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

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Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<b><i>MULTIPLE SECTORS</i></b>					
<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	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)	Modifies the Global Spending Cap formula to include different metrics and increasing reporting requirements. Extends the Global Cap through SFY 2023-24.
<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 (home health care) .	Health/MH Article VII, Part I and NYS FY 2023 Financial Plan	Accepts and modifies by changing the 1% Medicaid rate increase proposal from two years to making it permanent.	Accepts	Accepts Executive proposal.
<b>DSRIP</b>	Extends ability of DOH and OMH, OASAS, OPWDD to	Health/MH Article VII, Part GG	Modifies to alter the expiration date to 4/1/23.	Rejects	Extends ability of DOH and OMH, OASAS, OPWDD to waive regulatory

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	waive regulatory requirements under DSRIP through 4/1/25.				requirements under DSRIP through 4/1/24.
<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	Includes payment parity for telehealth with in-person services in Medicaid and commercial insurance; Modifies the Executive to add Mental Health practitioners under Art. 163 to statute; Requires DFS to issue a report on impact of parity and telehealth utilization; Includes a 2-year sunset.
<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	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	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	Accepts the Executive Proposal by providing a 5.4% human services COLA effective 4/1/22 through 3/31/23 for programs and services under OMH, OASAS, OPWDD, OTDA, OCFS and SOFA

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			effective on and after April 1, 2022.	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	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 an additional \$12.5 million.	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 reimbursement.	Accepts Executive proposal with modifications.
<b>Essential Community Provider/VAP Funding</b>	Continues level funding of \$132 million	Aid to Localities, Department of Health	Accepts	Accepts	Accepts level funding.
<b>Health Homes</b>	Includes \$524.01 million for Health Homes	Aid to Localities, Department of Health	Accepts	Accepts	Accepts level funding.
<b>SHIN-NY</b>	Continues level funding of \$30 million	Capital Projects, Department of Health	Accepts	Accepts	Accepts level funding.
<b>All Payers Database</b>	Continues level funding of \$10 million	Capital Projects, Department of Health	Accepts	Accepts	Accepts level funding.
<b>Statewide Healthcare Transformation Fund IV</b>	Creates the Statewide Healthcare Transformation Fund IV with \$1.6B.	Health/MH Article VII, Part K	Modifies the Executive proposal to authorize a fourth round of	Modifies the Executive proposal to provide funding for capital projects	Modifies funding to include: <ul style="list-style-type: none"> <li>• \$450 million for the applications submitted in Round 3 with funding</li> </ul>

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	<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 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</li> </ul>		<p>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. Retains up to \$200 million for grants to health care providers for modernization of emergency departments of regional significance.</p>	<p>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. Retains up to \$200 million for grants to health care providers for modernization of emergency departments of regional significance.</p>	<p>provided by 12/31/22 with a minimum of \$25 million earmarked for MH and SUD providers, \$25 million for community-based health care providers including D&amp;TCs, individual providers, home care, and hospice, and \$50 million for residential health facilities and adult care facilities</p> <ul style="list-style-type: none"> <li>• \$200 million for emergency departments</li> <li>• \$750 million without competitive bid for new applications again with a minimum of \$25 million earmarked for MH and SUD providers, \$25 million for community-based health care providers including D&amp;TCs, individual providers, home care, and hospice, and \$25 million for residential health facilities and adult care facilities</li> <li>• \$150 million to support technological/telehealth transformation projects</li> </ul>

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	<p>care to residents from multiple hospitals in the region; and</p> <ul style="list-style-type: none"> <li>- Serves a high proportion of Medicaid patients.</li> </ul>				<ul style="list-style-type: none"> <li>• Up to \$50 million without competitive bid for residential and commercial based alternatives to the traditional nursing home care</li> </ul> <p>Also requires a report on quarterly basis to Senate/Assembly Finance and Health committees regarding each award, provider, description, amount, dates and status of achieving metrics.</p>
<b>Marriage Certificates</b>	<p>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.</p>	<p>Health/MH Article VII Part Y</p>	<p>Accepts</p>	<p>Rejects</p>	<p>Modifies the Executive proposal by eliminating requirements to annotate the new marriage certificate, allowing notarized self-attestations as proof of a change in gender designation, and reducing the effective date from one year to six months.</p>
<b>Rename the Office of Minority Health</b>	<p>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.</p>	<p>Health/MH Article VII, Part X</p>	<p>Rejects</p>	<p>Rejects</p>	<p>Rejects</p>

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<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	Rejects
<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.	Includes the proposal to establish the 988 suicide prevention and behavioral health crisis hotline system. Includes clarifications regarding authorized members of mobile crisis teams 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	Health/MH Article VII, Part D  Final Budget	Modifies the Executive proposal by expanding the list of eligible personnel to include other front-	Reallocates \$1.2 billion to support recurring wage increases in DOH and various	Modifies the Governor's proposal to provide Health/Mental Hygiene worker bonuses to specify the professions eligible for the bonus of up to \$3000

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	<p>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 payments and actions by employers. ARP and HCBS monies are referenced as sources.; Income tax not applied</p>	<p>ELFA, Article VII, Part ZZ</p>	<p>line workers in support positions and by addressing the benefits cliff that would have inadvertently made certain workers ineligible for public assistance.</p>	<p>human service agencies. Retains bonus for state employees only.</p>	<p>over two vesting periods based on hours worked. The amended language also exempts the bonuses from being considered income for the purposes of receiving public assistance. A list of eligible professions can be found at the end of this document.</p>
<p><b>Statutory Extenders</b></p>	<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> </ul>	<p>Health/MH Article VII Part CC</p>	<p>Modifies the Executive proposal as follows:</p> <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 Medical Home program.</li> <li>• Intentionally omits provisions granting</li> </ul>	<p>Modifies Executive proposal as follows:</p> <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) through 7/1/24.</li> </ul>	<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 through 4/1/31.</li> <li>• Extends the authority of the Department to make DSH/IGT payments to hospitals outside of NYC through March 31, 2025.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Extends authorization of pharmacists to enter into collaborative agreements with physicians in certain settings (CDTM) permanently.</li> <li>• Extends a Statewide Medicaid integrity and efficiency initiative for the purpose of achieving audit recoveries through March 31, 2024.</li> </ul>		<ul style="list-style-type: none"> <li>• 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 the Distressed Provider Assistance Program.</li> <li>• Intentionally omits extensions to various due dates for working groups and task force reports.</li> </ul>		<ul style="list-style-type: none"> <li>• Extends authorization of pharmacists to enter into collaborative agreements with physicians in certain settings (CDTM) through 7/1/24.</li> <li>• Extends a Statewide Medicaid integrity and efficiency initiative for the purpose of achieving audit recoveries through March 31, 2024.</li> </ul>

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<b>SENATE: Competitive Bidding Requirements for Health-related Contracts</b>	N/A	Senate One House, Health/MH Article VII, Part TT  Final Budget, Health/MH Article VII, Part QQ	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.	N/A	The final budget includes a proposal to require the independent assessor, conflict-free enrollment broker, and call center contracts under DOH be competitively bid after the public health emergency ends and the contracts expire (9/30/2025).
<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.	Rejects
<b><i>HOSPITALS</i></b>					
<b>Hospital Rates</b>	Extends hospital rebasing rates through 1/1/24.	Health/MH Article VII, Part J	Accepts	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	Final budget includes a reduction in the distressed provider tax intercept by \$100 million and to extend it by five years.

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		Final Budget, Health/MH Article VII, Part RR		revenue outside of New York City; to reduce the New York City intercept from \$200 million to \$150 million; and to instead support these distressed provider payments with \$100 million in General Fund support.	
<b><i>LONG TERM CARE/ HOME CARE/ NURSING HOMES</i></b>					
<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	Rejects
<b>Private Duty Nursing</b>	The commissioner shall increase private duty nursing rates for the care of medically fragile adults.	Health/MH Article VII, Part O	Rejects Executive proposal and instead advances language to restore inpatient reimbursement rates for Article 16 facilities, establish the State's Program	Modifies the Executive proposal by rejecting proposal to replace the uniform task assessment tool for the determination of home care services with	Modifies the Executive proposal to increase the reimbursement rate for private duty nursing.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			of All-Inclusive Care for the Elderly, and revise rates for medically fragile adults (S.6861, S.6664-A, and S.7513).	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>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 P	Rejects	Rejects	Modifies the Executive proposal to procure Medicaid’s managed care program through a competitive bid process replacing it with a study by an independent contractor to review and makes recommendations concerning the status of services offered by managed care organizations contracting with the state to manage services provided under the Medicaid program. The report is due 10/31/2022.
<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	Public Protection Article VII, Part AA	Modifies to allow criminal background checks.	Rejects	Rejects

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	sealed. The proposal provides limited exemptions.				
<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	Rejects
<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	Modifies language to authorize a physician or nurse practitioner to issue a non-patient specific regimen for COVID-19 or flu testing to registered professional nurses.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<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 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.	Health/MH Article VII, Part D	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 would have inadvertently made certain workers ineligible for public assistance.	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 increases.	Modifies the Governor's proposal to provide Health/Mental Hygiene worker bonuses to specify the professions eligible for the bonus of up to \$3000 over two vesting periods based on hours worked. The amended language also exempts the bonuses from being considered income for the purposes of receiving public assistance. A list of eligible professions can be found at the end of this document.
<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	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)	Modifies the Global Spending Cap formula to include different metrics and increasing reporting requirements. Extends the Global Cap through SFY 2023-24.

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<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 for fee for service rates and MLTC plans or contracts under such plans	Health/MH Article VII, Part I	Accepts and modifies by changing the 1% Medicaid rate increase proposal from two years to making it permanent.	Accepts	Accepts Executive proposal.
<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.	Includes <ul style="list-style-type: none"> <li>• \$450 million for the applications submitted in Round 3 with funding provided by 12/31/22 with a minimum of \$25 million earmarked for MH and SUD providers, \$25 million for community-based health care providers including D&amp;TCs, individual providers, home care, and hospice, and \$50 million for residential health facilities and adult care facilities</li> <li>• \$200 million for emergency departments</li> <li>• \$750 million without competitive bid for new applications again with a minimum of \$25 million earmarked for MH and SUD providers, \$25</li> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					<p>million for community based health care providers including D&amp;TCs, individual providers, home care, and hospice, and \$25 million for residential health facilities and adult care facilities</p> <ul style="list-style-type: none"> <li>• \$150 million to support technological/telehealth transformation projects</li> <li>• Up to \$50 million without competitive bid for residential and commercial based alternatives to the traditional nursing home care</li> <li>• Also requires a report on quarterly basis to Senate/Assembly finance and health committees regarding each award, provider, description, amount, dates and status of achieving metrics.</li> </ul>
<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	Health/MH Article VII, Part B	Accepts	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	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	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.	Modifies the Executive proposal to increase the reimbursement rate for private duty nursing.
<b>LCHSA RFO</b>	Licensed Agency RFO 5/1/22	Medicaid Scorecard Administrative	N/A	N/A	Not Amended by Final State Budget
<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	Provides an additional \$30 million to support nursing home reforms. Modifies the Executive proposal to expand exemptions within the definition of revenue used to	Modifies the Executive proposal by removing the authority to exclude additional sources of revenue from nursing home direct care spending requirements;	Modifies the Executive proposal by: <ul style="list-style-type: none"> <li>Excluding from the definition of revenue for purposes of direct care spending any grant funds from the federal government for reimbursement of COVID-</li> </ul>

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			<p>determine minimum spending requirements and conditioning appropriations to the implementation of the program.</p>	<p>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.</p>	<p>19 pandemic-related expenses.</p> <ul style="list-style-type: none"> <li>• Clarifying that capital per diem portions of the reimbursement rate that are attributable to a capital expenditure made to a corporation with a common or familial ownership with the operator of the nursing home cannot be excluded from revenue.</li> <li>• Removing language that would have allowed nursing homes with an overall star rating of three to exclude specific revenue as determined by DOH on a case by case basis.</li> <li>• Allowing criteria and accompanying materials for the determination of lump sums or adjustments under the Vital Access Provider Assurance Program to be posted on the Department’s website.</li> <li>• Allowing a prorated account of the minimum direct care spending requirements to exclude those months in 2022 when</li> </ul>

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					the statute's implementation was delayed by Executive action.
<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  Final Budget ELFA Article VII, Part AAA	Accepts	Modifies the Executive proposal by making technical amendments regarding Medicaid income eligibility limits.	Modifies the Executive proposal by including undocumented individuals over age 65 for eligibility and makes 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	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	Not Included in Final State Budget
<b>SENATE and ASSEMBLY: Fair Pay for Home Care</b>	N/A	Senate & Assembly One Houses, Health/MH, Article VII, Part RR, Senate and Part TT, Assembly	The Senate advances language to establish a base wage for home care workers at 150% of the regional minimum wage and a regional minimum rate of reimbursement for	The Senate advances language to establish a base wage for home care workers at 150% of the regional minimum wage and a regional minimum rate of reimbursement for	The adopted budget increases the minimum wage for home care aides by a total of \$3 over two years (increase of \$2 by 10/1/22 and increases by an additional \$1 by 10/1/23).

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			fiscal intermediaries (S.5374-A).	fiscal intermediaries (A.6329-A).	
<b>SENATE: QIVAPP Quality Incentive/Vital Access Provider Pool</b>	N/A	Senate One House, Health/MH, Article VII, Part TT	The Senate advances language to codify the Quality Incentive Vital Access Provider Program and provide funding to support its growth.	N/A	Not Included in Final, Remains under Administrative Actions
<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	Rejects
<b>CDPAP Fiscal Intermediaries</b>	N/A	Health/MH, Article VII, Part PP	N/A	N/A	The final budget includes a proposal that allows CDPAP fiscal intermediaries that were not initially selected in the 2021 Commissioner's request for offers to provide services in the State including Fiscal Intermediaries who served at least 200 consumers in a city of a million or more or

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					served at least 50 consumers in other areas of the state
<b><i>PHYSICIANS/ HEALTHCARE PROFESSIONALS</i></b>					
<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	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.	Rejects the Executive proposal to restructure the Excess Medical Malpractice Program and continues funding at \$102.1 million. The budget provides for a one-year extender of the program to 6/30/23.
<b>Doctors Across New York (DANY)</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	Accepts	Accepts	Provides \$15,865,000 for DANY.
<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	Accepts	Accepts	Accepts
<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	Modifies the Executive proposal by expanding the list of professions eligible for the program and provides an	Modifies the Executive proposal by expanding the types of locations and the categories of nurses that will	Modifies the Executive proposal to create a nurse student loan repayment program to include licensed practical nurses and clarify the

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			additional \$1.3 million.	be eligible for the program.	definition of underserved communities.
<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	Modifies Executive proposal to include this authorization for COVID-19 and Influenza testing effective 4/1/22 with a sunset date of 4/1/24 when it will be reviewed.
<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.	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 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	Health/MH Article VII, Part D	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 would have inadvertently made certain workers ineligible for public assistance.	Rejects health care worker wage bonuses and instead reallocates \$1.2 billion to support recurring wage increases in DOH and various human service agencies.	Modifies the Governor's proposal to provide Health/Mental Hygiene worker bonuses to specify the professions eligible for the bonus of up to \$3000 over two vesting periods based on hours worked. The amended language also exempts the bonuses from being considered income for the purposes of receiving public assistance. A list of eligible professions can be found at the end of this document.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	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	Rejects	Rejects proposal; removes sunset on current law	Modifies the Executive proposal to remove the requirement for NPs with over 3600 hours experience across practice areas to maintain a collaborative relationship with physicians with a two-year sunset.
<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	Modifies language to authorize a physician or nurse practitioner to issue a non-patient specific regimen for COVID-19 or flu testing to registered professional nurses.
<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	Health/MH Article VII, Part B	Accepts	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	the compact for a streamlined licensure process with one application.				
<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	Rejects	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, 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	Rejects
<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,</li> </ul>	Health/MH Article VII, Part F	Modifies by adding \$1 million in funding and clarifying definitions.	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>specialty, low acuity, preventative and other services.</p> <ul style="list-style-type: none"> <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 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 plan.</li> <li>• Require each county to develop and maintain a</li> </ul>				

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	comprehensive county emergency medical system plan.				
<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	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 of requesting increases to benefit limits for members and providers.	Health/MH Article VII, Part W	Rejects	Modifies the Executive's proposal to eliminate requirements from the Utilization Threshold (UT) Program, restoring \$230,000.	Modifies the Executive proposal to include clarifications that retrospective utilization review cannot be used to limit recipient services.
<b><i>PHARMACY/PHARMACEUTICALS</i></b>					
<b>Prescriber Prevails</b>	Eliminates prescriber prevails under FFS and MMC except	Health/MH Article VII, Part BB	Rejects	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	for 9 classes of drugs currently allowed under MMC.				
<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	Modifies Executive proposal to include this authorization for COVID-19 and Influenza testing effective 4/1/22 with a sunset date of 4/1/24 when it will be reviewed.
<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.	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 and MAT/ Buprenorphine, as permitted within DEA rules and wholesaler thresholds	Health/MH Article VII, Part HH	Modifies Executive proposal by removing dosage requirements and add partial antagonist products	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	Health/MH Article VII, Part G	Rejects	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	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>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 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	Accepts	Accept	Accepts
<b>SENATE: Medicaid Pharmacy Access Protections</b>		Senate One House, Health/MH, Article VII, Part PP	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	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<b><i>BEHAVIORAL HEALTH</i></b>					
<b>Human Services COLA</b>	Provides a 5.4% human services COLA effective 4/1/22 for programs and services under OMH, OASAS, OPWDD, OCFS, OTDA, SOFA;  Provides \$33.7 million for COLA for OASAS programs/services and \$95 million for COLA for OMH programs/services	Health/MH Article VII, Part DD	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.	Accepts the Executive Proposal by providing a 5.4% human services COLA effective 4/1/22 through 3/31/23 for programs and services under OMH, OASAS, OPWDD, OTDA, OCFS and SOFA
<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.	Includes the proposal to establish the 988 suicide prevention and behavioral health crisis hotline system. Includes clarifications regarding authorized members of a mobile crisis teams and includes veterans and members of rural communities to the list of 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	Health/MH Article VII, Part FF	Accepts Executive proposal for reinvestment from MMC plan recoupments and adds additional language for greater	Accepts Executive proposal for reinvestment from MMC plan recoupments and adds additional language for greater	Modifies the Executive proposal to recover premiums from managed care providers if they have not met established premium targets for behavioral health services by increasing

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	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.		transparency and disclosure around MMC plan recoupments. Also adds language to require notice in State Register for MMC contract changes.	transparency and disclosure around MMC plan recoupments.	reporting and transparency requirements for DOH on recoupment amounts by MCO and time period.
<b>DSRIP</b>	Extends ability of DOH and OMH, OASAS, OPWDD to waive 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	Extends ability of DOH and OMH, OASAS, OPWDD to waive regulatory requirements under DSRIP through 4/1/24.
<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	Modifies Executive proposal by removing dosage requirements and add partial antagonist products.	Rejects	Rejects
<b>Temporary Operators</b>	Permanently allow OMH and OPWDD to appoint temporary operators to operate programs and services	Health/MH Article VII, Part OO	Rejects	Accepts the Executive proposal and sets an expiration of 3/31/2025.	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	Accepts	Modifies the Executive proposal by including certification and housing standards to address entities that hold themselves out to	Accepts

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
				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.	
<b>Expanding Alcohol Awareness</b>	Expands alcohol awareness programs to include other forms of addiction and recreational cannabis.	Health/MH Article VII, Part JJ	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.	Rejects
<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	Rejects
<b>Extending APGs</b>	Extends Behavioral Health APG payments through 3/31/27, including for	Health/MH Article VII, Part LL	Accepts	Accepts	Accepts

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	behavioral health crisis programs 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  ELFA Article VII, New Part UU	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.	The final budget extends Kendra's Law for five years, allows mental health practitioners to testify via video conference, allows for expanded care coordination for mental health, and allows for mental health reassessment within six months of the expiration of an assisted outpatient treatment order.
<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	Accepts	Accepts	Accepts
<b>Behavioral Health VAP</b>	Continues level funding of \$50 million	Aid to Localities, Department of Health	Accepts	Accepts	Provides level funding

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<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	Modifies by increasing OMH All Funds ATL spending by approx. \$48M, increasing Adult Services
<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	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.	Accepts funding amount and increases reporting and transparency requirements for DOH to publish recoupment amounts by MCO and time period on website.
<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%	Accepts the Executive Proposal by providing a 5.4% human services COLA effective 4/1/22 through 3/31/23.
<b>Additional OMH Funding</b>	n/a	Aid to Localities, OMH	n/a	n/a	Increases funding for Community Residence & Family Based Treatment by approx. \$25.5M (ARPA funding) and Increases funding for the Community Mental Health Residential program by approx. \$4.5M
<b>Recruitment &amp; Retention Efforts</b>	n/a	Aid to Localities, OMH	n/a	n/a	Provides \$9M in new funding for recruitment and retention efforts with

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					psychiatrists and psychiatric nurse practitioners
<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	Increasing by approx. \$20M	Reduces by approx. \$31M	Modifies All Funds spending for OASAS ATL by reducing it by approx. \$43M
<b>Minimum Wage Funding for OASAS Providers</b>	\$2 million is provided for minimum wage funding under OASAS	Aid to Localities, OASAS	Accepts	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	Accepts funding amount and increases reporting and transparency requirements for DOH to publish recoupment amounts by MCO and time period on website.
<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%	Accepts the Executive Proposal by providing a 5.4% human services COLA effective 4/1/22 through 3/31/23.
<b>Opioid Settlement</b>	Allocates \$265,952,000 from Opioid Settlement Fund in OASAS budget	Aid to Localities, OASAS	Accepts	Accepts	Reduces appropriation for spending this year to \$208M; Remainder expected to be available next year. Spending will be pursuant to a Side Letter to be reviewed/ approved by new Settlement Board and with \$45M

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					unrestricted so Board can determine its use.
<b>Opioid Addiction Services- Public Health Campaign</b>	Includes \$200 million for services and expenses for a public health-style mitigation strategy for opioid addiction	Aid to Localities, OASAS	Accepts	Accepts	Accepts
<b>CHAMP Funding</b>	Includes two appropriations for the BH ombudsman program- \$1.5M and \$5M (30 day amendments)	Aid to Localities, OASAS	Accepts	Accepts	Accepts
<b>Problem Gambling</b>	n/a	Aid to Localities, OASAS	n/a	n/a	Increase funding by \$6M for problem gambling supports
<b>NYC Substance Abuse Prevention &amp; Intervention Specialists</b>	n/a	Aid to Localities, OASAS	n/a	n/a	Provides \$2M in new funding for such specialists
<b>Article 31/32 Rate Reductions</b>	n/a	Health/MH Article VII, New Part TT	n/a	n/a	Makes technical changes to law regarding rate reductions for high service utilization Article 31 and 32 clinics.
<b><i>DEVELOPMENTAL DISABILITIES</i></b>					
<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  Final Budget ELFA Article VII, Part AAA	Accepts	Modifies the Executive proposal by making technical amendments regarding Medicaid income eligibility limits.	Modifies the Executive proposal by including undocumented individuals over age 65 for eligibility and makes technical amendments regarding Medicaid income eligibility limits.

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</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	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.	Accepts the Executive Proposal by providing a 5.4% human services COLA effective 4/1/22 through 3/31/23.
<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	Accepts	Rejects; Funds 11% COLA	Modifies by increasing funding for this initiative by approx. \$3M
<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	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	All funds spending is increased by approx. \$5M for the Community Services program.
<b><i>PUBLIC HEALTH</i></b>					
<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	Adds an additional \$1.913 million.
<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.	Rejects

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<b>Tobacco Control Program</b>	Continues level funding of \$33,144,000	Aid to Localities, Department of Health	Accepts	Accepts	Accepts level funding
<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	Accepts level funding
<b>Cancer Services Program</b>	Continues level funding of \$19.8 million	Aid to Localities, Department of Health	Accepts	Accepts	Accepts level funding
<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	Accepts level funding
<b>Diabetes &amp; Obesity Prevention Funding</b>	Continues level funding of \$5,970,000	Aid to Localities, Department of Health	Accepts	Accepts	Accepts level funding
<b>Area Health Education Centers (AHEC)</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.	Provides \$2.2 million as a “legislative add” 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	Accepts level funding

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<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.	Provides \$375,000 for the Cystic Fibrosis Program.
<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	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  Final Budget ELFA Article VII, Part CCC	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 postpartum.	Modifies the Executive proposal to extend Medicaid postpartum coverage to one year after the end of pregnancy for all, including undocumented individuals seeking federal approval and expands Medicaid coverage for other prenatal and postpartum care, subject to federal participation.
<b>Kings County Health Access Study</b>	N/A	Health/MH Article VII, Part SS	N/A	N/A	Authorizes DOH to conduct a study within Kings County to determine ways to improve access to health services and facilities.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<b>Double Up Food Bucks (SNAP Incentive program)</b>	N/A	Final Aid to Localities, OTDA	N/A	Includes lump sum funding for SNAP programs	Includes \$2M for the Double Up Food Bucks program in NYS
<b><i>INSURANCE</i></b>					
<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  Final Budget ELFA Article VII, Part BBB	Modifies the Executive proposal by allowing undocumented immigrants to enroll in the plan. Provides \$345 million.	Modifies the Executive proposal by allowing undocumented immigrants to enroll in the plan. Provides \$345 million.	Modifies the Executive proposal to expand the Essential Plan to clarify that there will be no cost-sharing for services and supports under the plan.
<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  Final Budget ELFA Article VII, Part DDD	Accepts	Rejects	Modifies the Executive proposal by clarifying that reimbursement for the expanded list of services will be under the agencies' ambulatory patient group rate-setting methodology and adding twelfth-month postpartum care coverage.
<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  Final Budget ELFA Article VII, Part AAA	Accepts	Modifies the Executive proposal by making technical amendments regarding Medicaid income eligibility limits.	Modifies the Executive proposal by including undocumented individuals over age 65 for eligibility and makes technical amendments regarding Medicaid income eligibility limits.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<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 access and coverage of services provided by NCI-designated cancer centers.	Rejects	Includes language on access and coverage of services provided by national cancer institute-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 all provider types, rather than</li> </ul>	Health/MH Article VII, Part AA	Rejects	Rejects	<p>Accepts the Executive's proposal to align New York's consumer protections against surprise bills with federal protections under the Federal No Surprises Act, which took effect January 1, 2022 as follows:</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> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>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>				<ul style="list-style-type: none"> <li>The law is applicable to all provider types, rather than just physicians and hospitals.</li> <li>Includes the in-network median rate recognized by the health care plan as a factor that the IDR entity must consider.</li> </ul> <p>Requires health care plans to ensure that members are held harmless for surprise bill amounts in excess of in-network cost sharing.</p>
<b>Maternal Health Reforms</b>	Requires commercial coverage of maternal health care including postpartum coverage up to one year after birth.	<p>Health/MH Article VII, Part S</p> <p>Final Budget ELFA Article VII, Part CCC</p>	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 postpartum.	Modifies the Executive proposal to extend Medicaid postpartum coverage to one year after the end of pregnancy for all, including undocumented individuals seeking federal approval and expands Medicaid coverage for other prenatal and postpartum care, subject to federal participation.
<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	Health/MH Article VII, Part P	Modifies the Executive proposal by rejecting the procurement process changes but preserving language	Rejects	Modifies Executive proposal to require an independent study specifically looking at Managed Care Organization involvement with Medicaid.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	OASAS to limit the number of special needs managed care plans that can manage the needs of Medicaid enrollees with significant behavioral health needs.		on access and coverage of services provided by national cancer institute-designated cancer centers.		
<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	Accepts	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	Rejects	Rejects	Rejects
<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 NY to provide coverage for abortions. The bill requires 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	Accepts the Executive proposal and stipulates that religious employers would be allowed to exclude that coverage under certain terms.
<b>Eliminate Unnecessary Requirements from the Utilization</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	Rejects	Modifies the Executive's proposal to eliminate requirements from the	Modifies the Executive proposal to include clarifications that retrospective utilization review cannot be used to limit recipient services.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<b>Threshold (UT) Program</b>	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.			Utilization Threshold (UT) Program, restoring \$230,000.	
<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	Accepts	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.	Rejects

## **Health and Mental Hygiene Work Bonuses, ELFA Article VII, Part ZZ**

The amended language provides \$3000 over two vesting periods based on hours worked for specific Health/Mental Hygiene employees defined as certain front line health care and mental hygiene practitioners, technicians, assistants and aides that provide hands on health or care services to individuals, without regard to whether the person works full-time, part-time, on a salaried, hourly, or temporary basis, or as an independent contractor, that received an annualized base salary of one hundred twenty-five thousand dollars or less, and includes the following titles, broken out by agency:

### **DOH – Medicaid**

Home Health & Personal Care Aides

### ***Non-Nursing Titles***

Physician Assistants

Radiation Therapists

Speech-Language Pathologists

Respiratory Therapists

Dental Hygienists

Psychiatric Aides

Pharmacists

Occupational Therapists

Physical Therapists

Clinical Laboratory Technologists and Technicians

Diagnostic Medical Sonographers

Nuclear Medicine Technologists

Radiologic Technologists

Magnetic Resonance Imaging Technologists

Ophthalmic Medical Technicians

Orthotists and Prosthetists

Dietetic Technicians

Recreational Therapists

Exercise Physiologists

Therapists, All Other

Pharmacy Technicians

Cardiovascular Technologists and Technicians

Emergency Medical Technicians and Paramedics

Surgical Technologists

Health Technologists and Technicians, All

Other

Orderlies

Occupational Therapy Assistants

Occupational Therapy and Physical Therapist Assistants and Aides

Physical Therapist Assistants

Dental Assistants

Medical Assistants

Phlebotomists

Healthcare Support Workers, All

Other

### ***Nursing Titles***

Nurse Anesthetists

Nurse Midwives

Nurse Practitioners

Registered Nurses

Nursing Assistants

Licensed Practical and Licensed Vocational

Nurses

### **Mental Hygiene Agencies**

Mental Hygiene Worker

Residence/Site Worker

Developmental Disabilities Specialist QIDP - Direct Care & Clinical

Peer Specialist, Certified Peer Recovery

Advocate, Peer Professional

Other Direct Care Staff

Nurse - Licensed Practical

Nurse - Registered

Psychology Worker/Other Behavioral Worker

Therapy Assistant/Activity Assistant

Nurse's Aide/Medical Aide

Nurse Practitioner/Nursing Supervisor

Intake/Screening

Physician's Assistant

Emergency Medical Technician

Dietician/Nutritionist

Counselors (incl. CASACs)

Social Workers

Therapists

Behavioral Intervention Specialist

Other Clinical Staff/Assistant

Case Manager/Intensive Case Manager/Clinical

Coordinator

Psychologist

Pharmacist

### **State Workforce**

***Nursing, Patient Care, Hospital Tech***

Direct Support Assistant  
Teaching and Research Center Nurses  
Nurse 1 & 2  
Mental Health Therapy Aides  
Dev Assistant 1, 2, 3  
Nursing Assistant and Hospital Attendant  
Teaching Hospital Direct Support  
Licensed Practical Nurse

Security Hospital Treatment Assistant  
Nurse 3 and Nurse Administrator  
Developmental Disability Secure Care  
Treatment Aide 1 & 2  
Secure Care Treatment Aide 1 & 2  
Nurse Practitioners  
All Other

***Social Workers & Psychologists***

Social Workers

Psychologists  
Social Work Assistant 1, 2, 3  
Intensive Case Mngr  
Youth Counselor 1, 2, 3  
All Other  
All Other  
Occupational, Recreational, Speech, & Hearing  
Youth Support Spec & Assnt  
Rehab Cnslr & Aides  
Misc.