



**SFY 2016-17 State Budget  
Comparison of Executive, Senate, Assembly & Final Budget  
Health and Mental Hygiene**

<b>Executive Budget</b>	<b>Senate-One House</b>	<b>Assembly One-House</b>	<b>Final Budget</b>
<b>Multiple-Sectors</b>			
<b>Extend Global Spending Cap</b> for 1 year through SFY 2017-18, indexed at a rate of 3.4%.	<b>Rejects</b> Requires approval by Legislative Fiscal Committees prior to reduction in Medicaid payments if the cap is pierced.	<b>Rejects</b>	<b>Accepts</b> extension of global cap through SFY 2017-18; Adds reporting requirements on the State Department of Health (DOH) related to any material impacts on the global cap annual projection from the preceding month and anticipated for the month in which the report is required and the month following.
<b>NYC Medicaid Share</b> Expenses increase to \$180M in SFY 16-17, \$476M in 2018, and \$129M thereafter.	<b>Accepts</b>	<b>Rejects</b>	<b>Rejects</b>

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N/A	N/A	N/A	<p><b>Includes</b> a proposal authorizing DOH to establish a statewide <b>Medicaid Integrity and Efficiency Initiative</b> for the purpose of achieving new audit recoveries, efficiencies in Medicaid administration and other cost avoidance measures through collaboration with social service districts. DOH may establish targets for such recoveries for local districts to participate in the initiative.</p> <p>On and after April 1<sup>st</sup> of each year, social service districts that elect to participate shall submit a plan for achieving targets for DOH review.</p>
<p><b>Minimum Wage</b> Proposes to increase from \$9 to \$15 by 2018 in NYC and from \$9 to \$15 by 2021 in the rest of the State.</p>	<b>Rejects</b>	<p><b>Accepts and Modifies</b> Executive proposal by adding \$200 million in supplemental payments to offset labor costs for providers of health care, mental health, developmental disabilities, substance abuse, children and families, and others.</p>	<p><b>Modifies</b> the proposal to raise the minimum wage in NYC to \$15 by 2018, but it would take four years to 2019 to reach that level for employers with 10 or fewer workers. Also the rate will go to \$15 in the downstate suburbs (Long Island and Westchester) over six years by 2021. Also the current \$9 per hour rate for upstate employees</p>

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			<p>would rise 70 cents a year until it reaches \$12.50 by 2020.</p> <p>On each following December 31st, a wage published by the Commissioner of Labor on or before October 1st, based on the then current minimum wage increased by a percentage determined by the Director of the Division of the Budget (DOB) in consultation with the Commissioner of Labor, up to \$15 in the rest of state (upstate).</p> <p>On or after 1/1/19, and each January 1st thereafter until the minimum wage is \$15 in all areas of the state, DOB shall conduct an analysis of the state of the economy in each region and the effect of the minimum wage increases, to determine whether there should be a temporary suspension or delay in the scheduled increases. As part of the analysis, DOB shall determine whether the scheduled increases in minimum wage should continue up to and including \$15. DOB will issue a report and</p>

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			<p>recommendations based on this analysis.</p> <p>The final budget exempts Medicaid wage increases from the Medicaid global cap limitation and includes Medicaid funding to provide for some rate enhancements.</p>
<p><b>Paid Family Leave</b> Proposes 12 weeks per year of job-protected paid leave with a phased in benefit schedule through January 1, 2021.</p>	<p><b>Modifies</b> Executive proposal to add “family care” to the definition of “disability” and provides an employer/ employee opt-in provision.</p>	<p><b>Accepts</b></p>	<p><b>Modifies</b> the proposal to include a requirement that employers provide 12-weeks of employee funded paid family leave. Beginning in January 2018, employees would earn up to 50% of their average weekly wage, not to exceed 50% of the statewide average weekly wage, while on leave to care for an ill relative, newborn child or when a family member is serving active military duty. Once the program is fully phased in by 2021, employees would be eligible to earn 67% of their average weekly wage. The program will be funded through employee paycheck deductions, beginning at 70 cents per week and increased to \$1.47 once fully phased in by 2021. To qualify,</p>

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			employees must have been employed for at least 6 months.
<p><b>Capital Restructuring Financing Program (CRFP)</b> Re-appropriates \$1.2 billion for CRFP.</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>
<p><b>Health Care Transformation Program</b> Redirects last year’s \$300 million appropriation for Oneida County to provide:</p> <ul style="list-style-type: none"> <li>• \$195 million to be used statewide for replacement of inefficient and outdated facilities as part of a merger, acquisition, consolidation or other restructuring that is part of a transformation plan to create a financially sustainable system; Eligible facilities include hospitals, residential health care facilities, D&amp;TCs, mental</li> </ul>	<p><b>Modifies</b> Executive Proposal to reinstate \$300M for Oneida County.</p> <p>Provides \$200M for statewide health care transformation requiring 25% of the funds for community-based providers.</p> <p>Funds \$5M for mobile mammography from other sources.</p>	<p><b>Modifies</b> Executive Proposal to reinstate \$300 for Oneida County.</p> <p>Provides \$200M for statewide health care transformation.</p> <p>Provides \$25M for essential community health care providers for D&amp;TCs, Article 31 and Article 32 clinics, primary care providers, and home care providers.</p> <p>Funds \$5M for mobile mammography from other sources.</p>	<p><b>Modifies</b> proposal providing \$200 million in capital funding for healthcare transformation statewide; Specifies that a minimum of \$30 million shall be provided to community-based health care providers including D&amp;TCs, mental health or alcohol and substance abuse treatment clinics, primary care providers or home care providers.</p> <p>Capital grants will be awarded without a competitive bid or RFP process to eligible providers for projects which:</p> <ul style="list-style-type: none"> <li>• contribute to the integration of health care services and long term sustainability of the applicant or preservation of essential health services in the community or</li> </ul>

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<p>health clinics, primary care providers and home care providers;</p> <ul style="list-style-type: none"> <li>• \$100 million for economic development at Nano Utica; and</li> <li>• \$5 million for the purchase of mammography equipped vehicles.</li> </ul>			<p>communities served by the applicant;</p> <ul style="list-style-type: none"> <li>• are aligned with delivery system reform incentive payment ("DSRIP") program goals and objectives;</li> <li>• are in line with the geographic distribution of funds;</li> <li>• meet an identified community need;</li> <li>• are given to an applicant who has access to alternative financing;</li> <li>• furthers the development of primary care and other outpatient services;</li> <li>• benefits Medicaid enrollees and uninsured individuals;</li> <li>• are given to an applicant engaged in the community affected by the proposed capital project and the manner in which community engagement has shaped such capital project; and</li> </ul>

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			<ul style="list-style-type: none"> <li>• address potential risk to patient safety and welfare.</li> </ul>
<b>VAP Funding</b> Includes \$212M in Vital Access Provider (VAP) Funding.	<b>Accepts</b>	<b>Accepts</b>	<b>Accepts</b>
<b>Cost of Living Adjustment</b> Includes funding to continue 0.2% Cost of Living Adjustment/ Medicaid Trend for Human Services/ O-agency providers.	<b>Accepts</b>	<b>Accepts</b>	<b>Accepts</b>
<b>SHIN-NY</b> Provides \$30 million in continued SHIN-NY funding.	<b>Accepts</b>	<b>Accepts</b>	<b>Accepts</b>
<b>All Payer Database</b> Provides \$10 million in continued funding for the All Payer Database (APD).	<b>Modifies</b> Executive Proposal by appropriation \$5 million.	<b>Accepts</b>	<b>Accepts</b> at Executive level
<b>N/A</b>	<b>Includes</b> a proposal to authorize a <b>private equity pilot program</b> for increased capital investment in health care delivery system restructuring allowing PHHPC to approve the establishment of up to 10 business corporations as	<b>N/A</b>	<b>Rejects</b>

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	the operator of a hospital or home care agency in affiliation with at least one academic medical institution.		
N/A	<p><b>Adds a Medicaid Redesign Accountability Process</b> Establishes a process to review and report on each phase of the Medicaid Redesign Initiative including but not limited to a review at least every 5 years and an annual report to the Legislature.</p>	N/A	<b>Rejects</b>
N/A	<p><b>Includes</b> a proposal to authorize future settlement funds to be used to advance payments in the total amount of <b>\$54.4M to D&amp;TCs and Article 31 clinics for the federal 2015 federal share for uncompensated care costs.</b> Upon receipt of federal funding, the clinics would be required to return any advanced reimbursement to the state.</p>	<p><b>Includes</b> a proposal to authorize future settlement funds to be used to advance payments in the total amount of <b>\$54.4M to D&amp;TCs and Article 31 clinics for the federal 2015 federal share for uncompensated care costs.</b> Upon receipt of federal funding, the clinics would be required to return any advanced reimbursement to the state.</p>	<b>Rejects</b>



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N/A	<p><b>Includes</b> a proposal to require an external audit to review the accuracy of sources, data, modifiers, values, metrics, and methodologies utilized by <b>FAIR Health</b> to determine fee schedules.</p>	N/A	<p><b>Rejects;</b> Includes proposal to extend the date for the final report of the Out of Network Workgroup from January 1, 2016 to October 1, 2016.</p>
N/A	<p><b>Includes</b> language in Senate Resolution related to <b>Health Republic</b> to require “the Executive to identify funding or settlement funds in addition to remaining assets to reimburse hospitals, physicians and producers pro-rata for losses associated with the demise of Health Republic upon completion of the final liquidation process.</p>	N/A	<p><b>Includes</b> a Health Republic Insurance of New York fund which shall consist of transfers as authorized by the DOB, between April 1, 2016-March 31, 2019, from amounts collected as a result of a judgement, stipulation, decree, agreement to settle, assurance of discontinuance, or other legal instrument resolving any claim or cause of action, and all other monies appropriated, credited or transferred thereto from any other fund or source pursuant to law.</p> <p>Monies shall be paid out of this fund at the discretion of the Superintendent of the Department of Financial Services and only after distribution of all assets in connection with a</p>

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			liquidation proceeding to Health Republic Insurance of New York.
<p><b>Non-Profit Infrastructure Capital Investment program</b> Re-appropriates \$50 million in funding for this program</p>	N/A	<p><b>Includes</b> a proposal to establish the Nonprofit Infrastructure Capital Investment program in statute and creates a board that serves to approve applications received from non-profit human services organizations for grants under the program and includes a re-appropriation of \$50M in funding and an additional \$50M in new funding for the program.</p>	<p><b>Includes</b> \$50 million in <u>new</u> funding for this program in addition to \$50 million re-appropriation.</p>
<p><b>Hospitals/Healthcare Facilities</b></p>			
<p><b>Intergovernmental Transfers (IGT) and DSH (Disproportionate Share Hospital) Payments</b> Permanently extends NYS Department of Health (DOH) authority to make IGT/DSH payments to public hospitals outside New York City, Nassau, Westchester and Erie Counties.</p>	<p><b>Modifies</b> the Executive Proposal to extend through March 31, 2017.</p>	<p><b>Modifies</b> the Executive Proposal to extend through March 31, 2019.</p>	<p><b>Modifies</b> to extend through March 31, 2019.</p>

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N/A	N/A	<p><b>Includes</b> a proposal related to reimbursement for Medicaid rates for <b>Critical Access Designated Rural Hospitals</b> for D&amp;TC services, emergency services, general hospital outpatient services, ambulatory surgical services and referred ambulatory services shall be equal to 101% of the reasonable costs of a facility in providing such services beginning on or after April 1, 2017.</p>	<b>Rejects</b>
<b>Ambulatory Care</b>			
<p><b>“Limited Services” Clinics</b>          Authorizes the establishment and regulation of “Limited Services Clinics” within retail establishments such as pharmacies, stores and shopping malls. <b>Allows publicly traded companies to operate retail clinics.</b></p>	<p><b>Modifies</b> Executive proposal to allow general hospitals to operate a limited services clinic.</p>	<p><b>Modifies</b> Executive Proposal to:</p> <ul style="list-style-type: none"> <li>• prohibit publically traded companies from operating retail clinics</li> <li>• eliminate requirement for approval by the Public Health and Health Planning Council (PHHPC)</li> </ul>	<b>Rejects</b>

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		<ul style="list-style-type: none"> <li>• add new provisions to authorize DOH to promulgate governing regulations instead of PHHPC</li> <li>• eliminate requirement for operation in medically underserved areas of the State</li> <li>• require DOH to maintain and update a roster of primary care providers on its website which shall include preferred providers designated as a patient centered medical home and FQHCs and other providers who serve Medicaid, low-income, and uninsured patients, and people with disabilities.</li> </ul>	

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		<ul style="list-style-type: none"> <li>• require clinics to report data to DOH on services and patients</li> <li>• require routine reviews by DOH of compliance issues</li> <li>• require DOH to provide an annual report which includes locations of clinics with an indication of which clinics are in medically underserved areas, an analysis as to whether access to health care is improved in underserved areas, and recommendations for improving such access.</li> </ul>	
<p><b>School-Based Health Centers</b> Funded at last year’s level of \$21M.</p>	<p><b>Accepts</b> <b>Modifies</b> by including new language to:</p>	<p><b>Accepts</b> <b>Modifies</b> by including new language to:</p>	<p><b>Accepts funding level</b> <b>Includes</b> a three way agreement to delay carve-in for one year to July 2017.</p>

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	<ul style="list-style-type: none"> <li>• Delay the Medicaid Managed Carve-In for one year from July 2016 to July 2017</li> <li>• Make permanent the Carve-Out for Behavioral Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• Delay the Medicaid Managed Carve-In for one year from July 2016 to July 2017</li> <li>• Make permanent the Carve-Out for Behavioral Health Services</li> </ul>	
<p><b>Health Homes Funding</b> Includes \$105 million in funding for health home services and expenses including establishment and infrastructure costs.</p>	<p><b>Modifies</b> the Executive Proposal moving to one-year budgeting and therefore provides \$52.5M</p> <p>Also reprograms \$10.2M in funding for children’s health home rate enhancements for health home transitional readiness expenses, including information technology costs.</p>	<p><b>Modifies</b> the Executive Proposal moving to one-year budgeting and therefore provides \$52.5M</p>	<p><b>Accepts</b> at Executive level.</p>
<p><b>Health Homes Criminal Justice Pilot Program</b> Proposes to change funding for this program to lump sum payments or adjusted rates of payment to providers (rather than</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>

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<p>grants) as determined by DOH for spending the \$5 million; Specifies that rate adjustments could be made to health homes participating in a criminal justice pilot program with the purpose of enrolling incarcerated individuals with serious mental illness, two or more chronic conditions, including substance abuse disorders, or HIV/AIDS, into the health home.</p>			
N/A	N/A	N/A	<p><b>Includes</b> a proposal to allow <b>inmates with chronic conditions to start getting Medicaid coverage</b> thirty days prior to their scheduled releases to enable them to obtain medical services and prescriptions they may need upon release.</p>
<p><b>Primary Care Medical Homes</b> Permanently extends the Primary Care Medical Home (PCMH) program.</p>	<p><b>Modifies</b> the Executive Proposal to extend to April 1, 2019.</p>	<p><b>Modifies</b> the Executive Proposal to extend to April 1, 2019.</p>	<p><b>Modifies</b> to extend to April 1, 2019.</p>
<p><b>Long Term Care/ Home Care</b></p>			

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<p><b>Transportation Reimbursement Managed Long Term Care (MLTC)</b> Removes reimbursement for transportation services from MLTC capitated rates (excluding PACE plans) and the management of trips will be performed by a contractor procured by the State.</p>	<p><b>Rejects</b></p>	<p><b>Rejects</b></p>	<p><b>Rejects</b></p>
<p><b>MLTC Eligibility</b> Restricts eligibility for MLTC to enrollees who require nursing home level care. Existing MLTC members will be allowed to remain in the program.</p>	<p><b>Rejects</b></p>	<p><b>Modifies</b> to permit DOH to limit eligibility to enrollees that either require nursing facility care or are eligible for community based Long Term Care services where such services are only available to the enrollee through a MLTC plan.</p>	<p><b>Rejects</b></p>
<p><b>Medicaid Spousal Support</b> Makes changes so a spouse of a Medicaid enrollee would no longer be able to refuse to provide financial support for the enrollee's care and services; Proposes to increase the required threshold of spousal financial contributions consistent with federal law.</p>	<p><b>Rejects</b></p>	<p><b>Rejects</b></p>	<p><b>Rejects</b></p>



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N/A	N/A	<p><b>Includes</b> a proposal related to <b>managed long term care (MLTC) plan rates</b>. It specifies that “sound and adequate” rates shall account for compliance with State and Federal wage, minimum wage, and overtime compensation, as well as Workers’ Compensation and other labor mandates, to support the recruitment and retention of a qualified workforce. DOH has the authority to determine other costs that must be included in the MLTC rates, including but not limited to participation in the Delivery System Reform Incentive Payment (DSRIP) program, value-based payments (VBP), and the Fully Integrated Duals Advantage (FIDA) program.</p>	<b>Accepts</b>
N/A	N/A	<p>Includes a proposal to <b>change the Worker Wage Parity law</b>, which will raise the standard that home care providers in these</p>	<b>Accepts;</b> Part of new budget bill specific to initiative

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		regions will be required to meet as minimum wage increases. If minimum wage increases to \$15, under the Assembly language, home care providers will be required to pay \$18.22 and 19.09 per hour in wages and benefits in Long Island/Westchester and New York City respectively.	
N/A	<p><b>Adds</b> new provisions on <b>elder abuse</b> to:</p> <ul style="list-style-type: none"> <li>• Authorize a public education campaign to emphasize zero-tolerance for elder abuse</li> <li>• Require DOH to create an Elder Abuse and Maltreatment Screening tool</li> <li>• Require the establishment of an interagency clearing house for reporting cases of abuse</li> </ul>	N/A	<b>Rejects</b>

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	<ul style="list-style-type: none"> <li>• Establish multidisciplinary investigative teams for the purpose of investigating reports of suspected abuse; and</li> <li>• Authorize banks to refuse payment of moneys when there is reason to believe that a vulnerable adult is being financially exploited.</li> </ul>		
<b>Housing/ Adult Homes</b>			
<b>Supported Housing for those in Adult Homes</b> Provides \$38 million for supported housing and services for individuals with mental illnesses who currently live in adult homes.	<b>Accepts</b>	<b>Accepts</b>	<b>Accepts</b>
<b>Temporary Operators of Adult Homes</b> Permanently extends authorization of temporary operators of adult homes in	<b>Modifies</b> by extending for three years through 2019.  Adds a provision to require the Commissioner to notify the Legislature prior to	<b>Modifies</b> by extending statutory authority for three years through 2019.	<b>Modifies</b> the proposal by extending for three years through 2019.  Adds a provision to require the Commissioner to notify the

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cases of health and safety of residents.	appointing a temporary operator of an adult care facility, general hospital, or D&TC.		Legislature prior to appointing a temporary operator of an adult care facility/ adult home.
<b>Physicians/Workforce</b>			
<b>Excess Malpractice Program</b> Reduces program funding by \$25 million to \$102,400,000; Proposes a new distribution formula for the program which will exclude “low risk” physicians. The Department of Financial Services (DFS) is authorized to rank the specialty and geographic location of physicians by risk level to determine the allocation of funds from the excess liability pool.	<b>Rejects</b>	<b>Rejects</b>	<b>Rejects;</b> Continues authorization for program through June 30, 2017 at full funding level of \$127.4 million.
<b>Physician Loan Forgiveness</b> Continues Doctors Across NY loan forgiveness funding at \$3,705,000.	<b>Modifies</b> the Executive Proposal to combine the physician loan forgiveness and physician practice support programs and provide that future awards can be for either in the amount of \$40,000 per year for three years.	<b>Modifies</b> the Executive Proposal to combine the physician loan forgiveness and physician practice support programs and provide that future awards can be for either in the amount of \$40,000 per year for three years.	<b>Includes</b> \$1 million in increased funding  <b>Modifies</b> the proposal as follows: <ul style="list-style-type: none"> <li>• Awards shall be made from the total funding available for new awards under the physician loan repayment program and</li> </ul>

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	<p>Also the Senate includes \$4 million in new funding for the program to add 100 new physicians.</p>		<p>the physician practice support program, with neither program limited to a specific funding amount within such total funding available;</p> <ul style="list-style-type: none"> <li>• An applicant may apply for an award for either physician loan repayment or physician practice support, but not both;</li> <li>• An applicant shall agree to practice for three years in an underserved area and each award shall provide up to forty thousand dollars for each of the three years; and --To the extent practicable, awards shall be timed to be of use for job offers made to applicants.</li> </ul>
<p><b>Physician Practice Support</b> Continues Physician Practice Support funding at \$4,360,000.</p>	<p><b>Modifies</b> the Executive Proposal to combine the physician loan forgiveness and physician practice support programs and provide that future awards can be for either in the amount of \$40,000 per year for three years.</p>	<p><b>Modifies</b> the Executive Proposal to combine the physician loan forgiveness and physician practice support programs and provide that future awards can be for either in the amount of \$40,000 per year for three years.</p>	<p><b>Accepts</b> Executive funding level; <b>Modifies</b> the proposal as follows:</p> <ul style="list-style-type: none"> <li>• Awards shall be made from the total funding available for new awards under the physician loan repayment program and the physician practice</li> </ul>

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	Also the Senate includes \$4 million in new funding for the program to add 100 new physicians.		<p>support program, with neither program limited to a specific funding amount within such total funding available;</p> <ul style="list-style-type: none"> <li>• An applicant may apply for an award for either physician loan repayment or physician practice support, but not both;</li> <li>• An applicant shall agree to practice for three years in an underserved area and each award shall provide up to forty thousand dollars for each of the three years; and --To the extent practicable, awards shall be timed to be of use for job offers made to applicants.</li> </ul>
<p><b>AHEC</b> Continues Area Health Education Center (AHEC) system funding at 2,077,000.</p>	<p><b>Accepts</b> Includes new language to provide funding to the UB Research Foundation for AHEC to enable a sole source contract.</p>	<p><b>Accepts</b> Includes new language to provide funding to the UB Research Foundation for AHEC to enable a sole source contract.</p>	<p><b>Accepts</b> funding level and includes new language to make UB the funding administrator.</p>
<p><b>N/A</b></p>	<p><b>Includes</b> a proposal to amend the mandatory</p>	<p><b>N/A</b></p>	<p><b>Includes</b> a proposal to <b>exempt prescribers who certify that</b></p>

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	<p><b>electronic prescribing law to:</b></p> <ul style="list-style-type: none"> <li>• Allow non-electronic prescriptions to be made orally in nursing homes which is current practice</li> <li>• Exempt prescribers that certify to NYS DOH that they prescribe 25 or less prescriptions annually</li> <li>• Allow prescribers to maintain information in patient records if they use one of the exceptions to the law and write a paper prescription.</li> </ul>		<p><b>they prescribe less than 25 prescriptions per year from e-prescribing mandate</b> for a period of up to three years with annual re-certification.</p>
<p><b>Licensure Exemption</b> Extends through July 1, 2021 the exemption from licensure for individuals working in certain programs regulated/funded by OMH, OPWDD, OASAS,</p>	<p><b>Modifies</b> the Executive Proposal. Does not extend the exemption in law (so it would expire June 30, 2016).  Clarifies the duties that</p>	<p><b>Modifies</b> the Executive Proposal. Accepts the Governor's five year extension but starting 7/1/19 licensed individuals must begin to be hired for the duties where licensure</p>	<p><b>Modifies</b> the proposal to extend the exemption from licensure for two years through July 1, 2018; Governor and Legislature signed a letter of agreement to continue to negotiate post-budget to</p>

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<p>DOH, SOFA, OCFS, DOCCS, OTDA and local governments/social service districts.</p>	<p>would require an individual to be licensed. That is those who "diagnose" and those who "head the treatment team." Also requires that the licensed person on the team has to see the patient at least once and sign off on the care plan. Further, the bill expands/clarifies the list of non-licensed individual who can provide services under the supervision of a licensed professional and those who are members of a treatment team.</p> <p>Finally, the Senate bill states that an individual with a Master's in social work and two year of post-graduate employment who is otherwise eligible for licensure with the exception of an examination and files an application with SED within one year of the</p>	<p>is required.</p> <p>The Assembly also clarifies the duties that licensure applies to and how and includes the language on licensing those with a Master's in social work. Finally, the Assembly requires a report by relevant agencies by 7/1/17 on tasks/functions, costs to hire licensed individuals and an action plan to achieve compliance.</p>	<p>achieve final resolution by June 2016.</p>



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	effective date shall be deemed licensed.		
<b>Pharmacy/ Pharmaceuticals</b>			
<b>Manufacturer Reporting/Rebates</b> Authorizes the Commissioner of Health to require drug manufacturer reporting of their costs to research, develop, and market certain high cost specialty drugs as well as the prices they charge to pharmacies and others here and outside the country, the average rebates/discounts paid and average profit margin; Using data collected, DOH would set a ceiling price for the new high cost blockbuster drugs as determined by the State's actuary and the state could require drug manufacturers to provide additional rebates to the NYSDOH for such drugs when prices exceed the ceilings that are set.	<b>Rejects</b>	<b>Rejects</b>	<b>Rejects</b>

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<p><b>Pharmacy Reimbursement Changes</b>  Proposes to give the NYSDOH authority over Fee for Service(FFS) pharmacy reimbursement in the case of drugs designated as “specialty drugs” by one or more managed care plan; For such “specialty drugs” the reimbursement to pharmacies would not exceed the amount managed care plans pay for the drug as determined by NYSDOH using managed care encounter data.</p>	<p><b>Rejects</b></p>	<p><b>Rejects</b></p>	<p><b>Rejects</b></p>
<p><b>Prior Authorization Pre-DUR Board Evaluation</b>  Authorizes the Commissioner of Health to require prior authorization for fee-for service drugs meeting the Clinical Drug Review Program criteria prior to obtaining the Drug Utilization Review Board’s evaluation and recommendation obtaining the Drug Utilization Review Board’s</p>	<p><b>Rejects</b></p>	<p><b>Rejects</b></p>	<p><b>Rejects</b></p>

Executive Budget	Senate-One House	Assembly One-House	Final Budget
evaluation and recommendation.			
<p><b>Prescriber Prevails</b> Proposes to eliminate “prescriber prevails” under both FFS and Medicaid managed care for all drug classes except atypical antipsychotics and antidepressants; Currently prescriber prevails applies to all drug classes under FFS and nine classes in managed care.</p>	<b>Rejects</b>	<b>Rejects</b>	<b>Rejects</b>
<p><b>Rebates on Generics</b> Authorizes the Commissioner of Health to apply the Federally established Consumer Price Index (CPI) penalty for generic drugs on manufacturers for generic drugs when prices increase at a rate greater than the rate of inflation.</p>	<b>Rejects</b>	<b>Rejects</b>	<b>Accepts;</b> Requires manufacturers of generic drugs to provide rebates to DOH for any drug that has increased more than 300% of its state maximum acquisition cost (SMAC) on or after 4/1/16 as compared to the SMAC at any time during the prior 12 months under Medicaid. Required rebate shall equal the amount by which the SMAC exceeds 300% of the SMAC.
<p><b>NYSDOH Rebate Negotiations</b> Allows the Commissioner of Health to continue to negotiate directly with</p>	<b>Rejects</b>	<b>Rejects</b>	<b>Accepts</b>

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<p>pharmaceutical manufacturers for supplemental rebates outside of the Preferred Drug Program on fee for-service utilization for anti-retrovirals and hepatitis C agents as well.</p>			
<p><b>Prior Authorization for Opioids</b> Requires managed care organizations to implement prior authorization of opioid analgesic refills exceeding four prescriptions in thirty days, consistent with existing fee for service policy.</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>	<p><b>Modifies</b> the proposal by exempting patients in hospice care, those with cancer or sickle cell disease or any other condition or diagnosis for which DOH determines prior authorization is not required, from the limit.</p>
<p><b>Overdose Prevention</b> As part of his Budget address, the Governor said he seeks to add 1,000 pharmacies to the DOH Opioid Overdose Prevention program in 2016 and plans to introduce legislation permitting any pharmacist to administer naloxone in the event of an overdose.</p>	<p><b>N/A</b></p>	<p><b>N/A</b></p>	<p><b>N/A</b></p>

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<p><b>Needles/Syringe Program</b> As part of his Budget address, the Governor proposed to remove limitations on the Expanded Syringe Access Program (ESAP) including limiting the 10-syringe purchase limit, allowing for syringe exchange, and lifting limits on pharmacies which prohibit their advertising ESAP.</p>	N/A	<p><b>Includes</b> this as part of a broader opioid/heroin prevention initiative (see Behavioral Health section of update below).</p>	N/A
<p><b>MC Plan Penalties</b> Institutes tiered penalties for the submission of late and/or inaccurate encounter data for Managed Care Organizations to ensure the collection of pharmacy rebates and timely rate setting.</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>	<p><b>Modifies</b> the proposal to by adding additional qualifications for/ limitations on imposing penalties.</p>
N/A	<p><b>Includes</b> a proposal to <b>maximize drug rebate collection</b> by establishing a pilot program to utilize third party vendors to validate existing Medicaid drug rebate claims.</p>	N/A	<p><b>Rejects</b></p>
N/A	<p><b>Includes</b> a proposal to require commercial</p>	N/A	<p><b>Rejects</b></p>

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	<p><b>insurance coverage of tamper resistant opioids and to prohibit substitution of tamper resistant opioids</b> with non-tamper resistant opioids when prescriber notes “DAW.”</p>		
N/A	<p><b>Includes</b> a proposal to require <b>manufacturers to give notice to the DUR Board within 30 days prior to price increases</b> (Wholesaler Acquisition Cost increases equal to or greater than 100% at any point during a 12-month period). This applies to both brand and generic drugs. The DUR Board would conduct a review and decide on further prior authorization and may refer to the AG. The proposal also amends the price gouging law to add a new section on prescription drugs and to give the AG greater authority and ability to</p>	N/A	<b>Rejects</b>

Executive Budget	Senate-One House	Assembly One-House	Final Budget
	impose a penalty up to \$25,000.		
N/A	N/A	<b>Includes</b> a proposal to <b>move the entire Medicaid drug (fee for service and managed care) through to the Preferred Drug Program.</b>	<b>Rejects</b>
<b>Medical Marijuana</b> Provides \$6.74M to support the State Medical Marijuana program.	<b>Accepts</b>	<b>Accepts</b>  <b>Includes</b> a proposal expanding the <b>Medical Marijuana</b> law to double the number of dispensaries from four to eight that a registered organization may operate. Also the proposal would require DOH to double from five to 10 the number of registered organizations by Jan. 1, 2017.	<b>Accepts</b> funding at Executive level.
<b>Behavioral Health</b>			
<b>VAP Funding for BH</b> Includes \$50 million in VAP funding for behavioral health providers.	<b>Modifies</b> the Executive Proposal moving to one-year budgeting and therefore provides \$25M.	<b>Modifies</b> the Executive Proposal moving to one-year budgeting and therefore provides \$25M.	<b>Accepts</b> and provides \$50 million.
<b>Community Reinvestment</b>	<b>Accepts</b>	<b>Accepts</b>	<b>Accepts</b>

Executive Budget	Senate-One House	Assembly One-House	Final Budget
Includes \$16 million for community reinvestment based on regional needs; Funding is from state hospital bed reductions.			
<b>Children’s Mental Health Services</b> Commits \$7.5 million in new funding for expanded children’s mental health services (with growth in funding to \$30 million in SFY 2017-18) - funding provided within the Medicaid global cap.	<b>Accepts</b>	<b>Accepts</b>	<b>Accepts</b>
<b>Raise the Age</b> Commits \$1 million in funding for OMH to implement Raise the Age to hire 9 FTE.	<b>Accepts</b>	<b>Accepts</b>	<b>Accepts</b>
<b>Opioid/Heroin Funding</b> Commits \$6 million in new funding to address the opioid/heroin epidemic by re-directing existing OASAS funding.	<b>Modifies</b> Executive Proposal to add \$26M to OASAS budget for community treatment services program including: <ul style="list-style-type: none"> <li>• \$2M in new funding for services/expenses</li> </ul>	<b>Modifies</b> Executive Proposal to add \$32M to OASAS budget for community treatment services program including: <ul style="list-style-type: none"> <li>• \$2M in new funding for NYC to hire additional substance abuse prevention</li> </ul>	<b>Modifies</b> the proposal and provides: <ul style="list-style-type: none"> <li>• An additional \$25M for heroin/opioid prevention, treatment, recovery and housing services</li> <li>• An additional \$2M for Substance Abuse</li> </ul>



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	<p>for heroin and opioid prevention, treatment and recovery services including school prevention efforts.</p> <ul style="list-style-type: none"> <li>• \$10M in new funding for transitional housing for individuals in recovery, with 25% to be used for individuals in recovery ages 15-24.</li> </ul> <p>New funding including:</p> <ul style="list-style-type: none"> <li>• \$3.85M for Recovery Community Centers; \$6.5M for Recovery Services; \$2M for Recovery Coaches; \$1M for Family Support Navigators, \$200K for Family Support Navigator Training and \$450K for service/ expenses for an opioid drug addiction,</li> </ul>	<p>and intervention specialists.</p> <ul style="list-style-type: none"> <li>• \$30M in new funding for heroin/opioid prevention (\$15M for opiate abuse prevention/ treatment services including expansion in underserved areas; \$9M for services for expansion of recovery support services; and \$6M for patient engagement programs for those existing detox including expansion of on-call peer program)</li> </ul> <p>Also directs \$2.2M of existing OASAS funding to services and expenses of the combat heroin public service campaign including a public awareness</p>	<p>Prevention/Intervention Specialists</p> <ul style="list-style-type: none"> <li>• \$1M for the DEC to operate unused drug take back programs</li> </ul>

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	prevention and treatment program.	campaign concerning drug takeback programs.	
<b>OASAS Provider Rate Enhancement</b> Commits \$7 million as a Medicaid rate enhancement for OASAS providers transitioning into managed care- funded within the Medicaid global cap.	<b>Accepts</b>	<b>Accepts</b>	<b>Accepts</b>
<b>SNPs</b> Authorizes continued operation of Special Needs Plans (SNPs) serving those with mental illnesses or HIV (was set to expire March 31, 2016).	<b>Modifies</b> the Executive Proposal to extend through March 31, 2020.	<b>Modifies</b> the Executive Proposal to extend through March 31, 2020.	<b>Modifies</b> the proposal to extend through March 31, 2020.
<b>Medicaid Exempt Income</b> Extends OMH authority to recover Medicaid exempt income from providers through June 30, 2019.	<b>Modifies</b> the Executive Proposal to extend through June 30, 2017 for programs located within NYC and through December 31, 2017 for those located outside NYC.	<b>Modifies</b> the Executive Proposal to extend through June 30, 2017 for programs located within NYC and through December 31, 2017 for those located outside NYC.	<b>Accepts</b> Executive proposal.
<b>Comprehensive Psychiatric Emergency Program (CPEP)</b> Extends the Comprehensive Psychiatric Emergency Program (CPEP) through July 1, 2020.	<b>Accepts</b>	<b>Accepts</b>	<b>Accepts</b>

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<p><b>Restoration to Competency</b>            Authorizes OMH to permit “Restoration to Competency” within jail-based residential settings; Such Restorations are currently only authorized at OMH psychiatric centers, OPWDD developmental centers, psychiatric units at Article 28 hospitals and on an outpatient basis in the community setting.</p>	<p><b>Rejects</b></p>	<p><b>Rejects</b></p>	<p><b>Rejects</b></p>
<p><b>OMH/OPWDD Temporary Operators</b>            Provides OMH and OPWDD authority to appoint temporary operators for the continued operation of programs and services where the established operator is unable/unwilling to continue operating it.</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>
<p><b>OMH Facility Clinical Record Sharing</b>            Permits OMH operated/licensed facilities to share clinical records with managed care</p>	<p><b>Accepts</b></p>	<p><b>Modifies</b> Executive Proposal to require patient consent and confidentiality.</p>	<p><b>Modifies</b> the proposal to require patient consent and confidentiality.</p>

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<p>organizations, behavioral health organizations, health homes and other NYSDOH authorized entities providing or coordinating health services for Medicaid patients.</p>			
<p>N/A</p>	<p><b>Adds \$7.5M in new funding for the OMH Adult Services Program.</b></p>	<p><b>Adds \$1M in new funding under OMH for services and expenses for expansion of crisis intervention services and diversion programs, including training of police crisis intervention teams, regional Mental Health First Aid Training for police, evaluation of local diversion centers and to determine any needed programmatic changes.</b></p>	<p><b>Includes \$1M in new funding under OMH for services and expenses for expansion of crisis intervention services and diversion programs as proposed by the Assembly, including training of police crisis intervention teams, regional Mental Health First Aid Training for police, evaluation of local diversion centers and to determine any needed programmatic changes.</b></p>
<p><b>OASAS-Integrated Health Facilities</b>          Authorizes OASAS-licensed treatment facilities (DSRIP-like integrated health facilities) to also operate traditional health care clinics and remain eligible for DASNY financing.</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>

Executive Budget	Senate-One House	Assembly One-House	Final Budget
N/A	N/A	<p><b>Includes</b> a proposal related to combatting <b>opioid/heroin abuse</b> which includes requirements for:</p> <ul style="list-style-type: none"> <li>• OASAS and DOH to create educational materials on the dangers of prescription drug addiction and misuse to be shared with pharmacies</li> <li>• OASAS and DOH to create training/screening materials for health care providers and hospitals</li> <li>• Hospitals to establish training programs for employees and to arrange/coordinate service</li> <li>• Removal of the 10 needle sales limit and prohibition on advertising participation in the</li> </ul>	<b>Rejects</b>

Executive Budget	Senate-One House	Assembly One-House	Final Budget
		needle/syringe program by pharmacies <ul style="list-style-type: none"> <li>• Making the heroin and opioid addiction wraparound services program permanent</li> <li>• Creating a sober living task force</li> <li>• Changing penal code in this regard</li> <li>• The development by OASAS of best practices regarding law enforcement assisted diversion</li> <li>• Adding cannabimimetic agents to Schedule I, among other provisions.</li> </ul>	
N/A	N/A	N/A	<b>Includes</b> \$2.75 million in new funding to <b>support statewide community hubs</b> and services for adults and children.
N/A	N/A	N/A	<b>Includes</b> a proposal to extend APG payment under the <b>Child Health Plus</b> program for

Executive Budget	Senate-One House	Assembly One-House	Final Budget
			behavioral health providers through June 30, 2018.
N/A	<p><b>Includes</b> a proposal to <b>extend APG payments</b> under Medicaid MC to behavioral health providers through 9/30/21 in NYC and through 12/31/21 outside NYC and for those under age 21.</p> <p>Also includes <b>changes in reporting requirement</b> on DOH, OASAS, OMH related to the behavioral health transition to have report provided on or before October 1st of each year beginning 10/1/16.</p>	N/A	<p><b>Modifies</b> proposal to extend APG payment under Medicaid MC to behavioral health providers through March 31, 2018 in NYC, through June 30, 2018 outside NYC and through June 30, 2018 for those under age 21.</p> <p>Authorizes eligible providers to work with managed care plans to achieve quality and efficiency objectives and engage in shared savings.</p>
<b>Developmental Disabilities/ Early Intervention</b>			
<p><b>Early Intervention</b> Contains significant changes to the Early Intervention (EI) program. It would establish a new eligibility process, require EI providers to submit all claims within 90 days or they will not be reimbursed,</p>	<b>Rejects</b>	<p><b>Rejects</b> Modifies by repealing the statutory authority of DOH to contract with entities to act as the fiscal agent for DOH and municipalities for the payment of EI claims. Provides that the State Comptroller can act as the</p>	<b>Rejects</b>

Executive Budget	Senate-One House	Assembly One-House	Final Budget
<p>and impose requirements on health care insurers to pay EI claims promptly and to provide greater coverage of EI services. Two new and separate eligibility processes are set forth: one for children who are referred to the program who have a diagnosed physical or mental condition with a high probability of resulting in a developmental delay, and another for children who have no diagnosis. Children who have no diagnosis will be screened utilizing a standardized instrument approved by DOH and will not receive a full evaluation unless requested by the parent. Eligibility for children who have a diagnosis will be conducted by a medical records review. It also allows for one individual to evaluate all five developmental domains.</p>		<p>state fiscal agent for this purpose.</p>	



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<p><b>Person-Center Services</b> Provides \$30 million in state funding (\$120 million total with federal funding) for new Person-Centered DD Services for up to 6,000 individuals including certified and non-certified residential services, day supports, employment and respite services.</p>	<p><b>Accepts</b>  Earmarks \$14.5M for additional state operated respite services.</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>
<p><b>Transition to Community</b> Provides \$24 million for Transition Funding for individuals moving from institutions to integrated community-based support systems.</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>
<p><b>DD Crisis Services</b> Provides \$15 million for DD Crisis Services by expanding the START model to other OPWDD regions (currently it is used in Region 1 and Region 3).</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>
<p><b>Affordable Housing for DD population</b> Provides \$15 million (\$10 million capital) in new funding through OPWDD for Affordable Housing.</p>	<p><b>Accepts</b></p>	<p><b>Accepts and Includes</b> \$100M over five years in new funding through HCR for additional housing opportunities for</p>	<p><b>Accepts</b> funding at Executive level.</p>

Executive Budget	Senate-One House	Assembly One-House	Final Budget
		individuals with developmental disabilities.	
<b>OMH/OPWDD Temporary Operators</b> Provides OMH and OPWDD authority to appoint temporary operators for the continued operation of programs and services where the established operator is unable/unwilling to continue operating.	<b>Accepts</b>	<b>Accepts</b>	<b>Accepts</b>
N/A	<b>Includes</b> a proposal to allocate \$12M for continued support of “care” pilot programs.	N/A	<b>Rejects</b>
N/A	<b>Includes</b> a proposal to eliminate the FY 2012 2% reduction to <b>Article 16 clinics</b> .	N/A	<b>Rejects</b>
N/A	<b>Includes</b> a proposal to repeal the <b>mental hygiene stabilization fund</b> in 2021.	N/A	<b>Rejects</b>
N/A	<b>Includes</b> a proposal to require NYSDOH to establish a <b>Disability Clinical Advisory Group</b> to look at the impact of prescriber prevails, current	N/A	<b>Rejects</b>

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	rates and other issues related to DD services and to provide DOH with data/information on the effects of these policies on the delivery of supports and services.		
N/A	<b>Includes</b> a proposal to require that by 12/31/17 and annually thereafter, <b>OPWDD shall report on the overall transition of sheltered workshops</b> to integrated employment settings, its impact on providers, individuals, families and the impact integrated employment will have on government benefits for individuals with developmental disabilities.	N/A	<b>Includes</b> a proposal to require OPWDD to afford individuals who were employed in sheltered workshops on or after 7/1/13 who are no interested in working in a provider owned or private business other person-centered options to other services. Such services shall include pathway to employment, community prevocational, day habilitation, community habilitation and self-directed services. For those interested in retirement, OPWDD services shall focus on connected individuals with retirement-related activities, including senior, community center and other local activities for retirees.
N/A	<b>Includes</b> a proposal to require <b>OPWDD to create a direct support professional credential pilot program</b> to assist,	N/A	<b>Rejects</b>

Executive Budget	Senate-One House	Assembly One-House	Final Budget
	attract and retain individuals in the DD field. Such pilot would be for three years including state-operated facilities and not for profit providers. The bill requires a report on the pilot due to the Governor and Legislature by 12/31/19.		
N/A	N/A	N/A	<b>Includes</b> a proposal to delay the transition of the <b>TBI and NHTD Waiver programs</b> into Medicaid Managed Care until January 1, 2018.
N/A	N/A	<b>Includes</b> a proposal related to <b>OPWDD's report</b> to the Legislature on their comprehensive plan for the succeeding to require it by December 15 <sup>th</sup> of each year.	<b>Includes</b> a proposal to require OPWDD to issue report to the Legislature by 10/1/16 on the following: <ul style="list-style-type: none"> <li>• Progress in meeting the housing needs of those with developmental disabilities including its ongoing review of the residential registration list, increasing access to housing, building awareness on housing options for independent living and assisting with the creation of a</li> </ul>

Executive Budget	Senate-One House	Assembly One-House	Final Budget
			<p>sustainable living environment through funding for home modifications, down payment assistance and home repairs</p> <ul style="list-style-type: none"> <li>• An update on implementation of the report and recommendations of the transformation panel including increasing and supporting access to self-directed models of care, expanding access to community integrated housing, increasing integrated employment opportunities and examining the program design and fiscal model for managed care to appropriately address the needs of those with DD.</li> </ul>
<b>Special Education/Preschool</b>			
<b>School District Waivers</b> Authorizes the Commissioner of SED to grant a waiver for any requirement imposed on a	<b>Accepts</b>	<b>Rejects</b>	<b>Rejects</b>

Executive Budget	Senate-One House	Assembly One-House	Final Budget
<p>local school district, approved private school, or BOCES upon a finding that the waiver will result in implementation of an innovative special education program that is consistent with applicable federal requirements, and will enhance student achievement and/or opportunities for placement in regular classes and programs.</p>			
<p><b>Teacher Recruitment and Retention</b> Continues \$2 million for Teacher recruitment and retention in 4410 preschool and in 853 school age programs</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>
<p><b>Public Health</b></p>			
<p><b>Cancer Funding</b> Commits \$91 million in funding for a six-point plan on breast cancer screening, services and research including mobile mammography vans, patient navigators, venture</p>	<p><b>Modifies</b> the Executive Proposal by lining out some of the funding as separate appropriations:</p> <ul style="list-style-type: none"> <li>• \$10.7M for up to ten mammography equipped vehicles</li> </ul>	<p><b>Accepts</b></p>	<p><b>Accepts</b> funding at Executive level.</p>

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capital funding for breast cancer research, a public awareness campaign and other initiatives; Continues funding for the Cancer Services program at a level of approx. \$25.3 million.	<ul style="list-style-type: none"> <li>• \$1M for a breast cancer screening and awareness media campaign</li> <li>• \$2.625M for up to 35 breast cancer patient navigators to provide post diagnosis assistance</li> <li>• \$2M for 10 peer education grants related to breast and prostate cancer screening and awareness in high needs regions of NY</li> </ul>		
N/A	<b>Includes</b> a proposal to extend provisions related to the <b>NYS Environmental Facilities and Cancer Mapping project</b> for five years and require DOH to update its maps and data at least once every five years.	N/A	<b>Accepts</b>
<b>Hypertension Funding</b> Continues funding for the Hypertension program at a level of \$864,000.	<b>Accepts</b>	<b>Accepts</b>	<b>Accepts</b>

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<p><b>Obesity/Diabetes Funding</b> Continues funding for the Obesity/Diabetes prevention program at a level of \$7,463,000.</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>
<p><b>Tobacco Control Funding</b> Continues funding for the Tobacco Prevention &amp; Control program at a level of \$39.3 million.</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>
<p><b>Cystic Fibrosis Funding</b> Continues funding for the Cystic Fibrosis program at a level of \$800,000.</p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>	<p><b>Accepts</b></p>
<p><b>Access to Healthy Foods</b> \$7 million in federal funding announced by the Governor for four organizations in Upstate regions to prevent and control obesity, diabetes, heart disease and stroke including increasing availability of healthy foods in small retail stores; \$100 million provided for a DOS Downtown Initiative which may include funding for healthy food financing in identified regions.</p>	<p><b>Accepts</b> Includes in Senate Resolution “support for identifying resources to continue the Healthy Food and Healthy Communities initiatives which provide grants and low interest loans for the development of new grocery stores. Funds would be matched 2:1 by Goldman Sachs to maximize State resources.”</p>	<p><b>Accepts</b></p>	<p><b>Accepts; Includes</b> \$500,000 as part of the Downtown Revitalization program for the Healthy Food and Health Communities initiative.</p>



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<b>Insurance</b>			
<b>Medicare Part C</b> Makes changes so that Medicaid will not pay any portion of costs associated with Medicare Part C (Medicare Advantage) claims when the total payment to the provider would be greater than the Medicaid rate.	<b>Rejects</b>	<b>Rejects</b>	<b>Accepts</b>
N/A	<b>Includes</b> a proposal to require DFS to study the issue of whether there is a need to make adjustments to the provisional <b>physician credentialing requirements</b> .	N/A	<b>Rejects</b>
N/A	<b>Includes</b> a proposal to change <b>definition of “small group”</b> to one to fifty employees or members of such group.	N/A	<b>Rejects</b>
<b>Workers Compensation</b> Includes a proposal to make changes to the Workers’ Compensation Program: <ul style="list-style-type: none"> <li>• Defines acupuncturists,</li> </ul>	<b>Rejects</b>	<b>Rejects</b>	<b>Rejects</b>

Executive Budget	Senate-One House	Assembly One-House	Final Budget
<p>chiropractors, nurse practitioners, occupational therapists, physical therapists, physicians, physicians' assistants, podiatrists and social workers as providers.</p> <ul style="list-style-type: none"> <li>• Authorizes treatment by physical therapists, occupational therapists and acupuncturists when such treatment is prescribed by a physician.</li> <li>• Prohibits physical therapists, occupational therapists and acupuncturists from serving as independent medical examiners or witnesses for purpose of establishing</li> </ul>			

Executive Budget	Senate-One House	Assembly One-House	Final Budget
<p>disability/ causal relationship of a condition to an accident or occupational disease.</p> <ul style="list-style-type: none"> <li>• Removes role of local medical societies in recommending and removing authorized providers</li> <li>• Requires providers to adhere to authorization agreements with the WCB Chair, in order to participate in the system</li> <li>• Authorizes chair to remove providers that violate authorization agreements/ fail to provide competent care</li> <li>• Increases time injured workers must remain in their employers' PPO network to 120 days.</li> </ul>			