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One Commerce Plaza  
Suite 402  
Albany, NY 12210  
Phone: 518.465.7330  
Fax: 518.465.0273  
Website: lobbywr.com

ROBERT REID | SHAUNEEN MCNALLY | MARCY SAVAGE | KELLY FORSTER | KAYLA BOGDANOWICZ | ELIZABETH REID

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

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Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
<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	Rejects the Executive proposal to change how the Medicaid Global Cap is calculated and instead advances language to repeal the State's Medicaid spending cap (S5255)	Rejects the Executive proposal to change how the Medicaid Global Cap is calculated and instead advances language to repeal the State's Medicaid spending cap (A226)
<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	The 1.5% restoration will cost \$140.795 million  The 1% trend increase will cost \$318.3 million State share in FY 2023 and FY 2024	Accepts and modifies by changing the 1% Medicaid rate increase proposal from two years to making it permanent.	Accepts

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<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		Modifies to alter the expiration date to 4/1/23.	Rejects
<b>Telehealth Parity</b>	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. 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.	Health/MH Article VII, Part V		Rejects the Executive's proposal and includes the provision of S5505, which also provides payment parity and clarifies that telehealth providers must be licensed to practice in New York State.	Rejects

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<b>Human Services COLA</b>	Provides a 5.4% human services COLA effective 4/1/22 for programs and services under OMH, OASAS, OPWDD, OTDA, OCFS and SOFA	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	Accepts the Executive's proposal for the 5.4% Human Services COLA and adds an additional 5.4% for SFY 23-24 with the statute effective on and after April 1, 2022.	Increases the Human Services COLA from 5.4% to 11% and would continue an annual COLA based on a CPI-U index, with the statute effective on and after April 1, 2022.
<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.	Modifies the Executive proposal to increase annual base grant funding for Local Health Departments by increasing fringe benefits and restoring New York City's General Public Health Work funding. Provides	Modifies the Executive proposal to increase the annual base grant reimbursed to municipalities for core public health services and authorize local health districts to claim personnel services costs for State Aid

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				an additional \$12.5 million.	reimbursement.
<b>Essential Community Provider/VAP Funding</b>	Continues level funding of \$132 million	Aid to Localities, Department of Health		Accepts	Accepts
<b>Health Homes</b>	Includes \$524.01 million for Health Homes	Aid to Localities, Department of Health		Accepts	Accepts
<b>SHIN-NY</b>	Continues level funding of \$30 million	Capital Projects, Department of Health		Accepts	Accepts
<b>All Payers Database</b>	Continues level funding of \$10 million	Capital Projects, Department of Health		Accepts	Accepts
<b>Statewide Healthcare Transformation Fund IV</b>	Creates the Statewide Healthcare Transformation Fund IV with \$1.6B.  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	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	Modifies the Executive proposal to authorize a fourth round of grants for the Statewide Health Care Facility Transformation Program by	Modifies the Executive proposal to provide funding for capital projects in licensed health care facilities over a multi-year period by increasing the

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	<p>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 in its region;</li> <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</li> </ul>		in FY 2027.	creating a carveout of 25 percent for community-based organizations, including State University of New York hospitals in the program, and including \$400 million for safety net facilities. Retains up to \$200 million for grants to health care providers for modernization of emergency departments of regional significance.	amount of funding set aside for community-based organizations to at least \$100 million, expand the category of providers eligible for funding, and maintaining the Comptroller’s oversight. Retains up to \$200 million for grants to health care providers for modernization of emergency departments of regional significance.

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	<p>from multiple hospitals in the region; and</p> <ul style="list-style-type: none"> <li>- Serves a high proportion of Medicaid patients.</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		Accepts	Rejects
<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		Rejects	Rejects
<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	Health/MH Article VII, Part G		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	those professions in the Health Law. This would correspond with a transfer of oversight, regulation, agency actions, and records from SED to DOH.				
<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		Modifies the Executive proposal by modifying reporting metrics and ensuring call centers are established in-house.	Modifies the Executive proposal by clarifying who is authorized to be a member of a mobile crisis team and includes veterans and members of rural communities to the list of specialized populations.
<b>Health Care/Mental Health Workforce Bonuses</b>	One-time bonus of \$3000 for workers who make up to \$125,000 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	Health/MH Article VII, Part D	\$1.2 billion State share expense	Modifies the Executive proposal by expanding the list of eligible personnel to include other front-line workers in support	Reallocates \$1.2 billion to support recurring wage increases in DOH and various human service agencies. Retains bonus for state employees only.



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	employers and penalties for failure to identify claim and pay a bonus for each employee. The OMIG is responsible for audits of payments and actions by employers. ARP and HCBS monies are referenced as sources.; Income tax not applied			positions and by addressing the benefits cliff that would have inadvertently made certain workers ineligible for public assistance.	
<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</li> </ul>	Health/MH Article VII Part CC		Modifies the Executive proposal as follows: <ul style="list-style-type: none"> <li>• Intentionally omits provisions extending the deadline to determine the (ALP) Need Methodology.</li> <li>• Intentionally omits provisions related to the Statewide Patient Centered</li> </ul>	Modifies Executive proposal as follows: <ul style="list-style-type: none"> <li>• Extends authorization for temporary operators of adult homes through 4/1/31</li> <li>• Extends authorization of pharmacists to enter into collaborative agreements with physicians in certain settings (CDTM)</li> </ul>

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	<p>pharmacists to enter into collaborative agreements with physicians in certain settings (CDTM) permanently.</p> <ul style="list-style-type: none"> <li>• Extends a Statewide Medicaid integrity and efficiency initiative for the purpose of achieving audit recoveries through March 31, 2024.</li> </ul>			<p>Medical Home program.</p> <ul style="list-style-type: none"> <li>• Intentionally omits provisions granting permanent authority to DOH to appoint a temporary operator</li> <li>• Intentionally omits a permanent extension of the CDTM Program.</li> <li>• Intentionally omits an extension of the Statewide Medicaid Integrity &amp; Efficiency Initiative.</li> <li>• Intentionally omits the permanent extension of</li> </ul>	<p>through 7/1/24.</p>

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				<p>the Distressed Provider Assistance Program.</p> <ul style="list-style-type: none"> <li>Intentionally omits extensions to various due dates for working groups and task force reports.</li> </ul>	
<p><b>SENATE: Competitive Bidding Requirements for Health-related Contracts</b></p>	<p>N/A</p>	<p>Senate One House, Health/MH Article VII, Part TT</p>		<p>The Senate includes a new proposal to nullify certain provisions in current law, which exempted contracts from competitive bidding requirements for enrollment brokers, contractors for personal care and CDPAP.</p>	<p>N/A</p>

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<b>ASSEMBLY: Correctional Health Services</b>		Assembly One House Health/MH Article VII, Part QQ		N/A	The Assembly includes a proposal to expand DOH's oversight of prison health services to additional categories of inmates.
<i>HOSPITALS</i>					
<b>Hospital Rates</b>	Extends hospital rebasing rates through 1/1/24.	Health/MH Article VII, Part J		Accepts	Accepts
<b>ASSEMBLY: Financially Distressed Hospitals</b>	N/A	Assembly One House, Health/MH Article VII, Part UU		N/A	The Assembly includes a proposal to eliminate the \$50 million intercept of sales tax revenue outside of New York City; to reduce the New York City intercept from \$200 million to \$150 million; and to instead

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					support these distressed provider payments with \$100 million in General Fund support.
<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		Modifies the Executive proposal by including a study on the current oversight process to identify potential barriers to licensure.	Rejects
<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	Health/MH Article VII, Part O & P	Fiscal savings of \$100 million in FY 2024 and \$200 million in FY 2025.	Rejects	Rejects

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	the Department of Health website, along with the criteria the Department would consider and the manner in which the selections would be made.				
<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		Modifies to allow criminal background checks.	Rejects
<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, and records from SED to DOH.	Health/MH Article VII, Part G		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
<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		Rejects	Rejects
<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 substantial obligations on employers and penalties for failure to identify claims and	Health/MH Article VII, Part D	FY 2023 Cost \$861.248 Million	Modifies the Executive proposal by expanding the list of eligible personnel to include other front-line workers in support positions and by addressing the benefits cliff that	Rejects health care worker wage bonuses and instead reallocates \$1.2 billion to support recurring wage increases in DOH and various human service agencies. Reallocates for COLA and rate

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	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.			would have inadvertently made certain workers ineligible for public assistance.	increases.
<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	The Senate rejects the Executive proposal to change how the Medicaid Global Cap is calculated and instead advances language to repeal the State's Medicaid spending cap (S5255)	The Assembly rejects the Executive proposal to change how the Medicaid Global Cap is calculated and instead advances language to repeal the State's Medicaid spending cap (A226)
<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	Accepts and modifies by changing the 1% Medicaid rate increase proposal from two years to making it permanent.	Accepts



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<b>Capital Support</b>	\$1 billion for Statewide Health Transformation Fund IV with commitment of \$450 million for community based providers and others.	Health/MH Article VII, Part K		Modifies the Executive proposal to authorize a fourth round of grants for the Statewide Health Care Facility Transformation Program by creating a carveout of 25 percent for community-based organizations, including State University of New York hospitals in the program, and including \$400 million for safety net facilities.	Modifies the Executive proposal to provide funding for capital projects in licensed health care facilities over a multi-year period by increasing the amount of funding set aside for community-based organizations to at least \$100 million, expand the category of providers eligible for funding, and maintaining the Comptroller's oversight.
<b>Interstate Licensure Compacts</b>	Establishes that NY will join the interstate medical licensure compact and interstate nursing licensure	Health/MH Article VII, Part B		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	compact with other states in the compact for a streamlined licensure process with one application				
<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	Rejects Executive proposal and instead advances language to restore inpatient reimbursement rates for Article 16 facilities, establish the State's Program of All-Inclusive Care for the Elderly, and revise rates for medically fragile adults (S.6861, S.6664-A, and S.7513).	Modifies the Executive proposal by rejecting proposal to replace the uniform task assessment tool for the determination of home care services with guidelines and standards; and does not include the Executive proposal to establish a uniform licensure process for the Program for All-Inclusive Care for the Elderly.
<b>LCHSA RFO</b>	Licensed Agency RFO 5/1/22	Medicaid Scorecard	FY 2024 Savings \$25 million	N/A	N/A

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
<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	Provides an additional \$30 million to support nursing home reforms. Modifies the Executive proposal to expand exemptions within the definition of revenue used to determine minimum spending requirements and conditioning appropriations to the implementation of the program.	Modifies the Executive proposal by removing the authority to exclude additional sources of revenue from nursing home direct care spending requirements; modify the expansion of the Nursing Home Quality Pool to remove language providing expansive discretion to DOH and DOB; and modify the Vital Access Provider Assistance Program proposal to include adult care facilities.

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<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	Accepts	Modifies the Executive proposal by making technical amendments regarding Medicaid income eligibility limits.
<b>SENATE: Removing Restrictions on Access to Home Care Services</b>	N/A	Senate One House, Health/MH, Article VII, Part QQ	Provides an additional \$277.5 million to eliminate the eligibility requirement for personal and home care.	The Senate advances language to adjust activity of daily living-based restrictions on eligibility for personal and home care services under Medicaid (S.5028-A).	N/A
<b>SENATE and ASSEMBLY: Fair Pay for Home Care</b>	N/A	Senate & Assembly One Houses, Health/MH, Article VII, Part RR, Senate and	The Senate provides an additional \$625 million for Fair Pay for Home Care Workers.	The Senate advances language to establish a base wage for home care workers at 150% of the regional	The Senate advances language to establish a base wage for home care workers at 150% of the regional

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		Part TT, Assembly		minimum wage and a regional minimum rate of reimbursement for fiscal intermediaries (S.5374-A).	minimum wage and a regional minimum rate of reimbursement for fiscal intermediaries (A.6329-A).
<b>SENATE: Quality Incentive/Vital Access Provider Pool</b>	N/A	Senate One House, Health/MH, Article VII, Part TT	\$70 million	The Senate advances language to codify the Quality Incentive Vital Access Provider Program and provide funding to support its growth.	N/A
<b>SENATE: CDPAP Study</b>	N/A	Senate One House, Health/MH, Article VII, Part XX		The Senate advances language to require a study of the Consumer Directed Personal Care Program and to pause any program changes while such study is underway.	N/A

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<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.	Rejects the Executive proposal to restructure the Excess Medical Malpractice Program and accepts the continued funding and extension of this program for an additional year.	Rejects the Executive proposal to restructure the Excess Medical Malpractice Program and accepts the continued funding and extension of this program for an additional year.
<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.	Accepts	Accepts
<b>Medicaid Primary Care Rate Increase</b>	Increases Medicaid fees for Evaluation and Management (E&M) codes for primary care to 70% of Medicare.	Medicaid Scorecard, Administrative	\$4.93 million for SFY23 and \$6.6 million for SFY24	Accepts	Accepts
<b>Nurses Across New York</b>	Establishes the Nurses Across New York (NANY) loan repayment program, which	Health/MH Article VII, Part A	The State will invest \$2.5 million in FY	Modifies the Executive proposal by	Modifies the Executive proposal by

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	would reimburse nurses working in underserved communities for loan repayment over three years.		2023 and \$3.0 million in FY 2024	expanding the list of professions eligible for the program and provides an additional \$1.3 million.	expanding the types of locations and the categories of nurses that will be eligible for the program.
<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		Rejects	Rejects
<b>Collaborative Drug Therapy Management (CDTM)</b>	Makes current CDTM law, which expires this year permanent.	Health/MH Article VII, Part CC		Rejects	Extends authorization of pharmacists to enter into collaborative agreements with physicians in certain settings (CDTM) through 7/1/24.
<b>Health Care/Mental Health Workforce Bonuses</b>	One-time bonus of \$3000 for workers who make up to \$125,000 annually; employers with at least one employee who serves Medicaid and 20% of revenue derived from	Health/MH Article VII, Part D	\$1.2 billion State share expense	Modifies the Executive proposal by expanding the list of eligible personnel to	Rejects health care worker wage bonuses and instead reallocates \$1.2 billion to

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	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 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			include other front-line workers in support positions and by addressing the benefits cliff that would have inadvertently made certain workers ineligible for public assistance.	support recurring wage increases in DOH and various human service agencies.
<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		Rejects	Rejects proposal; removes sunset on current law
<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	Health/MH Article VII, Part C		Rejects	Rejects



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	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.				
<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		Accepts	Rejects
<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.	Rejects	Rejects
<b>New York State Department of Health Oversight of Certain</b>	This proposal would remove the health care professions (including physicians, nurses,	Health/MH Article VII, Part G		Rejects	Rejects

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<b>Professions</b>	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, 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</li> </ul>	Health/MH Article VII, Part F	A one-time cost of \$5 million	Modifies by adding \$1 million in funding and clarifying definitions.	Rejects

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>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.</p> <ul style="list-style-type: none"> <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 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.</li> <li>• Require each regional EMS advisory committee to develop and maintain a comprehensive regional emergency medical system</li> </ul>				

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>plan.</p> <ul style="list-style-type: none"> <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>	<p>Health/MH Article VII, Part T</p>		<p>Rejects</p>	<p>Rejects</p>
<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 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</p>	<p>Health/MH Article VII, Part W</p>	<p>\$230,000 in State savings in FY 2023 and the out years.</p>	<p>Rejects</p>	<p>Modifies the Executive’s proposal to eliminate requirements from the Utilization Threshold (UT) Program, restoring \$230,000.</p>

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	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.	Rejects	Rejects
<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		Rejects	Rejects
<b>Collaborative Drug Therapy Management (CDTM)</b>	Makes current CDTM law, which expires this year permanent.	Health/MH Article VII, Part CC		Rejects	Extends authorization of pharmacists to enter into collaborative agreements with physicians in certain settings (CDTM) through 7/1/24.
<b>Naloxone/MAT</b>	Requires pharmacies to stock a 30 day supply of naloxone	Health/MH Article VII,		Modifies Executive	Rejects

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	and MAT/ Buprenorphine, as permitted within DEA rules and wholesaler thresholds	Part HH		proposal by removing dosage requirements and add partial antagonist products	
<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		Rejects	Rejects
<b>Clinical Standards in Pharmacy Benefits in FFS</b>	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	Administrative per the SFY Medicaid Scorecard	Cost of \$5 million	Accepts	Accept

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	utilization management tools for drugs dispensed under the medical benefit. This will savings from additional rebates from drug manufacturers in FY24.				
<b>SENATE: Medicaid Pharmacy Access Protections</b>		Senate One House, Health/MH, Article VII, Part PP	Senate provides \$422 million	The Senate includes a new proposal to create Medicaid prescription drug reimbursement rate parity between managed care and fee-for-service pharmacy benefits. Also prohibits narrow pharmacy networks and allows pharmacies to deliver medications. (S7909).	N/A

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
<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 \$95 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	Accepts the Executive's proposal for the 5.4% Human Services COLA and adds an additional 5.4% for SFY 23-24.	Increases the Human Services COLA from 5.4% to 11% and would continue an annual COLA based on a CPI-U index.
<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	Modifies the Executive proposal by modifying reporting metrics and ensuring call centers are established in-house.	Modifies the Executive proposal by clarifying who is authorized to be a member of a mobile crisis team and includes veterans and members of rural communities to the list of



Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
					specialized populations.
<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 required under section 45-c of part A of chapter 56 of the laws of 2013.	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	Accepts Executive proposal for reinvestment from MMC plan recoupments and adds additional language for greater transparency and disclosure around MMC plan recoupments. Also adds language to require notice in State Register for MMC contract changes.	Accepts Executive proposal for reinvestment from MMC plan recoupments and adds additional language for greater transparency and disclosure around MMC plan recoupments.
<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		Modifies to alter the expiration date to 4/1/23.	Rejects
<b>Naloxone/MAT</b>	Requires pharmacies to stock a 30 day supply of naloxone and MAT/ Buprenorphine, as	Health/MH Article VII, Part HH		Modifies Executive proposal by	Rejects

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	permitted within DEA rules and wholesaler thresholds			removing dosage requirements and add partial antagonist products.	
<b>Temporary Operators</b>	Permanently allow OMH and OPWDD to appoint temporary operators to operate programs and services	Health/MH Article VII, Part 00		Rejects	Accepts the Executive proposal and sets an expiration of 3/31/2025.
<b>Recovery Residences</b>	Establishes new certification process for recovery residences under OASAS	Health/MH Article VII, Part II	Cost of \$850,000	Accepts	Modifies the Executive proposal by including certification and housing standards to address entities that hold themselves out to be a sober living environment but fail to meet such standards; and to allow time for non-certified facilities to come into compliance with the new standards.

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
<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	Rejects	Modifies the Executive proposal to name the program the Substance Use Awareness Program and removes reference to cannabis use. Also expands the scope of the program to include a focus on the health effects and social costs of substance use disorders.
<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		Rejects	Rejects
<b>Extending APGs</b>	Extends Behavioral Health APG payments through 3/31/27, including for behavioral health crisis programs licensed by OMH/OASAS per Article 26 of MH law	Health/MH Article VII, Part LL		Accepts	Accepts

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
<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	Modifies the Executive proposal to extend Kendra's Law for one year only.	Modifies the Executive proposal related to testifying at a hearing for an Assisted Outpatient Treatment (AOT) order by requiring efforts to be made for in person testimony prior to allowing remote testimony by a physician. Makes other modifications to Executive proposal.
<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	Health/MH Article VII, Part NN		Accepts	Accepts

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>SFY 2023 Savings/Cost if Any/ Known</b>	<b>Senate One House</b>	<b>Assembly One House</b>
	housing programs				
<b>Behavioral Health VAP</b>	Continues level funding of \$50 million	Aid to Localities, Department of Health		Accepts	Accepts
<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		Modifies by increasing all funds spending by approx. \$18M	Modifies by reducing all funds spending by approx. \$27M
<b>Minimum Wage Funding for OMH Providers</b>	\$5.4 million is provided for minimum wage funding under OMH	Aid to Localities, OMH		Accepts	Accepts
<b>BH Investment from MMC Carve In- OMH</b>	Allocates \$74M from the plan recoupments for OMH	Aid to Localities, OMH		Modifies to include transparency/ disclosure requirements on plan recoupments and public notice in State Register of MMC contract changes.	Modifies to include transparency/ disclosure requirements.
<b>OMH COLA</b>	Provides 5.4% COLA totaling \$95 million for OMH	Aid to Localities, OMH		Adds 5.4% for SFY 23-24	Increases COLA to 11%
<b>OASAS Funding</b>	All funds spending for OASAS services in Aid to Localities is	Aid to Localities		Increasing by approx. \$20M	Reduces by approx. \$31M

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	increased by \$513,806,500 from SFY 2022	OASAS			
<b>Minimum Wage Funding for OASAS Providers</b>	\$2 million is provided for minimum wage funding under OASAS	Aid to Localities, OASAS		Accepts	Accepts
<b>BH Investment from MMC Carve In- OASAS</b>	Allocates \$37M from the plan recoupments for OASAS	Aid to Localities, OASAS		Modifies to include transparency/ disclosure requirements on plan recoupments and public notice in State Register of MMC contract changes	Modifies to include transparency/ disclosure requirements
<b>OASAS COLA</b>	Provides 5.4% COLA totaling \$33.7 million for OASAS	Aid to Localities, OASAS		Adds 5.4% for SFY 23-24	Increases COLA to 11%
<b>Opioid Settlement</b>	Allocates \$265,952,000 from Opioid Settlement Fund in OASAS budget	Aid to Localities, OASAS		Accepts	Accepts
<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		Accepts	Accepts
<b>CHAMP Funding</b>	Includes two appropriations for the BH ombudsman	Aid to Localities,	\$1.5M and \$5M	Accepts	Accepts

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	program	OASAS	(increased from \$1.5M in 30 day amendments)		
<b>SENATE: Member Items</b>	N/A	Senate One-House, Aid to Localities OMH & OASAS		Includes new funding including \$10 million for Member Initiatives, \$7.5M for Joseph Dwyer programs, \$5M for Behavioral Health Crisis Initiatives and \$5M for Crisis Demonstration program	N/A
<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	Accepts	Modifies the Executive proposal by making technical amendments regarding Medicaid income eligibility limits.
<b>Human Services COLA</b>	Provides a 5.4% human services COLA effective	Health/MH Article VII,	The Financial Plan had	Accepts the Executive's	Increases the Human Services

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	4/1/22; Provides \$149.105 million for OPWDD COLA	Part DD	\$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	proposal for the 5.4% Human Services COLA and adds an additional 5.4% for SFY 23-24.	COLA from 5.4% to 11% and would continue an annual COLA based on a CPI-U index.
<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	Accepts	Rejects; Funds 11% COLA
<b>Minimum Wage Funding for OPWDD Providers</b>	\$33.3 million is provided for minimum wage funding under OPWDD	Aid to Localities, OPWDD		Accepts	Accepts
<b>OPWDD Funding</b>	All funds spending for OPWDD services is increased by \$2.14 billion from SFY 2021	Aid to Localities OPWDD		Increases all funds by \$3M	Reduces all funds by \$127 M
<b>SENATE &amp; ASSEMBLY: Member Initiatives</b>	N/A	Aid to Localities, OPWDD		Includes \$2M in funding for member initiatives	Includes funding for member initiatives and \$5M for crisis services



Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
<i>PUBLIC HEALTH</i>					
<b>School-Based Health Centers</b>	Provides funding of \$17,098,000	Aid to Localities, Department of Health		Accepts	Accepts and adds an additional \$3,824,000
<b>ASSEMBLY: School-Based Health Centers</b>	N/A	Assembly One House, Health/MH Article VII, Part RR			The Assembly includes a proposal to permanently carve school-based health centers out of Medicaid Managed Care.
<b>Tobacco Control Program</b>	Continues level funding of \$33,144,000	Aid to Localities, Department of Health		Accepts	Accepts
<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		Accepts	Accepts

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>SFY 2023 Savings/Cost if Any/ Known</b>	<b>Senate One House</b>	<b>Assembly One House</b>
<b>Cancer Services Program</b>	Continues level funding of \$19.8 million	Aid to Localities, Department of Health		Accepts	Accepts
<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		Accepts	Accepts
<b>Diabetes &amp; Obesity Prevention Funding</b>	Continues level funding of \$5,970,000	Aid to Localities, Department of Health		Accepts	Accepts
<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	Aid to Localities, Department of Health		Provides \$20 million pool with \$2.2 million intended for NYS AHECs.	Provides \$2.2 million for NYS AHECs.
<b>Spinal Cord Injury Research Fund Account</b>	Continues level funding of \$8.5 million	Aid to Localities, Department of Health		Accepts	Accepts
<b>Cystic Fibrosis</b>	N/A	Aid to Localities, Department of Health and Health/MH Article VII, Part PP		N/A	The Assembly provides \$375,000 to restore the Cystic Fibrosis Program.

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
<b>Third Trimester Syphilis Screenings</b>	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.	Health/MH Article VII, Part T		Rejects	Rejects
<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.	Modifies the Executive proposal by including undocumented individuals.	Modifies the Executive proposal by including undocumented individuals and prohibits cost sharing for individuals remaining on the Essential Plan for one-year post-partum.
<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		Modifies the Executive proposal by allowing	Modifies the Executive proposal by allowing

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
				undocumented immigrants to enroll in the plan. Provides \$345 million.	undocumented immigrants to enroll in the plan. Provides \$345 million.
<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		Accepts	Rejects
<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	Accepts	Modifies the Executive proposal by making technical amendments regarding Medicaid income eligibility limits.
<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		Modifies the Executive proposal by rejecting the procurement process changes but preserving language on	Rejects

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
				access and coverage of services provided by NCI-designated cancer centers.	
<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</li> </ul>	Health/MH Article VII, Part AA		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>all provider types, rather than just 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.	Modifies the Executive proposal by including undocumented individuals.	Modifies the Executive proposal by including undocumented individuals and prohibits cost sharing for individuals remaining on the Essential Plan for one-year post-

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
<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.	Modifies the Executive proposal by rejecting the procurement process changes but preserving language on access and coverage of services provided by national cancer institute-designated cancer centers.	partum. Rejects
<b>Medicaid Plan Payments/Incentives</b>	Restores MMC/MLTC Quality Pools; Moves Integrated Plans to middle of rate range; Adjust HIV SNP rates to reflect high needs model	Administrative per SFY 2023 Medicaid Scorecard	Cost of \$77.25 million for quality pools, \$20 million for integrated plans and \$14.717 million for HIV SNPs	Accepts	Accepts
<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	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
			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		Rejects the Executive proposal and instead advances language to require health insurance policies to cover abortion services (S7002).	Rejects
<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 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	Health/MH Article VII, Part W	\$230,000 in State savings in FY 2023 and the out years.	Rejects	Modifies the Executive's proposal to eliminate requirements from the Utilization Threshold (UT) Program, restoring \$230,000.



Proposal	Description of Executive Proposal	Location in Budget	SFY 2023 Savings/Cost if Any/ Known	Senate One House	Assembly One House
	of requesting increases to benefit limits for members and providers.				
<b>Clinical Standards in Pharmacy Benefits in Medicaid FFS</b>	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.	Administrative per the SFY Medicaid Scorecard	Cost of \$5 million	Accepts	Accepts
<b>ASSEMBLY: Expanded Eligibility to Medicare Savings Program</b>	N/A	Assembly One House, Health/MH Article VII, Part SS		N/A	The Assembly includes a proposal to expand eligibility to the Medicare Savings Program to up to 156 percent of the federal poverty level.