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**February 3, 2023**

**SFY 2023-24 Executive Budget**

**Health/Mental Hygiene Budget Summary**

**CONTENTS**

*MULTIPLE SECTORS* 2

*HOSPITALS* 9

*LONG TERM CARE/ HOME CARE/ NURSING HOMES* 9

*PHYSICIANS/ HEALTHCARE PROFESSIONALS* 14

*PHARMACY/PHARMACEUTICALS* 19

*BEHAVIORAL HEALTH* 21

*DEVELOPMENTAL DISABILITIES* 24

*PUBLIC HEALTH* 25

*INSURANCE* 27

| **Proposal** | **Description** | **Location in Budget** | **SFY 2024 Savings/Cost**  **if Any/ Known** |
| --- | --- | --- | --- |
| *MULTIPLE SECTORS* | | | |
| **Medicaid Global Spending Cap Extension** | Extends Global Spending Cap for Medicaid through SFY 2025. | Health/MH Article VII, Part A |  |
| **Reauthorize the Health Care Reform Act (HCRA)** | Extends provisions of HCRA through March 31, 2026. Extends several other provisions and funding streams through 2026 as a result. | Health/MH Article VII, Part C |  |
| **Essential Plan Program Changes** | Expands Essential Plan eligibility to include individuals up to 250% of the federal poverty level, allows pregnant persons to stay in the essential plan one year post-partum regardless of changes to their income and delays implementation of Medicaid coverage expansion for undocumented individuals over 64 | Health/MH Article VII, Part H | Savings of $213 million in FY 2024, subject to Federal approval and participation |
| **Human Services COLA** | Provides a 2.5% human services COLA effective 4/1/23 for programs and services under OMH, OASAS, OPWDD and OCFS for titles consistent with last year’s 5.4% COLA. | Health/MH Article VII, Part DD | The Financial Plan included funding for an annual Human Services COLA of 2.5% in FY 2024. The 2.5% percent COLA would cost a total of $203.4M |
| **Statewide Healthcare Facility Transformation Program V** | Creates a**new $1 billion Statewide Healthcare Facility Transformation Program V** to fund capital projects for eligible providers (hospitals, residential healthcare facilities, adult care facilities, D&TCs, clinics under mental hygiene law, children's residential treatment facilities, assisted living programs, article 31 and 32 behavioral health facilities, home care providers, primary care providers, hospice, community based programs under OMH, OASAS, OPWDD or local government units, independent practice organizations and residential facilities or day program facilities under article 16 of MH law).  Up to $500M would be for eligible providers in support of projects which promote innovative, patient-centered models, increased access to care, improve quality and provider financial sustainability. Up to $500M would go towards health care providers for the implementation of improvement for information technologies and telehealth capacity. | Health/MH Article VII, Part P | Outyear costs:  FY25 - $400M  FY26 - $400 M  FY27 - $100 M  FY28 - $100 M |
| **Essential Community Provider/VAP Funding** | Continues level funding of $132 million | Aid to Localities, Department of Health |  |
| **Health Homes** | Funding is reduced by $100 million over SFY 2024 and SFY 2025 | Medicaid Scorecard | Reduction of $30 million in SFY 2024; $70 million in SFY 2025 |
| **SHIN-NY** | Increased funding by $2.5 million for a total investment of $32.5 million designated for modernizing health reporting systems. | Capital Projects, Department of Health |  |
| **All Payers Database** | Continues level funding of $10 million | Capital Projects, Department of Health |  |
| **Medicaid Reimbursement for Community Health Workers** | Provides Medicaid reimbursement for community health workers for services with high-risk populations and for licensed mental health counselors, licensed marriage and family therapists, and licensed social workers who provide services in clinics including community health centers. | Health/MH Article VII Part Q | Cost of $8.7 million in FY 2024. |
| **Expand Medicaid Coverage to Certain Preventative Health Care Measures** | Medicaid would cover nutritionist and dietician services and arthritis self-management. | Health/MH Article VII Part R | Cost to the State of $9.5 million in FY 2024 and $17.8 million in FY 2025 |
| **New York State Department of Health Oversight of Certain Professions** | This proposal would remove the health care and mental health professions from the Education Law, moving them under the Public Health Law. This would correspond with a transfer of oversight, regulation, agency actions, and records from SED to DOH. | Health/MH Article VII, Part CC |  |
| **Abortion Access on Public Campuses** | This bill would ensure that all public colleges and universities in the SUNY and CUNY systems either offer medication abortion prescription drugs on their campus or directly refer students to a local reproductive health care provider for medication abortion services. | Education, Labor and Family Article VII, Part C |  |
| **Safeguarding Abortion Access Through Data Privacy** | Enacts restrictions against sharing abortion related data with out-of-state law enforcement officers and prevents advertisers from using geo-fencing to advertise in healthcare facilities. | Health/MH Article VII, Part U |  |
| **OTC Contraception Access** | Would authorize pharmacists to prescribe and order self-administered hormonal contraceptives and emergency contraceptive drug therapy. | Health/MH Article VII, Part V |  |
| **Revitalize**  **Emergency**  **Medical Services**  **and Medical**  **Transportation** | Amends the Public Health Law and Education Law to:   * Develop an expanded definition of emergency medical services. * Create a comprehensive statewide emergency medical services (EMS) plan and system. * Establish standardized training and treatment protocols across regional EMS agencies. * Creation of a “mobile integrated healthcare” service model, incorporating EMS providers to provide integrated patient care. Under the program EMS practitioners would be authorized to provide additional services, including the administration of immunizations and buprenorphine. | Health/MH  Article VII,  Part S | FY 2024  Cost $7.3  million; FY  2025 Cost  $20.1 |
| **Index the Minimum Wage to Inflation** | This bill would increase the minimum wage automatically each year to keep pace with inflation. After reaching $15 per hour, each region’s minimum wage would increase consistent with the year-over-year Consumer Price Index-W for the Northeast Region. This bill caps annual increases at three percent. Certain economic conditions trigger a cap as well. | Education, Labor and Family Article VII, Part S |  |
| *HOSPITALS* | | | |
| **Medical Debt Rules and Protections** | Includes **new protections for consumers related to medical debt** including education for consumers and requiring hospitals to use a uniform application for financial assistance. | Health/MH Article VII, Part Y |  |
| **Indigent Care Pool, Rate Increase and VAPAP Extension** | Reducing Indigent Care Pool funding by $42.7M, increasing inpatient hospital rates by 5% to offset revenue losses from 340B due to pharmacy benefit transition, expand VAPAP eligibility to providers formed as a DSRIP PPS. | Health/MH Article VII, Part E |  |
| **Rural Hospital Community Forum** | Requiring a public community forum be held at least 30 days before application for Rural Emergency Hospital designation and that the hospital notify OMH and OASAS of inpatient psych beds or substance abuse treatment programs in the facility prior to the forum. | Health/MH Article VII, Part E |  |
| **Site of Service Review** | Establishes that the review by a health insurer into whether a procedure was medically necessary when it was performed at a hospital-based outpatient clinic rather than a free-standing ambulatory surgery center constitutes a utilization review, including member appeal rights. | Health/MH Article VII, Part L |  |
| **Strengthening Healthcare Facility Licensing Review Rules** | Strengthens the review of applicants seeking to become hospitals, nursing homes, D&TCs and other licensed facilities.  Provides for review and oversight of material transactions by investor-backed entities. | Health/MH Article VII, Part M |  |
| **Statutory Extenders** | Includes the following program extenders:   * Extends the two-month cooling off period after the termination of a contract between an Article 44 health plan and a hospital through June 30, 2025. * Extends provisions related to the NYS Medical Care Facilities Financing Act, which permits flexibility in contracting for goods and services by State-operated hospitals through March 31, 2028. * Extends the elimination of the trend factor for service for general hospital and nursing home reimbursement through March 31, 2025. * Extends authorization related to the financing of certain health care capital improvements through March 31, 2025. * Extends the health facility cash assessment program through March 31, 2025. | Health/MH Article VII Part B |  |
| *LONG TERM CARE/ HOME CARE/ NURSING HOMES* | | | |
| **Private Pay -Elder Law** | Decreases the income threshold to access the Private Pay program, from 400% of the federal poverty level (FPL) to 250% of the federal poverty level, to allow more seniors to access the program which allows seniors to purchase services from Office for Aging Programs (nutrition, home services, etc.). | Health/MH Article VII, Part G |  |
| **Long Term Care Program Reforms** | Establish Performance Standards for MLTC programs including commitment to contracting with the minimum number of home care agencies and fiscal intermediaries and:   * Enrollees of 20,000 or DSNP/ Integrated of 5,000 * Maximum wait time criteria * Community reinvestment * Quality Improvement * Accessibility and Geographic distribution of providers * Value Based Payment; etc. | Health/MH Article VII, Part I | State Fiscal Impact of $73 million in FY 2024 and generates $69.6 million in State savings in FY 2025 |
| **MLTC Procurement** | If by 10/24 DOH determines an insufficient MLTC plans meet these standards , DOH would initiate a competitive bid no sooner than 4/1/26. | Health/MH Article VII, Part I |  |
| **Repeal of Fiscal Intermediary (FI) Procurement** | Repeals FI procurement. | Health/MH Article VII, Part I |  |
| **Removes Consumer Directed Program Assistance (CDPAS) Aides from Wage Parity** | CDPAS aides would be removed from Wage Parity Law in NYC, Long Island and Westchester decreases their cash or supplemental benefits. | Health/MH Article VII, Part I |  |
| **CDPAS Premium Assistance Fund** | CDPAS aides would be eligible for premium assistance under the New York Health Exchange for individual market coverage. | Health/MH Article VII, Part I |  |
| **Elimination of Prospective Denials for Emergency or Inpatient Services** | Creates new requirements to prohibit denials of claims for emergency or inpatient hospital services.  Including:  If payor seeks review of clinical documentation for medical necessity the payor must pay the claim in a timely manner with the following timeline:   * 30 days payor could request further documentation; * 45 days the hospital would be required to provide such documentation; * 90 days payer must submit claim to claim to a “joint committee” of the payer’s and hospital’s clinicians for a post-payment audit; * 90 days the committee must determine medical necessity; and * If no agreement by the committee the claim must be submitted to a third party within 5 days for a final judgement.   Applies to 43, 44 and 47 of insurers, however hospitals and insurers may opt for alternative arrangements but the claim must be first paid. | Health/MH Article VII, Part J | $7.75 million in FY 2024 and $31.6 million in FY 2025. |
| **Site of Service Review** | Add Site of Service Reviews (Outpatient Hospital vs. Ambulatory Surgery Center(free-standing) as subject to Utilization Reviews and Internal and External Review | Health/MH Article VII, Part L |  |
| **Advanced Home Health Aide** | Removes the “direct” supervision and requires supervision. Also eliminates the 2 week supervision requirement. | Health/MH Article VII, Part W |  |
| **Quality Standards for Assisted Living Residences (ALRs)** | ALRs would be required to report quality measures and public ally disclose operational information effective 1/1/24. | Health/MH Article VII, Part Z |  |
| **Statutory Extenders** | Includes the following program extenders.   * Extends authorization for spousal budgeting in long-term-care waiver programs, including MLTC through March 31, 2028. * Extends the authorization of episodic payment per sixty-day period of care for certified home health agencies through March 31, 2027. * Extends a limitation on the reimbursement of certified home health agencies and long-term home health care programs administrative and general costs to not exceed a statewide average through March 31, 2027. | Health/MH Article VII Part B |  |
| *PHYSICIANS/ HEALTHCARE PROFESSIONALS* | | | |
| **Physician Excess Medical Malpractice Program** | Program Extended through June 30 2024 with a decrease in funding from $102.1 million to $78.5 million. | Aid to Localities, Department of Health, Health/MH Article VII Part F |  |
| **Doctors Across New York** | Continues funding of $15,865,000 million | Aid to Localities, Department of Health |  |
| **Primary Care Rate Increase** | Includes a Medicaid primary care rate increase to 80% of Medicare | Medicaid Scorecard |  |
| **Nurse Staffing Agencies Data Tracking** | Requires nurse staffing agencies to register and report key data about their operations. | Health/MH Article VII, Part X |  |
| **Expanded PA Scope of Practice** | Would expand scope of practice of physician assistants (PA) including removing physician supervision of PAs practicing in primary care/ employed by a health system. Also adds PAs to the definition of practitioner for the purposes of prescribing controlled substances. | Health/MH Article VII, Part W |  |
| **Expanded Registered Professional Nurses Services** | Make permanent the amendments to the Education Law authorizing physicians and certified nurse practitioners to order non-patient specific regimen to registered professional nurses for tests to determine the presence of COVID-19 or its antibodies or influenza virus. | Health/MH Article VII, Part W, Section 6 |  |
| **Collaborative Drug Therapy Management** | Permit NPs or facilities to enter into collaborative agreements with pharmacists by which drug therapies would be reviewed, evaluated and managed; authorize collaborative drug therapy management (CDTM) to occur in all hospitals and other Article 28 facilities and any other entities that provide direct patient care under the auspices of a medical director. Also, permit the State Education Department, in consultation with DOH, to include up to 15 community practice sites as authorized locations for the provision of CDTM. | Health/MH Article VII, Part W, Section 9 |  |
| **Expanded Pharmacist Services** | Authorizes certified nurse practitioners and licensed physicians to issue non-patient specific standing regimen, to be executed by registered professional nurses, for:  1) The ordering of asthma self-management education and home-based asthma services  2) the urgent or emergency treatment of asthma  3) providing stool tests to screen for the presence of colorectal cancer  4) the ordering of diabetes self-management education and support | Health/MH Article VII, Part W, Sections 11 and 12 |  |
| **Expanded Medicaid Coverage for Services** | Expand standard Medicaid coverage to include medically necessary asthma self-management training services when referred by licensed pharmacists or by registered professional nurses acting under the authority of a non-patient specific standing regimen. | Health/MH Article VII, Part W, Section 15 |  |
| **Prescription Records to List Prescriber** | Requires records of prescriptions to include the prescriber’s name (replaces doctor reference to prescriber) | Health/MH Article VII, Part W, Section 22 |  |
| **Interstate Licensure Compacts** | Allows New York to join the Interstate Medical Licensure Compact and the Nurse Licensure Compact, enabling doctors and nurses to relocate to New York and use their existing license to practice in the State. | Health/MH Article VII, Part W, Sections 30 and 31 |  |
| **New York State Department of Health Oversight of Certain Professions** | This proposal would remove the health care/ mental health professions from the Education Law, moving them under the Public Health Law. This would correspond with a transfer of oversight, regulation, agency actions, and records from SED to DOH. | Health/MH Article VII, Part CC |  |
| **Statutory Extenders** | Includes the following program extenders:   * Extends provisions related to professional misconduct hearings within the OPMC and CPH procedures through July 1, 2033. * Extends provisions which provide immunity from liability for members of any physician committee acting without malice and within the scope of such member’s functions through July 1, 2033. * Extends the demonstration period for the CPH of MSSNY or NYSOMS, whose purpose is to confront and refer to treatment physicians who are thought to be suffering from alcoholism, drug abuse, or mental illness through July 1, 2033. * Makes permanent the authorization for the use of funds of the OPMC for 14 activities of Patient Health Information and Quality Improvement Act of 2000. | Health/MH Article VII Part B |  |
| *PHARMACY/PHARMACEUTICALS* | | | |
| **Medicaid Pharmacy Benefit Transition** | Continues NYS Medicaid pharmacy benefit transition from Managed Care to Fee for Service, NYRx  Includes funding for 340B providers to offset impact from change. |  | State share savings $410 million; $367.5 million to support 340B (state share) |
| **Prescriber Prevails** | Eliminates Prescriber Prevails in Medicaid | Health/MH Article VII, Part D | $49.5 million (savings in SFY 2025 |
| **Medicaid OTC coverage and Copays** | Authorizes NYSDOH to reduce OTC coverage and eliminate copays | Health/ MH Article VII, Part D | $8.7 million |
| **Prescription Drug Price and Supply Chain Transparency Act** | Creates new rules around reporting price changes for prescription drugs as well as new requirements for registration of pharmacy services administrative organizations and pharmacy switch companies | Health/MH Article VII, Part Y |  |
| **Pharmacy Service Expansions** | Allows pharmacists to execute a non-patient specific standing order for PrEP, subject to specific conditions. | Health/MH Article VII, Part W, Section 3 |  |
|  | Allows licensed pharmacists to order and administer tests waived under the Clinical Laboratory Improvement Amendments-waived test, including tests for COVID-19, influenza and others such as HIV, sexually transmitted infections, and pregnancy. | Health/MH Article VII, Part W, Sections 4 and 5 |  |
|  | Would authorize pharmacists to prescribe and order self-administered hormonal contraceptives and emergency contraceptive drug therapy. | Health/MH Article VII, Part V |  |
|  | Authorize licensed pharmacists to prescribe and order medications to treat nicotine dependence approved by the FDA for smoking cessation | Health/MH Article VII, Part W, Section 7 |  |
|  | Pharmacists would be authorized to prescribe and order opioid antagonists (naloxone and other medications approved by DOH). | Health/MH Article VII, Part W, Section 8 |  |
|  | Permit nurse practitioners or facilities to enter into collaborative agreements with pharmacists by which drug therapies would be reviewed, evaluated and managed. | Health/MH Article VII, Part W, Section 9 |  |
|  | Allow pharmacists to order diabetes and asthma self-management education and support services and home-based asthma services for patients. It would also authorize the Commissioner of Education to promulgate regulations to allow pharmacists to order additional health related services. | Health/MH Article VII, Part W, Section 13 |  |
|  | Expand standard Medicaid coverage to include medically necessary diabetes self-management training services when referred by licensed pharmacists. | Health/MH Article VII, Part W, Section 14 |  |
|  | Expand standard Medicaid coverage to include medically necessary asthma self-management training services when referred by licensed pharmacists acting under the authority of a non-patient specific standing regimen. | Health/MH Article VII, Part W, Section 15 |  |
|  | Allow licensed pharmacists to order and administer vaccinations, medications, self-management education and home-based services within their scope of practice. | Health/MH Article VII, Part W, Section 16 |  |
| **Banning Fentanyl Analogs** | Updates the controlled substance schedules in New York State for additional Fentanyl analogs. Includes harsher punishments for selling imitation controlled substances. | Health/MH Article VII, Part BB |  |
| **New York State Department of Health Oversight of Certain Professions** | This proposal would remove the health care/ mental health professions from the Education Law, moving them under the Public Health Law. This would correspond with a transfer of oversight, regulation, agency actions, and records from SED to DOH. | Health/MH Article VII, Part CC |  |
| **Statutory Extenders** | Includes the following program extenders   * Maintains the limit on method of payment for prescription drugs under the medical assistance program through March 31, 2026. * Extends the authorization of the State to negotiate supplemental rebates directly with manufacturers both inside and outside of Managed Care to leverage total Medicaid prescription brand name drug volume, through March 31, 2026. Such authority would apply only to covered out-patient drugs for which the manufacturer already has a rebate agreement with the Federal government. * Extends the authorization to establish a statewide formulary for certain classes of drugs to negotiate effectively with the manufactures of such drugs to maximize savings to Medicaid through March 31, 2029. | Health/MH Article VII Part B |  |
| *BEHAVIORAL HEALTH* | | | |
| **Plan to Overhaul NYS’ Continuum of Mental Health Care** | Includes $1 Billion for multi-year plan to provide $890M in capital and $120M in operating funding investments including: establish 3,500 new residential units, 1,500 supportive housing units, 60 community step down housing units in NYC, expand comprehensive psych emergency programs, increase CCBHC-Demo to 39 clinics, additional Assertive Community Treatment teams, additional Safe Options Support teams, expanding Art. 31 clinic capacity, mental health services in schools, school-based wraparound services and other youth program investments | Hochul Press Release 2/2/23 |  |
| **Human Services COLA** | Provides a 2.5% human services COLA effective 4/1/23 for programs and services consistent with last year’s 5.4% COLA | Health/MH Article VII, Part DD | Investment $50.6 million OMH; $ 13.3 million OASAS |
| **Medicaid Waiver Eligibility Expansion** | Aligns state law with pending federal law that provides waivers for Medicaid and expands services for incarcerated individuals and persons in Institutions of Mental Disease (IMDs). | Health/MH Article VII, Part K |  |
| **Indigent Care Program** | Establishes an Indigent Care Program for Certified Community Behavioral Health Demo Clinics to provide state funding to certain providers that lose funds from providing uncompensated care due to federal requirements. | Health/MH Article VII, Part HH | Provides “up to” $22.5M in SFY 2024; $41.25M in SFY 2025; $45M in SFY 2026 |
| **CCBHCs: OMH & OASAS Joint Licensing** | Allows for Certified Community Behavioral Health Clinics under the federal demonstration program to be jointly licensed by both OMH and OASAS rather than needing an independent license from each. | Health/MH Article VII, Part HH |  |
| **Behavioral Health VAP** | Continues level funding of $50 million | Aid to Localities, Department of Health |  |
| **Qualified Mental Health Associate** | Creates a new “Qualified Mental Health Associate” credential for paraprofessionals providing services under the Office of Mental Health. | Health/MH Article VII, Part GG |  |
| **BH Network Adequacy** | Calls for regulations by DFS and DOH regarding provider network access standards specific to behavioral health services including ensuring that insureds have timely and proximate access, appointment availability standards including timeframes for initial and follow up visits, time and distance standards as well as the availability of telehealth, and the responsibilities of insurers to provide out of network referrals at in network cost sharing/rates if no in network providers available. For OMH/OASAS facilities, payment would be negotiated rate or Medicaid rate. | Health/MH Article VII, Part II, Subpart F |  |
| **Right of Action for BH Parity Violations** | Authorizes insureds to bring legal actions against state-regulated commercial insurers to address state law BH Parity violations | Health/MH Article VII, Part II, Subpart D |  |
| **Insurance Coverage for SUD Treatment and Medication** | Assures state-regulated commercial insurance coverage for detox or maintenance treatment of SUDs including all buprenorphine products, methadone, long-acting injectable naltrexone or medications for opioid overdose reversal, without prior authorization for initial or renewal of such treatments. | Health/MH Article VII, Part II, Subpart E |  |
| **Crisis Stabilization Centers and Mobile Crisis Intervention Services** | Expands state-regulated commercial insurance coverage of sub-acute care in a medically monitored residential facility under OMH, outpatient care provided by crisis stabilization centers and outpatient care provided by a mobile crisis intervention services provider, critical time intervention services and assertive community treatment services, as defined in proposal.  Coverage for mobile crisis intervention services shall not be subject to preauthorization and is to be covered regardless of whether the provider is in-network. If provided out of network, insurer shall not impose any administrative requirements or limitations on coverage.  The insured's copayment/coinsurance shall be the same as in-network. | Health/MH Article VII, Part II, Subpart A |  |
| **Mandated Reimbursement for School Based Mental Health Clinic Services** | Requires an insurer to provide reimbursement for covered outpatient care when provided by a school-based mental health clinic licensed under article 31, regardless of whether it is in-network. Reimbursement shall be negotiated or in the absence of a negotiated rate, an amount no less than the rate that would be paid for such services under Medicaid as payment in full. Insured shall only be required to pay in-network copay or coinsurance. | Health/MH Article VII, Part II, Subpart A |  |
| **Preauthorization and Concurrent Reviews Rules** | Prohibits insurers from performing preauthorization or concurrent reviews for the first 30 days of mental health treatment for adults in an in-network inpatient hospital or crisis residence licensed or operated by OMH, except where the insured meets designated clinical criteria or is receiving care in a facility designated by OMH in consultation with DFS and DOH.  Requires utilization review determinations for mental health conditions to be made using evidence-based, age-appropriate clinical review criteria approved by OMH in consultation with DFS and DOH | Health/MH Article VII, Part II, Subpart B |  |
| **Telehealth Reimbursement Rates** | Requires state-regulated commercial insurance coverage for services provided via telehealth by article 31, 32, 26 and 16 of mental hygiene law providers, reimbursed at the same rate as is reimbursed when delivered in person but not necessarily the Medicaid government rate. | Health/MH Article VII, Part II, Subpart C |  |
| **Penalties for Mental Hygiene Law Violations** | Authorizes the Commissioner of OMH to develop a schedule of sanctions on hospitals/ providers who fail to comply with applicable laws or terms of their operating certificates. The stated goal is to create incentives for providers to bring needed inpatient psychiatric beds online quickly.  Increases maximum sanction amounts from $1000 to $2000/per day. | Health/MH Article VII, Part JJ |  |
| **OMH Funding** | All funds spending for OMH services in Aid to Localities is increased by nearly $100 million from SFY 2023 | Aid to Localities, OMH |  |
| **Minimum Wage Funding for OMH Providers** | $6.5 million is provided for minimum wage funding under OMH | Aid to Localities, OMH |  |
| **OMH COLA** | Provides 2.5% COLA providing $50,637,0000 for OMH providers, effective 4/1/23 for one year | Aid to Localities, OMH | Includes $50.6M |
| **Community Non-Residential MH Funding** | Increases multiple appropriations by approx. $47M | Aid to Localities, OMH |  |
| **Psychiatrists and Psychiatric Nurses** | Increases funding by $5M for such clinicians across programs | Aid to Localities, OMH |  |
| **9-8-8** | Increases funding by $25M for the 9-8-8 Crisis Response System | Aid to Localities, OMH |  |
| **Youth Suicide Prevention** | Includes $10 million in new funding for youth suicide prevention | Aid to Localities, OMH |  |
| **Supportive Housing Services** | Provides $4.5M for such services | Aid to Localities, OMH |  |
| **Community Mental Health Emergency Program** | Provides increases to multiple appropriations for this program totaling $45M | Aid to Localities, OMH |  |
| **OASAS Funding** | All funds spending for OASAS services in Aid to Localities decreased by approx. $240M | Aid to Localities OASAS |  |
| **Minimum Wage Funding for OASAS Providers** | $2.7 million is provided for minimum wage funding under OASAS | Aid to Localities, OASAS |  |
| **OASAS COLA** | Provides 2.5% COLA for OASAS providers providing $13.3M, effective 4/1/23 for one year | Aid to Localities, OASAS |  |
| **Opioid Settlement Funds** | Allocates $123,644,000 from Opioid Settlement Fund in OASAS budget with a sub-schedule | Aid to Localities, OASAS |  |
| **Outpatient Medicaid Services** | Increased by $4M | Aid to Localities, OASAS |  |
| **Residential Services** | Increased by $5M | Aid to Localities, OASAS |  |
| **Crisis Services** | Increased by $2M | Aid to Localities, OASAS |  |
| **Problem Gambling, Chemical Dependency and Treatment Supports** | Decreased by $17M | Aid to Localities, OASAS |  |
| **Jail-Based SUD Services** | Increased by $50,000 | Aid to Localities, OASAS |  |
| **MH/SUD Ombudsman** | Increased by $3.5M to $8.5M | Aid to Localities, OASAS |  |
| **Prevention and Support Program** | Additional funding by two appropriations $13.6M | Aid to Localities, OASAS |  |
| **Cannabis Campaign** | Provides $4M in new funding for campaign around legal use cannabis | Aid to Localities, OASAS |  |
| **Chemical Dependency, Prevention, Treatment** | Additional funding for program by $2M | Aid to Localities, OASAS |  |
| **Health Home+ Program** | Increases funding for this program by $2.5M in SFY 2024; $2.5M in SFY 2025 | Medicaid Scorecard |  |
| **Opioid Prevention and Treatment Program** | Increases funding from $450,000 to $7.78M | Aid to Localities, NYSDOH |  |
| **CCBHC-Demo Expansion** | Includes $33.75M for Expansion from 13 to 39 CCBHC-Demo Clinics | Aid to Localities, NYSDOH |  |
| **Eligible Certified Community BH Demo Clinics for Indigent Care funding** | Includes $33.75M for Program | Aid to Localities, NYSDOH |  |
| *DEVELOPMENTAL DISABILITIES* | | | |
| **Expand the Medicaid Buy-In for Working People with Disabilities** | Would make statutory changes necessary to expand the Medicaid Buy-In program to remove the current age limit of 65 years old and increase the resource level and income limit from 250% of the Federal Poverty Level to 2,250% to allow working people with disabilities to enter the workforce and be promoted without fear of losing essential health benefits. | Health/MH Article VII, Part N | Cost of $60 million annually |
| **Human Services COLA** | Provides a 2.5% human services COLA effective 4/1/23, providing $74.79M | Health/MH Article VII, Part DD |  |
| **OPWDD Managed Care Statute Extender** | Amends Section 84 of Part A of Chapter 56 of the Laws of 2013, as amended by Section 9 of Part Z of Chapter 57 of the Laws of 2018, to extend statutes related to implementing managed long term care plans for OPWDD through September 30, 2028. | Health/MH Article VII, Part EE |  |
| **OPWDD Flexibilities for Delegated Nursing Tasks** | Amend the Education Law by adding a new Section 6908 (1)(a)(v) to allow direct support staff in certain OPWDD community-based programs to perform certain nursing tasks. The amendment would align the statute with the Consumer Directed Personal Assistance Services (CDPAS) program, increasing the availability of nursing task services outside of certified residential settings. This would potentially allow more individuals to transition into more independent settings, which would decrease reliance on certified residential settings. | Health/MH Article VII, Part FF | Generate annual savings of $700K starting in FY 2024 |
| **OPWDD Ombudsman Program** | Includes $2M to establish an ombudsman program to provide advocacy services for individuals eligible for OPWDD services | State Operations, OPWDD |  |
| **Minimum Wage Funding for OPWDD Providers** | $30.1 million is provided for minimum wage funding under OPWDD | Aid to Localities, OPWDD |  |
| **Day Services** | Increases funding by $10M for program | Aid to Localities, OPWDD |  |
| **Residential Services** | Increases funding by $30M for such services | OPWDD |  |
| **OPWDD Funding** | All funds spending for OPWDD services is increased by $124M | Aid to Localities OPWDD |  |
| *PUBLIC HEALTH* | | | |
| **School-Based Health Centers** | Continues level non-Medicaid funding; Includes Medicaid reimbursement by $1.4M in SFY 2024 and $1.4M in SFY 2025 | Aid to Localities, Department of Health & Medicaid Scorecard |  |
| **Ending the Sale of Flavored Tobacco** | Bans the sale of all flavored tobacco products and strengthens enforcement abilities against retailers. | Health/MH Article VII, Part O | Cost of $133 million in state tax revenue in FY 2024 and $255 million in FY 2025 |
| **Increase Cigarette Tax** | Raises the cigarette tax by $1 from $4.35 to $5.35 per pack. | Revenue Article VII, Part S | Cost of $13 million in FY 2024 and $22 million in outyears |
| **Revoke Cigarette and Tobacco Taxes Certificate of Registration for Inspection Refusal** | Would amend the Tax Law to provide for the imposition of a civil penalty for refusal to comply with cigarette and tobacco inspections and strengthen the ability to prevent the sale of illegal cigarettes and tobacco products. | Revenue Article VII, Part T |  |
| **Tobacco Control Program** | Continues level funding of $33,144,000 | Aid to Localities, Department of Health |  |
| **Tobacco Control Enforcement & Education** | Provides the following $3,840,000, an increase of $71,000. | Aid to Localities and State Operations, Department of Health |  |
| **Cancer Services Program** | Continues level funding of $19.8 million | Aid to Localities, Department of Health |  |
| **Hypertension Services** | Continues level funding of $506,000 and $186,000 for hypertension programs, services and treatments | Aid to Localities, Department of Health |  |
| **Diabetes & Obesity Prevention Funding** | Decreased in funding to $5,418,000 | Aid to Localities, Department of Health |  |
| **Area Health Education Centers** | Executive Budget includes $2.2 million dollars in funding for AHEC | Aid to Localities, Department of Health |  |
| **Spinal Cord Injury Research Fund Account** | Continues level funding of $8.5 million | Aid to Localities, Department of Health |  |
| **HCV Screening** | Requires HCV screening to be offered to all who receive inpatient/outpatient services in an article 28 and required offering by health providers to all individuals 18 and older as part of routine medical care. | Health/MH Article VII, Part AA |  |
| **Childhood Lead Poisoning in High-Risk Areas Outside NYC** | Would require DOH to develop a registry for all residential dwellings with two or more rental units built prior to 1980 for the purposes of certifying as lead-free and related inspections. | Health/MH Article VII, Part T | Cost of $18.5 million in FY 2024. |
| **Statutory Extenders** | Includes the following program extenders:   * Extends the Comprehensive Health Services Program through March 31, 2026. * Makes permanent the statewide health information network and statewide planning and research cooperative system. | Health/MH Article VII Part B |  |
| *INSURANCE* | | | |
| **Health Insurer Guaranty Fund** | Establishes guaranty fund coverage for insurers writing health insurance. Ensures that Insurers becoming insolvent will not impact an individuals’ coverage | Health/MH Article VII, Part Y |  |
| **Crisis Stabilization Centers and Mobile Crisis Intervention Services** | Expands state-regulated commercial insurance coverage of sub-acute care in a medically monitored residential facility under OMH, outpatient care provided by crisis stabilization centers and outpatient care provided by a mobile crisis intervention services provider, critical time intervention services and assertive community treatment services, as defined in proposal.  Coverage for mobile crisis intervention services shall not be subject to preauthorization and is to be covered regardless of whether the provider is in-network. If provided out of network, insurer shall not impose any administrative requirements or limitations on coverage.  The insured's copayment/coinsurance shall be the same as in-network. | Health/MH Article VII, Part II, Subpart A |  |
| **Mandated Reimbursement for School Based Mental Health Clinic Services** | Requires an insurer to provide reimbursement for covered outpatient care when provided by a school-based mental health clinic licensed under article 31, regardless of whether it is in-network. Reimbursement shall be negotiated or in the absence of a negotiated rate, an amount no less than the rate that would be paid for such services under Medicaid as payment in full. Insured shall only be required to pay in-network copay or coinsurance. | Health/MH Article VII, Part II, Subpart A |  |
| **Preauthorization and Concurrent Reviews Rules** | Prohibits insurers from performing preauthorization or concurrent reviews for the first 30 days of mental health treatment for adults in an in-network inpatient hospital or crisis residence licensed or operated by OMH, except where the insured meets designated clinical criteria or is receiving care in a facility designated by OMH in consultation with DFS and DOH.  Requires utilization review determinations for mental health conditions to be made using evidence-based, age-appropriate clinical review criteria approved by OMH in consultation with DFS and DOH | Health/MH Article VII, Part II, Subpart B |  |
| **Telehealth Reimbursement Rates** | Requires state-regulated commercial insurance coverage for services provided via telehealth by article 31, 32, 26 and 16 of mental hygiene law providers, reimbursed at the same rate as is reimbursed when delivered in person but not necessarily the Medicaid government rate. | Health/MH Article VII, Part II, Subpart C |  |
| **State Law BH Parity Violations** | Authorizes insureds to bring legal actions against state-regulated commercial insurers to address state law parity violations. | Health/MH Article VII, Part II, Subpart D |  |
| **Insurance Coverage for SUD Treatment and Medication** | Assures state-regulated commercial insurance coverage for detox or maintenance treatment of SUDs including all buprenorphine products, methadone, long-acting injectable naltrexone or medications for opioid overdose reversal, without prior authorization for initial or renewal of such treatments. | Health/MH Article VII, Part II, Subpart E |  |
| **Network Adequacy** | Regulations would inform insurers of the responsibilities of an insurer/MC plan to provide out of network referrals at the in-network cost sharing where there are no in-network providers meeting the standards. Where an out of network provider is a facility licensed/operated by OMH or OASAS, the insurer/ MC plan shall reimburse at a negotiated rate.  In the absence of a negotiated rate, an amount no less than the Medicaid rate would be paid. | Health/MH Article VII, Part II, Subpart F |  |
| **Site of Service Review** | Establishes that the review by a health insurer into whether a procedure was medically necessary when it was performed at a hospital-based outpatient clinic rather than a free-standing ambulatory surgery center constitutes a utilization review, including member appeal rights. | Health/MH Article VII, Part L |  |
| **Statutory Extenders** | Provides the following program extenders:   * Extends the authorization of the State to negotiate supplemental rebates directly with manufacturers both inside and outside of Managed Care to leverage total Medicaid prescription brand name drug volume, through March 31, 2026. Such authority would apply only to covered out-patient drugs for which the manufacturer already has a rebate agreement with the Federal government. * Extends the authorization to establish a statewide formulary for certain classes of drugs to negotiate effectively with the manufactures of such drugs to maximize savings to Medicaid through March 31, 2029. | Health/MH Article VII Part B |  |