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**SFY 2018-19 State Budget  
Health/Mental Hygiene Final Budget Update  
April 3, 2018**

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Multiple-Sectors				

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	<p><b>Medicaid Global Cap</b></p> <p>Proposes to extend the Medicaid Global Spending Cap until SFY 2019-20 at a rate of 3.2%. The total cap for SFY 2018-19 is \$18.9 billion, an increase of \$593 million.</p>	<p>MODIFIES by clarifying the methodology used to determine growth</p>	<p>ACCEPTS</p>	<p>ACCEPTS extension until SFY 2019-20</p>
	<p><b>Health Care Shortfall Fund</b></p> <p>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.</p>	<p>ACCEPTS</p>	<p>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</p>	<p>INCLUDES \$2 billion shortfall fund</p>
	<p><b>Potential Across the Board Cuts</b></p> <p>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</p>	<p>REJECTS</p>	<p>REJECTS</p>	<p>REJECTS</p>

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	<p>or more than expected in SFY 2018-19.</p> <p>Includes some exceptions like Medicaid, school aid, funding for certain public assistance programs and others.</p>			
	<p><b>Health Care Facility Transformation III</b></p> <p>Creates the third Health Care Facility Transformation Program with funding in the amount of \$425 million for eligible systems.</p> <p>\$60 million must be made available for community-based health care providers including mental health clinics, alcohol and SA treatment clinics, primary care, D&amp;TCs, home care and assisted living providers (\$20 million).</p> <p>An additional \$45 million of the total is earmarked for residential health care facilities.</p>	<p>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&amp;TCs, home care and assisted living providers (\$20 million) and an additional \$45 million of the total for residential health care facilities</p>	<p>MODIFIES, by increasing funding to \$500 million for eligible providers, including \$75M for mental health clinics, alcohol and SA treatment clinics, primary care, D&amp;TCs, and children’s residential treatment providers, \$25M for home care and \$60M for residential health care facilities</p>	<p>MODIFIES, by creating the third Health Care Facility Transformation Program with funding in the amount of \$525 million for eligible systems.</p> <p>\$60 million must be made available for community-based health care providers including mental health clinics, alcohol and SA treatment clinics, primary care, D&amp;TCs, home care. \$20 million must be provided assisted living and \$45 million is earmarked for residential health care facilities.</p>

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	<p><b>Essential Community Provider/VAP Funding</b></p> <p>Includes \$132 million for Essential Community Providers and Vital Access Provider (VAP) services.</p>	ACCEPTS	ACCEPTS	ACCEPTS
	<p><b>Cost of Living Adjustments (COLA)</b></p> <p>Defers the human services COLA until after March 31, 2019.</p> <p>Proposes to eliminate NYSDOH’s authority to provide COLAs for human service providers.</p> <p>Generates \$19 million.</p>	<p>ACCEPTS deferral and restores COLA for 2019-2022</p> <p>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 (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</p>	ACCEPTS deferral and restores COLA for 2019-2022	ACCEPTS deferral and restores COLA for 2019-2022

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	<p><b>Health Homes</b></p> <p>Proposes the following related to Health Homes:</p> <ul style="list-style-type: none"> <li>• Includes \$85 million for health homes and projects to save \$33.3 million (State share) for quality and performance improvements.</li> <li>• 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.</li> <li>• Requires criminal background checks for employees of health homes and direct observation is required by health homes for those serving individuals</li> </ul>	<p>MODIFIES, by rejecting enrollment targets and plan penalties</p> <p>Cuts funding for Health Homes Care Management Services</p>	<p>MODIFIES, by rejecting the criminal background check requirements</p>	<p>ACCEPTS Executive level of funding and also accepts enrollment targets/criminal background checks with modifications to save \$33.3 million</p>

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	<p>with disabilities or who are under 21 while criminal history information checks/determinations are pending.</p> <ul style="list-style-type: none"> <li>• Includes reimbursement, subject to available funds for expanded criminal history record checks for health homes.</li> <li>• 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.</li> <li>• Adds Medicaid Managed Care plan enrollees who are members of Health Homes to those</li> </ul>			

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	eligible to receive incentive payments for wellness activities and avoiding certain hospitalizations or emergency department visits.			
	<p><b>Community Paramedicine Program</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• a general hospital, nursing home, or diagnostic and treatment center;</li> <li>• a physician;</li> <li>• an emergency medicine provider; and</li> <li>• where the services are provided in a private residence, a home</li> </ul>	MODIFIES, by replacing with a similar plan to establish a Community Paramedicine 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.	REJECTS	REJECTS

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	<p>care services program.</p> <p>Under the direction of a physician, community paramedicine programs would support objectives identified by the collaboratives, and could include the following models:</p> <ul style="list-style-type: none"> <li>• Post-discharge care following hospital admissions;</li> <li>• Evaluating, stabilizing, or treating nursing home residents to avoid preventable emergency transport to a hospital emergency department; and</li> <li>• Assisting individuals in self-managing their health or behavioral health conditions and minimizing environmental hazards in the home.</li> </ul>			



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	<p>The bill would permit Medicaid reimbursement for the program subject to federal financial participation.</p>			
	<p><b>Changing Exemption from Licensure in Human Services</b></p> <p>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.</p> <p>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.</p>	<p>MODIFIES, by further limiting tasks/duties and moving grand parenting clause up to 7/1/18</p>	<p>MODIFIES, by further limiting tasks/duties</p>	<p>MODIFIES the Executive and one-house proposals by grand parenting existing employees under the Department of Mental Hygiene, OCFS, DOCCS, OTDA, the Office for the Aging, DOH or a local governmental unit, and those who become employed on or before one year from the date that regulations are issued/ adopted (whichever is later) to make changes to the current exemptions, as long as they remain employed by such programs.</p> <p>State agencies will be required to maintain</p>

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				<p>records re: grand parenting.</p> <p>Employees with limited permits with relevant Master's Degrees will be exempt from the practice restrictions (MFTs, MHCs) as long as they are supervised by a licensed professional.</p> <p>By September 1, 2018, SED in consultation with other agencies shall issue guidance related to these changes. Following the formal guidance regulations shall be developed and adopted. Within 60 days of adoption of the regulation, the agencies shall issue a report to the Governor and Legislature on the new law including identification of licensed profession shortage areas and rate, policy or legislative changes</p>

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				needed to address workforce shortages.
	<p><b>SHIN-NY</b></p> <p>\$30 million is allocated for the SHIN-NY. The total allocation of up to \$65 million was extended last year until 12/31/20.</p>	ACCEPTS	ACCEPTS	ACCEPTS
	<p><b>All Payer Database</b></p> <p>Proposes \$10 million for the operation of the All Payer Database (APD).</p>	ACCEPTS	ACCEPTS	ACCEPTS
	<p><b>Medical Marijuana Program</b></p> <p>Proposes \$9.8 million for the State’s Medical Marijuana Program.</p>	ACCEPTS	ACCEPTS	ACCEPTS
	<p><b>Telehealth Expansion</b></p> <p>Amends the existing telehealth statute as follows:</p> <ul style="list-style-type: none"> <li>Expands the definition of “originating site” for purposes of Medicaid</li> </ul>	ACCEPTS the Governor’s proposal to include Early Intervention providers as qualified to provide services under the program and MODIFIES the proposal to:	MODIFIES to: <ul style="list-style-type: none"> <li>require Medicaid coverage for any service that is currently covered</li> </ul>	MODIFIES to add as qualified providers residential health care facilities serving special needs populations, licensed or certified mental health clinics, and certified and non-certified day and residential

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	<p>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.</p> <ul style="list-style-type: none"> <li>• Adds credentialed alcoholism and substance abuse 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</li> </ul>	<ul style="list-style-type: none"> <li>• 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).</li> <li>• require the commissioners of the Department of Health, 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</li> </ul>	<p>under the Medicaid program; and</p> <ul style="list-style-type: none"> <li>• allow for the delivery of telehealth services to an individual in any location that is different than where the health care provider is located.</li> </ul>	<p>programs operated by the OPWDD.</p>

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	<p>to provide telehealth services.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p>integration of services provided through telehealth.</p>		
	<p><b>Mental Health/Primary Care Integration</b></p> <p>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</p>	<p>ACCEPTS</p>	<p>ACCEPTS</p>	<p>ACCEPTS</p>

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	per regulation without needing a second or third license/certification.			
	<p><b>Office of the Medicaid Inspector General (OMIG) Authority</b>  Clarifies OMIG's authority to recover overpayments with Medicaid Managed Care and Managed Long Term Care programs.</p> <p>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%.</p> <p>Also requires Managed Care plans to promptly refer to</p>	ACCEPTS	ACCEPTS	REJECTS

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	OMIG all cases of potential fraud, waste and abuse.			
	<p><b>False Claims Act</b></p> <p>Amends the State’s False Claims Act penalties to align with Federal False Claims Act penalties.</p>	<p>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 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.</p>	<p>ACCEPTS</p>	<p>MODIFIES to require the Attorney General to annually report to the Senate and Assembly on the amount of monies recovered by the Medicaid Fraud Control Unit.</p>
	<p><b>Key Provisions of Women’s Health Agenda Budget Bill</b></p> <p>Comprehensive Contraceptive Coverage Act</p> <ul style="list-style-type: none"> <li>• Would codify coverage of all FDA approved contraceptive drugs, including emergency contraception and</li> </ul>	<p>No Action</p> <p>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.</p>	<p>ACCEPTS proposal and requires insurance coverage of FDA contraceptive methods; Extends authority to 3/31/23</p> <p>MODIFIES Maternal</p>	<p>REJECTS all Executive proposals with the exception of:</p> <p>MODIFICATION to the Executive proposal on storage of forensic rape kits which would require hospitals to store evidence collection kits for twenty years. This bill also requires notification</p>

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	<p>over the counter drugs. Where the FDA has approved one or more equivalent versions of contraceptives, coverage is only required for one version, so long as there is no cost sharing. Required coverage includes: emergency contraception without cost sharing when provided through a prescription or non-patient specific order; twelve months of contraception; voluntary sterilization procedures for both men and women; patient counseling about contraception; any follow-up care</p>		<p>Mortality Review Board proposal, confidentiality provisions allowing certain information to be subject to FOIL law</p>	<p>to the victim no less than 90 days before the evidence is destroyed.</p> <p>ACCEPTS the Senate proposal to ensure that victims are never charged for rape kits.</p> <p>ACCEPTS Executive proposal to 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.</p> <p>INCLUDES an additional \$250,000 for maternal mortality improvement</p>



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	<p>related to the covered contraception.</p> <p>Codify Roe v. Wade into State Law</p> <ul style="list-style-type: none"> <li>• Would codify the Supreme Court’s Roe v. Wade decision by repealing certain sections of penal law.</li> </ul> <p>Establish the Maternal Mortality Review Board</p> <ul style="list-style-type: none"> <li>• 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</li> </ul>			

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	<p>and racial disparities in maternal outcomes. The Board will collect and review confidential information and develop recommendations for the Commissioner to improve care and management.</p> <p>Require the State Board of Medicine to include experts in women’s health and health disparities</p> <ul style="list-style-type: none"> <li>• 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</li> </ul>			

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	<p>demographic subgroups.</p> <p>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.</p>			
	<p><b>Medicaid Visit Caps on Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy</b></p> <p>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</p>	<p>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.</p>	<p>MODIFIES to provide for an increase in visits for PT, OT and speech therapy from 20 visits to 40 visits for all three therapies.</p>	<p>ACCEPTS increase in annual visit caps for PT from 20 to 40.</p> <p>REJECTS decrease in caps for speech and OT therapy and restores to a total of 20 visits each annually.</p>

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	therapy. Current cap for the 3 therapies is 20 visits each.			
<b>Hospitals/Healthcare Facilities</b>				
	<p><b>Indigent Care Pool</b></p> <p>Provides \$139.4 million for public hospitals and \$994.9 million for voluntary hospitals.</p>	ACCEPTS	ACCEPTS	ACCEPTS
	<p><b>Critical Access and Enhance Safety Net Hospitals</b></p> <p>Provides \$40 million in total for these hospitals</p>	<p>ACCEPTS</p> <p>Adds new language to provide that rates of payment for Diagnostic and Treatment Center (D&amp;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.</p>	<p>ACCEPTS the appropriation and adds criteria for hospitals seeking to receive these funds:</p> <p>1. In any of the three previous calendar years the hospital meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Not less than 50% of the patients it treats receive</li> </ul>	<p>MODIFIES, by creating a new class of safety net hospitals called "enhanced safety nets." These include any hospital that has more than half its patients on Medicaid or uninsured in any of the previous three years, or 40 percent of its inpatient patients on Medicaid. It also includes any hospital in which fewer than 25 percent of discharges have commercial insurance. The definition captures</p>

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		<p>Reasonable costs must be determined consistent with the method used to determine outpatient critical access hospital 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.</p>	<p>Medicaid or medically uninsured</p> <ul style="list-style-type: none"> <li>• Not less than 40% of its inpatient discharges are covered by Medicaid</li> <li>• 25% or less of its discharged patients are commercially insured</li> <li>• Not less than 3% of the patients it provides services to are attributed to the care of uninsured patients</li> <li>• Provides care to uninsured patients in all of its hospital settings</li> </ul>	<p>critical access hospitals as well as sole community hospitals, and the budget would require the health commissioner to adjust medical assistance rates to these "enhanced safety net hospitals."</p> <p>INCLUDES \$100 million.</p>

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			<p>2. The hospital must be publicly owned</p> <p>3. The hospital must be federally designated as a critical access hospital</p>	
	<p><b>Medicaid Redesign Team Proposal: Temporary Workgroup</b></p> <p>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</p>	REJECTS	REJECTS	REJECTS

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	overall amount of capital reimbursement as necessary to achieve a 1% reduction in capital revenues beginning in SFY 2018-19.			
	<p><b>Medicaid Redesign Team Proposal: Hospital Quality Pool</b>  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.</p>	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.	REJECTS

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	<p><b>Empire Clinical Research Investigator Program (ECRIP)</b> Eliminate the ECRIP program which previously received \$6.9 million in funding from HCRA to fund hospital training of medical residents in biomedical research.</p>	REJECTS	ACCEPTS	REJECTS
	<p><b>Audits Resident Work Hours</b> 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.</p>	ACCEPTS	REJECTS	REJECTS
<p><b>Long Term Care/Home Care/Nursing Homes</b></p>				
	<p><b>Limit MLTC Eligibility</b> Raise the UAS score from 5 to 9 for MLTC Eligibility.</p>	REJECTS	REJECTS	REJECTS



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	<p><b>Limit LHCSA Contracts for MLTC Plans</b> Establishes a cap on the total number of LHCSAs an MLTC may contract with to a maximum of 10.</p>	<p>MODIFIES to 75 in 10/2018, 60 in 10/2019 and 50 in 10/1/2020 and seeks PHHCP Study</p>	<p>MODIFIES to allow only if PHHCP approves consistent with new standards to be developed by PHHCP by 3/31/2019</p>	<p>MODIFIES by providing ratio based on MLTC members</p>
	<p>n/a</p>	<p><b>Agency Moratorium</b> Imposes a Moratorium on New Agencies until PHHPC recommendations, study due by 10/1/18</p>	<p><b>Agency Moratorium</b> Imposes a Moratorium on New Agencies until 3/31/19 with exceptions</p>	<p>MODIFIES by imposing a Public Need Standard for LHCSAs by PHHPC and a Two year moratorium</p>
	<p><b>Restrict MLTC member from Transitioning</b> Restricts member from leaving their enrolled plan for 12 months.</p>	<p>ACCEPTS</p>	<p>MODIFIES to allow recipient to change without cause within 90 days once</p>	<p>ACCEPTS</p>
	<p>n/a</p>	<p><b>Establishes High Need Rate Cells (NH, 24 Hour, HARP)</b></p>	<p><b>Establishes High Need Rate Cells(NH,24 HOUR, HARP)</b></p>	<p>REJECTS</p>
	<p><b>Spousal Refusal</b> Conform NY to Federal Spousal Impoverishment Provisions.</p>	<p>REJECTS</p>	<p>REJECTS</p>	<p>REJECTS</p>

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	<p><b>TBI Rate</b> 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.</p>	ACCEPTS	ACCEPTS	ACCEPTS
	<p><b>Minimum Wage for Health Care Providers</b> Increases the amount of minimum wage monies to \$703 million in Medicaid spending above Cap.</p>	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	ACCEPTS
	n/a	n/a	n/a	<b>INCLUDES a Registration Requirement for LHCSAs</b>
	n/a	n/a	n/a	<b>INCLUDES on Fiscal Intermediaries Advertising Restrictions and Approval by the Department</b>

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	<p><b>Study of Home and Community Based Services in Rural Areas</b>            NYSDOH is authorized to conduct a study of Home and Community Based Services in Rural Areas and recommend changes including potential targeted Medicaid rate enhancements for fee for service and waived programs.</p>	ACCEPTS	ACCEPTS	ACCEPTS
	<p><b>Prohibit Community Based Long Term Care Provider Marketing</b>            This would curtail provider sponsored marketing of LTSS and would seek to prevent referring providers from becoming a provider of service for the member.</p>	MODIFIES to only limit during PHHPC review	No Action	REJECTS
	<p><b>ALP Slots</b>            Increases Assisted Living slots by allowing ALP providers to add nine additional slots by redistributing unused slots and adjust county limits.</p>	MODIFIES to allow providers to apply for additional beds in high need areas.	MODIFIES to authorize up to 1000 ALP Beds	ACCEPTS

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	<p><b>Social Adult Day Health Benefit Efficiency Savings</b></p> <p>Allows for the elimination of contracts with poor performing providers, and administrative changes.</p>	REJECTS	Administrative Action	ADMINISTRATIVE ACTION
	<p><b>Mandates Cost Reports for all Long Term Care Providers</b></p>	MODIFIES to require for Licensed Agencies and Fiscal Intermediaries by July 1, 2018	MODIFIES to require for CHHAs and Licensed Agencies	MODIFIES, by applying to LHCSAs, Fiscal Intermediaries and Health Homes
	n/a	n/a	n/a	<p><b>INCLUDES proposal to require that when a nursing home or home care agency</b> proposes to deny employment to an individual based on information from a criminal history background check that they must provide the individual with a copy of their rights under Article 23 of the Corrections Law to seek correction of any information obtained from the criminal history background check.</p>

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<b>Physicians/ Healthcare Providers</b>				
	<b>Excess Medical Malpractice Program</b> Extends the Excess program for one year through June 30, 2019 and includes level funding of \$127.4 million.	ACCEPTS	ACCEPTS	ACCEPTS
	<b>Doctors Across NY (DANY) Funding</b> Includes \$9,065,000 in funding for physician loan forgiveness and practice support under DANY.	ACCEPTS, adds \$500,000 in additional funding	ACCEPTS	ACCEPTS
	<b>Expanded Scope of Practice for Certified Registered Nurse Anesthetists (CRNAs)</b> 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-	REJECTS	REJECTS	REJECTS

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	<p>anesthesiologist be physically present and immediately available to supervise the nurse anesthetist. A nurse anesthetist would be required 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.</p>			
	<p><b>Opioid Monitoring Requirements</b> Requires a treatment plan and attestation of prescriber monitoring including a patient-prescriber agreement when opioids are being</p>	<p>REJECTS and proposes a new opioid package (see below)</p>	<p>MODIFIES, by requiring written treatment plan to follow generally accepted national professional or</p>	<p>MODIFIES, by applying to patients taking opioids for longer than 3 months. Requires written treatment plans for these patients which follow generally accepted</p>

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	<p>prescribed for pain lasting more than three months.</p> <p>Plan would have to be updated twice in the first year and annually thereafter.</p> <p>Patients with cancer that are not in remission or in hospice are exempt from these requirements.</p>		governmental guidelines	national, professional or governmental guidelines. Does not apply to cancer treatment, hospice or palliative care.
	<p><b>Mental Health/Primary Care Integration</b> 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.</p>	ACCEPTS	ACCEPTS	ACCEPTS
	<p><b>Patient-Centered Medical Home</b> Cuts PCMH program by \$10M state share, eliminating Level 1 &amp; 2 incentive payments and tying</p>	REJECTS through language	REJECTS providing \$5 million in funding	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	continued incentive payments for Level 3 to VBP contracting			
	<p><b>Commissioner Authority for Professional Misconduct</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Allows the Commissioner to obtain a warrant from a judge for probable cause of misconduct.</li> <li>• Reduces response time for a licensee to supply relevant documentation from thirty days to ten days.</li> </ul>	REJECTS	ACCEPTS	MODIFIES, by permitting the Commissioner of Health to revoke a physician's license if he/she is charged with a felony or charged with conduct that could result in a felony conviction and if his/her conduct constitutes imminent danger to the health of people.



SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	n/a	n/a	n/a	<p><b>INCLUDES Medicaid Reimbursement Rates for Hospice Providers</b>  Requires establishment of a new methodology that ensures a 10% increase in the Medicaid reimbursement rates for hospice providers.</p>
	n/a	n/a	n/a	<p><b>INCLUDES a First Responder Training Program</b>  Establishes a First Responder Training Program to provide instruction and information to firefighters, police officers, and emergency medical services personnel on appropriate recognition and response techniques for handling emergency situations involving individuals with autism spectrum disorder and other developmental disabilities.</p>

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
				Requires OMH in coordination with OPWDD to provide the training to all emergency medical personnel including but not limited to first responders, emergency medical technicians, advanced emergency technicians, and emergency vehicle operators.
	n/a	n/a	n/a	<p><b>INCLUDES a Children and Recovering Mothers Program</b></p> <p>Authorizes the Commissioner of DOH in consultation with the Commissioner of OASAS to establish a program to provide health care providers, hospitals and midwifery birthing centers with education and assistance for providing care to expectant mothers with a substance use disorder. This includes but is not limited to information on</p>

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
				<p>medication assisted treatment, referral information for recovery services, a system for rapid consultation and referral linkage services for obstetricians and primary care providers, and guidance on the identification of signs and symptoms of substance abuse disorder.</p> <p>Establishes a Workgroup of stakeholders, hospitals, local health departments, and health care providers to evaluate barriers to identifying and treating expectant mothers, newborns, and new parents with a substance abuse disorder.</p>
<b>Pharmacy/ Pharmaceuticals</b>				
	<p><b>Pharmacy Dispensing Fees</b></p> <p>Proposes to <u>increase</u> pharmacy dispensing fees for covered</p>	ACCEPTS	ACCEPTS	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	outpatient drugs and covered OTCs from \$10 to \$10.08 per prescription.			
	<p><b>Co-Payments</b></p> <p>Proposes to increase Medicaid co-pays on OTCs from 50 cents to \$1.</p>	REJECTS	REJECTS	REJECTS
	<p><b>Prescriber Prevails</b></p> <p>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.</p>	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	REJECTS
	<p><b>Comprehensive Medication Management (CMM)</b></p> <p>Proposes CMM for physicians and NPs to refer patients with chronic diseases to qualified pharmacists for additional medication adherence services, pursuant to a written protocol.</p>	REJECTS	REJECTS	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	<p><b>Medication Adherence Programs</b></p> <p>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.</p>	No Action	No Action	ADMINISTRATIVE ACTION worth \$5 million in savings annually
	<p><b>High Cost Drug Cap</b></p> <p>Extends high cost drug cap enacted in 2018 budget, through 2020.</p>	MODIFIES, to remove from global cap, limits to 10 year average and requires uncollected rebates to be included in projections	ACCEPTS	ACCEPTS extension through SFY 2019-20.  Requires DOH to provide a quarterly report to the DURB, which includes projected state funds Medicaid drug expenditures, including amounts due to changes in: drug utilization, enrollment, and costs of brand and generic drugs. Also requires annual reporting to the DURB on

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
				<p>savings achieved through the drug cap in the last year.</p> <p>Eliminates the ability of the DOH to add prior approval to all drugs of a manufacturer with a drug that has been referred to the DURB, and where a target rebate has been recommended and there continues to be failure to reach an agreement.</p>
	<p><b>Retail Practices</b></p> <p>Authorizes certain health care services in retail settings (pharmacies, grocery stores, shopping malls) by "retail practices."</p> <p>Must be staffed at all times by a physician, PA or NP.</p> <p>They are subject to a number of operational requirements including reporting of data to NYS DOH and maintaining a</p>	<p>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</p>	<p>REJECTS</p>	<p>REJECTS</p>

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	<p>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.</p> <p>During visits patients must be asked primary care providers</p>	<p>shareholders or members; the character, competence, and qualifications of the directors and officers of the operator and its principal stockholders, controlling person, parent company or sponsors.</p>		

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	<p>and be referred if patients do not have one.</p> <p>Practices must participate in EHRs and SHIN-NY and attain and maintain accreditation.</p> <p>Retail practice sponsors can be business entities, professional corps. business corps. and other entities licensed under Art. 28 like hospitals, D&amp;TCs and FQHCs.</p>			
	<p><b>SMAC Rebates</b></p> <p>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.</p>	<p>MODIFIES, by extending through 2019</p>	<p>ACCEPTS</p>	<p>MODIFIES, by extending through 2019 (Senate proposal).</p>
	<p><b>Opioid Surcharge</b></p> <p>Proposes a 2 cent per milligram surcharge on opioid manufacturers to raise</p>	<p>REJECTS</p>	<p>MODIFIES, by increasing the tax from 2 to 2.5 cents per morphine</p>	<p>MODIFIES, by creating a \$100 million "opioid stewardship fund" that pharmaceutical manufacturers and</p>



SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	<p>\$170 million with goal of using funding to fight epidemic.</p>		<p>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)</p>	<p>distributors would pay based on their “ratable share” of sales of opioids based on morphine milligram equivalents — a figure that allows for comparison between opioid ingredients of varying strengths — relative to the statewide total.</p> <p>Payments would begin to be made to the state January 1, 2019. Sales of buprenorphine, methadone or morphine and opioids used for palliative care are exempt.</p> <p>Payers are prohibited from passing on the cost to the end user, or risk an up to \$1 million fine.</p> <p>The \$100 million fund would be dedicated to programs operated or authorized by the Office</p>

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
				<p>of Alcoholism and Substance Abuse Services for treatment, recovery, prevention and education services, and to support the prescription drug monitoring program.</p> <p>No stewardship funds would be required of manufacturers/distributors if the OASAS budget for opioid prevention, treatment and recovery in the most recently reported year is equal to or less than state funds spent in the 2009-10 SFY. The new assessment/fund program takes effect July 1, 2018 and expires June 30, 2024.</p>
	<p><b>Pharmacist Administered Vaccines</b></p> <p>Proposes to allow pharmacists to administer flu shots to children aged 2 to 18</p>	<p>MODIFIES, by including a sunset of December 31, 2021 and also includes a sunset on current CDTM law of 7/1/21</p>	<p>MODIFIES, by expressly requiring NYSIIS/CIR reporting and notification of physicians and</p>	<p>MODIFIES, by including a sunset of July 1, 2020 for new pediatric authority and for existing adult vaccine authority. Also it includes a sunset on</p>

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	and proposed to remove sunsets in existing law		includes a sunset of 12/31/19	current hospital/nursing home CDTM law of 7/1/20.  It also expressly states that pharmacists administering the flu vaccine to minors must report to NYSIIS and also notify patients' PCP via fax or electronic means.
	<b>Fentanyl Analogs</b>  Adds 11 new fentanyl analogs to the state's regulated controlled substances list	ACCEPTS	ACCEPTS	ACCEPTS
	n/a	n/a	<b>Anti-Mandatory Mail Order</b> INCLUDES new proposal to prohibit mandatory mail order in commercial insurance similar to stand alone AMMO bill	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	n/a	n/a	<b>Direct Rebate Negotiations</b> Includes authority to 2020 for the State to directly negotiate for supplemental rebates under Medicaid Managed Care for HIV/AIDS and Hepatitis C	ACCEPTS
	n/a	<b>Drug Take Back</b> 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	REJECTS
	n/a	<b>Opioid Package</b> INCLUDES a package of new proposals to address opioid epidemic including: <ul style="list-style-type: none"> <li>• requiring labels on certain opioid prescriptions to be red, with text in white large capitalized font</li> </ul>	n/a	REJECTS most of the Senate proposals, but does include: <ul style="list-style-type: none"> <li>• prescriber opioid treatment plan requirements discussed above</li> <li>• prohibiting pre-authorization for outpatient substance</li> </ul>

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
		<p>stating “opioid controlled substances taken as directed may lead to addiction”</p> <ul style="list-style-type: none"> <li>• reducing initial prescription of II, III or IV opioid for acute pain from 7 to 3 days</li> <li>• 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</li> <li>• requiring an enhanced written treatment plan requirements for opioid treatment of pain which lasts more than a month or past the normal healing (limits</li> </ul>		<p>abuse diagnosis and treatment</p> <ul style="list-style-type: none"> <li>• creating a behavioral health ombudsman to assist consumers and providers with insurance and treatment issues</li> <li>• requiring NYSDOH to create a Children and Recovering Mothers’ Program</li> </ul>

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
		<p>commercial insurance coverage for prescribing that is inconsistent with provisions)</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• requiring NYSDOH to develop guidance on the use of opioid antagonists</li> <li>• limiting prescriptions for controlled substances written in the emergency department to a 3 day supply</li> </ul>		

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
		<p>(currently it is 5 day) or practitioner must check PMP</p> <ul style="list-style-type: none"> <li>• creating an opioid alternative pilot project in 5 acute care emergency departments</li> <li>• requiring notification by a hospital/emergency department to a practitioner that his/her patient is under treatment for an overdose and requiring consultation of prescription monitoring program by emergency department/hospital practitioners when treating a patient for a controlled substance overdose</li> <li>• prohibiting prior authorization for</li> </ul>		

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
		outpatient substance abuse diagnosis and treatment <ul style="list-style-type: none"> <li>• creating an ombudsman to assist consumers and providers with insurance issues including network adequacy</li> <li>• 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</li> </ul>		
	n/a	<b>Pharmacy Co-Location</b> INCLUDES new proposal to allow a pharmacy to co-locate with a behavioral health clinic	n/a	REJECTS



SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	n/a	<p><b>PBM Audits</b>  INCLUDES new proposal to provide fairness in Pharmacy Benefit Manager (PBM) audits of pharmacies similar to legislation Senate passed in 2017 (S2763-A)</p>	n/a	ACCEPTS
	n/a	<p><b>Gag Clauses</b>  INCLUDES new proposal to prohibit PBM gag clauses related to patient out of pocket costs and claw backs similar to bill passed by both houses recently (S6940/A8781).</p> <p>Language prohibits PBMs from penalizing pharmacies for disclosing drug costs, the availability of therapeutic equivalents or alternative purchasing methods to individuals buying drugs. PBMs may not require pharmacies to collect a copayment that is in excess of what the pharmacy is paid for a drug. PBMs are</p>	n/a	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
		prohibited from recouping the adjudicated cost from pharmacies.		
<b>Behavioral Health</b>				
	<b>Funding for Minimum Wage</b> Includes approx. \$6.6 million for increase under OMH and approx. \$7 million under OASAS.	ACCEPTS	ACCEPTS	ACCEPTS Executive proposal
	<b>Funding for Increased Wages for Direct Care Workers</b> 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 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	ACCEPTS	ACCEPTS Executive proposal

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
		code 351 as eligible for such funding		
	<b>Behavioral Health VAP Funding</b> Includes \$50 million for Vital Access Provider (VAP) services for Essential Behavioral Health services.	ACCEPTS	ACCEPTS	ACCEPTS
	<b>Mental Health Facilities Capital Improvement Fund</b> 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	ACCEPTS Executive proposal
	<b>OASAS Treatment Funding</b> 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	ACCEPTS Executive funding and INCLUDES approx. \$12 million in new operational and grant funding and \$10 million in new capital funding to expand substance abuse supports and services
	<b>Mental Health/Primary Care Integration</b>	ACCEPTS	ACCEPTS	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State 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.			
	<b>Demonstration Program for Specialized Inpatient Psychiatry Units</b> 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	ACCEPTS
	<b>Community Reinvestment</b> Extends for three years community reinvestment for State psych center closings at a rate of \$110,000 per bed.	ACCEPTS	ACCEPTS	ACCEPTS
	<b>Voluntary Restoration to Competency Programs</b> Authorizes OMH to permit restoration to competency within local and State	REJECTS	REJECTS	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	operated jail-based residential settings.			
	<b>OMH/OPWDD as Representatives</b> Extends three years the authority of OMH and OPWDD facility directors to act as representative payees to use funds.	ACCEPTS	ACCEPTS	ACCEPTS
	n/a	<b>Children’s Behavioral Health Funding</b> 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	<b>Children’s Behavioral Health Funding</b> 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	MODIFIES by appropriating \$10 million for children’s behavioral health capital funding and \$30 million over two years to move forward with the children BH transition to managed care.
	n/a	<b>Insurance Ombudsman</b>	<b>BH Ombudsman</b>	ACCEPTS proposal to create a behavioral health

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
		Creates Ombudsman to assist with insurance issues	Creates a new Independent Behavioral Health Ombudsman Program	ombudsman to help individuals ensure that they receive appropriate health insurance coverage. Includes \$1.5 million for this program.
		<b>Prohibiting Pre-authorization for SUD Treatment</b>		<p><b>INCLUDES</b> Pre-authorization Prohibition for substance use disorder outpatient, outpatient rehabilitation, intensive outpatient and opioid treatment services for the first two weeks of continuous treatment (up to 14 visits).</p> <p>Providers must notify health insurance plan within 48 hours of start of treatment with initial treatment plan.</p>
	n/a	<p><b>OASAS Demos</b></p> <p>The Senate adds the following substance abuse proposals:</p> <ul style="list-style-type: none"> <li>• Authorizes the Office of Alcoholism and</li> </ul>	n/a	<p><b>REJECTS</b> most of the Senate’s proposals</p> <p><b>INCLUDES</b> proposals regarding:  <b>Certified Peer Recovery Advocate Services</b></p>

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
		<p>Substance Abuse Services (OASAS) to provide funding substance use disorder and/or compulsive gambling programs</p> <ul style="list-style-type: none"> <li>• Codify the peer engagement program</li> <li>• Criminalize the act of offering or accepting kickbacks from an individual providing substance abuse services in exchange for patient referral and admission</li> <li>• Create a Family Support and Recovery Services Demonstration Program</li> <li>• Allow for the voluntary certification of sober homes</li> <li>• Create mandatory Assisted Outpatient Treatment for substance abuse</li> <li>• Require OASAS to assess the effectiveness of current state</li> </ul>		<p><b>Program</b> to establish a program to support the recovery goals of individuals who use drugs and/or alcohol. Services may include but not be limited to:</p> <ul style="list-style-type: none"> <li>• developing recovery plans;</li> <li>• assisting with applying for benefits;</li> <li>• accompanying clients to medical appointments; and</li> <li>• peer engagement coordination with hospital emergency services to assist any patient that has been administered an opioid antagonist by a medical provider to establish connections to treatment after an opioid overdose</li> </ul>

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
		<p>supported services and include such information in the statewide comprehensive plan</p> <ul style="list-style-type: none"> <li>• Create an ombudsman within OASAS to assist consumers and providers with insurance issues, including network adequacy</li> <li>• Establish jail based substance use disorder treatment programs</li> </ul>		<p>reversal or after discharge</p> <p><b>Behavioral Health Ombudsman</b> to assist consumers with ensuring that they receive appropriate insurance coverage. \$1.5 million in funding is provided for this program.</p>
	n/a	<p><b>OMH Funding</b> Includes nearly \$12 million in new funding for community and residential mental health services</p>	n/a	<p>INCLUDES approximately \$7 million in new operational and grant funding.</p>
	n/a	<p><b>Western NY Children’s Psych Center</b> Requiring Western New York Children's Psychiatric Center be maintained in Erie County as a separate and distinct entity, both organizationally and</p>	n/a	<p>REJECTS</p>



SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
		physically, from other facilities.		
	n/a	<b>Psych Facility Closure</b> 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	REJECTS
	n/a	n/a	n/a	<b>INCLUDES Children and Recovering Mothers Program</b> Authorizes the Commissioner of DOH in consultation with the Commissioner of OASAS to establish a program to provide health care providers, hospitals and midwifery birthing centers with education and assistance for providing care to expectant mothers with a substance use disorder. This includes but is not limited to information on medication assisted treatment, referral

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
				<p>information for recovery services, a system for rapid consultation and referral linkage services for obstetricians and primary care providers, and guidance on the identification of signs and symptoms of substance abuse disorder.</p> <p>Establishes a Workgroup of stakeholders, hospitals, local health departments, and health care providers to evaluate barriers to identifying and treating expectant mothers, newborns, and new parents with a substance abuse disorder.</p>
<b>Developmental Disabilities/ Early Intervention</b>				
	<p><b>Funding for Minimum Wage</b> Includes \$29.9 million to fund minimum wage costs for this sector.</p>	ACCEPTS	ACCEPTS	ACCEPTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	<p><b>Funding for Increased Wages for Direct Care Workers</b> Includes \$90 million to fund wages for direct care workers for this sector.</p>	<p>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 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.</p>	<p>ACCEPTS</p>	<p>ACCEPTS Executive level funding.</p>
	<p><b>Other OPWDD Funding</b> Includes \$37 million in additional funds for residential services and day program services for this sector.</p>	<p>ACCEPTS</p>	<p>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</p>	<p>ACCEPTS Executive funding and includes approx. \$2.3 million in new grant funding.</p>

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
			home with aging caregivers.	
	<p><b>OMH/OPWDD as Representatives</b>  Extends three years the authority of OMH and OPWDD facility directors to act as representative payees to use funds.</p>	ACCEPTS	ACCEPTS	ACCEPTS
	<p><b>OPWDD Managed Care Authority</b>  Extends OPWDD’s managed care authority, currently due to expire in 2019 through 2024.</p> <p>Allows managed care organizations to affiliate with an entity(ies) that are controlled by non-profit organizations to provide care coordination services.</p> <p>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.</p>	ACCEPTS	ACCEPTS	<p>ACCEPTS with modifications to waiver submission provisions to state that nothing shall prevent DOH, in consultation with OPWDD from submitting waiver applications expanding eligibility to children under 18 years of age who are eligible for Medicaid.</p> <p>Also includes new language requiring OPWDD to assess the quality and outcomes of managed care for individuals with developmental disabilities, including</p>

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	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.			their experience and satisfaction, and report to the Legislature by December 31, 2022.
	n/a	INCLUDES a new proposal related to Individualized residential alternatives (IRAs) requiring at least 180 days 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.	INCLUDES IRA proposal with modification to require at least 90 days notice.
	<p><b>Early Intervention</b> Includes a series of changes to the Early Intervention program to:</p> <ul style="list-style-type: none"> <li>• Replace the current multidisciplinary evaluation process with new screening, evaluation, and review procedures.</li> </ul>	REJECTS	<p>REJECTS and REPLACES with a \$25 million covered lives assessment on insurance companies.</p> <p>ACCEPTS a 2% rate increase.</p>	REJECTS

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	<ul style="list-style-type: none"> <li>• Revise the evaluation process 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.</li> <li>• Require service coordinators to inform parents of the new screening, evaluation, and review procedures.</li> <li>• 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</li> </ul>			

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	<p>evaluation would be conducted.</p> <ul style="list-style-type: none"> <li>• For children with a diagnosed physical or mental condition, eligibility would be established using the child’s medical records.</li> <li>• 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 assessment of any transportation needs.</li> <li>• 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.</li> </ul>			

SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> </ul>			



SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	<p>requirements under the policy.</p> <ul style="list-style-type: none"> <li>• Increase the maximum fine for improper or false claims.</li> <li>• Provide for a two percent rate increase to EI providers upon enactment of the requirement that providers appeal insurer payment denials.</li> </ul>			
	<p><b>Traumatic Brain Injury (TBI) Article 28 Clinics</b> 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.</p>	ACCEPTS	ACCEPTS	ACCEPTS
	n/a	n/a	n/a	<p><b>First Responder Training Program</b> Establishes a First Responder Training Program to provide</p>

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				<p>instruction and information to firefighters, police officers, and emergency medical services personnel on appropriate recognition and response techniques for handling emergency situations involving individuals with autism spectrum disorder and other developmental disabilities.</p> <p>Requires OMH in coordination with OPWDD to provide the training to all emergency medical personnel including but not limited to first responders, emergency medical technicians, advanced emergency technicians, and emergency vehicle operators.</p>
<b>Special Education</b>				

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	<p><b>School District Waivers</b>            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 consistent with applicable federal requirements, and will enhance student achievement and/or opportunities for placement in regular classes and programs.</p>	ACCEPTS	REJECTS	REJECTS
<b>Public Health</b>				
	<p><b>Public Health Program Consolidations</b>            As in prior years, the Executive Budget would consolidate thirty public health and workforce programs under NYSDOH into four categories or</p>	REJECTS	REJECTS	REJECTS

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	<p>buckets to compete for funds. Also applies a 20% cut to generate approx. \$9.2 million.</p> <p>The four categories are:</p> <ul style="list-style-type: none"> <li>• Disease Prevention and Control which includes the Obesity &amp; Diabetes program, two Hypertension Prevention programs and others for a total of 8 programs;</li> <li>• Maternal and Child Health which includes 6 programs;</li> <li>• Public Health Workforce which includes Worker Retraining, Rural Health programs, GME DANY and GME AHEC and others for a total of 10 programs; and</li> <li>• Health Outcomes and Advocacy for a total of 6 programs.</li> </ul>			

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	<p><b>School-Based Health Centers</b> Public Health funding for School-Based Health Centers is proposed at the same level as SFY 2017-18, a total of \$17 million.</p>	ACCEPTS	ACCEPTS AND INCLUDES \$3,823,000 in new funds for SBHCs.	ACCEPTS AND INCLUDES \$3,823,000 in new funds for SBHCs.
	<p><b>Cancer Services Funding</b> Includes \$19,825,000 in funding for evidence-based cancer services programs.</p>	ACCEPTS and INCLUDES \$5.4M in new funding for this program	ACCEPTS	ACCEPTS Executive level of funding.
	<p><b>Tobacco Control Program Funding</b> 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.</p>	ACCEPTS	ACCEPTS	ACCEPTS
	<p><b>Cystic Fibrosis (CF) Program Funding</b> Includes \$800,000 for the CF under 21 program.</p>	ACCEPTS	ACCEPTS	ACCEPTS
	<p><b>Spinal Cord Injury Research</b> Includes \$8.5 million for spinal cord injury research.</p>	ACCEPTS	ACCEPTS	ACCEPTS

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	<p><b>Reducing Lead Paint Exposure</b> 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.</p> <p>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.</p> <p>Inspection reports and remediation outcomes are to be reported to the Department of Health.</p> <p>Also directs owners of structures built prior to January 1, 1978 adequately</p>	<p>MODIFIES the Executive recommendation to reduce the risk of exposure to lead paint in residential and non-residential settings to:</p> <p>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.</p> <p>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.</p>	ACCEPTS	<p>REJECTS and INCLUDES a new provision which would require verification that a student has been screened for lead when enrolling in child care, pre-school or kindergarten. Would also require the department to develop education materials on the danger of lead exposure.</p> <p>INCLUDES \$900,000 in new funding for reducing risks and effects to children associated with lead exposure given as grants determined by a Senate Resolution with DOB approval.</p>

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	maintain those buildings to prevent deterioration of lead paint.	Authorize schools outside of New York City to access children's blood lead test results in the statewide immunization system, consistent with the policy followed by New York City DOE and DOHMH.		
	n/a	<p><b>Lactation Support</b></p> <p>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.</p>	n/a	ACCEPTS both Senate proposals for lactation support.
				<p><b>Asthma Research</b></p> <p>INCLUDES a new proposal that would require the Department of Health to prepare a study</p>

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				to address the high burden of asthma in the boroughs of Brooklyn and Manhattan to be completed within two years.
<b>Transportation</b>				
	<b>EMS Providers</b> 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	REJECTS
<b>Insurance</b>				
	<b>Medication Adherence Programs</b> Administrative Proposal to require Medicaid Managed Care plans to develop a medication adherence program which	No Action	No Action	ADMINISTRATIVE ACTION



SECTOR	Executive Budget	Senate One House Budget	Assembly One House Budget	Final State Budget
	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.			
	<p><b>Child Health Plus (CHP)</b></p> <p>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.</p> <p>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.</p>	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	REJECTS