gives DOH authority to modify the list of covered OTCs/non-prescription drugs. |
| | **Prescriber Prevails** | Eliminates prescriber's right of final determination in both Medicaid FFS and MMC allowing DOH to determine whether prescriber's justification for use is clinically supported. |
| | **Medicaid Drug Cap** | Extends the Medicaid Drug Cap through SFY 2021;<br><br>Proposes changes to Drug Cap to accelerate rebate negotiations and collections (Allowing DOH to use established cost effectiveness thresholds like research by other states, the federal government, |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | other nations, third party payers and multi-state coalitions, for drugs identified as piercing the cap as a basis for target rebate amount prior to DURB referral, removing prohibition on high cost drugs being referred to the DURB if there is an existing supplemental rebate in place, and eliminating the rebate adjustment when manufacturers are given "credit" for other rebates received by DOH).<br><br>If DURB recommends a target rebate for a drug, DOH is authorized to negotiate with the drug manufacturer for a supplemental rebate paid on the first day of the state fiscal year during which the rebate was required.<br><br>Also the reporting period is changed so DOH would report to the DURB by July 1st each year on the savings achieved through the drug cap in the prior fiscal year. |
| | **Pharmacy Benefit Manager (PBM) Regulation** | Includes a detailed proposal to regulate PBMs, as follows:<br>• Defines “Controlling Person” of PBM, “Health insurer,” “PBM services,” and “PBM.”<br>• Requires the PBMs be initially registered with the State Department of Financial Services (DFS) through 2020 including paying a fee and following minimum standards established in regulation by DFS, in consultation with DOH. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | • PBMs must follow annual reporting requirements due July 1st each year beginning in 2020 including disclosure of any financial incentive or benefit for promoting the use of certain drugs or other arrangements affecting health insurers, their insureds and any other information related to the business, financial condition or market conduct of the PBM. Quarterly or other statement filings may also be required.<br>• On or after January 1, 2021, PBMs would have to be licensed by DFS, pay a fee and follow minimum standards (against conflicts of interest, deceptive practices, anti-competitive practices, unfair claims practices and others protecting consumers) set forth by DFS, in consultation with DOH, in regulation. Licensure is subject to renewal every other year.<br>• Penalties and/or registration/licensure revocation are included for violating the above requirements. Hearing rights included.<br>• PBMs are also required to be assessment by DFS for the operating expenses of the department solely attributable to regulating PBMs. |
| | **Limitations on PBM Spread Pricing in MMC** | Requires contracts between MMC plans and PBMs to be limited to the actual ingredient costs, a |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | dispensing fee and an administrative fee for each claim processed.<br><br>DOH may establish a maximum admin fee.<br><br>PBMs must also identify all sources of income related to the provision of PBM services on behalf of the health plan, including any discounts, supplemental rebates, and any portion of such income passed through to the health care plan in full to reduce the reportable ingredient cost.<br><br>The PBM is prohibited from retaining any portion of spread pricing (any amount charged or claimed by the PBM in excess of the amount paid to pharmacies on behalf of the health plan less an admin fee. Any excess shall be remitted to the health plan on a quarterly basis.<br><br>DOH may develop regulations to establish additional standards for such contracts.<br><br>Health plans must provide evidence of compliance to DOH within 90 days and again within 120 days of the effective date (April 1, 2019). No enforcement actions shall be taken within 180 days of the effective date. |
| | **Fentanyl Analogs** | Includes fentanyl analogs as controlled substances in NY law. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| **Behavioral Health** | | |
| | **Funding for Minimum Wage** | Continues to provide funding for minimum wage increases. There is an increase in minimum wage by $1.8 million for OMH providers and a decrease in such funding by $345,000 under OASAS. |
| | **APG Rates for BH Providers** | Extends the payment of APG rates for Article 31 and 32 providers through March 31, 2022. |
| | **Behavioral Health VAP Funding** | Includes $50 million for Vital Access Provider (VAP) services for Essential Behavioral Health services. |
| | **Mental Health Facilities Capital Improvement Fund** | Includes $60 million to fund the acquisition of property, construction, and rehabilitation of new facilities and/or relocation of existing community mental health facilities. |
| | **OMH Adult Services Funding** | Includes approx. $31.5 million in additional funding for this program in the OMH Aid to Localities budget. |
| | **Medicaid Exempt Income** | Extends OMH's authority to recover Medicaid exempt income from providers of community residences through June 30, 2022. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | **Community Reinvestment** | Continues commitment toward community reinvestment for State psych center closings at a rate of $110,000 per bed. |
| | **Voluntary Restoration to Competency Programs** | Authorizes a volunteering county to develop a residential mental health pod unit for felony level defendants within their local jail. |
| | **Mental Health SNPs** | Extends the authority of the Commissioner of OMH, in consultation with DOH to certify Mental Health Special Needs Plans through March 31, 2025. |
| | **Behavioral Health Insurance Parity Reforms** | Proposes a series of initiatives to increase access to BH services and enforce parity laws by:<br>• Requiring minimum coverage standards;<br>• Removing certain benefit limitations;<br>• Prohibiting denial of medically necessary care;<br>• Prohibiting multiple co-payments per day and requiring behavioral health copayments be equal to a primary care office visit;<br>• Requiring insurance coverage of naloxone;<br>• Prohibiting prior authorization for medication assisted treatment;<br>• Prohibiting preauthorization and concurrent utilization review of SUD services during the initial 21 days of treatment (expanded from 14 days); |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | • Prohibiting preauthorization and concurrent utilization review of inpatient psychiatric services for youth services during the initial 14 days of treatment;<br>• Requiring MH utilization review staff to have subject matter expertise;<br>• Allowing OASAS to designate a standard utilization review tool for in-State SUD treatment;<br>• Prohibiting insurers from retaliating against providers that report insurance law violations to State agencies;<br>• Requiring insurers to post additional detail regarding their behavioral health provider networks;<br>• Requiring insurers to provide their most recent comparative analysis for insureds; Allowing OMH to review and approve clinical review criteria; and<br>• Codifying parity standards in State law for both MH and SUD. |
| | **Court Ordered Treatment** | Requires coverage of court ordered treatment for OASAS certified programs within NY. |
| | **OMH Housing** | Proposes $10 million in additional funding for existing supportive housing residential programs. |
| | **Justice Center Jurisdiction over Hospitals/Camps** | Eliminates the Justice Center's jurisdiction over inpatient psychiatric units of hospitals and over |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | DOH-regulated summer camps for individuals with development disabilities. The purpose is to eliminate duplicative oversight. |
| | **Hospital Inpatient Psychiatric Payment Methodology** | Provides DOH discretion to simplify the calculation of the payment rate and allow for alternatives to the All Patients Refined Diagnosis related Groups (DRG) classification system. |
| **Developmental Disabilities/ Early Intervention** | | |
| | **Funding for Minimum Wage** | Includes funding for minimum wage costs for this sector by $17.5 million. |
| | **OPWDD Managed Care** | Includes new funding in the amount of $5 million for the NYS Association of Community and Residential Agencies (NY Alliance For Inclusion) related to OPWDD's system readiness for managed care. Funds to be used for developing training and tools to improve performance measurement and outcome monitoring, data collection and provider readiness. |
| | **Early Intervention Provider Increase** | Proposes to provide a 5% rate increase for services furnished to eligible infants and toddlers by licensed physical therapist, occupational therapists, and speech-language therapists "to mitigate provider shortages and recognize the education and training of these specialized service providers." |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | **Traumatic Brain Injury (TBI) under Medicaid Global Cap** | Shifts TBI to the Medicaid Global Cap |
| | **Applied Behavioral Analysis Coverage** | Expands Medicaid to cover Applied Behavioral Health Analysis treatment for over 4,000 children with Autism Spectrum Disorders, including those that have aged out of the Early Intervention program. An investment of $6.4 million for SFY 2020. |
| | **Integrated Services for OPWDD and Article 16 Clinics** | Eliminates duplicative license requirements for OPWDD and Article 16 clinic providers of integrated services to clarify they do not need to be duly licensed under DOH, OMH and OASAS and vice versa. |
| | **Justice Center Jurisdiction over Hospitals/Camps** | Eliminates the Justice Center's jurisdiction over inpatient psychiatric units of hospitals and over DOH-regulated summer camps for individuals with development disabilities. The purpose is to eliminate duplicative oversight. |
| **Special Education** | | |
| | **School District Waivers** | Authorizes the Commissioner of SED to grant a waiver for any requirement imposed on a local school district, approved private school, or BOCES upon a finding that the waiver will result in implementation of an innovative special education |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | program that is consistent with applicable federal requirements, and will enhance student achievement and/or opportunities for placement in regular classes and programs. |
| **Public Health** | | |
| | **School-Based Health Centers** | Public Health funding for School-Based Health Centers is proposed at the same level as SFY 2018-19, a total of $17 million. |
| | **Cancer Services Funding** | Includes $19,825,000 in funding for evidence-based cancer services programs. |
| | **Tobacco Control Program Funding** | Includes $33,144,000 for the tobacco use prevention and control program and funding around administration of the program and tobacco control enforcement efforts. |
| | **Cystic Fibrosis (CF) Program Funding** | Includes $800,000 for the CF under 21 program. |
| | **AHEC Funding** | Includes appropriation of $1,662,000 for AHEC funding. |
| | **Healthy Heart Funding** | Includes appropriations of $506,000 and $186,000 for hypertension prevention, screening and treatment. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | **Diabetes & Obesity Prevention Funding** | Includes appropriation of $5,970,000 for diabetes & obesity funding. |
| | **Spinal Cord Injury Research** | Includes $8.5 million for spinal cord injury research. |
| | **Type 2 Diabetes Prevention** | Proposes to expand Medicaid to include coverage of evidenced-based prevention and support services recognized by Centers for Disease Control and provided by community-based organizations to persons at risk of developing diabetes. |
| | **Comprehensive Tobacco Policy** | Includes the following proposals in Executive Budget:<br>• Raises the minimum sales age for tobacco products from 18 to 21<br>• Prohibits the sale of tobacco products in all pharmacies or stores containing pharmacies<br>• Restricts the sale of flavored e-cigarette liquids<br>• Requires e-cigarettes be sold only by licensed tobacco retailers under Department of Tax & Finance<br>• Restricts any discount or coupon provided by tobacco manufacturers and retailers<br>• Restricts the visible display of tobacco products at retail locations<br>• Prohibits smoking inside and on the grounds of all hospitals licensed or operated by the Office of Mental Health |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | (OMH), as well as community mental health residences<br>• Imposes a 20% excise tax on vapor products used in e-cigarettes. is expected to generate $2 million in SFY 2019-20 and $19 million in subsequent years<br>• |
| | **Reduce Lead Paint Exposure** | Proposes to lower the blood lead level that constitutes an elevated lead level from 10 to 5 micrograms per deciliter. The proposal directs DOH to issue regulations establishing minimum standards for the maintenance of lead safe residential rental properties, including standards for maintaining painted surfaces and a schedule for maintenance. The proposal deems all paint on any residential rental property of which the original construction was completed prior to January 1, 1978 is presumed to be lead-based paint.<br><br>The State invests $28.6 million towards addressing priority concerns related to childhood lead poisoning and prevention. Lowering the blood lead level is expected to drive an increase in inspections, which may generate up to $1 million in fines and penalties. |
| | **Reduce Reimbursement for NYC General Public Health Work Programs** | Proposes to reduce State reimbursement for New York City public health programs above the State Grant from 36% to 20%. Currently NYS DOH reimburses counties for these costs with base grants and then covers 36% of the remaining costs. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| **Transportation** | | |
| | **Extends Medicaid Transportation Program** | Extends for 5 years the ability to contract by DOH for Medicaid Transportation until 2024. |
| | **Eliminates Assistance to Rural Transportation Providers for Medicaid** | Cuts $4 million from the State's Medicaid program paid to Rural Transit Providers. |
| | **EMS Providers** | Eliminates the supplemental payments to emergency medical transportation providers and provides for reinvestment of the funds into ambulance reimbursement rates based on recommendations contained within the statutorily required Medicaid Transportation Rate Adequacy Report. |
| | **Managed Long-Term Care (MLTC)** | Carves-out the transportation benefit from the MLTC (excluding PACE plans) benefit package. This benefit will be delivered on a fee-for-service basis through the State's Transpiration Manager. |
| **Insurance** | | |
| | **IVF Coverage** | Mandates that large group insurance providers cover IVF and also requires large group, small group, and individual insurance providers to cover egg-freezing services for women with certain |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | health conditions, including those undergoing cancer treatment. |
| | **Applied Behavioral Analysis Coverage** | Expands Medicaid to cover Applied Behavioral Health Analysis treatment for over 4,000 children with Autism Spectrum Disorders, including those that have aged out of the Early Intervention program. An investment of $6.4 million for SFY 2020. |
| | **Codification of the Affordable Care Act** | Proposes to codify the federal Affordable Care Act in the State Insurance Law. Provision include but are not limited to:<br>• Defining an essential health benefits package;<br>• Providing authority for the Superintendent of Insurance to promulgate regulations to address covered preventive care services;<br>• Expanding the guaranteed availability provisions for small and group coverage to include large group coverage and the requirement that health insurers offer and accept coverage for all employers in the State.<br>• Prohibit insurers from imposing any pre-existing condition exclusions in policies.<br>• Require insurers providing coverage for prescription drugs to publish their drug formulary and establish a process for an insured to request a formulary exception. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | • Prohibit insurers from discriminating based on sex, sexual orientation, gender identity or expression, transgender status, marital status and sexual stereotyping. |
| | **Codification of the "NY State of Health" Marketplace** | Proposes to codify in the Public Health Law, the "NY State Of Health, the Official Health Plan Marketplace." The NY State of Health (NYSOH) was initially established within the Department of Health in 2012 through an Executive Order. The proposal defines the functions of the Marketplace including but not limited to: performing eligibility determinations for federal and state insurance affordability programs; certifying Qualified Health Plans; assigning an actuarial value to each Marketplace certified plan; standardizing the benefits available through the Marketplace at each level of coverage; maintaining an internet website through which enrollees and prospective enrollees may obtain information; setting minimum requirements for Marketplace participation; operating a toll-free telephone hotline through to respond to requests for assistance; operating a small business options program; and assisting eligible employers in qualifying for federal and State small business tax credits. |
| | **Medical Indemnity Fund** | **Extension and Movement**<br>The program is extended until 12/31/20 and moved from DFS to DOH effective 10/1/19. |

| SECTOR | INITIATIVE | DESCRIPTION |
|---|---|---|
| | | **Programmatic Changes**<br>Requires Qualified Plaintiffs to have a court order to be enrolled in the Medical Indemnity Fund. Plaintiffs qualified under the program will need either a court or jury finding that they have suffered malpractice as a result of a birth related neurological injury or have a settled suit for the same.<br>**Acceptance of Payment and Rates**<br>Mandates that health care providers accept the rates of payment established by the program. |