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January 21, 2022

**SFY 2022-23 Executive Budget  
Health/Mental Hygiene Budget Summary**

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Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
<i>MULTIPLE SECTORS</i>			
<b>Global Spending Cap</b>	Updates the metric used to set the global cap spending limit from a 10-year rolling average of the Medicaid component of the Consumer Price Index to a five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by the Centers for Medicare and Medicaid Services' actuary. Extends it through SFY 2024.	Health/MH Article VII, Part H	Savings: \$366 million
<b>Medicaid Rate Increases/Restorations</b>	The Governor's budget proposes to restore the 1.5% across the board Medicaid cuts that were previously enacted for Medicaid providers. In addition, the Governor proposes to provide an increase in Medicaid rates of an additional 1 percent this year, excluding certain providers/services including pharmacy and insurance plan payments.	Health/MH Article VII, Part I and NYS FY 2023 Financial Plan	<p>The 1.5% restoration will cost \$140.795 million</p> <p>The 1% trend increase will cost \$318.3 million State share in FY 2023 and FY 2024</p>

<b>Proposal</b>	<b>Description</b>	<b>Location in Budget</b>	<b>SFY 2023 Savings/Cost if Any/ Known</b>
<b>DSRIP</b>	Extends ability of DOH and OMH, OASAS, OPWDD to waiver regulatory requirements under DSRIP through 4/1/25.	Health/MH Article VII, Part GG	
<b>Telehealth Parity</b>	<p>Establishes reimbursement parity for telehealth services by requiring health plans, including those in Medicaid, to reimburse providers for services delivered through telehealth on the same basis, and at the same rate, as services delivered in person.</p> <p>The bill states that telehealth shall not require reimbursement to a provider for certain costs including facility fees, costs reimbursed through APGs or other clinic reimbursement methodologies if such costs were not incurred in the provision of telehealth services due to neither the originating site of the patient/client nor the distant site of the provider occurring within a facility or other clinic setting.</p>	Health/MH Article VII, Part V	
<b>Human Services COLA</b>	Provides a 5.4% human services COLA effective 4/1/22 for programs and services under OMH, OASAS, OPWDD,	Health/MH Article VII, Part DD	The Financial Plan had \$130.8M available for a

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	OTDA, OCFS and SOFA		potential COLA. The 5.4 percent COLA would cost a total of \$411M, resulting in an additional cost to the Financial Plan of \$280.2M
<b>General Public Health Work County Support</b>	Allows DOH to increase annual base grant funding to full-service Local Health Departments to \$750,000 (\$ 1.30 per capita for larger counties) and to all partial-service to \$577,500. This bill would also allow all LHDs to claim up to 50% of personnel services costs for State Aid reimbursement.	Health/MH Article VII, Part E	Cost of \$25.7 million in FY 2023 and a full annual impact of \$5 1.5 million beginning in FY 2024.
<b>Essential Community Provider/VAP Funding</b>	Continues level funding of \$132 million	Aid to Localities, Department of Health	
<b>Health Homes</b>	Includes \$524.01 million for Health Homes	Aid to Localities, Department of Health	
<b>SHIN-NY</b>	Continues level funding of \$30 million	Capital Projects, Department of Health	
<b>All Payers Database</b>	Continues level funding of \$10 million	Capital Projects,	

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
		Department of Health	
<b>Statewide Healthcare Transformation Fund IV</b>	<p>Creates the Statewide Healthcare Transformation Fund IV with \$1.6B.</p> <p>Includes \$450M for community-based providers including \$25M for community providers, \$25M for providers pursuant to articles 31, 32, 16, 36 and hospice, \$50M for residential healthcare facilities/adult care facilities to be awarded by 12/31/22 from applications from round III.</p> <p>Provides up to \$200 million to be awarded, without a competitive bid or request for proposal, for grants to health care providers for modernization of an emergency department (ED) of “regional significance.”</p> <p>Regional significance means it:</p> <ul style="list-style-type: none"> <li>- Serves as a Level 1 Trauma Center with the highest volume</li> </ul>	Health/MH Article VII, Part K	State Fiscal Impact of \$35 million in FY 2023, \$75 million in FY 2024, \$205 million in FY 2025, \$270 million in FY 2026, and \$265 million in FY 2027.

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	<p>in its region;</p> <ul style="list-style-type: none"> <li>- Has the capacity to segregate patients with communicable diseases, trauma or severe behavioral health issues from other patients in the ED;</li> <li>- Provides training in emergency care and trauma care to residents from multiple hospitals in the region; and</li> <li>- Serves a high proportion of Medicaid patients.</li> <li>-</li> </ul>		
<b>Marriage Certificates</b>	This bill would amend domestic relations law to allow for changes in name or gender to make it easier for New Yorkers to accurately express their gender identity.	Health/MH Article VII Part Y	
<b>Rename the Office of Minority Health</b>	This bill would rename the Office of Minority Health under the Department of Health to the Office of Health Equity, and redefine the mission and scope for the office.	Health/MH Article VII, Part X	

<b>Proposal</b>	<b>Description</b>	<b>Location in Budget</b>	<b>SFY 2023 Savings/Cost if Any/ Known</b>
<b>New York State Department of Health Oversight of Certain Professions</b>	This proposal would remove the health care professions (including physicians, nurses, pharmacists, certified pharmacy technicians, respiratory therapists, midwives, dentists, chiropractors, social workers, massage therapists, others) from Title VIII of the Education Law and include those professions in the Health Law. This would correspond with a transfer of oversight, regulation, agency actions, and records from SED to DOH.	Health/MH Article VII, Part G	
<b>988 Crisis Program</b>	Establishes the infrastructure for the 988 suicide prevention and behavioral health crisis hotline system.	Health/MH Article VII, Part EE	
<b>Health Care/Mental Health Workforce Bonuses</b>	One-time bonus of \$3000 for workers who make up to \$100,000 annually; employers with at least one employee who serves Medicaid and 20% of revenue derived from Medicaid are eligible to receive monies for bonus payments. It imposes substantial obligations on employers and penalties for failure to identify claim and pay a bonus for each employee. The OMIG is responsible for audits of	Health/MH Article VII, Part D	\$1.2 billion State share expense

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	payments and actions by employers. ARP and HCBS monies are referenced as sources.; Income tax not applied		
<b>Statutory Extenders</b>	<ul style="list-style-type: none"> <li>• Extends the deadline to determine the Assisted Living Program (ALP) Need Methodology through April 1, 2025.</li> <li>• Extends provisions related to the Statewide Patient Centered Medical Home program through April 1, 2025.</li> <li>• Extends authorization for temporary operators of adult homes permanently.</li> <li>• Extends the authority of the Department to make DSH/IGT payments to hospitals outside of NYC through March 31, 2025.</li> <li>• Extends authorization of pharmacists to enter into collaborative agreements with physicians in certain settings (CDTM) permanently.</li> <li>• Extends a Statewide Medicaid</li> </ul>	Health/MH Article VII Part CC	



Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	integrity and efficiency initiative for the purpose of achieving audit recoveries through March 31, 2024.		
<b>Homeless Youth Health Care Consent</b>	This bill would authorize homeless youth to consent to their own medical, dental, health, and hospital services. Currently, a minor, including a minor who is homeless, needs the consent of a legal guardian to obtain most health care services.	Education, Labor and Family Assistance Article VII, Part P	
<i>HOSPITALS</i>			
<b>Hospital Rates</b>	Extends hospital rebasing rates through 1/1/24.	Health/MH Article VII, Part J	
<i>LONG TERM CARE/ HOME CARE/ NURSING HOMES</i>			
<b>Notice for Changes in Ownership in Licensed Entities</b>	Includes new provisions for changes in ownership of all licenses entities including home care agencies. Under the proposal, DOH will consider a need methodology for any transfer of a license for a licensed home care services agency (LHCSA).	Health/MH Article VII, Part L	

<b>Proposal</b>	<b>Description</b>	<b>Location in Budget</b>	<b>SFY 2023 Savings/Cost if Any/ Known</b>
<b>Competitive Bidding for Managed Care</b>	Would require MCOs and MLTCs to go through a competitive bidding process with the DOH (similar to the recent fiscal intermediary RFO) in order to be allowed to continue to operate as a MCO or a MLTC in New York State. The Request for Proposals (“RFP”) would be posted on the Department of Health website, along with the criteria the Department would consider and the manner in which the selections would be made.	Health/MH Article VII, Part O & P	Fiscal savings of \$100 million in FY 2024 and \$200 million in FY 2025.
<b>Criminal Background Checks (Clean Slate Act)</b>	Would seal the convictions of certain felonies after 7 years and misdemeanor records after 3 years, DCJS would not be authorized to provide criminal history information that is sealed. The proposal provides limited exemptions.	Public Protection Article VII, Part AA	
<b>New York State Department of Health Oversight of Certain Professions</b>	This proposal would remove the health care professions (including physicians, nurses, pharmacists, pharmacy technicians, respiratory therapists, midwives, dentists, chiropractors, social workers, massage therapists, others) from Title VIII of	Health/MH Article VII, Part G	

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	the Education Law and include those professions in the Health Law. This would correspond with a transfer of oversight, regulation, agency actions, and records from SED to DOH.		
<b>Medication Administration and Non-Patient Specific Orders for COVID-19, Flu, and Upper Respiratory Testing</b>	Changes laws to allow certified medication aides to administer routine medications under certain conditions and in certain institutional settings; allows physicians and NPs to issue non-patient specific standing orders for COVID-19, flu and upper respiratory illness testing, and allows registered professional nurses to collect specimens from patients for COVID-19 or flu testing with training and under the supervision of a registered nurse, NP or physician.	Health/MH Article VII, Part C	
<b>Health Care Workforce Bonuses</b>	Establishes Healthcare Workforce Bonuses of \$3000 on a one time basis, employers eligible subject to certificate of need or with at least one employee who serves Medicaid and 20% of revenue derived from Medicaid are eligible to receive monies for bonus payments. It imposes	Health/MH Article VII, Part D	FY 2023 Cost \$861.248 Million

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	substantial obligations on employers and penalties for failure to identify claims and pay a bonus for each employee. The OMIG is responsible for audits of payments and actions by employers. ARPA and HCBS monies are referenced as sources.		
<b>Medicaid Global Cap Metric Modification and Extension</b>	Updates the metric used to set the global cap spending limit from a 10-year rolling average of the Medicaid component of the Consumer Price Index to a five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by the Centers for Medicare and Medicaid Services' actuary.	Health/MH Article VII, Part H	FY 2023 Cost \$366.000 million; FY 2024 Cost \$899.380 million
<b>Increase Medicaid Trend Factor by 1%</b>	Allows for a payment of 1% across the board for health care providers including licensed home health care agencies.	Health/MH Article VII, Part I	FY 2023 Cost \$318.310 million; FY 2024 Costs \$318.310 million
<b>Capital Support</b>	\$1 billion for Statewide Health Transformation Fund IV with commitment of \$450 million for community based providers and	Health/MH Article VII, Part K	

<b>Proposal</b>	<b>Description</b>	<b>Location in Budget</b>	<b>SFY 2023 Savings/Cost if Any/ Known</b>
	others.		
<b>Interstate Licensure Compacts</b>	Establishes that NY will join the interstate medical licensure compact and interstate nursing licensure compact with other states in the compact for a streamlined licensure process with one application	Health/MH Article VII, Part B	
<b>Private Nursing Duty</b>	The commissioner shall increase private duty nursing rates for the care of medically fragile adults.	Health/MH Article VII, Part O	FY 2024 Cost \$25.600 million
<b>LCHSA RFO</b>	Licensed Agency RFO 5/1/22	Medicaid Scorecard	FY 2024 Savings \$25 million
<b>Uniform Tasking Tool</b>	Eliminates language which required standardized Uniform Tasking Tool, substitutes Guidelines	Health/MH Article VII, Part MM	
<b>Implement Prior Nursing Home Reforms</b>	Amend Definition of Revenue to Exclude Capital Per Diem, Expand NH Quality Pool (NHQP), Increase Nursing Home Vital Access Provider Funding (VAP) 4/1/22	Health/MH Article VII, Part M	FY 2023 Cost \$100 million
<b>Increase Medicaid Eligibility for Seniors and Persons with Disabilities</b>	Amend SS 366 to remove resources from consideration for Medicaid eligibility and increase the income limit of the Federal Poverty Level for Seniors and Persons with Disabilities	Health/MH Article VII, Part N	FY 2023 Cost \$5 million FY 2024 Cost \$20 Million

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
<i>PHYSICIANS/ HEALTHCARE PROFESSIONALS</i>			
<b>Physician Excess Medical Malpractice Program</b>	The program is extended through June 30, 2023. Restructures payments from one per year to two over two fiscal years if funds in the pool are sufficient and pursuant to eligibility requirements, beginning 7/1/22. Funded at \$102.1 million.	Health/MH Article VII, Part Z	Savings of \$51.1 million in FY 2023.
<b>Doctors Across New York</b>	Funds the program at \$15,865,000, an increase from \$7,252,000 in funding in the final state budget for SFY 2021-22, a cut from prior years.	Aid to Localities, Department of Health	Increases state investment by \$8,613,000.
<b>Nurses Across New York</b>	Establishes the Nurses Across New York (NANY) loan repayment program, which would reimburse nurses working in underserved communities for loan repayment over three years.	Health/MH Article VII, Part A	The State will invest \$2.5 million in FY 2023 and \$3.0 million in FY 2024
<b>Health Care/Mental Health Workforce Bonuses</b>	One-time bonus of \$3000 for workers who make up to \$100,000 annually; employers with at least one employee who serves Medicaid and 20% of revenue derived from Medicaid are eligible to receive monies for bonus payments. It imposes substantial	Health/MH Article VII, Part D	\$1.2 billion State share expense

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	obligations on employers and penalties for failure to identify claim and pay a bonus for each employee. The Office of Medicaid Inspector General is responsible for audits of payments and actions by employers. ARP and HCBS monies are referenced as sources.; Income tax not applied		
<b>Nurse Practitioner (NP) Independent Practice in Primary Care</b>	Removes requirement for NP in primary care with over 3600 hours experience to maintain a collaborative relationship with physicians. Makes the program permanent by removing the expiration currently in statute.	Health/MH Article VII, Part C	
<b>Medication Administration and Non-Patient Specific Orders for COVID-19, Flu, and Upper Respiratory Testing</b>	Changes laws to allow certified medication aides to administer routine medications under certain conditions and in certain institutional settings; allows physicians and NPs to issue non-patient specific standing orders for COVID-19, flu and upper respiratory illness testing, and allows registered professional nurses to collect specimens from patients for COVID-19 or flu testing with training and under the supervision of a	Health/MH Article VII, Part C	

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	registered nurse, NP or physician.		
<b>Interstate Licensure Compacts</b>	Establishes that New York State will join the interstate medical licensure compact and interstate nursing licensure compact with other states in the compact for a streamlined licensure process with one application.	Health/MH Article VII, Part B	
<b>Prescriber Prevails</b>	Eliminates prescriber prevails under FFS and MMC except for 9 classes of drugs currently allowed under MMC.	Health/MH Article VII, Part BB	\$41.21 million in net State savings in FY 2023 and \$49.45 million in net State savings in FY 2024.
<b>New York State Department of Health Oversight of Certain Professions</b>	This proposal would remove the health care professions (including physicians, nurses, pharmacists, pharmacy technicians, respiratory therapists, midwives, dentists, chiropractors, social workers, massage therapists, others) from Title VIII of the Education Law and include those professions in the Health Law. This would correspond with a transfer of oversight, regulation, agency actions,	Health/MH Article VII, Part G	



Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	and records from SED to DOH.		
<b>Modernize Emergency Medical Services</b>	<ul style="list-style-type: none"> <li>• Define emergency medical services to mean: “care of a person to, from, at, in or between the person’s home, scene of injury, hospitals, health care facilities, public events or other locations by emergency medical services practitioners as a patient care team member for services including but not limited to emergency, non-emergency, specialty, low acuity, preventative and other services.</li> <li>• Establish an Emergency Medical Services Quality and Sustainability Assurance Program, which may include development of clinical standards, quality metrics, safety standards, emergency vehicle operation standards, and clinical standards.</li> <li>• Provide that EMS services agencies that don’t meet standards and requirements may be subject to enforcement actions.</li> <li>• Require NYS DOH in consultation</li> </ul>	Health/MH Article VII, Part G	A one-time cost of \$5 million

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	<p>with the State Emergency Medical Advisory Council to develop and maintain a statewide comprehensive EMS system plan to provide for a coordinated system in the State.</p> <ul style="list-style-type: none"> <li>• Require each regional EMS advisory committee to develop and maintain a comprehensive regional emergency medical system plan.</li> <li>• Require each county to develop and maintain a comprehensive county emergency medical system plan.</li> </ul>		
<b>Third Trimester Syphilis Screenings</b>	<p>Would amend Public Health Law to require syphilis testing of pregnant patients by a physician or other authorized practitioner in the third trimester consistent with any guidance and regulations issued by the Department of Health.</p>	Health/MH Article VII, Part T	
<b>Eliminate Unnecessary Requirements from the Utilization Threshold (UT) Program</b>	<p>This proposal would reduce administrative burden from the UT program for fee-for-service (FFS) providers. Would move monitoring service utilization from a prospective</p>	Health/MH Article VII, Part W	\$230,000 in State savings in FY 2023 and the out years.

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	to a retrospective function and would remove the requirement for provider-submitted increase requests. This would eliminate the current administrative burden of requesting increases to benefit limits for members and providers.		
<i>PHARMACY/PHARMACEUTICALS</i>			
<b>Prescriber Prevails</b>	Eliminates prescriber prevails under FFS and MMC except for 9 classes of drugs currently allowed under MMC.	Health/MH Article VII, Part BB	\$41.21 million in net State savings in FY 2023 and \$49.45 million in net State savings in FY 2024.
<b>CLIA-Waived Testing</b>	Allows licensed pharmacists to serve as limited service laboratory, directors ordering and administering CLIA-waived tests.	Health/MH Article VII, Part C	
<b>Collaborative Drug Therapy Management (CDTM)</b>	Makes current CDTM law, which expires this year permanent.	Health/MH Article VII, Part CC	
<b>Naloxone/MAT</b>	Requires pharmacies to stock a 30 day supply of naloxone and MAT/ Buprenorphine, as permitted within	Health/MH Article VII, Part HH	

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
<p><b>New York State Department of Health Oversight of Certain Professions</b></p>	<p>DEA rules and wholesaler thresholds</p> <p>This proposal would remove the health care professions (including physicians, nurses, pharmacists, certified pharmacy technicians, respiratory therapists, midwives, dentists, chiropractors, social workers, massage therapists, others) from Title VIII of the Education Law and include those professions in the Health Law. This would correspond with a transfer of oversight, regulation, agency actions, and records from SED to DOH.</p>	<p>Health/MH Article VII, Part G</p>	
<p><b>Clinical Standards in Pharmacy Benefits in FFS</b></p>	<p>Establishes parity and uniform clinical standards across both Medicaid and retail pharmacy benefits in FFS to leverage existing management tools under the pharmacy benefit to establish utilization management tools for drugs dispensed under the medical benefit. This will savings from additional rebates from drug manufacturers in FY24.</p>	<p>Administrative per the SFY Medicaid Scorecard</p>	<p>Cost of \$5 million</p>

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
<i>BEHAVIORAL HEALTH</i>			
<b>Human Services COLA</b>	<p>Provides a 5.4% human services COLA effective 4/1/22 for programs and services under OMH, OASAS, OPWDD, OCFS, OTDA, SOFA;</p> <p>Provides \$33.7 million for COLA for OASAS programs/services and \$ million for COLA for OMH programs/services</p>	Health/MH Article VII, Part DD	The Financial Plan had \$130.8M available for a potential COLA. The 5.4 percent COLA would cost a total of \$411M, resulting in an additional cost to the Financial Plan of \$280.2M
<b>988 Crisis Program</b>	Establishes the infrastructure for the 988 suicide prevention and behavioral health crisis hotline system.	Health/MH Article VII, Part EE	Provides \$35 million in Aid to Localities OMH budget for this
<b>Behavioral Health Reinvestments</b>	Provides the methodology for BH reinvestment from carve into MMC, per targets/MLRs which account for plan recoupment of under spending; Eliminates requirement for regulation. \$111M state share for SFY 2023. The Commissioner of Health share provide information on funds available for reinvestment in the annual report	Health/MH Article VII, Part FF	The FY 2023 Executive Budget plans for the full reinvestment of the \$111M State share of FY 2022 actual and FY 2023 projected recoveries

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	required under section 45-c of part A of chapter 56 of the laws of 2013.		
<b>DSRIP</b>	Extends ability of DOH and OMH, OASAS, OPWDD to waiver regulatory requirements under DSRIP through 4/1/25.	Health/MH Article VII, Part GG	
<b>Naloxone/MAT</b>	Requires pharmacies to stock a 30 day supply of naloxone and MAT/ Buprenorphine, as permitted within DEA rules and wholesaler thresholds	Health/MH Article VII, Part HH	
<b>Temporary Operators</b>	Permanently allow OMH and OPWDD to appoint temporary operators to operate programs and services	Health/MH Article VII, Part OO	
<b>Recovery Residences</b>	Establishes new certification process for recovery residences under OASAS	Health/MH Article VII, Part II	Cost of \$850, 000
<b>Expanding Alcohol Awareness</b>	Expands alcohol awareness programs to include other forms of addiction and recreational cannabis.	Health/MH Article VII, Part JJ	Cost of \$750,000
<b>OASAS Capital Reforms</b>	Expedites the development of capital projects to support voluntary-operated addiction services programs under OASAS and DASNY.	Health/MH Article VII, Part KK	
<b>Extending APGs</b>	Extends Behavioral Health APG payments through 3/31/27, including for behavioral health crisis programs	Health/MH Article VII, Part LL	

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	licensed by OMH/OASAS per Article 26 of MH law		
<b>Extending Kendra's Law</b>	Extends Kendra's law and the Assisted Outpatient Treatment through 6/30/27.	Health/MH Article VII, Part MM	\$ 100,000 in savings to the Financial Plan
<b>Expanding Property Pass</b>	Expand the Property Pass to expand allowable reimbursement to supportive housing providers for property costs effective 4/1/22 and would allow OMH to assist providers in responding to annual property related cost increases for supportive housing programs	Health/MH Article VII, Part NN	
<b>Behavioral Health VAP</b>	Continues level funding of \$50 million	Aid to Localities, Department of Health	
<b>OMH Funding</b>	All funds spending for OMH services in Aid to Localities is increased by \$789.635 million from SFY 2022	Aid to Localities, OMH	
<b>Minimum Wage Funding for OMH Providers</b>	\$5.4 million is provided for minimum wage funding under OMH	Aid to Localities, OMH	
<b>BH Investment from MMC Carve In- OMH</b>	Allocates \$74M from the plan recoupments for OMH	Aid to Localities, OMH	
<b>OMH COLA</b>	Provides 5.4% COLA totaling \$95		

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	million for OMH		
<b>OASAS Funding</b>	All funds spending for OASAS services in Aid to Localities is increased by \$513,806,500 from SFY 2022	Aid to Localities OASAS	
<b>Minimum Wage Funding for OASAS Providers</b>	\$2 million is provided for minimum wage funding under OASAS	Aid to Localities, OASAS	
<b>BH Investment from MMC Carve In- OASAS</b>	Allocates \$37M from the plan recoupments for OASAS	Aid to Localities, OASAS	
<b>OASAS COLA</b>	Provides 5.4% COLA totaling \$33.7 million for OASAS	Aid to Localities, OASAS	
<b>Opioid Settlement</b>	Allocates \$265,952,000 from Opioid Settlement Fund in OASAS budget	Aid to Localities, OASAS	
<b>Opioid Addiction Services</b>	Includes \$200 million for services and expenses for a public health-style mitigation strategy for opioid addiction	Aid to Localities, OASAS	
<i>DEVELOPMENTAL DISABILITIES</i>			
<b>Continuity of Coverage for Vulnerable Seniors and Individuals with Disabilities</b>	Would make statutory changes necessary to eliminate the Medicaid resource test and raise the income level of the Federal Poverty Level to 133% for Vulnerable Seniors and individuals with Disabilities.	Health/MH Article VII, Part N	State share investment of \$5 million in FY 2023 growing to \$20 million in FY 2024



<b>Proposal</b>	<b>Description</b>	<b>Location in Budget</b>	<b>SFY 2023 Savings/Cost if Any/ Known</b>
<b>Human Services COLA</b>	Provides a 5.4% human services COLA effective 4/1/22; Provides \$149.105 million for OPWDD COLA	Health/MH Article VII, Part DD	The Financial Plan had \$130.8M available for a potential COLA. The 5.4 percent COLA would cost a total of \$411M, resulting in an additional cost to the Financial Plan of \$280.2M
<b>OPWDD Bonuses</b>	Provides for additional bonuses for OPWDD workers requiring the Legislature to pass a chapter law in 2022 for the funding	Aid to Localities OPWDD	Provides \$133.196 million for this purpose
<b>Minimum Wage Funding for OPWDD Providers</b>	\$13.203 million is provided for minimum wage funding under OPWDD	Aid to Localities, OPWDD	
<b>OPWDD Funding</b>	All funds spending for OPWDD services is increased by \$2.14 billion from SFY 2021	Aid to Localities OPWDD	
<i>PUBLIC HEALTH</i>			
<b>School-Based Health Centers</b>	Provides funding of \$17,098,000	Aid to Localities, Department of Health	

<b>Proposal</b>	<b>Description</b>	<b>Location in Budget</b>	<b>SFY 2023 Savings/Cost if Any/ Known</b>
<b>Tobacco Control Program</b>	Continues level funding of \$33,144,000	Aid to Localities, Department of Health	
<b>Tobacco Control Enforcement &amp; Education</b>	Continues level funding of tobacco control and cancer services programs at \$3,769,000, 2,174,600 for tobacco enforcement and education and \$75,000 for tobacco enforcement, education and related activities.	Aid to Localities and State Operations, Department of Health	
<b>Cancer Services Program</b>	Continues level funding of \$19.8 million	Aid to Localities, Department of Health	
<b>Hypertension Services</b>	Continues level funding of \$560,000 and \$186,000 for hypertension programs, services and treatments	Aid to Localities, Department of Health	
<b>Diabetes &amp; Obesity Prevention Funding</b>	Continues level funding of \$5,970,000	Aid to Localities, Department of Health	
<b>Area Health Education Centers</b>	Executive Budget does not include funding for AHEC; \$2.2M had been provided as a legislative add in SFY 22 final budget		
<b>Spinal Cord Injury Research Fund Account</b>	Continues level funding of \$8.5 million	Aid to Localities, Department of Health	
<b>Third Trimester</b>	Would amend Public Health Law to	Health/MH Article	

<b>Proposal</b>	<b>Description</b>	<b>Location in Budget</b>	<b>SFY 2023 Savings/Cost if Any/ Known</b>
<b>Syphilis Screenings</b>	require syphilis testing of pregnant patients by a physician or other authorized practitioner in the third trimester consistent with any guidance and regulations issued by the Department of Health.	VII, Part T	
<b>Maternal Health Reforms</b>	Requires commercial coverage of maternal health care including postpartum coverage up to one year after birth.	Health/MH Article VII, Part S	\$6.3 million in FY 2023 and \$ 18.8 million in FY 2024.
<i>INSURANCE</i>			
<b>Essential Plan</b>	Increases eligibility of essential plan from 200% up to 250% of FPL subject to federal approval.	Health/MH Article VII, Part Q	
<b>Child Health Plus Changes</b>	Expands coverage to align with Medicaid coverage; eliminates the \$9 monthly premium for eligible children whose family earns up to 223% of FPL; moves rate setting to DOH and allows DOH to modify rates in conjunction with DFS.	Health/MH Article VII, Part U	
<b>Continuity of Coverage for Vulnerable Seniors and</b>	Would make statutory changes necessary to eliminate the Medicaid resource test and raise the income	Health/MH Article VII, Part N	State share investment of \$5 million in FY

<b>Proposal</b>	<b>Description</b>	<b>Location in Budget</b>	<b>SFY 2023 Savings/Cost if Any/ Known</b>
<b>Individuals with Disabilities</b>	level of the Federal Poverty Level to 133% for Vulnerable Seniors and individuals with Disabilities.		2023 growing to \$20 million in FY 2024
<b>NCI-Designated Cancer Center Coverage</b>	Authorizes health plans offering Medicaid, Essential Plan, and Qualified Health Plan to contract with national cancer institute-designated cancer centers.	Health/MH Article VII, Part P	
<b>Independent Dispute Resolution (IDR) for Emergency Medical Services</b>	<p>The State Budget aligns New York's consumer protections against surprise bills with federal protections under the Federal No Surprises Act, which took effect January 1, 2022.</p> <ul style="list-style-type: none"> <li>• Repeals provisions to exempt emergency services codes under a certain amount from the Independent Dispute Resolution process.</li> <li>• Disputes must be submitted to the IDR entity within three years of the date the health care plan made the original payment on the claim subject to dispute.</li> <li>• The law is applicable to all provider types, rather than just</li> </ul>	Health/MH Article VII, Part AA	

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	<p>physicians and hospitals.</p> <ul style="list-style-type: none"> <li>Includes the in-network median rate recognized by the health care plan as a factor that the IDR entity must consider.</li> <li>Requires health care plans to ensure that members are held harmless for surprise bill amounts in excess of in-network cost sharing.</li> </ul>		
<b>Maternal Health Reforms</b>	Requires commercial coverage of maternal health care including postpartum coverage up to one year after birth.	Health/MH Article VII, Part S	\$6.3 million in FY 2023 and \$ 18.8 million in FY 2024.
<b>Competitive MMC Plan Contracting</b>	Requires competitive procurement of Medicaid managed care and MLTC, MAP and HARP plan contracting effective 4/1/22; Authorizes DOH, OMH and OASAS to limit the number of special needs managed care plans that can manage the needs of Medicaid enrollees with significant behavioral health needs.	Health/MH Article VII, Part P	Fiscal savings of \$100 million in FY 2024 and \$200 million in FY 2025.
<b>Medicaid Plan Payments/Incentives</b>	Restores MMC/MLTC Quality Pools; Moves Integrated Plans to middle of rate range; Adjust HIV SNP rates to	Administrative per SFY 2023 Medicaid	Cost of \$77.25 million for quality pools, \$20 million

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	reflect high needs model	Scorecard	for integrated plans and \$14.717 million for HIV SNPs
<b>Prescriber Prevails</b>	Eliminates prescriber prevails under FFS and MMC except for 9 classes of drugs currently allowed under MMC.	Health/MH Article VII, Part BB	\$41.21 million in net State savings in FY 2023 and \$49.45 million in net State savings in FY 2024.
<b>Reproductive Access Protections</b>	This proposal would require every individual accident and health insurance policy that provides medical, major-medical, or similar comprehensive-type coverage in New York to provide coverage for abortions. Further, the bill would require that the coverage not be subject to copayments, coinsurance, or annual deductibles unless the policy is a high-deductible plan.	Health/MH Article VII, Part R	
<b>Eliminate Unnecessary Requirements from the Utilization Threshold (UT) Program</b>	This proposal would reduce administrative burden from the UT program for fee-for-service (FFS) providers. Would move monitoring	Health/MH Article VII, Part W	\$230,000 in State savings in FY 2023 and the out years.

Proposal	Description	Location in Budget	SFY 2023 Savings/Cost if Any/ Known
	<p>service utilization from a prospective to a retrospective function and would remove the requirement for provider-submitted increase requests. This would eliminate the current administrative burden of requesting increases to benefit limits for members and providers.</p>		
<p><b>Clinical Standards in Pharmacy Benefits in Medicaid FFS</b></p>	<p>Establishes parity and uniform clinical standards across both Medicaid and retail pharmacy benefits in FFS to leverage existing management tools under the pharmacy benefit to establish utilization management tools for drugs dispensed under the medical benefit. This will savings from additional rebates from drug manufacturers in FY24.</p>	<p>Administrative per the SFY Medicaid Scorecard</p>	<p>Cost of \$5 million</p>