



**April 7, 2021**

**SFY 2021-22 Final Budget  
Health/Mental Hygiene Budget Summary**

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<b>Proposal</b>	<b>Executive Budget Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<i>MULTIPLE SECTORS</i>					
<b>Global Spending Cap</b>	Extension of the Medicaid global spending cap through SFY 2023	Health Article VII, Part A	Rejects the extension of the Medicaid Global Cap and calls on DOH to develop alternatives to the current Medicaid Global Cap.	Rejects the extensions of the Medicaid Global Cap and repeals Sections 91 and 92 of part H of chapter 59 of the laws of 3 2011 which establishes the Global Cap.	Accepts extension of the Medicaid global spending cap through SFY 2023; Changes reporting requirements on spending from monthly to quarterly
<b>Across the Board 1% Medicaid Cuts</b>	Pending federal funding, DOB proposes an Across the Board 1% Medicaid Cut to keep Medicaid spending within the Global Cap. ATB cut would result in \$94 million in savings; \$600 million total in proposed Medicaid cuts.	NYS FY 2022 Financial Plan	Rejects	Rejects	Rejects
<b>Local Aid Payment Withholds</b>	The 20% local aid payment withholds enacted in June 2020 were initiated to ensure that up to \$8.2 billion in local aid payments could be withheld	NYS FY 2022 Financial Plan	Rejects	Rejects	Rejects

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	<p>permanently, if needed, by the end of SFY 2021.</p> <p>Reductions are no longer necessary at this level due to an improved financial picture, the availability of Coronavirus Relief resources, and the extension of the higher Federal matching rate on Medicaid expenditures through June 30, 2021.</p> <p>DOB now expects to reduce most local aid payments by a total of 5% from the Enacted Budget estimate, rather than the 20% anticipated in the Mid-Year Update and executed to date. Amounts that have been withheld in excess of the 5% are expected to be reconciled and repaid in the final quarter of FY 2021.</p>				

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<b>DSRIP</b>	Continuation of flexibilities and DSRIP regulatory waiver authority by DOH, OMH, OASAS, and OPWDD through April 1, 2024.	Health Article VII, Part S	Modifies	Modifies	Accepts extension to 12/31/24
<b>Minimum Wage Funding</b>	\$2 billion reimbursement to providers for increased minimum wage costs, an increase of about \$370 million from FY 2021. The \$2 billion cost would be outside the Medicaid Global Cap.	NYS FY 2022 Financial Plan	Accepts	Accepts	Accepts
<b>1115 Medicaid Waiver</b>	Seeks Extension and Submission of a new 1115 Medicaid Waiver.	Administrative	N/A	N/A	Accepts
<b>Telehealth</b>	Authorization of Telehealth Services as follows:  <b>Definition:</b> References varying sections of existing public health and insurance law definitions and which	Health Article VII, Part F	Accepts Executive proposal with modifications to: establish payment parity; define telehealth as both audio-video and audio-only; define a “distant site” as any	Accepts Executive proposal to remove location limitations.  Omits Sections 2-8 of the Executive pertaining to: access to patient information through	<b>Accepts</b> the Governor’s proposal to allow an individual to receive telehealth services wherever they are located, subject to Federal approval.

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	<p>define a wide range of telehealth providers. The telehealth definitions in insurance law is "<i>the use of electronic information and communication technologies by a health care provider to deliver health care services to an insured individual while such individual is located at a site that is different from the site where the health care provider is located.</i>"</p> <p>The public health law definition is "<i>the use of electronic information and communication technologies by telehealth providers to deliver health care services, which shall include the assessment, diagnosis, consultation, treatment, education, care management</i></p>		<p>within the 50 United State or United States' territories; and include peer recovery advocate services providers.</p>	<p>the SHIN-NY; interstate licensure; network adequacy for insurance companies; practitioner disclosure of whether telehealth is offered; and defining telehealth services as those provided pursuant to existing provisions of State Public Health and Insurance law.</p>	<p><b>Modifies</b> the Governor's proposal to amend the definition of "Distant site" to include "any site within the United States or United States' territories." Please note that current law requires that all telehealth providers must be licensed under NYS Law.</p> <p><b>Adds</b> peer recovery advocate services, peer providers credentialed by the Office of Addiction Services and Supports, and peer providers certified or credentialed by the Office of Mental Health to the list of authorized providers for telehealth services.</p> <p><b>Rejects</b> the Governor's proposals to:</p> <ul style="list-style-type: none"> <li>• create an interstate</li> </ul>

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	<p><i>and/or self-management of a patient” and states that audio only is only eligible under Medicaid and Child Health Plus only pursuant to DOH regulations that have not yet been released.</i></p> <p><b>Location:</b> Removes location requirements for individual receiving telehealth services.</p> <p><b>Single Statewide Consent:</b> Establishes interoperability of health information exchanges with SHIN-NY and requires qualified entities to permit access to all of a patient's information by all SHIN-NY participants or anyone else authorized to access such information after consent is obtained using a single statewide SHIN-NY</p>				<p>licensure program with other Northeast and contiguous states;</p> <ul style="list-style-type: none"> <li>• require payment parity;</li> <li>• require interoperability of health information with the Statewide Health Information Network (SHIN-NY);</li> <li>• require health insurers to have adequate telehealth networks; and</li> <li>• require hospitals to disclose if they offer telehealth services to patients writing or through their websites</li> </ul>

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	<p>consent form approved by DOH.</p> <p><b>Interstate Licensure:</b> Creates an interstate licensure program with other northeast and contiguous states pursuant to regulations promulgated by SED, in consultation with the commissioners of DOH, OMH, OASAS and OPWDD on a final basis by 3/31/22; They will take into account consideration of the need for specialty practice areas with historical access issues.</p> <p><b>Network Adequacy:</b> Requires state regulated health insurers to have an adequate network of telehealth providers to meet the needs of individuals for services when medically appropriate.</p>				

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	<p><b>Disclosure:</b> Requires health providers and hospitals to disclose if they offer telehealth services to patients in writing or through websites.</p> <p>Would result in \$39.5 million in savings in FY 2022 and \$58 million in FY 2023</p>				
<b>NYS of Health</b>	Authorization of DOH/DFS to seek a federal waiver for the NYS Health Marketplace	Health Article VII, Part I	Accepts	Rejects	Rejects
<b>Human Services COLA</b>	Human Services COLA is deferred through SFY 2022 (relates to SOFA, OCFS, OPWDD, OASAS and OMH)	Aid to Localities, Various Agency	Rejects and provides 1% COLA	Rejects and provides a 1% COLA	Rejects deferral; Provides 1% COLA
<b>General Works</b>	Limits state funding for general health works programs to 10%. Savings of \$20 million in FY 2022 and \$38.5 million in FY 2023.	Health Article VII, Part L	Rejects	Rejects	Rejects



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<b>Medical Respite Pilot</b>	Creation of a Medical Respite Pilot for those who lack safe housing and could receive low intensity care through such a service to avoid hospitalizations. Would result in \$1.3 million in savings for FY 2022 and \$1.7 million in savings for FY 2023.	Health Article VII, Part G	Accepts	Modifies to ensure the program would not interfere with eligibility for other public benefits	Includes
<b>Essential Community Provider/VAP Funding</b>	Continues level funding of \$132 million.	Aid to Localities, Department of Health	Provides level funding of \$132 million	Provides level funding of \$132 million	Provides level funding of \$132 million
<b>Health Homes</b>	Includes \$524.01 million, an increase of \$244 million from last year's funding level.	Aid to Localities, Department of Health	Provides level funding of \$524.01 million	Provides level funding of \$524.01 million	Provides \$524.01 million
<b>SHIN-NY</b>	Continues level funding of \$30 million.	Capital Projects, Department of Health	Provides level funding of \$30 million	Provides level funding of \$30 million	Provides level funding of \$30 million
<b>All Payers Database</b>	Continues level funding of \$10 million.	Capital Projects, Department of Health	Provides level funding of \$10 million	Provides level funding of \$10 million	Provides level funding of \$10 million
<b>Healthcare Transformation Grants</b>	Extends the re-appropriation of capital funding for healthcare providers, including	Capital Projects	Accepts	Accepts	Accepts

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	funds from Statewide III, for which the RFA has not yet been released				
<b>Elimination of Barriers for Gender Designation on Identity Documents and Name Changes for Transgender and Gender Non-conforming New Yorkers</b>	This proposal makes several amendments to the Civil Rights Law to eliminate barriers in the legal name change process by removing requirements that name changes be published in a newspaper and establishes a reasonable standard for the sealing of name change records when requested. Additionally, this bill will remove barriers to ensuring that a person's gender identity is accurately reflected on an identity document.	Health Article VII Part R	Rejects	Rejects	Rejects
<b>Cannabis Regulation and Taxation Act</b>	This bill would create and amend existing laws to legalize adult-use cannabis,	Revenue Article VII, Part H	Rejects	Rejects	Standalone legislation (Marihuana Regulation & Taxation Act) was signed into law on March

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	<p>consolidate governance of all forms of cannabis and create a regulatory structure to oversee the licensure, cultivation, production, distribution, sale and taxation of cannabis within New York State.</p> <p>This bill would establish the Office of Cannabis Management (OCM) within the Division of Alcohol Beverage Control, governed by a five-member Cannabis Control Board overseeing the Medical Cannabis Program, the regulation of cannabinoid hemp (CBD products), and the cultivation, processing, manufacturing, distribution and sale of cannabis products for adults over 21 years of age under a two-tier market structure,</p>				<p>31, 2021, Chapter 92 of the laws of 2021.</p> <p>The final agreement includes many provisions of the Executive Proposal but modifies by:</p> <ul style="list-style-type: none"> <li>• Adds new medical conditions to the list of qualifying conditions including autism, Alzheimer’s, muscular dystrophy, arthritis, and any condition recommended by a patient’s practitioner</li> <li>• Allowing certified medical patients 5 designated caregivers (up from 2).</li> <li>• Adding a 13- member Cannabis Advisory Board to the structure of the Office of Cannabis Management composed of members with statewide geographic representation and</li> </ul>

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	<p>prohibiting vertical integration.</p> <p>Wholesale taxes on adult-use cannabis products will be based on the THC content of cannabis products and will vary depending on product category. A second tax of 10.25% will be administered on the retail sale of the products.</p> <p>Beginning in FY 2023 revenues shall be first distributed to the Cannabis Social Equity Fund in the amount of \$100 million over four years and \$50 million thereafter.</p> <p>This proposal would increase revenue by \$20 million in FY 2022, \$118 million in FY 2023, \$162 million in FY 2024, \$252 million in FY 2025, \$350</p>				<p>various areas of expertise (public and behavioral health, substance use disorder treatment, rehabilitative treatment, etc.);</p> <ul style="list-style-type: none"> <li>• Designates 50% of adult-use licenses to be granted to social and economic equity applicants;</li> <li>• Allows for on-site consumption licenses and delivery in the adult-use program</li> <li>• Rejects the proposed “Cannabis Social Equity Fund” and related allocations and establishes the “Community Grants Reinvestment Fund.”</li> <li>• 40% of revenue would go to the Community Grants Reinvestment Fund, 40% to education, and 20% to drug treatment and public education programs.</li> </ul>

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	million in FY 2026, and \$374 million in FY 2027.				<ul style="list-style-type: none"> <li>While the Executive Proposal would have allowed Counties to opt-out from allowing adult-use dispensaries, the final agreement would allow opt-out by cities, towns and villages who pass a local law by December 31, 2021.</li> </ul>
<b>Statutory Extenders</b>	<p>Extends the authorization of bad debt and charity care allowances for certified home health agencies through June 30, 2023.</p> <p>Extends a limitation on the reimbursement of certified home health agencies and long term home health care programs administrative and general costs to not exceed a Statewide</p>	Health Article VII Part S	Modifies	Modifies	<p>Modifies as follows:</p> <p>Extends the authorization of bad debt and charity care allowances for certified home health agencies through June 30, 2023.</p> <p>Extends a limitation on the reimbursement of certified home health agencies and long term home health care programs, admin and general costs to not exceed a Statewide</p>

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	<p>average through March 31, 2023.</p> <p>Extends the elimination of the trend factor for service for general hospital and nursing home reimbursement through March 31, 2023.</p> <p>Extends authorization related to the financing of certain health care capital improvements through March 31, 2023.</p> <p>Extends increased reimbursement rates for the Medical Indemnity Fund enrollees through March 31, 2022.</p> <p>Extends the authority of the Commissioner of Health to issue certificates of public</p>				<p>average through March 31, 2023.</p> <p>Extends the elimination of the trend factor for service for general hospital and nursing home reimbursement through March 31, 2023.</p> <p>Extends authorization related to the financing of certain health care capital improvements through March 31, 2023.</p> <p>Extends increased reimbursement rates for the Medical Indemnity Fund enrollees through December 31, 2022.</p> <p>Extends the authority of the Commissioner of Health to issue certificates of public advantage through December 31, 2024.</p> <p>Extends the health facility cash assessment</p>

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	<p>advantage through December 31, 2024.</p> <p>Extends the health facility cash assessment program through March 31, 2023.</p>				program through March 31, 2023.
<b>Paid Leave for COVID-19 Vaccine</b>	Proposes to require public and private employers to allow employees four hours of paid leave for up to two COVID-19 vaccinations.		Separate Law Enacted; Chapter 77 of the Laws of 2021	Separate Law Enacted; Chapter 77 of the Laws of 2021	Separate Law Enacted; Chapter 77 of the Laws of 2021
<b>Value Based Payment Regional Demonstration Program</b>	Not included in Executive Budget	Assembly Health Article VII, Part WW	N/A	Includes a new proposal requiring a Medicaid MC VBP regional demonstration program in one of the following regions of the state: western, central, southern tier or capital region	Includes Assembly proposal
<b>Ambulette Transportation</b>	N/A	Assembly Health	N/A	The Commissioner of Health is required	Rejects

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<b>Rate Adequacy Review</b>		Article VII, Part MM		to review the rates of reimbursement made through the Medicaid Program for ambulette transportation for rate adequacy. The review must be provided to Temporary President of the Senate and the Speaker of the Assembly by December 31, 2021	
<i>HOSPITALS</i>					
<b>Hospitals</b>	<p>Reduce Capital Rate Add-On by additional 5% for inpatient services</p> <p>Discontinue State-funded Indigent Care Pool payments to public hospitals.</p> <p>Would result in \$74 million State share</p>	Health Article VII, Part D	Rejects	Rejects	Rejects



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	savings in FY 2022 and \$82 million in FY 2023.				
<i>LONG TERM CARE/ HOME CARE/ NURSING HOMES</i>					
<b>Workforce Retraining and Retention</b>	Workforce Retraining and Retention	Health Article VII, Part E	Rejects	Rejects	Rejects
<b>Adult Home Advocacy Program</b>	Eliminates the requirement for the Justice Center to administer an Adult Home Advocacy Program	Health Article VII, Part EE	Rejects	Rejects	Rejects
<b>Discontinue MMC and MLTC Quality Pool Payments</b>	The Executive proposes to discontinue the remaining MMC and MLTC Quality Pool payments, effective April 1, 2021. Last year, the enacted budget reduced MMC quality payments by 50% and MLTC quality payments by 25%.  Would result in \$103.5 million savings	Administrative	Rejects	Restores the MMC and MLTC Quality Pools	Rejects; Awaiting Medicaid Scorecard for Admin actions.

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	for MLTCs, \$60 m for MMC				
<b>Electronic Visitation Verification</b>	The Executive Budget projects \$40 million in savings from the newly implemented EVV program.	Continuation of FY 2021 enacted budget.	N/A	N/A	Accepts
<b>Enhanced Quality of Adult Living (EQUAL)</b>	The proposed Executive Budget discontinues funding and support for the EQUAL program.  Savings of \$3.9 million in FY 2022 and fully annualized for both EQUAL and Enriched Housing	Health Article VII, Part 0	Rejects	Rejects	Rejects
<b>Enriched Housing Program</b>	The proposed Executive Budget discontinues operating subsidies provided to certain Adult Care Facilities licensed as an Enriched Housing Program.  Savings of \$3.9 million in FY 2022 and fully	Health Article VII, Part 0	Rejects	Rejects	Rejects

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	annualized for both EQUAL and Enriched Housing				
<b>Home Care Competency Exams</b>	N/A	Senate Health Article VII, Part II	Would require the Department of Health to establish a schedule for when competency exams for home care workers that reside outside the state will be offered	N/A	Rejects
<b>Elimination of Medicaid Managed Care Transition for Traumatic Brain Injury and Nursing Home Diversion Patients</b>	N/A	Health Article VII Senate Part JJ Assembly Part II	Provides that persons suffering from traumatic brain injuries or qualifying for nursing home diversion and transition services, shall not be provided services through the Medicaid Managed Care program on January 1, 2022. DOH is directed to take any action required, including but not limited to, filing waivers and	Provides that persons suffering from traumatic brain injuries or qualifying for nursing home diversion and transition services, shall not be provided services through the Medicaid Managed Care program on January 1, 2022. DOH is directed to take any action required, including	Accepts

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			extensions as necessary with the federal government, to continue the provision of such services	but not limited to, filing waivers and extensions as necessary with the federal government, to continue the provision of such services	
<b>Independent Consumer Assistance Program</b>	N/A	Health Article VII, Part KK (Senate One House)	The Superintendent of Insurance in consultation with the Commissioner of Health must establish an Independent Consumer Assistance Program that is required to: 1. Assist consumers with filing complaints and appeals, including appeals with the internal appeal or grievance process of group health plans or health insurance issuers and providing information about the external appeals	N/A	Rejects

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			<p>and administrative hearing process;</p> <p>2. Collect, track, and quantify problems and inquiries encountered by consumers;</p> <p>3. Educate consumers on their rights and responsibilities regarding health plans and health insurance coverage;</p> <p>4. Assist consumers with enrollment in health plans or insurance coverage;</p> <p>5. Resolve problems with obtaining premium tax credits;</p> <p>6. Assist consumers with disputes eligible under Article Six of the Financial Services Law (Independent Dispute Resolution Process);</p> <p>7. Assist uninsured, insured, or</p>		

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			<p>underinsured consumers in accessing health care services, hospital financial assistance, or the resolution of their health care bills; and</p> <p>8. Provide assistance on any additional matters related to accessing health insurance coverage and services.</p>		
<b>Consumer Directed Program</b>	N/A	Health Article VII Part LL (Senate One House)	<p>1) Require two Fiscal Intermediaries per county with a population of 200,000 or more</p> <p>2) Add 5 awards for agencies servicing individuals with developmental disabilities</p>	N/A	<p>Includes language to: Require DOH to either reoffer contacts under the recent request for proposal for Fiscal Intermediaries (FI) or utilize the previous offer to meet the following new requirements:</p> <ul style="list-style-type: none"> <li>• DOH is required to survey the initial selection of contractors and those not awarded contracts for the following : a) whether the applicant is a charitable corporation;</li> </ul>

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					<p>b) whether the FI was performing administrative services prior 1/1/2012; c) the primary address is the same as on Federal 990 Tax return d) whether the applicant has historically provided FI services to racial and ethnic residents or new Americans in such consumers primary language; and (d) whether the applicant is verified as a minority or woman owned business enterprises</p> <p>Directs the Commissioner of DOH to make awards to one or two additional applicants in each county:</p> <ul style="list-style-type: none"> <li>• with a population of more than two hundred thousand but less than five hundred thousand; and</li> </ul>

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					<ul style="list-style-type: none"> <li>• with a population of more than five hundred thousand or more. In addition it directs the commissioner to make sure that the awards provide geographic distribution by awarding two additional applicants</li> <li>• who are approved or certified to deliver state plan or home and community based waiver supports or services to individuals with intellectual or developmental disabilities and are not for profit and have performed FI services prior to 1/1/2012;</li> <li>• who serve racial, and ethnic, and/or religious minority residents, or new Americans in their primary language and as evidenced by information and materials and are not for profit and have</li> </ul>



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					performing FI services prior to 1/1/2012; and <ul style="list-style-type: none"> <li>• who have been verified as a minority or woman owned business enterprise.</li> </ul>
<b>Fair Pay for Home Care</b>	N/A	Senate Aid to Localities, Department of Health – Public Health	<p>Increases Home Care Aide wages by 4/1/21 to no less than 106% of the minimum wage and by 10/1/21 to 112% of the minimum wage, additional monies will be available to alleviate recruitment and retention challenges, etc.</p> <p>Amends Wage Parity(Section 3614 –C PHL to provide additional increases in NYC \$4.27 LI \$3.38</p> <p>Provides \$624 million additional funding for home care workers</p>	N/A	Rejects

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<b>Residential Health Care for Children</b>	N/A	Senate Health Article VII Part SS	Creates a New Program for Fragile Children	N/A	Includes Senate proposal
<b>Investment in Recruitment and Retention</b>	N/A		N/A	Provides \$20 million for recruitment and retention of nursing home certified assistants and home care personal aides	Provides \$272 million for NYC and \$22.4 million for the rest of the state.
<b>Nursing Home Direct Staffing Requirements</b>		Final Budget Health Article VII, Part GG			Requires Nursing Homes (Residential Health Care Facilities) to spend a minimum of 70% of their revenue on direct resident care and 40% of that on resident-facing staffing. 15% of monies spent on resident facing staffing contracted out by a facility for services of professional nurses, licensed practical nurses, certified nurse aides shall be deducted from the 40% spend on resident facing staffing. Further states that any nursing home whose

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					revenue exceeds total operating and non-operating expenses by more than 5% or does not meet minimum on direct resident care or resident facing staffing shall be pay such revenue to the state subject to audit and, if necessary, court action by the attorney general, deductions or offsets from Medicaid payments.
<i>PHYSICIANS/ PROVIDERS</i>					
<b>Excess Malpractice Program</b>	The program is extended through June 30, 2022 but the budget reduced the appropriation by more than a half of the final budget last year (from \$105 million to \$51 million). Also it changes the program by requiring that payments are split as two installments over two fiscal years rather	Health Article VII, Part K	Rejects the Governor's proposal to restructure the Excess Medical Malpractice Liability Program by reducing funds and requiring physicians to bear 50% of the cost.  Extends the program to June 30, 2022.	Rejects the Governor's proposal to restructure the Excess Medical Malpractice Liability Program by reducing funds and requiring physicians to bear 50% of the cost.  Extends the program to June 30, 2022.	Rejects the Executive proposal to restructure the Physician Excess Medical Malpractice Program and extends the program through June 30, 2022.

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	<p>than one annual payment. During the policy period an eligible physician or dentist must pay half of the premium amount. At the conclusion of the policy period, the state (DFS &amp; DOH) will pay 25% of the premium amount, and the remaining 25% the following year and only if there are sufficient funds in the pool. Failure to pay an amount equal to 50% of the premium by the conclusion of the policy period, will result in cancellation of coverage making it null and void.</p>		Funded at \$102,100,000	Funded at \$105,100,000	
<b>Office of Professional Misconduct</b>	<b>Criminal Background Check.</b> Requires a fingerprint-based criminal history background check prior to licensure.	Health Article VII, Part Q	<p>The Senate rejects provisions to:</p> <ul style="list-style-type: none"> <li>• Allow for immediate publication of charges upon investigative</li> </ul>	Rejects	Rejects

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	<p><b>Due Process.</b> Allows for immediate publication of charges upon investigative requests, and eliminates the current 90-day threshold. Allows DOH Commissioner to disclose information about OPMC investigations and removes provisions restricting such action to a public health threat. Allows for publication of Administrative Warnings and Consultations.</p> <p><b>Misconduct Definition.</b> Changes the definition of “professional misconduct” to include complaints resolved by stipulation or agreement prior to an adjudicatory proceeding. Provides</p>		<p>requests, and the immediate convening of an investigative committee</p> <ul style="list-style-type: none"> <li>• Allow DOH to disclose information about an investigation and remove current restrictions to situations that pose a public health threat.</li> <li>• Require a licensee to notify DOH within 24 hours of having been charged with a crime.</li> <li>• Eliminate the indefinite licensure of physicians.</li> </ul> <p>The Senate <b>accepts:</b></p> <ul style="list-style-type: none"> <li>• Proposal to include fingerprinting and criminal background</li> </ul>		

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	<p>that harassment of a patient's caregiver or surrogate is professional misconduct.</p> <p><b>Notification of Crime.</b> Licensee must notify DOH within 24 hours of being charged with a crime.</p> <p><b>Hearings.</b> Extends service and hearing dates from 90 to 180 days and extends the threshold from 10 to 30 days so that the Commissioner of DOH can take summary action against a licensee who engages in conduct that is a risk to the health of the people.</p> <p><b>Licensure.</b> Eliminates indefinite licensure and requires maintenance of registration with DOH over two consecutive registration periods.</p>		<p>checks as part of the registration process.</p>		

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	<p><b>Hospital Reports.</b> Requires hospitals to report to DOH when there are quality of care concerns.</p>				
<p><b>Doctors Across New York</b></p>	<p>Funds the program at \$7,252,000, a reduction from \$9,065,000 in funding in the final state budget for SFY 2020-21.</p>	<p>Aid to Localities, Department of Health</p>	<p>Rejects Cut: Provides funding level with FY 21 enacted budget of \$9,065,000.</p>	<p>Accepts Cut</p>	<p>Rejects cut and provides funding level with FY 21 enacted budget of \$9,065,000.</p>
<p><b>Empire Clinical Research Investigator Program (ECRIP)</b></p>	<p>The Executive Budget proposes to eliminate the ECRIP to generate \$3.45 million in savings, annually. ECRIP provides grants to teaching hospitals to promote training of physicians in biomedical research.</p>	<p>Health Article VII, Part M</p>	<p>Rejects</p>	<p>Rejects</p>	<p>Rejects</p>
<p><b>Nurse Practitioner Modernization</b></p>	<p>Extends the Nurse Practitioner Modernization Act through 2027.</p>	<p>Health Article VII, Part S</p>	<p>Rejects extending the Nurse Practitioner Modernization Act to June 30, 2027.</p>	<p>Accepts extending the Nurse Practitioner Modernization Act to June 30, 2027</p>	<p>Extends NP Modernization Act one year through June 30, 2022</p>

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<i>PHARMACY/PHARMACEUTICALS</i>					
<b>Medicaid OTC Coverage</b>	<p>Giving NYSDOH authority to modify the list of OTCs covered by Medicaid.</p> <p>Would result in \$15.4 million savings in FY 2022, \$44.27 million in FY 2023 (savings due to this and reduce OTC coverage)</p>	Health Article VII, Part B	Rejects	Rejects	Rejects
<b>Prescriber Prevails</b>	<p>Elimination of "prescriber prevails" in Medicaid Fee for Service and Managed Care for all drug classes</p> <p>Would result in \$15.4 million savings in FY 2022, \$44.27 million in FY 2023 (savings due to this and reduce OTC coverage)</p>	Health Article VII, Part B	Rejects	Rejects	Rejects



Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<b>340B Drug Fund and FFS Carve Out</b>	Creation of a 340B drug fund to reinvest \$102 million annually in savings from the pharmacy drug carve out taking effect 4/1/21 for entities that are non-profit or publicly sponsored D&TCs that provide comprehensive healthcare services enrolled in the 340B program in the year 2020. Would cost \$17.6 million in FY 2023.	Health Article VII, Part C	Proposes to Repeal Carve Out	Includes language to delay transition for 340B entities and Special Needs Plan three years	Delays Carve Out 2 years to 4/1/23; Includes a required report by DOH to the Legislature on pharmacy dispensing fees by 12/31/21 (Final Health Article VII, Part QQ)
<b>PBM Regulation</b>	Includes a proposal to regulate pharmacy benefit managers (PBMs), initially through registration and later licensure creating standards and reporting requirements similar to prior year Executive budget proposals.	Health Article VII, Part J	Rejects	Rejects	Rejects

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<b>Collaborative Drug Therapy Management/ Other Pharmacist Expansion</b>	<p>Authorizes pharmacists to direct limited services labs, and order and administer CLIA-waived tests.</p> <p>Authorizes pharmacists to act as a referring healthcare provider for diabetes self-management and asthma self-management training for insurance coverage. Authorizes certified pharmacists to administer CDC ACIP-recommended vaccines for adults aged 18 and older.</p> <p>Expands current Collaborative Drug Therapy Management (CDTM) authorizing CDTM with a nurse practitioner in addition to a physician, add to the definition of facility for where CDTM</p>	<p>Health Article VII, Part P</p>	<p>Includes only language to expand immunizations that can be given by pharmacists and a regulatory review process for vaccines</p>	<p>Rejects</p>	<p>Rejects</p>

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>agreements are authorized to include any article 28 facility (hospital) or other entity that provides direct patient care under a medical director, and adding physician/ nurse practitioner practice site, codifies CDTM qualifications in law, and clarifies that a CDTM-certified pharmacist may practice as an independent health care provider or employee of a pharmacy or other health care provider.</p>				
<b>Eliminate e-Prescribing Exemptions</b>	<p>Eliminates prescriber exemptions to the mandatory ePrescribing law including:</p> <ul style="list-style-type: none"> <li>• Veterinarians;</li> <li>• Practitioners who received</li> </ul>	Health Article VII, Part N	Rejects	Rejects	Rejects

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>waivers from DOH; and</p> <ul style="list-style-type: none"> <li>Practitioners who issue less than 25 prescriptions in a 12-month period.</li> </ul> <p>Exceptions remain in place for temporary technological or electrical failure, emergency situations as determined by DOH, in cases where it risks health or safety of a patient, and out of state pharmacies.</p> <p>State savings of \$500,000 in FY 2022 and \$1.2 million in FY 2023</p>				
<b>Prior Authorization for MAT</b>	Not in Executive Budget	Health Article VII, New Part Senate Bill NN	Includes new proposal to remove prior authorization for Buprenorphine, Methadone, LAIs for	N/A	Rejects

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			Naltrexone under Medicaid		
<i>BEHAVIORAL HEALTH</i>					
<b>Payee Representative</b>	Extends through 6/30/24, ability for OMH & OPWDD facility directors to serve as representative payee for a residents care and treatment. Avoid revenue loss of \$7 million from OMH and \$63 million from OPWDD.	Health Article VII, Part T	Accepts	Accepts	Accepts
<b>Temporary Operators</b>	Extends the ability of OMH & OPWDD to appoint temporary operators through 3/31/25	Health Article VII, Part U	Extends ability for OMH and OPWDD to appoint temporary operators through 3/31/26	Rejects	Modifies to extend authority one year to 3/31/22
<b>Specialized Psych Units</b>	Extends the demonstration for children and adult specialized inpatient	Health Article VII, Part V	Accepts	Extends Inpatient Psychiatric Unit Demonstration programs through 3/31/24; Includes	Accepts ad includes a required report on demonstration program

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	psychiatric units through 3/31/24			new reporting requirements including quarterly evaluations, assessments and recommendations	
<b>Community Re-Investment</b>	<p>Extends community investment from psych center inpatient bed closures through 3/31/24</p> <p>Provides OMH with flexibility to suspend for one year community reinvestment requirements from facility closures to generate \$30M in savings in SFY 22</p>	Health Article VII, Parts W & X	<p>Accepts extending community investment from psych center inpatient bed closures through 3/31/24</p> <p>Rejects Executive proposal to suspend notification and community reinvestment requirements for OMH facility closure</p>	<p>Extends community reinvestment for State Psychiatric Center inpatient bed closures through 3/31/24 and adds language stating that no less than 25% of the amounts so appropriated shall be made available for workforce recruitment and retention at Art. 31 mental health programs</p> <p>Rejects Executive proposal to suspend notification and community reinvestment requirements for OMH facility closure</p>	<p>Extends community reinvestment to 3/31/24</p> <p>Includes language stating that OMH shall not be required to allocate funding for FY 2021-22, expiring 3/31/22.</p> <p>Plan for 200 mental health bed closures; OMH authorized to do once vacant 90 days+.</p>

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<b>CASACs</b>	Includes the ability of OASAS to develop and implement a scope of practice for addiction professionals including Credentialed Alcoholism and Substance Abuse Counselors (CASACs), and certified recovery peer advocates; Allows OASAS to set fees for the ongoing certification, credentialing and oversight activities of the agency. Fiscal impact is \$90,000 per one FTE in FY 22	Health Article VII, Part Y	Accepts	Rejects	Rejects
<b>OMH Enforcement</b>	Authorizes OMH to establish a schedule of fees for providers' failure to comply with operating certificate requirements and laws; OMH may also charge fees for applications for operating certificates.	Health Article VII, Part Z	Rejects Executive proposal to authorize OMH to impose penalties/fines  Allows for a schedule of fees for processing applications for operating certificates	Rejects Executive proposal to authorize OMH to impose penalties/fines  Allows for a schedule of fees for processing applications for	Modifies to only allow OMH to establish a fee schedule for costs associated with processing operating certificates

<b>Proposal</b>	<b>Executive Budget Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
	Savings of \$500,000 in FY 22.			operating certificates	
<b>Crisis Stabilization Centers</b>	Authorizes OMH & OASAS to create Crisis Stabilization Centers	Health Article VII, Part AA, Subpart A	Accepts	Accepts with modifications	Includes
<b>Kendra's Law</b>	Renews Assisted Outpatient Treatment Orders per Kendra's Law when an individual cannot be located or has experienced a substantial increase in symptoms within 6 months of expiration of the order; Provides for judicial discretion	Health Article VII, Part AA, Subpart B	Rejects	Rejects	Rejects
<b>Involuntary Commitment</b>	Adds new criteria to the definition of "likelihood to result in serious harm" to allow involuntary commitment upon a finding that an individual is	Health Article VII, Part AA, Subpart C	Rejects	Rejects	Rejects



Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	experiencing complete neglect of basic needs.				
<b>Office of Addiction and Mental Health Services</b>	Creates the Office of Addiction and Mental Health Services (OAMHS) integrating OMH and OASAS under one Commissioner appointed by the Governor; Provides for an annual report regarding expenditures for mental health and addiction services, and subsequent recommendations to be made to the Governor and Legislature	Health Article VII, Part CC	Accepts with modifications creating an Office of Mental Health, Addiction and Wellness	Rejects	Rejects
<b>Integrated Outpatient Services</b>	Authorizes integrated licensure for comprehensive outpatient services of integrated physical and behavioral health programs; Expands the definition of facility or provider agency to include licensed comprehensive	Health Article VII, Part DD	Accepts	Rejects	Rejects

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	outpatient service center which can be licensed as a physical health services provider under public health law, as a licensed mental health provider or licensed methadone provider under mental hygiene law, through a newly established integrated framework				
<b>Behavioral Health VAP</b>	Continues level funding of \$50 million.	Aid to Localities, Department of Health	Accepts	Accepts	Provides level funding of \$50 million.
<b>OMH Funding</b>	All funds spending for OMH services is reduced by \$30.3 million from SFY 2021; Aid to Localities OMH funding increased by \$35.8 million	Budget Briefing Book/ Aid to Localities OMH	Includes the following in new funding/restorations : <ul style="list-style-type: none"> <li>• \$15M for COLA</li> <li>• \$17.15M to restore 5% cut</li> <li>• \$4.5M for Joseph P. Dwyer Veteran Peer</li> </ul>	Includes the following in new funding/restoration s: <ul style="list-style-type: none"> <li>• \$17.5M to restore 5% cut</li> <li>• \$1M for suicide prevention efforts</li> <li>• \$6M for Joseph P.</li> </ul>	Increases over SFY 2020-221 final budget include: <ul style="list-style-type: none"> <li>• Up \$161 million is provided from enhanced FMAP for HCBS for OMH to distribute without a competitive bid or RFP for services and</li> </ul>

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			<p>to Peer Program</p> <ul style="list-style-type: none"> <li>• \$10.5M for Grants to MH organizations</li> <li>• \$400,000 for OMH to recover from community residential and family-based treatment providers</li> </ul>	<p>Dwyer Veteran Peer to Peer Program</p> <ul style="list-style-type: none"> <li>• \$10M for statewide crisis intervention services</li> <li>• \$3M for community MH services</li> <li>• \$300,000 for individuals/families transitioning to different settings</li> <li>• Includes 1% COLA</li> </ul>	<p>expenses of qualified applicants.</p> <ul style="list-style-type: none"> <li>• Increased funding of \$26.3 million-community MH residential program</li> <li>• \$14.96 million for 1% COLA</li> <li>• \$1.1 million more from last year for minimum wage (total \$5.1 million)</li> <li>• Several "member items" for funding local programs including \$4.5M for Joseph P. Dwyer Veteran Peer to Peer Program</li> <li>• Rejection of 5% ATL cut proposed in Executive Budget (\$17.5M)</li> <li>• \$40.62 million for services and expenses</li> </ul>

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					<p>associated with MH federal block grant for adult services with reports due related to disbursements July 1, 2021, October 1, 2021 and annually thereafter.</p> <ul style="list-style-type: none"> <li>• \$9.38 million for funds administered by OMH consistent with federal law and requirements for children and youth services with reports due related to disbursements July 1, 2021, October 1, 2021 and annually thereafter.</li> </ul>
<b>Residential Health Care for Children with</b>	Not included in Executive Budget	Senate Article VII Health SS	Includes a new proposal to provide residential health care for children	N/A	Includes Senate proposal.

<b>Proposal</b>	<b>Executive Budget Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<b>Medical Fragility</b>			with medical fragility, as defined, in transition to young adults and for young adults		
<b>Minimum Wage Funding for OMH Providers</b>	\$5.1 million is provided for minimum wage funding under OMH	Aid to Localities, OMH	Accepts	Accepts	Accepts
<b>OMH Suicide Prevention Programs</b>	Not included in Executive Budget	Assembly Health Article VII New Parts RR and SS	N/A	Includes new proposals requiring OMH to develop plans, programs and services in the areas of research and prevention of suicide including grant programs to be awarded by 9/1/21	Rejects
<b>OASAS Funding</b>	All funds spending for OASAS services is increased by \$25.3 million from SFY 2021; Aid to Localities OASAS funding increased by \$87.6 million	Budget Briefing Book/ Aid to Localities OASAS	Includes the following in new funding/restorations : <ul style="list-style-type: none"> <li>\$3.2M for state share Medicaid payments for</li> </ul>	Includes the following in new funding/restoration s: <ul style="list-style-type: none"> <li>\$1.875M restored jail based SUD services</li> </ul>	Increases over last year's final budget include: <ul style="list-style-type: none"> <li>Up \$11 million is provided from enhanced FMAP for HCBS for OASAS to distribute</li> </ul>

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			<p>outpatient services</p> <ul style="list-style-type: none"> <li>• \$1.729M for problem gambling, chemical dependence outpatient and treatment services</li> <li>• \$4.3M for COLA</li> <li>• \$1.875M restored jail based SUD services</li> <li>• \$450,000 for addiction recovery transport services demo (Art. VII language included)</li> <li>• \$3.525M for services and expenses for addiction services and supports</li> </ul>	<ul style="list-style-type: none"> <li>• \$2M for additional services and expenses for NYC Department of Education for SAPIS</li> <li>• \$8.7M for problem gambling, chemical dependence outpatient and treatment services</li> <li>• \$32M for a new NYS Opioid Remediation Fund, Opioid Settlement Proceeds Trust Fund</li> <li>• Includes 1% COLA</li> </ul>	<p>without a competitive bid or RFP for services and expenses of qualified applicants.</p> <ul style="list-style-type: none"> <li>• Increase in \$3.765 million for residential services</li> <li>• Nearly \$4 million increase for problem gambling, chemical dependence outpatient and treatment support services</li> <li>• \$400,000 more for minimum wage, total \$1.8 million</li> <li>• \$4.325 million for COLA</li> <li>• \$5 million for jail based SUD treatment</li> <li>• \$32 million from opioid settlement</li> </ul>

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			<ul style="list-style-type: none"> <li>\$4.7M for additional services related to prevention and program support</li> </ul>		<p>for treatment and prevention of opioid use disorder including MAT; consistent with terms of February 4, 2021 Final Consent Order and Judgment</p> <ul style="list-style-type: none"> <li>Several "member items" for funding local programs</li> <li>\$71.344 million to OASAS for services and expenses associated with federal block grant from federal HHS with reports due related to disbursements July 1, 2021, October 1, 2021 and annually thereafter.</li> <li>Approximately \$2 million more for services and</li> </ul>

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					<p>expenses related to prevention and program support</p> <ul style="list-style-type: none"> <li>• Approximately \$1 million more for recovery services, including housing</li> <li>• \$28.656 million to OASAS for services and expenses associated with federal block grant from federal HHS with reports due related to disbursements July 1, 2021, October 1, 2021 and annually thereafter.</li> </ul>
<b>Minimum Wage Funding for OASAS Providers</b>	\$1.8 million is provided for minimum wage funding under OASAS	Aid to Localities, OASAS	Accepts	Accepts	Accepts
<b>Opioid Settlement</b>	Not in Executive Budget	Health Article VII Senate New Part 00	Includes a new proposal to establish an Advisory Board and Process for using	Includes a \$32 million Fund	Includes a \$32 million Opioid Settlement Fund for treatment and prevention of opioid use



Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
		Aid to Localities Assembly OASAS	Opioid Settlement Funds		disorders include MAT, consistent with 2/4/21 Final Settlement Consent Order and Judgment
<i>DEVELOPMENTAL DISABILITIES</i>					
<b>NYS Institute for Basic Research in DD</b>	Combines the responsibilities of the NYS Institute for Basic Research in Developmental Disabilities currently in OPWDD with the NYS Psychiatric Institute under OMH	Health Article VII, Part BB	Rejects	Rejects	Rejects
<b>OPWDD Medicaid Rate Reduction</b>	A 1% Medicaid rate reduction for OPWDD providers. Estimated to save \$24.6 million	Administrative	Rejects	Rejects	Rejects
<b>OPWDD Managed Care Transition</b>	Continue to assess the potential effectiveness of the proposed delivery system for appropriate care in the	Budget Briefing Book	N/A	N/A	Administrative

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	most cost-effective manner				
<b>Changes Appointments to DD Council</b>	Changes membership of the DD Planning Council	Executive 30-Day Amendment, Part HH	Accepts	Rejects	Accepts
<b>Minimum Wage Funding for OPWDD Providers</b>	\$31.6 million is provided for minimum wage funding under OPWDD	Aid to Localities, OPWDD	Accepts	Accepts	Accepts
<b>OPWDD Funding</b>	All funds spending for OPWDD services is increased by \$107.6 million from SFY 2021; Aid to Localities funding is reduced by nearly \$45 million	Budget Briefing Book/ Aid to Localities OPWDD	Includes the following in new funding/restorations : <ul style="list-style-type: none"> <li>Restores 1% Medicaid Cut, \$31.3M</li> <li>Restores 5% Cut, \$12M</li> <li>Includes \$26.9M for COLA</li> <li>Includes \$1M for Internet Services for DD Residences (And Health Art. VII</li> </ul>	Includes the following in new funding/restoration s: <ul style="list-style-type: none"> <li>Restores 5% Cut, \$12M</li> <li>Includes 1% COLA</li> <li>Restores \$20.8M for Care Coordination</li> <li>Includes \$26.58M for residential services</li> <li>Includes \$6.9M for residential</li> </ul>	Increased funding over final SFY 2020-21 budget includes: <ul style="list-style-type: none"> <li>Restores \$31.3M for rejecting 1% Medicaid cut to OPWDD</li> <li>Rejects the proposed 5% ATL cut</li> <li>Includes \$26.9 million for a COLA under OPWDD from April 1, 2021 through March 31, 2022</li> </ul>

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			proposal Part QQ) <ul style="list-style-type: none"> <li>Restores \$20.8M for Care Coordination</li> </ul>	reserve replacement allowance <ul style="list-style-type: none"> <li>Includes \$10.5M for FFS Medicaid Rates for OPWDD</li> <li>Includes \$10M for OPWDD group home pilot program</li> <li>Includes \$200,000 for Center for Autism Research</li> </ul>	<ul style="list-style-type: none"> <li>Includes almost \$8 million more in funding over last year for minimum wage costs for a total of \$31.6 million</li> </ul>
<b>CDPAP Fiscal Intermediaries</b>	Not in Executive Budget	Senate Health Article VII New Part LL	Includes a new proposal to require the Commissioner of Health to re-offer contracts for fiscal intermediaries for the Consumer Directed Personal Assistance Program in order to ensure fiscal intermediaries are physically	N/A	Includes language to: Require DOH to either reoffer contacts under the recent request for proposal for Fiscal Intermediaries (FI) or utilize the previous offer to meet the following new requirements: <ul style="list-style-type: none"> <li>DOH is required to survey the initial selection of contractors</li> </ul>

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			<p>located in the counties they serve, and to ensure fiscal intermediaries have experience serving individuals with developmental disabilities and serving racial and ethnic minorities.</p>		<p>and those not awarded contracts for the following: a) whether the applicant is a charitable corporation; b) whether the FI was performing administrative services prior 1/1/2012; c) the primary address is the same as on Federal 990 Tax return d) whether the applicant has historically provided FI services to racial and ethnic residents or new Americans in such consumers primary language; and (d) whether the applicant is verified as a minority or woman owned business enterprises  Directs the Commissioner of DOH to make awards to one or two additional applicants in each county:</p> <ul style="list-style-type: none"> <li>• with a population of more than two hundred</li> </ul>

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					<p>thousand but less than five hundred thousand; and</p> <ul style="list-style-type: none"> <li>• with a population of more than five hundred thousand or more.</li> </ul> <p>In addition it directs the commissioner to make sure that the awards provide geographic distribution by awarding two additional applicants</p> <ul style="list-style-type: none"> <li>• who are approved or certified to deliver state plan or home and community based waiver supports or services to individuals with intellectual or developmental disabilities and are not for profit and have performing FI services prior to 1/1/2012;</li> <li>• who serve racial and ethnic minority residents, religious minority residents, or new Americans in their primary language and as</li> </ul>

Proposal	Executive Budget Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					<p>evidenced by information and materials and are not for profit and have performing FI services prior to 1/1/2012; and</p> <ul style="list-style-type: none"> <li>• who have been verified as a minority or woman owned business enterprise.</li> </ul> <p>The Commissioner of DOH shall not rescore the offers but shall award additional applicants.</p>
<i>SPECIAL EDUCATION</i>					
<b>School District Waivers</b>	The proposed State Budget that would allow a local school district, approved private school, or Board of Cooperative Education Services (BOCES) to submit a waiver to SED for an exemption from any State requirements in law or regulation that govern the duties and responsibilities of	Education Article VII	Rejects Executive proposal to allow a local school district, private school, or BOCES to submit a waiver to SED for an exemption from State law or regs governing duties and responsibilities of handicapped children's program	Rejects Executive proposal to allow a local school district, private school, or BOCES to submit a waiver to SED for an exemption from State law or regs governing duties and responsibilities of handicapped children's program	Rejects

<b>Proposal</b>	<b>Executive Budget Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
	school districts and SED with respect to children with handicapping conditions.				
<i>PUBLIC HEALTH</i>					
<b>School-Based Health Centers</b>	Continues level funding of \$17,098,000 for School-Based Health Centers.	Aid to Localities, Department of Health	Restores \$11.1 million in legislative additions with no specificity	Includes a Medicaid Managed Care Carve-Out for SBHCs	Includes Assembly proposal for MMC care out through 4/1/23. Provides an increase of \$3,824,000 for a total of \$20,922,000.
<b>Tobacco Control Program</b>	Funds the state's tobacco control program at \$26,515,000, a reduction from last year's level of \$33,144,000.	Aid to Localities, Department of Health	Funds at \$33,144,000, level with last year's Enacted Budget.	Funds at \$26,515,000, level with Proposed Executive Budget.	Provides level funding of \$33,144,000.
<b>Cancer Services Program</b>	Continues level funding of \$19.8 million.	Aid to Localities, Department of Health	Provides level funding at \$19,825,000.	Provides level funding at \$19,825,000.	Provides level funding of \$19.8 million.

<b>Proposal</b>	<b>Executive Budget Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<b>Hypertension Prevention, Screening and Treatment</b>	Provided funding of two Hypertension program lines at \$405,000 and \$149,000, a reduction from last year's level of \$506,000 and \$186,000 respectively	Aid to Localities, Department of Health	Restored Executive cuts and provided funding of \$506,000 and \$186,000	Accepts cut	Restores cuts by providing funding of \$506,000 and \$186,000
<b>Diabetes &amp; Obesity Prevention Funding</b>	Diabetes & Obesity Prevention funding provided at \$4,776,000, a reduction from last year's level of \$5,970,000.	Aid to Localities, Department of Health	Funds at \$5,970,000, level with last year's Enacted Budget.	Funds at \$4,776,000, level with Proposed Executive Budget.	Provides level funding of \$5,970,000.
<b>Spinal Cord Injury Research Fund Account</b>	The Budget phases out the program by sun-setting the authority for the Spinal Cord Injury Research Board to recommend grants, effective April 1, 2021. Current contracts will be continued through their December 1, 2024 expiration date. This proposal would result in \$8.5 million in savings.	Aid to Localities, Department of Health; Health Article VII Part M	Rejects the proposed cut and provides restoration of \$8.5 million.	Rejects the proposed cut and provides restoration of \$8.5 million.	Rejects Executive proposal to repeal program and provides level funding of \$8.5 million.



<b>Proposal</b>	<b>Executive Budget Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<b>Stem Cell Funding</b>	Budget phases out the authority for the Empire Stem Cell Board to recommend grants, effective April 1, 2021. Current contracts will be continued through their December 1, 2025 expiration date. This proposal would result in \$44.8 million in savings.	Aid to Localities, Department of Health, Health Article VII Part M	Restores \$12.8M	Rejects	Accepts phase out
<b>Area Health Education Centers (AHEC)</b>	Not Included in Executive Budget	Senate Resolution  Assembly Health Article VII, new part TT	Designates a restoration of \$135.2 million in public health funding of which Area Health Education Centers are to be included.	Provides a restoration of \$2.2 million for Area Health Education Centers.	Restores \$2.2 million for AHEC
<b><i>INSURANCE</i></b>					
<b>Essential Plan</b>	Eliminates \$20 premium for Essential Plan for individuals between 150-200% of the FPL (400,000 individuals).	Health Article VII, Part H	Accepts	Accepts	Accepts and includes dental and vision coverage.

<b>Proposal</b>	<b>Executive Budget Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
	Investment of nearly \$100 million in FY 2022.				
<b>MMC Rate Reductions</b>	Includes premium rate reductions related to reduced service usage due to COVID for Medicaid Managed Care and Managed Long Term Care Plans. Savings of \$87.15 million (MMC) and \$40 million (MLTC).	Financial Plan	N/A	N/A	Unclear; Awaiting Medicaid Scorecard for Admin actions
<b>Medicaid COVID-19 Coverage</b>	Not included in Executive Budget	Senate Health Article VII, New Part PP	Includes a new proposal to provide Medicaid health coverage, without regard to federal financial participation, for an individual ineligible for the basic health program on the basis of immigration status	N/A	Rejects
<b>Continuous Medicaid Coverage for</b>	Not included in Executive Budget	Assembly Health Article VII, New Part KK	N/A	Includes a new proposal for continuous Medicaid coverage	Includes language to establish an insurance program under NYSDOH for subsidization

<b>Proposal</b>	<b>Executive Budget Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<b>Pregnancy Women</b>				for pregnant women for a one year period beginning on the last day of a pregnancy	of extended post-partum insurance coverage to eligible individuals through twelve months post-partum. Coverage is provided through the health insurance marketplace through subsidized “silver” qualified health plans. Excluded undocumented individuals. (Final Health Article VII, Part PP
<b>Insurance for Medically Fragile Children</b>	Not included in Executive Budget	Assembly Health Article VII, New Part XX	N/A	Includes a new proposal related to insurance coverage and treatment standards for a medically fragile child under Medicaid Managed Care and commercial insurance	Rejects
<b>NYS Health Insurance Continuation Assistance Demonstration Project</b>		Final Health Article VII, Part KK	N/A	N/A	Extends demonstration project one year through July 1, 2022