



Communication.
Teamwork.
Results.

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

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

March 17, 2023

**SFY 2023-24 Health/Mental Hygiene Budget Summary
Comparison of Executive Budget to Senate/Assembly One-House Budget Bills**

CONTENTS

<i>MULTIPLE SECTORS</i>	2
<i>HOSPITALS</i>	10
<i>LONG TERM CARE/ HOME CARE/ NURSING HOMES</i>	14
<i>PHYSICIANS/ HEALTHCARE PROFESSIONALS</i>	19
<i>PHARMACY/PHARMACEUTICALS</i>	25
<i>BEHAVIORAL HEALTH</i>	30
<i>DEVELOPMENTAL DISABILITIES</i>	43
<i>PUBLIC HEALTH</i>	45
<i>INSURANCE</i>	49

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
<i>MULTIPLE SECTORS</i>					
Medicaid Global Spending Cap Extension	Extends Global Spending Cap for Medicaid through SFY 2025.	Health/MH Article VII, Part A		Repeals the Medicaid Global Cap.	Accepts
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		Accepts	Accepts
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	Modifies by rejecting the delay in coverage for undocumented immigrants over 64 and includes coverage for undocumented immigrants regardless of age through the Essential plan.	Modifies by rejecting the proposal to delay the expansion of Medicaid eligibility for undocumented seniors.
Human Services COLA	Provides a 2.5% human services COLA effective 4/1/23 for programs and services under OMH, OASAS, OPWDD, OCFS, OTDA and	Health/MH Article VII, Part DD	The Financial Plan included funding for an annual Human Services COLA	Modifies the Executive’s proposal by increasing the COLA to 8.5% for human services	Modifies the Executive’s proposal by increasing the COLA to 8.5% for human services

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	SOFA for titles consistent with last year's 5.4% COLA.		of 2.5% in FY 2024. The 2.5% percent COLA would cost a total of \$203.4M	workers of OMH, OASAS, OPWDD, OTDA, OCFS, and SOFA. The state fiscal year cost for the additional 6% would be \$486.5 million.	workers of OMH, OASAS, OPWDD, OTDA, OCFS, and SOFA. The state fiscal year cost for the additional 6% would be \$486.5 million.
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	Health/MH Article VII, Part P	Outyear costs: FY25 - \$400M FY26 - \$400 M FY27 - \$100 M FY28 - \$100 M	Modifies by providing \$200 million in additional funding set aside for community-based organizations, specifically identifying cybersecurity projects within the \$500 million for technological and telehealth set aside and adds language to allow this funding to support building conversions and new construction in underserved communities, sets aside \$50 million for	Modifies by allocating an additional \$1 billion with \$20 million set aside for community-based organizations

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	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.			CBOs for this purpose.	
Essential Community Provider/VAP Funding	Continues level funding of \$132 million	Aid to Localities, Department of Health		Accepts	Accepts
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	Rejects administrative changes to the Health Home program and provides \$30 million.	Rejects the Executive proposal to recalibrate the health homes program.
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		Accepts	Accepts
All Payers Database	Continues level funding of \$10 million	Capital Projects,		Accepts	Accepts

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
		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.	Accepts	Modifies by delineating the services provided; and modify proposal to expand reimbursement for health care services provided in outpatient clinics by including licensed creative arts therapists.
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	Accepts	Accepts
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		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
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		Accepts	Rejects
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		The Senate modifies the Executive's proposal by advancing language to establish privacy standards for health products and services and permissible data brokering and establishing a private right of action for violations (S.158).	Rejects
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		Rejects	Rejects
Revitalize Emergency Medical Services and Medical	Amends the Public Health Law and Education Law to:	Health/MH Article VII, Part S	FY 2024 Cost \$7.3 million; FY 2025 Cost	Modifies the Executive's proposal by omitting the repeal and replacement of	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Transportation	<ul style="list-style-type: none"> ● 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. 		\$20.1	the existing certificate of need process for new or modified operating, omitting the establishment of new and changes to existing regulatory bodies, accepting investments and proposals related to workforce training, recruitment and retention, accepting the new definition for "emergency medical service," accepting proposals for system-sustainability plans, authorizing mobile integrated healthcare, and advancing language to provide payments to municipalities whose EMS are other municipal departments, volunteer or non-profit entities (Part of	

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
				S.1852), advancing provisions to label EMS as an "essential" and required service and allowing for volunteer EMS to be eligible for benefits under State Pension system and NYSHIP systems (Part of S.4020), and providing for a uniform ambulance assessment fee on certain ambulance revenue to cover increased Medicaid rates for EMS services (S.5122).	
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	Education, Labor and Family Article VII, Part S		Rejects	Modifies-Resolution will address: Indexation of the minimum wage, following such increases, should not be subject to exceptions which would prevent employees from

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	economic conditions trigger a cap as well.				getting an annual increase.
FQHC Telehealth Parity	N/A	Assembly One House Health/MH Article VII. Part OO		N/A	Would guarantee FQHCs are paid their full Medicaid reimbursement rate for telehealth services regardless of the location of the patient or the provider or the modality of the service. Applies to Article 28s and those also licensed under Articles 31 or 32.
Task Force on Missing Women and Girls	N/A	Senate One House Health/MH Article VII, Part LL		Would establish a task force on missing women and girls who are Black, indigenous, and people of color.	N/A
Young Adults Medical Fragility Demo Program	N/A	Senate One House Health/MH Article VII, Part WW		Expands the number of facilities in the young adult medical fragility demo program.	N/A
Reproductive Freedom and Equity Grant Program	N/A	Senate One House Health/MH		Would establish a grant program to build reproductive	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
		Article VII, Part BBB		healthcare provider capacity within the state, fund uncompensated care, and provide financial support to organizations providing practical support to individuals within and travelling to the State	
<i>HOSPITALS</i>					
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		The Senate modifies the Executive’s proposal by advancing language that creates a presumption of anti-competitiveness against pay for delay agreements (S.4513) and accepting the rest of the proposal.	Modifies by establishing maximum rates that an agency can charge a facility.
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	Health/MH Article VII, Part E		Modifies the Executive’s proposal to increase the operating component of hospital inpatient	Rejects indigent care funding cut, Provides \$1 billion in state funding for financially distressed

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	transition, expand VAPAP eligibility to providers formed as a DSRIP PPS.			services Medicaid rate by 5%, reduce the State's share of the Indigent Care Pool to target funds to high-need facilities, authorize rural emergency hospitals, make permanent the Department's ability to award temporary payments to eligible facilities in severe financial distress, and expand the definition of an eligible VAPAP funding recipient by increasing hospital inpatient and outpatient rates by 10%.	and safety net hospitals; Increases hospital rates by 10%.
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	Health/MH Article VII, Part E		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	treatment programs in the facility prior to the forum.				
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		Accepts	Rejects
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		Modifies by reforming the approval process for health care projects by accepting increased construction fees and also allows core public health services without license review.	Rejects
Statutory Extenders	Includes the following program extenders:	Health/MH Article VII Part B		Accepts	Accepts with the following modifications:

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<ul style="list-style-type: none"> ● 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. 				<ul style="list-style-type: none"> ● 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, 2027.

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
<i>LONG TERM CARE/ HOME CARE/ NURSING HOMES</i>					
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		Accepts	Rejects
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: <ul style="list-style-type: none"> ● 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	Rejects with Exceptions: Moratorium on new MLTC plans extended until 2027	Rejects with Exceptions: Moratorium on new MLTC plans extended until 2027

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
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		Accepts with Modifications	Rejects
Repeal of Fiscal Intermediary (FI) Procurement	Repeals FI procurement.	Health/MH Article VII, Part I		Rejects	Rejects
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		Rejects	Rejects
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		Rejects	Rejects
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	Health/MH Article VII, Part J	\$7.75 million in FY 2024 and \$31.6 million in FY 2025.	Intentionally Omitted	Intentionally Omitted

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>manner with the following timeline:</p> <ul style="list-style-type: none"> ● 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. <p>Applies to 43, 44 and 47 of insurers, however hospitals and insurers may opt for alternative arrangements, but the claim must be first paid.</p>				
Site of Service Review	Add Site of Service Reviews (Outpatient Hospital vs. Ambulatory Surgery Center(free-standing) as	Health/MH Article VII, Part L		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	subject to Utilization Reviews and Internal and External Review				
Advanced Home Health Aide	Removes the “direct” supervision and requires supervision. Also eliminates the 2-week supervision requirement.	Health/MH Article VII, Part W		Rejects	Extends Program until 2029, Omits and amendments
Nursing Homes Rates		Health/MH Article VII, Part I		10% Rate Increase	10% Rate Increase
Assisted Living Programs Rates	N/A	Senate/ Assembly One House Health/MH Article VII, Part I		10% Rate Increase	10% Rate Increase
Grants to Licensed Agencies	N/A	Senate Resolution		\$50 million	N/A
Grants to CHHAs	N/A	Senate One House Health/MH Article VII Part FFF And Resolution		\$25 million	N/A
Quality Pool for VAP	N/A	Senate and Assembly Resolutions		Approx. \$30 million- Language PART GGG	Approx. 30 million

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
QIVAPP	N/A	Senate Resolution – 1199 Union Health Fund		\$45 million	N/A
Activities of Daily Living -Personal Care	N/A	Senate One House Health/MH Article VII PART KK		Eliminated raising the Eligibility ADL Standards for Personal Care	N/A
Fair Pay for Home Care	N/A	Senate One House Health/MH Article VII PART RR		Increases Home Care Wage \$2.00 by 10/1/2025 Provides for Directed Payments	Assembly Proposal supports addressing provider pass through issue
Medicaid Look Back	N/A	Senate One House Health/MH Article VII PART OO		Amends the Look Back Period to Allow for the Transfer of Assets to Care for Spouse or Family Member	N/A
Quality Pool Funding Restoration		Both Houses Resolutions		Restored	Restored
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		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Statutory Extenders	<p>Includes the following program extenders.</p> <ul style="list-style-type: none"> • 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		Accepts	Accepts
<i>PHYSICIANS/ HEALTHCARE PROFESSIONALS</i>					
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		Accepts extension of program, providing \$78.5 million.	Accepts extension of program, provides \$105 million.

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
		Article VII Part F			
Doctors Across New York	Continues funding of \$15,865,000 million	Aid to Localities, Department of Health		Accepts	Accepts
Primary Care Rate Increase	Includes a Medicaid primary care rate increase to 80% of Medicare	Medicaid Scorecard		Accepts	Accepts
Nurse Staffing Agencies Data Tracking	Requires nurse staffing agencies to register and report key data about their operations.	Health/MH Article VII, Part X		Accepts	Accepts
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		Rejects	Rejects
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	Health/MH Article VII, Part W, Section 6		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	registered professional nurses for tests to determine the presence of COVID-19 or its antibodies or influenza virus.				
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		Rejects	Rejects
Expanded Nursing Services	Authorizes certified nurse practitioners and licensed physicians to issue non-patient specific standing regimen, to	Health/MH Article VII, Part W, Sections 11 and 12		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>be executed by registered professional nurses, for:</p> <p>1) The ordering of asthma self-management education and home-based asthma services</p> <p>2) the urgent or emergency treatment of asthma</p> <p>3) providing stool tests to screen for the presence of colorectal cancer</p> <p>4) the ordering of diabetes self-management education and support</p>				
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		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
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		Rejects	Rejects
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		Rejects	Rejects
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		Rejects	Rejects
Statutory Extenders	Includes the following program extenders: <ul style="list-style-type: none"> ● Extends provisions related to professional misconduct hearings within the OPMC and CPH procedures through July 1, 2033. ● Extends provisions which provide immunity from 	Health/MH Article VII Part B		Accepts	Modifies the following: <ul style="list-style-type: none"> ● Extends provisions related to professional misconduct hearings within the OPMC and CPH procedures

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>liability for members of any physician committee acting without malice and within the scope of such member’s functions through July 1, 2033.</p> <ul style="list-style-type: none"> ● 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. 				<p>through July 1, 2028.</p> <ul style="list-style-type: none"> ● 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, 2028. ● 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, 2028.

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
					<ul style="list-style-type: none"> Extends the authorization for the use of funds of the OPMC for 14 activities of Patient Health Information and Quality Improvement Act of 2000 through March 31, 2026.
Abortion & Reproductive Health Training Grant for Medical Interns/Residents	N/A	Senate One House Health/MH Article VII, Part PP		Would establish a grant program for medical interns or residents to receive training in the performance of an abortion and related reproductive health services and establishes a fund for the grant program.	N/A
<i>PHARMACY/PHARMACEUTICALS</i>					
Medicaid Pharmacy Benefit Transition	Continues NYS Medicaid pharmacy benefit transition from Managed Care to Fee for Service, NYRx		State share savings \$410 million; \$367.5 million to support 340B (state share)	Modifies the Executive's proposal to repeal the 340B carve out and substitute an	Rejects the implementation of the pharmacy benefit carve out and provides \$410 million

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	Includes funding for 340B providers to offset impact from change.			alternative proposal (\$5136)	
Prescriber Prevails	Eliminates Prescriber Prevails in Medicaid	Health/MH Article VII, Part D	\$49.5 million (savings in SFY 2025)	Rejects	Rejects
Medicaid OTC coverage and Copays	Authorizes NYSDOH to reduce OTC coverage and eliminate copays	Health/ MH Article VII, Part D	\$8.7 million	Rejects	Rejects
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		Modifies to strengthen against pay for delay agreements	Rejects
Pharmacist 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		Rejects	Rejects
	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	Health/MH Article VII, Part W, Sections 4 and 5		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	HIV, sexually transmitted infections, and pregnancy.				
	Authorizes pharmacists to prescribe and order self-administered hormonal contraceptives and emergency contraceptive drug therapy.	Health/MH Article VII, Part V		Rejects	Rejects
	Authorizes 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		Rejects	Rejects
	Pharmacists would be authorized to order opioid antagonists (naloxone and other medications approved by DOH).	Health/MH Article VII, Part W, Section 8		Rejects	Rejects
	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		Rejects	Rejects
	Allow pharmacists to order diabetes and asthma self-management education and support services and home-based asthma services for	Health/MH Article VII, Part W, Section 13		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	patients. It would also authorize the Commissioner of Education to promulgate regulations to allow pharmacists to order additional health related services.				
	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		Rejects	Rejects
	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		Rejects	Rejects
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		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
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		Rejects	Rejects
Statutory Extenders	Includes the following program extenders <ul style="list-style-type: none"> ● 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 	Health/MH Article VII Part B		Accepts	Modifies the following: <ul style="list-style-type: none"> ● Maintains the limit on method of payment for prescription drugs under the medical assistance program through March 31, 2024

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	rebate agreement with the Federal government. <ul style="list-style-type: none"> • 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. 				
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	Gov. Hochul Press Release 2/2/23		Modifies specific proposals indicated below	Modifies specific proposals indicated below

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	health services in schools, school-based wraparound services and other youth program investments				
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	Modifies the Executive's proposal by increasing the COLA to 8.5% for human services workers. Investment \$128.4 million OMH; \$33.6 million OASAS.	Modifies the Executive's proposal by increasing the COLA to 8.5% for human services workers. Investment \$128.4 million OMH; \$33.6 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		Modifies by expanding Medicaid eligibility to incarcerated people 30 days prior to release and to children/adults in institutions.	Accepts for incarcerated individuals; Rejects for children in an institute for mental disease.
Federal Demo CCBHC Indigent Care Program	Establishes an Indigent Care Program for Certified Community Behavioral Health Federal 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	Accepts	Provides additional \$10 million to expand the CCBHC Indigent Care Program.

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
OMH & OASAS Joint Licensing	Allows for Certified Community Behavioral Health Clinics (Community Behavioral Health Clinics) to be jointly licensed by both OMH and OASAS rather than needing an independent license from each.	Health/MH Article VII, Part HH		Accepts	Accepts
Behavioral Health VAP	Continues level funding of \$50 million	Aid to Localities, Department of Health		Accepts	Accepts
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		Rejects	Rejects
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,	Health/MH Article VII, Part II, Subpart F		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	and the responsibilities of insurers to provide out of network referrals at in network cost sharing/rates if there are no in network providers available. For OMH/OASAS facilities, payment would be negotiated rate or Medicaid rate.				
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		Accepts	Rejects
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		Accepts	Rejects
Crisis Stabilization Centers and Mobile Crisis Intervention Services	Expands state-regulated commercial insurance coverage of sub-acute care in a medically monitored	Health/MH Article VII, Part II, Subpart A		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>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.</p>				
<p>Mandated Reimbursement for School Based Mental Health Clinic Services</p>	<p>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</p>	<p>Health/MH Article VII, Part II, Subpart A</p>		<p>Accepts</p>	<p>Rejects</p>

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>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.</p>				
<p>Preauthorization and Concurrent Reviews Rules</p>	<p>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.</p> <p>Requires utilization review determinations for mental health conditions to be made using evidence-based, age-appropriate clinical review criteria approved by OMH in</p>	<p>Health/MH Article VII, Part II, Subpart B</p>		<p>Accepts</p>	<p>Rejects</p>

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	consultation with DFS and DOH				
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 for telehealth as is reimbursed when delivered in person but not necessarily the Medicaid government rate.	Health/MH Article VII, Part II, Subpart C		Accepts	Rejects
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		Modifies to include protections for attempts made in good faith to comply with applicable operating certificates and the law.	Rejects
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		Increase of \$19 million plus COLA funding	Provides \$5.8 million more than Executive plus COLA funding

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Minimum Wage Funding for OMH Providers	\$6.5 million is provided for minimum wage funding under OMH	Aid to Localities, OMH		Accepts	Accepts
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	Modifies the Executive's proposal by increasing the COLA to 8.5% for human services workers. Investment \$128.4 million OMH.	Modifies the Executive's proposal by increasing the COLA to 8.5% for human services workers. Investment \$128.4 million OMH.
Community Non-Residential MH Funding	Increases multiple appropriations by approx. \$47M	Aid to Localities, OMH		Accepts	Accepts
Psychiatrists and Psychiatric Nurses	Increases funding by \$5M for such clinicians across programs	Aid to Localities, OMH		Accepts	Accepts
9-8-8	Increases funding by \$25M for the 9-8-8 Crisis Response System	Aid to Localities, OMH		Accepts	Accepts
Youth Suicide Prevention	Includes \$10 million in new funding for youth suicide prevention	Aid to Localities, OMH		Accepts	Accepts
Supportive Housing Services	Provides \$4.5M for such services	Aid to Localities, OMH		Accepts	Accepts
Community Mental Health Emergency Program	Provides increases to multiple appropriations for this program totaling \$45M	Aid to Localities, OMH		Accepts	Accepts

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
OASAS Funding	All funds spending for OASAS services in Aid to Localities decreased by approx. \$240M	Aid to Localities OASAS		Increase of \$5 million plus COLA funding and Opioid settlement fund increase	Increase of \$7 million plus COLA funding
Minimum Wage Funding for OASAS Providers	\$2.7 million is provided for minimum wage funding under OASAS	Aid to Localities, OASAS		Accepts	Accepts
OASAS COLA	Provides 2.5% COLA for OASAS providers providing \$13.3M, effective 4/1/23 for one year	Aid to Localities, OASAS		Modifies the Executive's proposal by increasing the COLA to 8.5% for human services workers. Investment \$33.6 million OASAS.	Modifies the Executive's proposal by increasing the COLA to 8.5% for human services workers. Investment \$33.6 million OASAS.
Opioid Settlement Funds	Allocates \$123,644,000 from Opioid Settlement Fund in OASAS budget with a sub-schedule	Aid to Localities, OASAS		Adds \$40 million	Accepts
Outpatient Medicaid Services	Increased by \$4M	Aid to Localities, OASAS		Accepts	Accepts
Residential Services	Increased by \$5M	Aid to Localities, OASAS		Accepts	Accepts
Crisis Services	Increased by \$2M	Aid to Localities, OASAS		Accepts	Provides \$1 million in additional funding for Crisis Intervention Teams

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Problem Gambling, Chemical Dependency and Treatment Supports	Decreased by \$17M	Aid to Localities, OASAS		Accepts	Accepts
Jail-Based SUD Services	Increased by \$50,000	Aid to Localities, OASAS		Accepts	Accepts
MH/SUD Ombudsman	Increased by \$3.5M to \$8.5M along with appropriation of \$1.5M	Aid to Localities, OASAS		Accepts	Accepts
Prevention and Support Program	Additional funding by two appropriations \$13.6M	Aid to Localities, OASAS		Accepts	Accepts
Cannabis Campaign	Provides \$4M in new funding for campaign around legal use cannabis	Aid to Localities, OASAS		Accepts	Accepts
Chemical Dependency, Prevention, Treatment	Additional funding for program by \$2M	Aid to Localities, OASAS		Accepts	Accepts
Health Home+ Program	Increases funding for this program by \$2.5M in SFY 2024; \$2.5M in SFY 2025	Medicaid Scorecard		Adds \$30M	Accepts
Opioid Prevention and Treatment Program	Increases funding from \$450,000 to \$7.78M	Aid to Localities, NYSDOH		Accepts	Accepts
CCBHC-Demo Expansion	Includes \$33.75M for Expansion from 13 to 39 CCBHC-Demo Clinics	Aid to Localities, NYSDOH		Accepts	Includes \$10 million in additional funding to further expand the

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>Creates new sections in law establishing "Certified Community Behavioral Health Clinics" authorized jointly by the Commissioners of OMH and OASAS. The section defines them, requires them to submit a plan to the Commissioners prior to receiving an operating certificate and outlines what the plan shall include. It further states that "where a certified community behavioral health clinic has been established and participating on the effective date of this section in the federal CCBHC demo awarded by HHS, the previously established clinic may be certified where the clinic demonstrates compliance with the certification standards included in the section (article). The Commissioners are required to promulgate rules/regulations to effectuate the section.</p>	<p>Article VII HMH, Part HH</p>			<p>Certified Community Behavioral Health Clinic (CCBHC) Program</p>

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Eligible Certified Community BH Demo Clinics for Indigent Care funding	Includes \$33.75M for Program	Aid to Localities, NYSDOH		Accepts	Includes \$10 million to expand the CCBHC Indigent Care Program
Expansion of Treatment Services by OASAS Treatment Centers	N/A	Senate One House, Article VII Part MM		Allows for expansion of treatment services provided by OASAS Treatment Centers to include treatment for mental health and physical care needs of an individual (S3525)	N/A
Black Youth Suicide Prevention Workgroup	N/A	Senate One House, Article VII Part ZZ		Would direct OMH and OCFS to convene a workgroup of individuals with expertise in suicide prevention for black children and youth.	N/A
Maternal Mental Health Workgroup	N/A	Senate One House, Article VII Part EEE		Directs the Commissioner of OMH to establish a maternal mental health workgroup to study and issue recommendations	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Workgroup on Implementing Daniel's Law	N/A	Senate One House, Article VII Part HHH		Creates a workgroup to study and issue recommendations on implementing Daniel's Law, and to create a pilot program to support non-police, trauma-informed, community-led responses to mental health, alcohol and SUD crises	N/A
Young Adults Medical Fragility Demo Program	N/A	Senate One House Health/MH Article VII, Part WW		Expands the number of facilities in the young adult medical fragility demo program	N/A
Mental Health Housing Evaluation Task Force for Aging in Place	N/A	Assembly One House Health/MH Article VII, Part KK		N/A	Establishes task force to study the best ways to ensure aging New Yorkers have access to mental health care as they age
Substance Abuse Prevention and Intervention Specialists in NYC Schools	N/A	Assembly One House ATL		N/A	Provides \$2 million for such specialists

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Hiring Mental Health Professionals	N/A	Assembly One House OASAS State Operations		N/A	Provides \$5 million to fund the hiring of mental health practitioners at 12 state operated Addiction Treatment Centers (ATCs) for individuals with co-occurring mental health and SUD.
<i>DEVELOPMENTAL DISABILITIES</i>					
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	Accepts	Modifies by placing limitations on monthly premium payments to ensure parity with the Affordable Care Act; Limits premium payments to 8.5 % of an enrollees' income
Human Services COLA	Provides a 2.5% human services COLA effective 4/1/23, providing \$74.79M	Health/MH Article VII, Part DD		Modifies the Executive's proposal by increasing the COLA to 8.5% for	Modifies the Executive's proposal by increasing the COLA to 8.5% for

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
				human services workers. Investment \$290.6 million OPWDD.	human services workers. Investment \$290.6 million OPWDD.
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		Modifies by extending only through September 30, 2024	Modifies by extending only through September 30, 2025
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,	Health/MH Article VII, Part FF	Generate annual savings of \$700K starting in FY 2024	Accepts	Rejects and provides \$700,000 in funding

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	which would decrease reliance on certified residential settings.				
OPWDD Ombudsman Program	Includes \$2M to establish an ombudsman program to provide advocacy services for individuals eligible for OPWDD services	State Operations, OPWDD		Accepts and includes their own proposal, Health Article VII, new Part NN	Accepts
Minimum Wage Funding for OPWDD Providers	\$30.1 million is provided for minimum wage funding under OPWDD	Aid to Localities, OPWDD		Accepts	Accepts
Day Services	Increases funding by \$10M for program	Aid to Localities, OPWDD		Accepts	Accepts
Residential Services	Increases funding by \$30M for such services	OPWDD		Accepts	Accepts
OPWDD Funding	All funds spending for OPWDD services is increased by \$124M	Aid to Localities OPWDD		Increase of \$2.91 million	Increase of \$1.24 million
Early Intervention	N/A	Senate and Assembly One House Aid to Localities		The Senate provides \$23 million to support an 11% increase for Early Intervention reimbursement rates	The Assembly provides \$61 million to support an 11% increase for Early Intervention reimbursement rates
<i>PUBLIC HEALTH</i>					
School-Based Health Centers	Continues level non-Medicaid funding; Includes Medicaid reimbursement by \$1.4M in	Aid to Localities, Department		Provides \$3.82 million to restore	Provides \$3.82 million to restore

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	SFY 2024 and \$1.4M in SFY 2025	of Health & Medicaid Scorecard		funding for School Based Health Centers	funding for School Based Health Centers
School Based Health Center Permanent Carve-Out of MMC	N/A	One Houses Health/MH Article VII, Senate: Part B Assembly: Part LL		Would permanently carve school-based health centers out of Medicaid Managed Care and into Fee For Service	Would permanently carve school-based health centers out of Medicaid Managed Care and into Fee For Service
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	Rejects the ban on flavored tobacco products.	Rejects the ban on flavored tobacco products.
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	Accepts	Accepts
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	Revenue Article VII, Part T		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	cigarettes and tobacco products.				
Tobacco Control Program	Continues level funding of \$33,144,000	Aid to Localities, Department of Health		Provides an additional \$75 million	Provides \$8 million in additional funds.
Tobacco Control Enforcement & Education	Provides \$3,840,000, an increase of \$71,000.	Aid to Localities and State Operations, Department of Health		Accepts	Accepts
Cancer Services Program	Continues level funding of \$19.8 million	Aid to Localities, Department of Health		Provides an additional \$7 million	Provides an additional \$7 million.
Hypertension Services	Continues level funding of \$506,000 and \$186,000 for hypertension programs, services and treatments	Aid to Localities, Department of Health		Accepts	Accepts
Diabetes & Obesity Prevention Funding	Decreased in funding to \$5,418,000	Aid to Localities, Department of Health		Provides \$5,970,000.	Provides \$5,970,000.
Area Health Education Centers	Executive Budget includes \$2.2 million dollars in funding for AHEC	Aid to Localities, Department of Health		Accepts Executive funding and provides an additional \$1.1 million in Senate Budget Resolution.	Accepts Executive funding.

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Spinal Cord Injury Research Fund Account	Continues level funding of \$8.5 million	Aid to Localities, Department of Health		Accepts	Accepts
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		Accepts	Modifies to intentionally omit section 1, changes language to include every individual 18 or older if there is evidence or indication of risky activity, adds midwife as a health provider, removes hepatitis C diagnostic test.
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.	Modifies by changing the administrator of the program from the DOH to the Division of Housing and Community Renewal.	Accepts funding, Rejects Article VII language
Statutory Extenders	Includes the following program extenders: <ul style="list-style-type: none"> Extends the Comprehensive Health Services Program through March 31, 2026. 	Health/MH Article VII Part B		Accepts	Modifies the following: <ul style="list-style-type: none"> Extends the statewide health information network and

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<ul style="list-style-type: none"> Makes permanent the statewide health information network and statewide planning and research cooperative system. 				statewide planning and research cooperative system through March 31, 2026.
<i>INSURANCE</i>					
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		Modifies to require affidavits for medical debt lawsuits, require registration and reporting of certain companies in the prescription drug supply chain, require drug manufacturers to notify the Department of Financial Services of drug price increases, report pay for delay agreements, create a uniform financial assistance form to access Indigent Care Pool and Indigent Care Adjustment funding, and create a guaranty	Modifies by adding consumer protections

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
				fund by advancing language that creates a presumption of anti-competitiveness against pay for delay agreements (S.4513), and accepts the rest of the proposal.	
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	Health/MH Article VII, Part II, Subpart A		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	limitations on coverage. The insured's copayment/coinsurance shall be the same as in-network.				
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		Accepts	Rejects
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	Health/MH Article VII, Part II, Subpart B		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>receiving care in a facility designated by OMH in consultation with DFS and DOH.</p> <p>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</p>				
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		Accepts	Rejects
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		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
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		Accepts	Rejects
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		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
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		Accepts	Rejects
Statutory Extenders	Provides the following program extenders: <ul style="list-style-type: none"> • 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 	Health/MH Article VII Part B		Accepts	Accepts

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>with the Federal government.</p> <ul style="list-style-type: none"> • 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. 				
Medicaid Coverage for Doula Services	N/A	Senate One House Health/MH Article VII Part SS		Would cover doula services under the Medicaid program and establish a rate of at least \$1,930 for those services.	N/A
Medicaid Durable Equipment Program Rate Adequacy Study	N/A	Senate One House Health/MH Article VII Part TT		Would direct DOH to conduct a study on the Medicaid durable medical equipment, prosthetics, orthotics, and supply program, focused on rate adequacy and patient access.	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Child Health Plus Retroactive Enrollment	N/A	Senate One House Health/MH Article VII Part UU		Would retroactively enroll children in the Child Health Plus program to the first of the month when their application is submitted.	N/A
Clinical Peer Reviewer	N/A	Senate One House Health/MH Article VII, Part AAA		Would redefine qualifications for clinical peer reviewers to require they be board certified in the same or similar specialty as the physician who recommends the treatment or manages the condition under review. Would also expand their role to include utilization reviews.	N/A
Pediatric Reimbursement for Services Provided to Medically Fragile Children	N/A	Senate One House Health/MH Article VII, Part CCC		Would direct DOH to establish reimbursement rates for pediatric diagnostic and treatment centers for services provided on	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
				or after April 1, 2023 to children with medical fragility	
MC Quality Incentive Program	N/A	Senate One House Health/MH Article VII, Part GGG		Proposes to codify the quality incentive program for managed care providers	N/A
Prohibits Medicaid Enrollment Limitations	N/A	Assembly One House Health/MH Article VII, Part MM		N/A	The Commissioner of Health shall not set limits on duration of eligibility of enrollees who meet all other eligibility requirements.
FQHC Telehealth Parity	N/A	Assembly One House Health/MH Article VII, Part OO		N/A	Proposal to guarantee FQHCs are paid their full Medicaid reimbursement rate for telehealth services regardless of the location of the patient or the provider or the modality of the service. Applies to Article 28s and those also licensed under Articles 31 or 32.

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Child Health Plus Enrollment	N/A	Assembly One House Health/MH Article VII, Part UU		N/A	Includes proposal to retroactively enroll children in Child Health Plus