SFY 2018-19 State Budget
Health/Mental Hygiene Comparison of Executive Budget to One House Budget Bills
March 16, 2018

Multiple Sectors… Page 1
Hospitals/ Facilities… Page 15
Long Term Care/ Home Care… Page 18
Physicians/ Providers… Page 21
Pharmacy… Page 24
Behavioral Health… Page 32
Developmental Disabilities… Page 37
Special Education…42
Public Health…43
Transportation…46
Insurance…46

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
Multiple-Sectors			
	Medicaid Global Cap Proposes to extend the Medicaid Global Spending Cap until SFY 2019-20 at a rate of 3.2%. The total	MODIFIES by clarifying the methodology used to determine growth	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	cap for SFY 2018-19 is $18.9 billion, an increase of $593 million.		
	Health Care Shortfall Fund Proposes to establish a new $1 billion fund to protect against any deficits created by the loss of federal health care funds by capturing the proceeds from any not-for-profit health insurer conversions.	ACCEPTS	MODIFIES, by making it subject to annual appropriations and MOU agreed to by the Governor and Legislature and requiring that it be used for health care purposes
	Potential Across the Board Cuts Includes language in the Aid to Localities Appropriation bill authorizing an up to 3% across the board cut to programs should tax receipts be reduced by $500 million or more than expected in SFY 2018-19. Includes some exceptions like Medicaid, school aid, funding for certain public assistance programs and others.	REJECTS	REJECTS
		n/a	**Trend Factor** Provides $230 million State Share for a 2% trend factor for Medicaid provides including hospitals, nursing homes, and personal care providers.

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	Health Care Facility Transformation III Creates the third Health Care Facility Transformation Program with funding in the amount of $425 million for eligible systems. $60 million must be made available for community-based health care providers including mental health clinics, alcohol and SA treatment clinics, primary care, D&TCs, home care and assisted living providers ($20 million). An additional $45 million of the total is earmarked for residential health care facilities.	MODIFIES, by increasing funding to $525 million for eligible providers, and earmarks $75 million for community-based health care providers including mental health clinics, alcohol and SA treatment clinics, primary care, D&TCs, home care and assisted living providers ($20 million) and an additional $45 million of the total for residential health care facilities	MODIFIES, by increasing funding to $500 million for eligible providers, including $75M for mental health clinics, alcohol and SA treatment clinics, primary care, D&TCs, and children's residential treatment providers, $25M for, $25M for home care and $60M for residential health care facilities
	Essential Community Provider/VAP Funding Includes $132 million for Essential Community Providers and Vital Access Provider (VAP) services.	ACCEPTS	ACCEPTS
	Cost of Living Adjustments (COLA) Defers the human services COLA until after March 31, 2019. Proposes to eliminate NYSDOH's	ACCEPTS deferral and restores COLA for 2019-2022 INCLUDES a proposal that would continue the 3.25% direct care wage increase by continuing the increase effective 4/1/19 for direct care staff and direct	ACCEPTS deferral and restores COLA for 2019-2022

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	authority to provide COLAs for human service providers. Generates $19 million.	support professionals and clinical staff (OPWDD) with an additional annual increase of 3.25% for the same positions in 4/1/20, 4/1/21 and 4/1/22. Also it adds that the job, Medicaid service coordination and code 351 as eligible for such funding	
	Health Homes Proposes the following related to Health Homes: • Includes $85 million for health homes and projects to save $33.3 million (State share) for quality and performance improvements. • Establishes enrollment targets for special needs managed care plans and compels plans to work collaboratively with health home providers to achieve targets. Penalties may be assessed on plans. • Requires criminal background checks for employees of health homes and direct observation is required by health homes for those serving individuals with	MODIFIES, by rejecting enrollment targets and plan penalties Cuts funding for Health Homes Care Management Services	MODIFIES, by rejecting the criminal background check requirements

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	disabilities or who are under 21 while criminal history information checks/determinations are pending. • Includes reimbursement, subject to available funds for expanded criminal history record checks for health homes. • Provides health homes and other entities serving those with developmental disabilities or under age 21 with access to the Statewide central register of child abuse. Also requires such entities to report child abuse or maltreatment. • Adds Medicaid Managed Care plan enrollees who are members of Health Homes to those eligible to receive incentive payments for wellness activities and avoiding certain hospitalizations or emergency department visits.		
	Community Paramedicine Program	MODIFIES, by replacing with a similar plan to establish a Community Paramedicine	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	A community paramedicine program is established to allow emergency medical personnel to provide care in residential settings. A community paramedicine collaborative must include, at a minimum: • a general hospital, nursing home, or diagnostic and treatment center; • a physician; • an emergency medicine provider; and • where the services are provided in a private residence, a home care services program. Under the direction of a physician, community paramedicine programs would support objectives identified by the collaboratives, and could include the following models: • Post-discharge care following hospital admissions; • Evaluating, stabilizing, or treating nursing home residents to avoid preventable emergency transport to a hospital emergency department; and • Assisting individuals in self-	program under which hospitals, emergency medical services who utilize employed or volunteer emergency medical technicians or advanced emergency medical technicians, physicians and home care agencies, in joint partnership, may develop and implement a plan for collaborative provision of services in community settings.	

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	managing their health or behavioral health conditions and minimizing environmental hazards in the home. The bill would permit Medicaid reimbursement for the program subject to federal financial participation.		
	Changing Exemption from Licensure in Human Services Limits the tasks and assignments performed by persons employed by a program or service operated or approved by OMH, OPWDD, OASAS, DOH, SOFA, OCFS, DOCCS, OTDA and/or local government which require licensure in psychology, social work or as mental health practitioners. It permits those who have been employed or obtain employment on or before July 1, 2020 to continue to fall within the current exemption in the law.	MODIFIES, by further limiting tasks/duties and moving grand parenting clause up to 7/1/18	MODIFIES, by further limiting tasks/duties
	SHIN-NY $30 million is allocated for the	ACCEPTS	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	SHIN-NY. The total allocation of up to $65 million was extended last year until 12/31/20.		
	All Payer Database Proposes $10 million for the operation of the All Payer Database (APD).	ACCEPTS	ACCEPTS
	Medical Marijuana Program Proposes $9.8 million for the State's Medical Marihuana Program.	ACCEPTS	ACCEPTS
	Telehealth Expansion Amends the existing telehealth statute as follows: • Expands the definition of "originating site" for purposes of Medicaid reimbursement for telehealth services to include a patient's residence as well as any other location where the patient may be temporarily located subject to regulation by the commissioners of OMH, OASAS, and OPWDD. • Adds credentialed alcoholism and substance abuse	ACCEPTS the Governor's proposal to include Early Intervention providers as qualified to provide services under the program and MODIFIES the proposal to: • expand the definition of "originating site" to allow services to be Medicaid reimbursable in nursing homes and residential programs operated by the Office of People with Developmental Disabilities (OPWDD). • require the commissioners of the Department of Health,	MODIFIES to: • require Medicaid coverage for any service that is currently covered under the Medicaid program; and • allow for the delivery of telehealth services to an individual in any location that is different than where the health care provider is located.

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	counselors, authorized early intervention providers, and any other providers (as determined in regulation by OMH, OASAS, and OPWDD in consultation with NYS DOH) to the list of medical professionals eligible to provide telehealth services. • Clarifies that "remote patient monitoring," which is the transmission of data to a distant telehealth provider for use in monitoring and managing medical conditions, could encompass follow-up telephone calls or additional interactive requests for the transmission of data in response to previous transmissions.	Office of Mental Health, OPWDD, and the Office of Alcoholism and Substance Abuse Services to coordinate to reduce barriers that limit the use of telehealth services, and to identify and implement methods to align and streamline rules, regulations, policies and guidance regarding the development and integration of services provided through telehealth.	
	Mental Health/Primary Care Integration Clarifies that Art. 28 or Art. 31/32 providers may provide integrated primary care, mental health and/or substance use disorder services when authorized to do so by OMH or OASAS per regulation without	ACCEPTS	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	needing a second or third license/certification.		
	Office of the Medicaid Inspector General (OMIG) Authority Clarifies OMIG's authority to recover overpayments with Medicaid Managed Care and Managed Long Term Care programs. During the course of an audit if OMIG identifies improper Medicaid payments made the state has the right to recover such payments from subcontractor(s) or provider(s). If OMIG is unable to do so, it can require Managed Care plans to make such recoveries and remit payment back to the State within six months. A collection fee can be imposed on the provider(s) of not more than 5%. Also requires Managed Care plans to promptly refer to OMIG all cases of potential fraud, waste and abuse.	ACCEPTS	ACCEPTS
	False Claims Act Amends the State's False Claims Act penalties to align with Federal False Claims Act penalties.	REJECTS and replaces with a proposal to require DOH, in consultation with the Division of Budget, to report annually on the use of such funds to the	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
		Temporary President of the Senate, Speaker of the Assembly, and the Chairs of Senate Finance, Assembly Ways and Means, and Senate and Assembly Health Committees.	
	Key Provisions of Women's Health Agenda Budget Bill Comprehensive Contraceptive Coverage Act • Would codify 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;	No Action INCLUDES separate proposal to establish a Sexual Assault Forensic Examiner (SAFE) Telehealth Pilot, a Sexual Assault Bill of Rights, and ensure victims are never charged for rape kits.	ACCEPTS proposal to require insurance coverage of FDA contraceptive methods; Extends authority to 3/31/23 MODIFIES Maternal Mortality Review Board proposal

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	voluntary sterilization procedures for both men and women; patient counseling about contraception; any follow-up care related to the covered contraception. Codify Roe v. Wade into State Law • Would codify the Supreme Court's Roe v. Wade decision by repealing certain sections of penal law. Establish the Maternal Mortality Review Board • 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		

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	collect and review confidential information and develop recommendations for the Commissioner to improve care and management. Require the State Board of Medicine to include experts in women's health and health disparities • This bill would require at least two physician appointees to the State Board of Medicine be experts in addressing women's health and reducing health disparities among demographic subgroups. Extend the Storage of Timeline for Forensic Rape Kits at Hospitals Extends the minimum amount of time in which hospitals are required to store evidence collection kits from 30 days to five year or when the victim turns 19, whichever circumstance provides the longest length of time. This bill would also require notifications to the victim no less than 30 days before the evidence is destroyed.		

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	Medicaid Visit Caps on Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy Proposes to increase annual visit caps for PT from 20 to 40 and decrease caps for OT and speech therapy from 20 visits each to a combined total of 20 for OT and speech therapy. Current cap for the 3 therapies is 20 visits each.	MODIFIES to increase the visit cap for PT from 20 to 40 and provides that the cap for OT and speech therapy is 20 visits for each.	MODIFIES to provide for an increase in visits for PT, OT and speech therapy from 20 visits to 40 visits for all three therapies.
	n/a	**Reasonable Costs** Provides that rates of payment for Diagnostic and Treatment Center (D&TC) services, emergency services, general hospital inpatient and outpatient services, ambulatory surgical services and referred ambulatory services provided by a rural hospital designated as a critical access hospital shall be equal to 100% of the reasonable costs. Reasonable costs must be determined consistent with the method used to determined outpatient critical access hospital services for Medicare beneficiaries. For facilities without adequate cost	n/a

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
		experience, the rates must be based on budgeted costs subsequently adjusted to 100% of reasonable actual costs.	
Hospitals/Healthcare Facilities			
	Indigent Care Pool Provides $139.4 million for public hospitals and $994.9 million for voluntary hospitals.	ACCEPTS	ACCEPTS
	Critical Access and Enhance Safety New Hospitals Provides $40 million in total for these hospitals	ACCEPTS Adds new language to provide that rates of payment for Diagnostic and Treatment Center (D&TC) services, emergency services, general hospital inpatient and outpatient services, ambulatory surgical services and referred ambulatory services provided by a rural hospital designated as a critical access hospital shall be equal to 100% of the reasonable costs. Reasonable costs must be determined consistent with the method used to determined outpatient critical access hospital	ACCEPTS the appropriation and adds criteria for hospitals seeking to receive these funds: 1. In any of the three previous calendar years the hospital meet the following criteria: • Not less than 50% of the patients it treats receive Medicaid or medically uninsured • Not less than 40% of its inpatient discharges are covered by Medicaid • 25% or less of its discharged patients are commercially insured

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
		services for Medicare beneficiaries. For facilities without adequate cost experience, the rates must be based on budgeted costs subsequently adjusted to 100% of reasonable actual costs.	• Not less than 3% of the patients it provides services to are attributed to the care of uninsured patients • Provides care to uninsured patients in all of its hospital settings 2. The hospital must be publicly owned 3. The hospital must be federally designated as a critical access hospital
	Medicaid Redesign Team Proposal: Temporary Workgroup A temporary workgroup comprised of representatives of nursing homes, hospitals, and NYS DOH is established to make recommendations on streamlining the Medicaid capital rate methodology for hospitals and nursing homes to achieve a 1% reduction to Medicaid capital expenditures. Pending the workgroup's recommendations, the Commissioner of Health is authorized to reduce the overall	REJECTS	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	amount of capital reimbursement as necessary to achieve a 1% reduction in capital revenues beginning in SFY 2018-19.		
	Medicaid Redesign Team Proposal: Hospital Quality Pool Authorizes NYS DOH to create a performance target to reduce "potentially preventable emergency department visits" and reduce or eliminate rates of payment to hospitals based on quality and safety scores. The hospital quality pool must allocate $10 million annually to expand preventive services including but not limited to mental health counseling provided by a licensed clinical social worker or a licensed master social worker, physical therapy, diabetes prevention, or treatment by an applied behavior analyst.	REJECTS	REJECTS and adds new language to prohibit the Commissioner of Health from taking any action for the purpose of reducing payment for hospital emergency services visits provided to Medicaid patients.
	Empire Clinical Research Investigator Program (ECRIP) Eliminate the ECRIP program which previously received $6.9 million in funding from HCRA to fund hospital training of medical residents in biomedical research.	REJECTS	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	Audits Resident Work Hours Eliminates the requirement for hospital resident hour work limitation audits to be performed annually. Instead, NYS DOH will require an attestation by hospitals to certify that they are in compliance with applicable working hour and condition requirements.	ACCEPTS	REJECTS
Long Term Care/Home Care/ Nursing Homes			
	Limit MLTC Eligibility Raise the UAS score from 5 to 9 for MLTC Eligibility.	REJECTS	REJECTS
	Limit LHCSA Contracts for MLTC Plans Establishes a cap on the total number of LHCSAs an MLTC may contract with to a maximum of 10.	MODIFIES to 75 in 10/2018, 60 in 10/2019 and 50 in 10/1/2020 and seeks PHHCP Study	MODIFIES to allow only if PHHCP approves consistent with new standards to be developed by PHHCP by 3/31/2019
	n/a	**Agency Moratorium** Imposes a Moratorium on New Agencies until PHHPC recommendations, study due by 10/1/18	**Agency Moratorium** Imposes a Moratorium on New Agencies until 3/31/19 with exceptions

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	Restrict MLTC member from Transitioning Restricts member from leaving their enrolled plan for 12 months.	ACCEPTS	MODIFIES to allow recipient to change without cause within 90 days once
	n/a	**Establishes High Need Rate Cells(NH, 24 Hour, HARP)**	**Establishes High Need Rate Cells(NH,24 HOUR, HARP)**
	Spousal Refusal Conform NY to Federal Spousal Impoverishment Provisions.	REJECTS	REJECTS
	TBI Rate Adjusts the freestanding clinic rate for Medicare Part B beneficiaries participating in the traumatic brain injury waiver program to be at or above the approved medical assistance payment level less the amount payable under Medicare Part B.	ACCEPTS	ACCEPTS
	Minimum Wage for Health Care Providers Increases the amount of minimum wage monies to $703 million in Medicaid spending above Cap.	Modifies to Require MLTCs and Medicaid Managed Care plans to pass through monies to providers and notify providers 90 days in advance of contracts of effective date	ACCEPTS
	Study of Home and Community Based Services in Rural Areas NYSDOH is authorized to conduct a study of Home and Community	ACCEPTS	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	Based Services in Rural Areas and recommend changes including potential targeted Medicaid rate enhancements for fee for service and waivered programs.		
	Prohibit Community Based Long Term Care Provider Marketing This would curtail provider sponsored marketing of LTSS and would seek to prevent referring providers from becoming a provider of service for the member.	MODIFIES to only limit during PHHPC review	No Action
	ALP Slots Increases Assisted Living slots by allowing ALP providers to add nine additional slots by redistributing unused slots and adjust county limits.	MODIFIES to allow providers to apply for additional beds in high need areas.	MODIFIES to authorize up to 1000 ALP Beds
	Social Adult Day Health Benefit Efficiency Savings Allows for the elimination of contracts with poor performing providers, and administrative changes.	REJECTS	Administrative Action
	Mandates Cost Reports for all Long Term Care Providers	MODIFIES to require for Licensed Agencies and Fiscal	MODIFIES to require for CHHAs and Licensed Agencies

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
		Intermediaries by July 1, 2018	
Physicians/ Healthcare Providers			
	Excess Medical Malpractice Program Extends the Excess program for one year through June 30, 2019 and includes level funding of $127.4 million.	ACCEPTS	ACCEPTS
	Doctors Across NY (DANY) Funding Includes $9,065,000 in funding for physician loan forgiveness and practice support under DANY.	ACCEPTS, adds $500,000 in additional funding	ACCEPTS
	Expanded Scope of Practice for Certified Registered Nurse Anesthetists (CRNAs) Creates the profession of "certified registered nurse anesthetist" as a profession under NYS Education Law. Nurse anesthetists would be permitted to administer anesthesia without adhering to the existing requirement that a physician-anesthesiologist be physically present and immediately available to supervise the nurse anesthetist. A nurse anesthetist would be required	REJECTS	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	to enter into a "collaboration" with "a licensed physician qualified to determine the need for anesthesia services." This physician need not be a physician-anesthesiologist. This proposal would also grant nurse anesthetists prescriptive authority and allow them to practice in general hospitals, hospital outpatient surgical departments, diagnostic and treatment centers, office based surgery centers and dental offices.		
	Opioid Monitoring Requirements Requires a treatment plan and attestation of prescriber monitoring including a patient-prescriber agreement when opioids are being prescribed for pain lasting more than three months. Plan would have to be updated twice in the first year and annually thereafter. Patients with cancer that are not in remission or in hospice are exempt from these requirements.	REJECTS and proposes a new opioid package (see below)	MODIFIES, by requiring written treatment plan to follow generally accepted national professional or governmental guidelines
	Mental Health/Primary Care Integration	ACCEPTS	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	Clarifies that Art. 28 or Art. 31/32 providers may provide integrated primary care, mental health and/or substance use disorder services when authorized to do so by OMH or OASAS per regulation without needing a second or third license/certification.		
	Patient-Centered Medical Home Cuts PCMH program by $10M state share, eliminating Level 1 & 2 incentive payments and tying continued incentive payments for Level 3 to VBP contracting	REJECTS through language	REJECTS providing $5M in funding
	Commissioner Authority for Professional Misconduct • Authorizes the Commissioner to order a physician to stop practicing medicine if charged with a felony or in response to allegations of conduct that present a public risk. • Allows the Commissioner to obtain a warrant from a judge for probable cause of misconduct. • Reduces response time for a licensee to supply relevant documentation from thirty	REJECTS	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	days to ten days.		
Pharmacy/ Pharmaceuticals			
	Pharmacy Dispensing Fees Proposes to increase pharmacy dispensing fees for covered outpatient drugs and covered OTCs from $10 to $10.08 per prescription.	ACCEPTS	ACCEPTS
	Co-Payments Proposes to increase Medicaid co-pays on OTCs from 50 cents to $1.	REJECTS	REJECTS
	Prescriber Prevails Eliminates prescriber prevails provisions in Medicaid and instead the program will consider additional information and justification presented for use of drug that is not on the PDL.	REJECTS	REJECTS and INCLUDES a new proposal to move the drug benefit into the state PDP/CDRP so prescriber prevails would be maintained for all drug classes there
	Comprehensive Medication Management (CMM) Proposes CMM for physicians and NPs to refer patients with chronic diseases to qualified pharmacists for additional medication adherence services, pursuant to a written	REJECTS	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	protocol.		
	Medication Adherence Programs Administrative action to require Medicaid Managed Care plans to develop a medication adherence program which could include medication synchronization to consolidate all prescription refills to a single pharmacy pick up per month with pharmacists able to bill for applicable reduced quantities and dispensing fees.	No Action	No Action
	High Cost Drug Cap Extends high cost drug cap enacted in 2018 budget, through 2020.	MODIFIES, to remove from global cap, limits to 10 year average and requires uncollected rebates to be included in projections	ACCEPTS
	Retail Practices Authorizes certain health care services in retail settings (pharmacies, grocery stores, shopping malls) by "retail practices." Must be staffed at all times by a physician, PA or NP. They are subject to a number of operational requirements including	MODIFIES to require the Public Health and Health Planning Council to adopt and amend rules and regulations including but not limited to provisions governing: any direct or indirect changes or transfers of ownership interests or voting rights of the practice or its' stockholders; approval of changes in controlling interests; oversight of the operator and its shareholders or members; the	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	reporting of data to NYS DOH and maintaining a collaborative relationship with primary care providers. Permitted services include treatment for minor acute episodic illnesses or conditions, periodic wellness treatments, administration of opioid antagonists and limited behavioral health screening and referral. Also may include certain lab tests. Services may not include procedures using sedation or anesthesia for patients under 24 months old, vaccines for those under 18 except flu shots, educational courses or services provided on a time-limited basis like a flu clinic or health fair. Such practices must accept Medicaid and walk-ins, post a list of services/prices and must have at least one collaborative relationship with a hospital, physician, ACO or PPS. During visits patients must be asked primary care providers and be referred if patients do not have one. Practices must participate in EHRs and SHIN-NY and attain and	character, competence, and qualifications of the directors and officers of the operator and its principal stockholders, controlling person, parent company or sponsors.	

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	maintain accreditation. Retail practice sponsors can be business entities, professional corps. business corps. and other entities licensed under Art. 28 like hospitals, D&TCs and FQHCs.		
	SMAC Rebates Extends NYSDOH's ability to require drug manufacturers to provide rebates for any drug that has increased more than 300% of its SMAC through April 1, 2023.	MODIFIES, by extending through 2019	ACCEPTS
	Opioid Surcharge Proposes a 2 cent per milligram surcharge on opioid manufacturers to raise $170 million with goal of using funding to fight epidemic.	REJECTS	MODIFIES, by increasing the tax from 2 to 2.5 cents per morphine milligram equivalent sold to generate an additional $31.75 million stating that the first sale in the state cannot apply to sale to pharmacies and hospice for purposes of paying the tax, and stating that medication assisted treatments for substance abuse disorders are exempted (buprenorphine, methadone and naltrexone)

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	Pharmacist Administered Vaccines Proposes to allow pharmacists to administer flu shots to children aged 2 to 18 and proposed to remove sunsets in existing law	MODIFIES, by including a sunset of December 31, 2021 and also includes a sunset on current CDTM law of 7/1/21	MODIFIES, by expressly requiring NYSIIS/CIR reporting and notification of physicians and includes a sunset of 12/31/19
	Fentanyl Analogs Adds 11 new fentanyl analogs to the state's regulated controlled substances list	ACCEPTS	ACCEPTS
	n/a	n/a	**Anti-Mandatory Mail Order** INCLUDES new proposal to prohibit mandatory mail order in commercial insurance similar to stand alone AMMO bill
	n/a	n/a	**Direct Rebate Negotiations** Includes authority to 2020 for the State to directly negotiate for supplemental rebates under MMC for HIV/AIDS and Hepatitis C
	n/a	**Drug Take Back** INCLUDES new proposal to require drug take back by pharmacies of 10 or more as paid for by manufacturers, includes options and preemption per S7354	n/a
	n/a	**Opioid Package** INCLUDES a package of new	n/a

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
		proposals to address opioid epidemic including: • requiring labels on certain opioid prescriptions to be red, with text in white large capitalized font stating "opioid controlled substances taken as directed may lead to addiction" • reducing initial prescription of II, III or IV opioid for acute pain from 7 to 3 days • requires prescriber, prior to issuing a II, III or IV opioid to consider CDC recommendations for alternative therapies and to not exceed 50 morphine milligram equivalents • requiring an enhanced written treatment plan requirements for opioid treatment of pain which lasts more than a month or past the normal healing (limits commercial insurance	

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
		coverage for prescribing that is inconsistent with provisions) • requiring prescriber assessment, counseling and written, parental consent before minors receive first prescription of an opioid in a single course of treatment (does not apply to a medical emergency) • requiring NYSDOH to develop guidance on the use of opioid antagonists • limiting prescriptions for controlled substances written in the emergency department to a 3 day supply (currently it is 5 day) or practitioner must check PMP • creating an opioid alternative pilot project in 5 acute care emergency departments • requiring notification by a hospital/emergency department to a practitioner that his/her patient is under treatment	

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
		for an overdose and requiring consultation of prescription monitoring program by emergency department/ hospital practitioners when treating a patient for a controlled substance overdose • prohibiting prior authorization for outpatient substance abuse diagnosis and treatment • creating an ombudsman to assist consumers and providers with insurance issues including network adequacy • requiring NYSDOH to create a Recovering Expectant Mothers' Program, an Infant Recovery Centers Pilot Program; and a requirement to register the birth of infants with neonatal abstinence syndrome	
	n/a	**Pharmacy Co-Location** INCLUDES new proposal to	n/a

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
		allow a pharmacy to co-locate with a behavioral health clinic	
	n/a	**PBM Audits** INCLUDES new proposal to provide fairness in Pharmacy Benefit Manager (PBM) audits similar to legislation Senate passed in 2017 (S2763-A)	n/a
	n/a	**Gag Clauses** INCLUDES new proposal to prohibit PBM gag clauses related to patient out of pocket costs and claw backs similar to Senate bill passed by both houses recently (S6940/A8781)	n/a
Behavioral Health			
	Funding for Minimum Wage Includes approx. $6.6 million for increase under OMH and approx. $7 million under OASAS.	ACCEPTS	ACCEPTS
	Funding for Increased Wages for Direct Care Workers Includes approx. $31.5 million for increases under OMH and approx. $10.3 million under OASAS.	ACCEPTS and INCLUDES a proposal that would continue the 3.25% direct care wage increase by continuing the increase effective 4/1/19 for direct care staff and direct support professionals and clinical staff with an additional	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
		annual increase of 3.25% for the same positions in 4/1/20, 4/1/21 and 4/1/22. Also it adds that the job, Medicaid service coordination and code 351 as eligible for such funding	
	Behavioral Health VAP Funding Includes $50 million for Vital Access Provider (VAP) services for Essential Behavioral Health services.	ACCEPTS	ACCEPTS
	Mental Health Facilities Capital Improvement Fund Includes $50 million to fund the acquisition of property, construction and rehabilitation of new facilities for residential crisis programs.	MODIFIES to require $10 million of such funding be used for developing crisis programs for state operated services.	ACCEPTS
	OASAS Treatment Funding Includes approx. $35 million for OASAS Community Treatment services including operational and capital funding related to the opioid epidemic	ACCEPTS and INCLUDES approx. $38 million in new funding to combat opioid epidemic (capital and services) and a new $5 million appropriation to implement recommendations of Senate Task Force.	ACCEPTS and INCLUDES new funding
	Mental Health/Primary Care Integration Clarifies that Art. 28 or Art. 31/32	ACCEPTS	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	providers may provide integrated primary care, mental health and/or substance use disorder services when authorized to do so by OMH or OASAS per regulation without needing a second or third license/certification.		
	Demonstration Program for Specialized Inpatient Psychiatry Units Extends certain time-limited demo programs for evaluating new methods of services for individuals with intellectual and/or developmental disabilities through March 31, 2021.	ACCEPTS	ACCEPTS
	Community Reinvestment Extends for three years community reinvestment for State psych center closings at a rate of $110,000 per bed.	ACCEPTS	ACCEPTS
	Voluntary Restoration to Competency Programs Authorizes OMH to permit restoration to competency within local and State operated jail-based residential settings.	REJECTS	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	OMH/OPWDD as Representatives Extends three years the authority of OMH and OPWDD facility directors to act as representative payees to use funds.	ACCEPTS	ACCEPTS
	n/a	**Children's Behavioral Health Funding** INCLUDES $7.5 million for grants to providers of children's behavioral health services for expenses due to the delay in the managed care transition AND $10 million in capital funding for non-profit providers of children's behavioral health	**Children's Behavioral Health Funding** INCLUDES $15 million for grants to providers of children's behavioral health services for expenses due to the delay in the managed care transition AND $10 million in capital funding for non-profit providers of children's behavioral health
	n/a	**Ombudsman** Creates Ombudsman to assist with insurance issues	**BH Ombudsman** Creates a new Independent Behavioral Health Ombudsman Program
	n/a	**OASAS Demos** The Senate adds the following substance abuse proposals: • Authorizes the Office of Alcoholism and Substance Abuse Services (OASAS) to provide funding substance use disorder and/or compulsive	n/a

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
		gambling programs • Codify the peer engagement program • Criminalize the act of offering or accepting kickbacks from an individual providing substance abuse services in exchange for patient referral and admission • Create a Family Support and Recovery Services Demonstration Program • Allow for the voluntary certification of sober homes • Create mandatory Assisted Outpatient Treatment for substance abuse • Require OASAS to assess the effectiveness of current state supported services and include such information in the statewide comprehensive plan • Create an ombudsman within OASAS to assist consumers and providers with insurance issues, including network adequacy • Establish jail based substance use disorder treatment programs	

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	n/a	**OMH Funding** Includes nearly $12 million in new funding for community and residential mental health services	n/a
	n/a	**Western NY Children's Psych Center** Requiring Western New York Children's Psychiatric Center be maintained in Erie County as a separate and distinct entity, both organizationally and physically, from other facilities.	n/a
	n/a	**Psych Facility Closure** Clarifies the time frame for the expiration of notice of closures for state operated psychiatric facilities to be between 12 and 24 months.	n/a
Developmental Disabilities/ Early Intervention			
	Funding for Minimum Wage Includes $29.9 million to fund minimum wage costs for this sector.	ACCEPTS	ACCEPTS
	Funding for Increased Wages for Direct Care Workers Includes $90 million to fund wages for direct care workers for this sector.	ACCEPTS and INCLUDES a proposal that would continue the 3.25% direct care wage increase by continuing the increase effective 4/1/19 for	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
		direct care staff and direct support professionals and clinical staff with an additional annual increase of 3.25% for the same positions in 4/1/20, 4/1/21 and 4/1/22. Also it adds that the job, Medicaid service coordination and code 351 as eligible for such funding.	
	Other OPWDD Funding Includes $37 million in additional funds for residential services and day program services for this sector.	ACCEPTS	MODIFIES funding to redirect $30 million to develop new community based opportunities by requiring that priority be given to services for individuals that are living at home with aging caregivers.
	OMH/OPWDD as Representatives Extends three years the authority of OMH and OPWDD facility directors to act as representative payees to use funds.	ACCEPTS	ACCEPTS
	OPWDD Managed Care Authority Extends OPWDD's managed care authority, currently due to expire in 2019 through 2024. Allows managed care organizations to affiliate with an entity(ies) that are controlled by non-profit organizations to provide care	ACCEPTS	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	coordination services. Also clarifies that health and long term care services to be provided by managed care organizations would include comprehensive health services as determined by OPWDD and NYSDOH. Clarifies that readiness and capability of managed care plans would include the ability to organize, market, manage, promote and operate health and long term care services plans.		
	n/a	INCLUDES a new proposal related to Individualized residential alternatives (IRAs) requiring at least 180 day's notice prior to closure or transfer.	INCLUDES a new proposal related to Individualized residential alternatives (IRAs) requiring at least 180 days' notice prior to closure or transfer.
	Early Intervention Includes a series of changes to the Early Intervention program to: • Replace the current multidisciplinary evaluation process with new screening, evaluation, and review procedures. • Revise the evaluation process	REJECTS	REJECTS and REPLACES with a $25 million covered lives assessment on insurance companies. ACCEPTS a 2% rate increase.

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	by eliminating, in some cases, a child's entitlement to a full, multidisciplinary evaluation, and providing less time for service coordinators and evaluators to determine a child's eligibility under the program. • Require service coordinators to inform parents of the new screening, evaluation, and review procedures. • Require screenings for children referred to EI to determine if they are suspected of having a disability. If based on the screening, a child is suspected of having a disability, then an evaluation would be conducted. • For children with a diagnosed physical or mental condition, eligibility would be established using the child's medical records. • If a child is found eligible, they are entitled to an assessment to meet his or her needs, a voluntary family-directed assessment, and an		

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	assessment of any transportation needs. • Require that, following a request by parent, a full evaluation must be conducted for a child who has a diagnosed physical or mental health condition who was found ineligible following a records review. • EI providers are required to seek payment from insurers prior to billing the State or a municipality. In addition, EI providers cannot bill for services until they have filed and completed appeals under the State's Utilization Review and External Appeals process pursuant to Article 49 of the Public Health Law and Article 49 of the State Insurance Law. • Require health insurance plans to consider a written order or referral from the child's EI providers as well as the Individualized Family Services Plan (IFSP) in assessing medical necessity, or preauthorization		

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	requirements under the policy. • Increase the maximum fine for improper or false claims. • Provide for a two percent rate increase to EI providers upon enactment of the requirement that providers appeal insurer payment denials.		
	Traumatic Brain Injury (TBI) Article 28 Clinics Proposes to establish payments rates for free-standing Article 28 clinics for services provided to individuals who participate in the TBI waiver program and who are Medicare Part B beneficiaries.	ACCEPTS	ACCEPTS
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 program that is	ACCEPTS	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	consistent with applicable federal requirements, and will enhance student achievement and/or opportunities for placement in regular classes and programs.		
Public Health			
	Public Health Program Consolidations As in prior years, the Executive Budget would consolidate thirty public health and workforce programs under NYSDOH into four categories or buckets to compete for funds. Also applies a 20% cut to generate approx. $9.2 million. The four categories are: • Disease Prevention and Control which includes the Obesity & Diabetes program, two Hypertension Prevention programs and others for a total of 8 programs; • Maternal and Child Health which includes 6 programs; • Public Health Workforce which includes Worker	REJECTS	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	Retraining, Rural Health programs, GME DANY and GME AHEC and others for a total of 10 programs; and • Health Outcomes and Advocacy for a total of 6 programs.		
	School-Based Health Centers Public Health funding for School-Based Health Centers is proposed at the same level as SFY 2017-18, a total of $17 million.	ACCEPTS	ACCEPTS AND INCLUDES $3,823,000 in new funds for SBHCS
	Cancer Services Funding Includes $19,825,000 in funding for evidence-based cancer services programs.	ACCEPTS and INCLUDES $5.4M in new funding for this program	ACCEPTS
	Tobacco Control Program Funding Includes $33,144,000 for the tobacco use prevention and control program and additional funding around administration of the program and tobacco control enforcement efforts.	ACCEPTS	ACCEPTS
	Cystic Fibrosis (CF) Program Funding Includes $800,000 for the CF under 21 program.	ACCEPTS	ACCEPTS
	Spinal Cord Injury Research Includes $8.5 million for spinal cord injury research.	ACCEPTS	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	Reducing Lead Paint Exposure Requires local code enforcement officers to conduct periodic inspections of residential property to assess for deteriorated lead paint, ensure compliance and provide guidance for remediation. Would also enable NYSDOH to work with the Department of Housing and Community Renewal to inspect residential and non-residential properties to ensure implementation of lead remediation measures. Inspection reports and remediation outcomes are to be reported to the Department of Health. Also directs owners of structures built prior to January 1, 1978 adequately maintain those buildings to prevent deterioration of lead paint.	MODIFIES the Executive recommendation to reduce the risk of exposure to lead paint in residential and non-residential settings to: Expand identifying individual student blood lead level information beyond pre-school to include children in kindergarten. If a child has not been tested for lead, then parents would be referred to a primary care provider or the local health authority. Require DOH to establish a statewide plan for lead service line replacement, including an analysis of lead service lines throughout the state, and guidance on replacement. Authorize schools outside of New York City to access children's blood lead test results in the statewide immunization system, consistent with the	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
		policy followed by New York City DOE and DOHMH.	
	n/a	**Lactation Support** Require that public and private buildings contain a private and hygienic location available for use to breastfeed. Would also require insurance coverage of donor breast milk for inpatient use for high risk infants when the mother is unable to provide.	n/a
Transportation			
	EMS Providers Eliminates supplemental payments to emergency medical transportation providers and provides for reinvesting the funding into ambulance reimbursement rates based on recommendations from the Medicaid Transportation Rate Adequacy Report.	REJECTS	REJECTS
Insurance			

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget
	Medication Adherence Programs Administrative Proposal to require Medicaid Managed Care plans to develop a medication adherence program which could include medication synchronization to consolidate all prescription refills to a single pharmacy pick up per month with pharmacists able to bill for applicable reduced quantifies and dispensing fees.	No Action	No Action
	Child Health Plus (CHP) Provides the Division of Budget (DOB) in consultation with the Commissioner of NYSDOH with the authority to make funding and programmatic changes to the CHP program in the event that Congress does not reauthorize or reduces Federal funding. Under the proposal, DOB and DOH shall notify the Senate and Assembly in writing if federal actions will reduce or eliminate expected funding and with amount.	MODIFIES, to allow NYSDOH to contract with an entity, pursuant to a RFP process, to conduct similar activities on behalf of the CHP program	REJECTS