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May 3, 2023

**SFY 2023-24 Final Budget  
Health/Mental Hygiene Budget Summary**

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Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<i>MULTIPLE SECTORS</i>					
<b>Medicaid Global Spending Cap Extension</b>	Extends Global Spending Cap for Medicaid through SFY 2025.	Health/MH Article VII, Part A	Repeals the Medicaid Global Cap.	Accepts	Accepts Executive proposal. Final Budget includes savings of \$475 million from a Global Cap Index Update.
<b>Reauthorize the Health Care Reform Act (HCRA)</b>	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	Accepts Executive proposal.
<b>Essential Plan Program Changes</b>	Submits a 1332 state innovation program waiver to expand 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	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.	Modifies Executive proposal to require expansion of Medicaid eligibility for undocumented seniors by 1/1/24. Includes provisions to expand coverage.

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<b>Human Services COLA</b>	Provides a 2.5% human services COLA effective 4/1/23 for programs and services under OMH, OASAS, OPWDD, OCFS, OTDA and SOFA for titles consistent with last year's 5.4% COLA.	Health/MH Article VII, Part DD	Modifies the Executive's proposal by increasing the COLA to 8.5% for human services workers of OMH, OASAS, OPWDD, OTDA, OCFS, and SOFA. The state fiscal year cost for the additional 6% would be \$486.5 million.	Modifies the Executive's proposal by increasing the COLA to 8.5% for human services workers of OMH, OASAS, OPWDD, OTDA, OCFS, and SOFA. The state fiscal year cost for the additional 6% would be \$486.5 million.	Increases to 4% COLA for programs and services under OMH, OASAS, OPWDD, OCFS, OTDA and SOFA for 4/1/23-3/31/24.
<b>Statewide Healthcare Facility Transformation Program V</b>	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	Health/MH Article VII, Part P	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	Modifies by allocating an additional \$1 billion with \$20 million set aside for community-based organizations	Modifies to provide up to \$490 million for innovative, patient-centered projects and \$500 million for health technology, telehealth projects. Adds midwifery birth centers as eligible providers and enables projects to be funded to assist in developing underserved areas.

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	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.		underserved communities, sets aside \$50 million for CBOs for this purpose.		
<b>Essential Community Provider/VAP Funding</b>	Continues level funding of \$132 million	Aid to Localities, Department of Health	Accepts	Accepts	Increases funding by \$30 million for a total appropriation of \$162 million.
<b>Wadsworth Laboratories Consolidation</b>		Gov. Hochul Press Release 5/3/23			Includes \$1.7 billion to fully consolidate the five unconnected sites to one site on the W. Averell Harriman Campus in Albany by 2030
<b>Health Homes</b>	Funding is reduced by \$100 million over SFY 2024 and SFY 2025	Medicaid Scorecard	Rejects administrative changes to the Health	Rejects the Executive proposal to	Accepts Executive funding reduction of

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			Home program and provides \$30 million.	recalibrate the health homes program.	\$100 million over two years.
<b>SHIN-NY</b>	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	Accepts Executive funding.
<b>All Payers Database</b>	Continues level funding of \$10 million	Capital Projects, Department of Health	Accepts	Accepts	Accepts Executive funding.
<b>Medicaid Reimbursement for Community Health Workers</b>	Provides Medicaid reimbursement for community health workers for services with high-risk populations and for licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), and licensed social workers who provide services in clinics including community health centers.	Health/MH Article VII Part Q	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.	Modifies to include Medicaid coverage for community health workers and coverage for LMHCs, licensed social workers and LMFTs in outpatient clinics.
<b>Expand Medicaid Coverage to Certain Preventative Health Care Measures</b>	Medicaid would cover nutritionist and dietitian services, chronic disease management and arthritis self-management.	Health/MH Article VII Part R	Accepts	Accepts	Modifies to include coverage for nutritionists, dietitians and chronic disease management.

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<b>New York State Department of Health Oversight of Certain Professions</b>	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	Rejects
<b>Abortion Access on Public Campuses</b>	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	Rejects; Separate legislation signed into law 5/2/23.
<b>Safeguarding Abortion Access Through Data Privacy</b>	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	Accepts Executive proposal with additional exemptions for certain data that wouldn't be captured.

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<b>OTC Contraception Access</b>	Would authorize pharmacists to prescribe and order self-administered hormonal contraceptives and emergency contraceptive drug therapy.	Health/MH Article VII, Part V	Rejects	Rejects	Rejects; Separate legislation signed into law 5/2/23.
<b>Revitalize Emergency Medical Services and Medical Transportation</b>	<p>Amends the Public Health Law and Education Law to:</p> <ul style="list-style-type: none"> <li>● Develop an expanded definition of emergency medical services.</li> <li>● Create a comprehensive statewide emergency medical services (EMS) plan and system.</li> <li>● Establish standardized training and treatment protocols across regional EMS agencies.</li> <li>● 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</li> </ul>	Health/MH Article VII, Part S	Modifies the Executive’s proposal by omitting the repeal and replacement of 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	Rejects	<p>Rejects the expanded definition of emergency medical services. Accepts the proposal to create a comprehensive statewide EMS plan and system.</p> <p>Accepts the proposal to establish standardized training and treatment protocols.</p> <p>Requires all emergency medical services agencies to adopt performance standards</p> <p>Streamlines the process by which regional board reporting and</p>

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	immunizations and buprenorphine.		advancing language to provide payments to municipalities whose EMS are other municipal departments, volunteer or non-profit entities (Part of 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).		recommendations to the State Emergency Medical Services Council (SEMSCO).
<b>Index the Minimum Wage to Inflation</b>	This bill would increase the minimum wage automatically each year to keep pace with	Education, Labor and Family	Rejects	Modifies-Resolution will address: Indexation of the	Indexes the minimum wage to inflation starting in 2027,



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	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.	Article VII, Part S		minimum wage, following such increases, should not be subject to exceptions which would prevent employees from getting an annual increase.	compromising on a plan beginning in 2024 to increase hourly wage to \$16 in NYC, Long Island, and Westchester and \$15 in remainder of state, followed by \$0.50 annual increases in 2025 and 2026.
<b>FQHC Telehealth Parity</b>	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.	Rejects
<b>Task Force on Missing Women and Girls</b>	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	Rejects

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<b>Young Adults Medical Fragility Demo Program</b>	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	Rejects
<b>Reproductive Freedom and Equity Grant Program</b>	N/A	Senate One House Health/MH Article VII, Part BBB	Would establish a grant program to build reproductive 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	N/A	Modifies, adds \$8.3 million to strengthen NY's reproductive health system.
<i>HOSPITALS</i>					
<b>Medical Debt Rules and Protections</b>	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)	Modifies by establishing maximum rates that an agency can charge a facility.	Modifies Executive proposal.

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			and accepting the rest of the proposal.		
<b>Indigent Care Pool, Rate Increase and VAPAP Extension</b>	Extends Indigent Care Pool. Reduces 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	Modifies the Executive’s proposal to increase the operating component of hospital inpatient 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%.	Rejects indigent care funding cut, Provides \$1 billion in state funding for financially distressed and safety net hospitals; Increases hospital rates by 10%.	Accepts extension of Indigent Care Pool and reduced funding. Provides additional funding for major public hospitals. Modifies to provide 7.5% rate increase for hospital inpatient care and 6.5% for hospital outpatient care. Modifies to expand eligible VAPAP recipients to include public benefit corps.
<b>Rural Hospital Community Forum</b>	Requiring a public community forum be held at least 30 days before application for Rural	Health/MH Article VII, Part E	Accepts	Rejects	Modifies to provide additional notification requirements.

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	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.				
<b>Site of Service Review</b>	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	Modifies to establish standards for “site of services” utilization review policies that determine coverage for services provided at an ambulatory service center rather than a hospital-based outpatient clinic.
<b>Strengthening Healthcare Facility Licensing Review Rules</b>	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	Modifies the proposal to reform the State’s oversight of major healthcare projects by requiring any material transaction (mergers, acquisitions, affiliation agreement, formation of a partnership/joint venture, etc.) that

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					exceeds \$25 million occurring within a 12-month time period to be disclosed to DOH by the involved health care entities with appropriate documentation. DOH may then post a summary of the proposed transactions on its website.
<b>Statutory Extenders</b>	<p>Includes the following program extenders:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Extends the elimination of the trend factor for service</li> </ul>	Health/MH Article VII Part B	Accepts	<p>Modifies the following:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	<p>Modifies the following:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>

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	<p>for general hospital and nursing home reimbursement through March 31, 2025.</p> <ul style="list-style-type: none"> <li>• Extends authorization related to the financing of certain health care capital improvements through March 31, 2025.</li> <li>• Extends the health facility cash assessment program through March 31, 2025.</li> </ul>				
<i>LONG TERM CARE/ HOME CARE/ NURSING HOMES</i>					
<b>Private Pay -Elder Law</b>	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	Accepts
<b>Long Term Care Program Reforms</b>	Establish Performance Standards for MLTC programs including commitment to contracting with the minimum number of home care agencies and fiscal intermediaries and:	Health/MH Article VII, Part I	Rejects with Exceptions: Moratorium on new MLTC plans extended until 2027	Rejects with Exceptions: Moratorium on new MLTC plans extended until 2027	Accepts with Amendments including language regarding the number of license agencies for network adequacy

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	<ul style="list-style-type: none"> <li>● Enrollees of 20,000 or DSNP/ Integrated of 5,000</li> <li>● Maximum wait time criteria</li> <li>● Community reinvestment</li> <li>● Quality Improvement</li> <li>● Accessibility and Geographic distribution of providers</li> <li>● Value Based Payment; etc.</li> </ul>				<p>from a “minimum” number to an “adequate” number. The requirement requires additional performance measures for insurers</p> <p>Moratorium on new MLTC plans extended until 2027</p>
<b>MLTC Procurement</b>	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	Amends by allowing DOH to look back over three years and deny eligibility for a contract if MLTC is classified as a poor performer or has excessive penalties, statements of deficiency, etc.
<b>Repeal of Fiscal Intermediary (FI) Procurement</b>	Repeals FI procurement.	Health/MH Article VII, Part I	Rejects	Rejects	Rejects
<b>Removes Consumer Directed Program Assistance (CDPAS) Aides from Wage Parity</b>	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	Rejects

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<b>CDPAS Premium Assistance Fund</b>	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	Rejects
<b>Elimination of Prospective Denials for Emergency or Inpatient Services</b>	<p>Creates new requirements to prohibit denials of claims for emergency or inpatient hospital services. Including:</p> <p>If payor seeks review of clinical documentation for medical necessity the payor must pay the claim in a timely manner with the following timeline:</p> <ul style="list-style-type: none"> <li>• 30 days payor could request further documentation;</li> <li>• 45 days the hospital would be required to provide such documentation;</li> <li>• 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;</li> <li>• 90 days the committee must determine medical necessity; and</li> <li>• If no agreement by the committee the claim must</li> </ul>	Health/MH Article VII, Part J	Intentionally Omitted	Intentionally Omitted	Rejects



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	<p>be submitted to a third party within 5 days for a final judgement.</p> <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>				
<b>Site of Service Review</b>	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	Accepts	Rejects	Modifies to establish standards for “site of services” utilization review policies that determine coverage for services provided at an ambulatory service center rather than a hospital-based outpatient clinic.
<b>Advanced Home Health Aide</b>	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	Accepts and extends the program through 2029.
<b>Nursing Homes Rates</b>		Health/MH Article VII, Part I	10% Rate Increase	10% Rate Increase	6.5% - may increase pending federal approval.
<b>Assisted Living Programs Rates</b>	N/A	Senate/ Assembly One House Health/MH	10% Rate Increase	10% Rate Increase	6.5% rate increase.

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		Article VII, Part I			
<b>Grants to Licensed Agencies</b>	N/A	Senate Resolution	\$50 million	N/A	Rejects
<b>Grants to CHHAs</b>	N/A	Senate One House Health/MH Article VII Part FFF And Resolution	\$25 million	N/A	Rejects
<b>QIVAPP</b>	N/A	Senate Resolution –1199 Union Health Fund	\$45 million	N/A	Provides: \$70.7 Million 23-24 \$87.4 Million 24-25
<b>Activities of Daily Living -Personal Care</b>	N/A	Senate One House Health/MH Article VII PART KK	Eliminated raising the Eligibility ADL Standards for Personal Care	N/A	Rejects
<b>Fair Pay for Home Care</b>	N/A	Senate One House Health/MH Article VII PART NN-FINAL PART RR SENATE OH	Increases Home Care Wage \$2.00 by 10/1/2025 Provides for Directed Payments	Assembly Proposal supports addressing provider pass through issue	Home Care Wages will increase \$1.10 by 2026 Downstate and \$2.45 Upstate.
<b>Wage Parity</b>		Final Health/MH Art. VII			Worker Wage Parity will be decreased \$1.55, monies will be

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		PART NN			redirected to QIVAPP Funding
<b>Plan and Provider Enforcement</b>		Final Health/MH Art. VII PART NN			DOH will be allowed to assess penalties and fines for non-compliance with providers regarding worker pay and insurers for not disclosing contract terms or payment amounts
<b>EVV</b>		Final Health/MH Art. VII PART NN			The DOH is authorized in consultation with the OMIG to promulgate regulations to implement the EVV program. The legislation repeals current statutory requirements in the social services law regarding verification organizations, exception reports, conflict reports and participating providers. In addition, section

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					363-e regarding Pre-Claim review for participating providers is repealed.
<b>Medicaid Look Back</b>	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	Rejects
<b>Quality Standards for Assisted Living Residences (ALRs)</b>	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	Rejects
<b>Statutory Extenders</b>	Includes the following program extenders. <ul style="list-style-type: none"> <li>• Extends authorization for spousal budgeting in long-term-care waiver programs, including MLTC through March 31, 2028.</li> <li>• Extends the authorization of episodic payment per sixty-day period of care for certified home health agencies through March 31, 2027.</li> <li>• Extends a limitation on the reimbursement of certified home health agencies and</li> </ul>	Health/MH Article VII Part B	Accepts	Accepts	Modifies the following: <ul style="list-style-type: none"> <li>• Extends authorization for spousal budgeting in long-term-care waiver programs, including MLTC through March 31, 2025.</li> <li>• Extends a limitation on the reimbursement of certified home health agencies and long-term home</li> </ul>

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	long-term home health care programs administrative and general costs to not exceed a statewide average through March 31, 2027.				health care programs administrative and general costs to not exceed a statewide average through March 31, 2025. •
<i>PHYSICIANS/ HEALTHCARE PROFESSIONALS</i>					
<b>Physician Excess Medical Malpractice Program</b>	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	Accepts extension of program, providing \$78.5 million.	Accepts extension of program, provides \$105 million.	Accepts Executive proposal for extension and funding.
<b>Doctors Across New York</b>	Continues funding of \$15,865,000 million	Aid to Localities, Department of Health	Accepts	Accepts	Accepts
<b>Primary Care Rate Increase</b>	Includes a Medicaid primary care rate increase to 80% of Medicare	Medicaid Scorecard	Accepts	Accepts	Accepts
<b>Nurse Staffing Agencies Data Tracking</b>	Requires nurse staffing agencies to register and report key data about their operations.	Health/MH Article VII, Part X	Accepts	Accepts	Accepts

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<b>Expanded PA Scope of Practice</b>	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	Rejects
<b>Expanded Registered Professional Nurses Services</b>	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	Rejects	Rejects	Rejects
<b>Collaborative Drug Therapy Management</b>	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	Health/MH Article VII, Part W	Rejects	Rejects	Rejects

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	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.				
<b>Expanded Nursing Services</b>	<p>Authorizes certified nurse practitioners and licensed physicians to issue non-patient specific standing regimen, to 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>	Health/MH Article VII, Part W	Rejects	Rejects	Rejects

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<b>Expanded Medicaid Coverage for Services</b>	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	Rejects	Rejects	Rejects
<b>Prescription Records to List Prescriber</b>	Requires records of prescriptions to include the prescriber's name (replaces doctor reference to prescriber)	Health/MH Article VII, Part W	Rejects	Rejects	Rejects
<b>Interstate Licensure Compacts</b>	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	Rejects	Rejects	Rejects
<b>New York State Department of Health Oversight of Certain Professions</b>	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	Rejects



Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<b>Statutory Extenders</b>	<p>Includes the following program extenders:</p> <ul style="list-style-type: none"> <li>• Extends provisions related to professional misconduct hearings within the OPMC and CPH procedures through July 1, 2033.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	Health/MH Article VII Part B	Accepts	<p>Modifies the following:</p> <ul style="list-style-type: none"> <li>• Extends provisions related to professional misconduct hearings within the OPMC and CPH procedures through July 1, 2028.</li> <li>• 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.</li> <li>• Extends the demonstration period for the CPH of MSSNY or NYSOMS, whose purpose is to confront and</li> </ul>	Accepts Assembly modifications.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
				<p>refer to treatment physicians who are thought to be suffering from alcoholism, drug abuse, or mental illness through July 1, 2028.</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	
<p><b>Abortion &amp; Reproductive Health Training Grant for Medical Interns/Residents</b></p>	<p>N/A</p>	<p>Senate One House Health/MH Article VII, Part PP</p>	<p>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.</p>	<p>N/A</p>	<p>Rejects</p>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<i>PHARMACY/PHARMACEUTICALS</i>					
<b>Medicaid Pharmacy Benefit Transition</b>	Continues NYS Medicaid pharmacy benefit transition from Managed Care to Fee for Service, NYRx  Includes funding for 340B providers to offset impact from change.		Modifies the Executive's proposal to repeal the 340B carve out and substitute an alternative proposal (S5136)	Rejects the implementation of the pharmacy benefit carve out and provides \$410 million	Accepts Executive proposal which launched on April 1st. To cover 340B impact, funding is included for hospitals (7.5% rate increase inpatient/6.5% outpatient and \$500 million in additional funding for financially distressed, safety net hospitals), Ryan White Clinics (\$30 million per year) and funding is included in the state plan for FQHCs (\$125 million state share). Final budget also adds \$45 million in discretionary funding.
<b>Prescriber Prevails</b>	Eliminates Prescriber Prevails in Medicaid	Health/MH Article VII, Part D	Rejects	Rejects	Rejects
<b>Medicaid OTC coverage and Copays</b>	Authorizes NYSDOH to reduce OTC coverage and eliminate copays	Health/ MH Article VII, Part D	Rejects	Rejects	Rejects

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<b>Prescription Drug Price and Supply Chain Transparency Act</b>	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	Rejects
<b>Pharmacist Service Expansions</b>	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	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 HIV, sexually transmitted infections, and pregnancy.	Health/MH Article VII, Part W, Sections 4 and 5	Rejects	Rejects	Rejects
	Authorizes pharmacists to prescribe and order self-administered hormonal contraceptives and emergency contraceptive drug therapy.	Health/MH Article VII, Part V	Rejects	Rejects	Rejects; Separate bill signed into law 5/2/23
	Authorizes licensed pharmacists to prescribe and order medications to treat nicotine dependence approved	Health/MH Article VII, Part W	Rejects	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	by the FDA for smoking cessation				
	Pharmacists would be authorized to order opioid antagonists (naloxone and other medications approved by DOH).	Health/MH Article VII, Part W	Rejects	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	Rejects	Rejects	Rejects
	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	Rejects	Rejects	Rejects
	Expand standard Medicaid coverage to include medically necessary diabetes self-management training services when referred by licensed pharmacists.	Health/MH Article VII, Part W	Rejects	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	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	Rejects	Rejects	Rejects
<b>Banning Fentanyl Analogs</b>	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	Modifies to only include federal analogues that are on the permanent Federal Controlled Substance Schedule.
<b>New York State Department of Health Oversight of Certain Professions</b>	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	Rejects
<b>Statutory Extenders</b>	Includes the following program extenders <ul style="list-style-type: none"> <li>• Maintains the limit on method of payment for</li> </ul>	Health/MH Article VII Part B	Accepts	Modifies the following: <ul style="list-style-type: none"> <li>• Maintains the limit on method of</li> </ul>	Modifies the following: <ul style="list-style-type: none"> <li>• Maintains the limit on method</li> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>prescription drugs under the medical assistance program through March 31, 2026.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>			<p>payment for prescription drugs under the medical assistance program through March 31, 2024</p>	<p>of payment for prescription drugs under the medical assistance program through March 31, 2025.</p>
<p><b>Insurance Coverage of Non-FDA Approved Abortion Medications</b></p>		<p>Final HMH Article VII, PART LL</p>			<p>Prevents insurers that issue or renew medical malpractice insurance covering a</p>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					<p>health care provider licensed to practice in the state from taking adverse action against the provider if they perform an abortion or provide reproductive health care that is legal. This includes health care providers that legally prescribe abortion medication to out-of-state patients by telehealth. Insurers will also be prohibited from refusing to issue or renew, canceling, limiting, restricting, reducing coverage or charging or imposing an increased premium or rate for a medical malpractice insurance policy. Adverse action will mean the above, along with prohibiting insurers from making a report or comment to an</p>



Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					appropriate private or governmental entity regarding practices of providers which may violate abortion laws in other states.
<i>BEHAVIORAL HEALTH</i>					
<b>Plan to Overhaul NYS' Continuum of Mental Health Care</b>	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	Gov. Hochul Press Releases 2/2/23 and 5/3/23	Modifies specific proposals indicated below	Modifies specific proposals indicated below	Modifies specific provisions below. Allocates: <ul style="list-style-type: none"> <li>• \$890 million in capital to develop new residential units and \$120 million in annual operating costs</li> <li>• \$25 million in capital and \$7.3 million annually to increase operational capacity for inpatient psychiatric treatment</li> <li>• \$60 million in capital and \$121.6 million annually to expand</li> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					outpatient services <ul style="list-style-type: none"> <li>• \$28 million annually to improve post-discharge connections to services through the creation of 50 new Critical Time Intervention care coordination teams</li> <li>• \$30 million annually to expand mental health services in schools</li> </ul>
<b>Human Services COLA</b>	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	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.	Provides a 4% COLA for programs and services under OMH, OASAS, OPWDD, OCFS, OTDA and SOFA.
<b>Medicaid Waiver Eligibility Expansion</b>	Aligns state law with pending federal law that provides waivers for Medicaid and expands services for	Health/MH Article VII, Part K	Modifies by expanding Medicaid eligibility to incarcerated people	Accepts for incarcerated individuals; Rejects for children in an	Accepts Executive proposal and adds provision to require DOH to report to the

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	incarcerated individuals and persons in Institutions of Mental Disease (IMDs).		30 days prior to release and to children/adults in institutions.	institute for mental disease.	legislature on the waiver's impact on service availability.
<b>CCBHC Indigent Care Program</b>	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	Accepts	Provides additional \$10 million to expand the CCBHC Indigent Care Program.	Includes CCBHC Indigent Care program funding consistent with Executive Budget (\$22.5M 7/1/23-6/30/24; \$41,250,000 7/1/24-6/30/25; \$45M 7/1/25-6/30/26 gross with federal share if approved).
<b>OMH &amp; OASAS Joint Licensing</b>	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	Modifies to authorize the Justice Center to receive criminal history information and to facilitate a single process with OMH and OASAS to review criminal history for suitability determinations for CCBHCs. Also adds Crisis Stabilization Centers to this process for criminal history reviews.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<b>CCBHC-Demo Expansion</b>	<p>Includes \$33.75M for Expansion from 13 to 39 CCBHC-Demo Clinics</p> <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</p>	<p>Aid to Localities, NYSDOH</p> <p>Article VII HMH, Part HH</p>	<p>Accepts</p>	<p>Includes \$10 million in additional funding to further expand the Certified Community Behavioral Health Clinic (CCBHC) Program</p>	<p>Accepts Executive proposal.</p>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	rules/regulations to effectuate the section.				
<b>Behavioral Health VAP</b>	Continues level funding of \$50 million	Aid to Localities, Department of Health	Accepts	Accepts	Accepts
<b>Qualified Mental Health Associate</b>	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	Rejects
<b>Crisis Stabilization Centers and Mobile Crisis Intervention Services</b>	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,	Health/MH Article VII, Part II, Subpart A	Accepts	Rejects	Final budget includes commercial insurance coverage requirements within 30 days of hospital discharge, includes additional definitions of these services.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	insurer shall not impose any administrative requirements or limitations on coverage. The insured's copayment/coinsurance shall be the same as in-network.				
<b>Mandated Reimbursement for School Based Mental Health Clinic Services</b>	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	Accepts
<b>Preauthorization and Concurrent Reviews Rules</b>	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	Health/MH Article VII, Part II, Subpart B	Accepts	Rejects	Modifies to remove requirement for one tool to be used, per OMH.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>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 consultation with DFS and DOH</p>				
<b>Telehealth Reimbursement Rates</b>	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	Rejects
<b>Right of Action for BH Parity Violations</b>	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	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<b>Insurance Coverage for SUD Treatment and Medication</b>	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	Accepts
<b>BH Network Adequacy</b>	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 there are no in network providers available. For OMH/OASAS facilities, payment would be	Health/MH Article VII, Part II, Subpart F	Accepts	Rejects	Modified, calls on the Superintendent of DFS, in consultation with OMH and OASAS to develop regulations to set network adequacy standards for SUD/MH by December 31, 2023 without adding specific standards for regulations. Does not include APG payment requirement for out of network.



<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
	negotiated rate or Medicaid rate.				
<b>Penalties for Mental Hygiene Law Violations</b>	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	Accepts
<b>OMH Funding</b>	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	Adult Service funding increased by approx. \$37 million
<b>Minimum Wage Funding for OMH Providers</b>	\$6.5 million is provided for minimum wage funding under OMH	Aid to Localities, OMH	Accepts	Accepts	Final budget provides \$5.3 million.
<b>OMH COLA</b>	Provides 2.5% COLA providing \$50,637,0000 for OMH providers, effective 4/1/23 for one year	Aid to Localities, OMH	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.	Provides a 4% COLA for programs and services under OMH, OASAS, OPWDD, OCFS, OTDA and SOFA. Final Budget includes \$81 million.

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<b>BH Reinvestment from MMC Transition</b>	Includes \$74M	Aid to Localities, OMH	Accepts	Accepts	Accepts
<b>Community Non-Residential MH Funding</b>	Increases multiple appropriations by approx. \$47M	Aid to Localities, OMH	Accepts	Accepts	Accepts
<b>Psychiatrists and Psychiatric Nurses</b>	Increases funding by \$5M for such clinicians across programs totaling \$14M	Aid to Localities, OMH	Accepts	Accepts	Accepts
<b>9-8-8</b>	Increases funding by \$25M for the 9-8-8 Crisis Response System to \$60M	Aid to Localities, OMH	Accepts	Accepts	Accepts
<b>Youth Suicide Prevention</b>	Includes \$10 million in new funding for youth suicide prevention	Aid to Localities, OMH	Accepts	Accepts	Accepts
<b>Supportive Housing Services</b>	Provides \$64.5M for such services	Aid to Localities, OMH	Accepts	Accepts	Accepts
<b>Community Mental Health Emergency Program</b>	Provides increases to multiple appropriations for this program totaling \$49.2M	Aid to Localities, OMH	Accepts	Accepts	Accepts
<b>Funding to Expand Comprehensive Psychiatric Emergency Program</b>	Provides \$12M, \$24M fully annualized for program	Medicaid Scorecard, Admin	Accepts	Accepts	Accepts
<b>Expand Assertive Community Treatment Program</b>	Provides \$4.6M, \$9.2M fully annualized for program	Medicaid Scorecard, Admin	Accepts	Accepts	Accepts

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<b>Funding to Expand Article 31 Clinic Capacity</b>	Provides \$15M, \$20M fully annualized	Medicaid Scorecard, Admin	Accepts	Accepts	Accepts
<b>Leg Adds &amp; Member Items</b>		FINAL Aid to Localities, OMH			Final budget includes a number of “Leg Adds” for a variety of local organizations and projects including: <ul style="list-style-type: none"> <li>• \$300,000 for Veterans Mental Health Training</li> <li>• \$1.75 million for MH/SUD programs and services pursuant to a plan approved by the Senate/DOB</li> </ul>
<b>OASAS Funding</b>	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	OASAS Community Treatment Services program is increased by over \$100 million
<b>Minimum Wage Funding for OASAS Providers</b>	\$2.7 million is provided for minimum wage funding under OASAS	Aid to Localities, OASAS	Accepts	Accepts	Increased to \$2.9 million
<b>OASAS COLA</b>	Provides 2.5% COLA for OASAS providers providing	Aid to Localities, OASAS	Modifies the Executive’s proposal by increasing the	Modifies the Executive’s proposal by increasing the	Provides a 4% COLA for programs and services under OMH,

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
	\$13.3M, effective 4/1/23 for one year		COLA to 8.5% for human services workers. Investment \$33.6 million OASAS.	COLA to 8.5% for human services workers. Investment \$33.6 million OASAS.	OASAS, OPWDD, OCFS, OTDA and SOFA. Providing \$21.3 million.
<b>Opioid Settlement Funds</b>	Allocates \$123,644,000 from Opioid Settlement Fund in OASAS budget with a sub-schedule	Aid to Localities, OASAS	Adds \$40 million	Accepts	Increased to \$212.25 million provided through a sub-schedule included in the bill.
<b>BH Reinvestment from MMC Transition</b>	Includes \$37M	Aid to Localities, OASAS	Accepts	Accepts	Accepts
<b>OASAS Outpatient Medicaid Services</b>	Increased by \$4M totaling \$25.375 million	Aid to Localities, OASAS	Accepts	Accepts	Accepts
<b>Residential Services</b>	Increased by \$5M to \$130.8 million	Aid to Localities, OASAS	Accepts	Accepts	Accepts
<b>Crisis Services</b>	Increased by \$2M to \$20.1 million	Aid to Localities, OASAS	Accepts	Provides \$1 million in additional funding for Crisis Intervention Teams	Accepts Executive budget funding
<b>Problem Gambling, Chemical Dependency and Treatment Supports</b>	Decreased by \$17M to \$180 million	Aid to Localities, OASAS	Accepts	Accepts	Accepts
<b>Jail-Based SUD Services</b>	Increased by \$50,000 totaling \$8.8 million	Aid to Localities, OASAS	Accepts	Accepts	Accepts

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<b>MH/SUD Ombudsman</b>	Increased by \$3.5M to \$8.5M along with appropriation of \$1.5M	Aid to Localities, OASAS	Accepts	Accepts	Accepts
<b>Prevention and Support Program</b>	Additional funding by two appropriations \$13.6M totaling \$75.1 million	Aid to Localities, OASAS	Accepts	Accepts	Accepts
<b>Cannabis Campaign</b>	Provides \$4M in new funding for campaign around legal use cannabis	Aid to Localities, OASAS	Accepts	Accepts	Accepts
<b>Chemical Dependency, Prevention, Treatment</b>	Additional funding for program by \$2M	Aid to Localities, OASAS	Accepts	Accepts	Accepts
<b>Leg Adds &amp; Member Items</b>		Aid to Localities, OASAS			Final budget includes a number of “Leg Adds” for a variety of local organizations and projects.
<b>Health Home+ Program</b>	Increases funding for this program by \$2.5M in SFY 2024; \$2.5M in SFY 2025	Medicaid Scorecard	Adds \$30M	Accepts	Accepts Executive funding increases for this program.
<b>Opioid Prevention and Treatment Program</b>	Increases funding from \$450,000 to \$7.78M	Aid to Localities, NYSDOH	Accepts	Accepts	Accepts
<b>Eligible Certified Community BH Demo Clinics for Indigent Care funding</b>	Includes \$33.75M for Program	Aid to Localities, NYSDOH	Accepts	Includes \$10 million to expand the CCBHC Indigent Care Program	Accepts Executive Proposal
<b>Expansion of Treatment Services</b>	N/A	Senate One House,	Allows for expansion of treatment services	N/A	Rejects

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<b>by OASAS Treatment Centers</b>		Article VII Part MM	provided by OASAS Treatment Centers to include treatment for mental health and physical care needs of an individual (S3525)		
<b>Black Youth Suicide Prevention Workgroup</b>	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	Rejects
<b>Maternal Mental Health Workgroup</b>	N/A	Senate One House, Article VII Part EEE  Final Budget, Health/MH Article VII, Part PP	Directs the Commissioner of OMH to establish a maternal mental health workgroup to study and issue recommendations	N/A	Creates a workgroup within OMH to study and issue recommendations related to material mental health, perinatal and postpartum mood and anxiety disorders. Report with recommendations to be issued by 12/31/24. Provides \$250,000.
<b>Daniel's Law Task Force</b>	N/A	Senate One House, Article VII Part HHH	Creates a workgroup to study and issue recommendations on implementing	N/A	Creates a 10-member task force established by OMH and OASAS to look at the

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
		Final Budget, Health/MH Article VII Part OO	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		effectiveness of crisis response and diversion services and to issue recommendations for expansion by 12/31/25. Provides \$1 million.
<b>Young Adults Medical Fragility Demo Program</b>	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	Rejects
<b>Mental Health Housing Evaluation Task Force for Aging in Place</b>	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	Rejects
<b>Substance Abuse Prevention and Intervention Specialists in NYC Schools</b>	N/A	Assembly One House ATL	N/A	Provides \$2 million for such specialists	Accepts
<b>Hiring Mental Health Professionals</b>	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	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
				individuals with co-occurring mental health and SUD.	
<b>Crisis Intervention Teams</b>	Includes \$2 million for Crisis Intervention Teams	Final Budget OMH ATL			Accepts
<i>DEVELOPMENTAL DISABILITIES</i>					
<b>Expand the Medicaid Buy-In for Working People with Disabilities</b>	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	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	Accepts Assembly modifications
<b>Human Services COLA</b>	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 human services workers. Investment \$290.6 million OPWDD.	Modifies the Executive's proposal by increasing the COLA to 8.5% for human services workers. Investment \$290.6 million OPWDD.	COLA for DD and other mental hygiene providers will be increased from 2.5% (as proposed by the Executive budget) to 4% for April 1, 2023-March 31, 2024. Provides \$119.67 million.



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<b>OPWDD Managed Care Statute Extender</b>	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	Modifies to extend to 12/31/25.
<b>OPWDD Flexibilities for Delegated Nursing Tasks</b>	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	Accepts	Rejects and provides \$700,000 in funding	Rejects
<b>OPWDD Ombudsman Program</b>	Includes \$2M to establish an ombudsman program to provide advocacy services for	State Operations, OPWDD	Accepts and includes their own proposal,	Accepts	Establishes an Independent Developmental

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	individuals eligible for OPWDD services		Health Article VII, new Part NN		<p>Disability Ombudsman Program by OPWDD to assist individuals in accessing services and preserving their rights. The program will identify, investigate, refer, and resolve complaints made by or on behalf of individuals accessing services provided by OPWDD and care coordination or providers certified/authorized by OPWDD. The OPWDD Commissioner will allocate and distribute funds for the program, with approval of the NYS Director of the Budget, after considering all competitive proposals through a request for proposal process.</p>

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
<b>Minimum Wage Funding for OPWDD Providers</b>	\$30.1 million is provided for minimum wage funding under OPWDD	Aid to Localities, OPWDD	Accepts	Accepts	Accepts
<b>Day Services</b>	Increases funding by \$10M for program	Aid to Localities, OPWDD	Accepts	Accepts	Accepts
<b>Residential Services</b>	Increases funding by \$30M for such services	OPWDD	Accepts	Accepts	Accepts
<b>OPWDD Funding</b>	All funds spending for OPWDD services is increased by \$124M	Aid to Localities OPWDD	Increase of \$2.91 million	Increase of \$1.24 million	All funds spending in final budget increased by approx. \$47M
<b>Leg Adds &amp; Member Items</b>		Aid to Localities, OPWDD			Final budget includes a number of “Leg Adds” for a variety of local organizations and projects.
<b>Early Intervention</b>	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	Rejects
<b><i>PUBLIC HEALTH</i></b>					
<b>School-Based Health Centers</b>	Continues level non-Medicaid funding; Includes Medicaid reimbursement by \$1.4 million in SFY 2024 and \$1.4 million in SFY 2025 for 10% rate increase.	Aid to Localities, Department of Health & Medicaid Scorecard	Provides \$3.82 million to restore funding for School Based Health Centers	Provides \$3.82 million to restore funding for School Based Health Centers	Accepts Executive level funding and \$3.8 legislative add. Includes \$1.4 million for increased Medicaid

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					reimbursement for SBHCs.
<b>School Based Health Center Permanent Carve-Out of MMC</b>	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	Rejects
<b>Ending the Sale of Flavored Tobacco</b>	Bans the sale of all flavored tobacco products and strengthens enforcement abilities against retailers.	Health/MH Article VII, Part O	Rejects the ban on flavored tobacco products.	Rejects the ban on flavored tobacco products.	Rejects
<b>Increase Cigarette Tax</b>	Raises the cigarette tax by \$1 from \$4.35 to \$5.35 per pack.	Revenue Article VII, Part S	Accepts	Accepts	Accepts
<b>Revoke Cigarette and Tobacco Taxes Certificate of Registration for Inspection Refusal</b>	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	Accepts	Rejects	Modifies Executive proposal to revoke refusing retail dealer's registration for a period of 1 year, or for a second violation within a period of 5 years for up to 3 years, or for a 3rd or subsequent violation within a period of 7 years for up to 10 years. Also, makes penalty for

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					retail dealer that refuses inspection \$4,000 for the first one and \$8,000 for a subsequent refusal within a 3-year period.
<b>Tobacco Control Program</b>	Continues level funding of \$33,144,000	Aid to Localities, Department of Health	Provides an additional \$75 million	Provides \$8 million in additional funds.	Includes an additional \$7.5 million for a total allocation of \$40,644,000. State that funds appropriated shall be paid from the proceeds of the April 2023 settlement agreement between the people of NYS by the Attorney General of NYS and JUUL labs Inc., James Monsees, and Adam Bowen.
<b>Tobacco Control Enforcement &amp; Education</b>	Provides \$3,840,000, an increase of \$71,000.	Aid to Localities and State Operations, Department of Health	Accepts	Accepts	Accepts
<b>Cancer Services Program</b>	Continues level funding of \$19.8 million	Aid to Localities,	Provides an additional \$7 million	Provides an additional \$7 million.	Provides an additional \$2.5

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		Department of Health			million for a total allocation of \$22,325,000
<b>Hypertension Services</b>	Continues level funding of \$506,000 and \$186,000 for hypertension programs, services and treatments	Aid to Localities, Department of Health	Accepts	Accepts	Accepts Executive funding level.
<b>Diabetes &amp; Obesity Prevention Funding</b>	Decreased in funding to \$5,418,000	Aid to Localities, Department of Health	Provides \$5,970,000.	Provides \$5,970,000.	Accepts Executive funding level.
<b>Area Health Education Centers</b>	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.	Provides an additional \$500,000 for NYS AHEC for a total allocation of \$2.7 million
<b>Spinal Cord Injury Research Fund Account</b>	Continues level funding of \$8.5 million	Aid to Localities, Department of Health	Accepts	Accepts	Accepts Executive funding level.
<b>HCV Screening</b>	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,	Accepts Assembly modifications to Executive proposal.

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				removes hepatitis C diagnostic test.	
<b>Childhood Lead Poisoning in High-Risk Areas Outside NYC</b>	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	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	Accepts and DOH will work in consultation with the Division of Housing and Community Renewal
<b>Statutory Extenders</b>	Includes the following program extenders: <ul style="list-style-type: none"> <li>• Extends the Comprehensive Health Services Program through March 31, 2026.</li> <li>• Makes permanent the statewide health information network and statewide planning and research cooperative system.</li> </ul>	Health/MH Article VII Part B	Accepts	Modifies the following: <ul style="list-style-type: none"> <li>• Extends the statewide health information network and statewide planning and research cooperative system through March 31, 2026.</li> </ul>	Modifies the following: <ul style="list-style-type: none"> <li>• Extends the statewide health information network and statewide planning and research cooperative system through March 31, 2026.</li> </ul>
<b>New Division of Vaccine Excellence</b>	N/A	Final HMM Article VII, ATL DOH			Creates a new Division of Vaccine Excellence in NYSDOH, providing \$5.23 million.
<b>Increased Vaccine Administration Fees</b>		Final Medicaid Scorecard			Increases Medicaid reimbursement for vaccine administration at a cost of \$2.7 million in

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					SFY 24 and \$3.6 million in SFY 25.
<i>INSURANCE</i>					
<b>Health Insurer Guaranty Fund</b>	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 fund by advancing language that creates a presumption of anti-competitiveness against pay for delay agreements (S.4513),	Modifies by adding consumer protections	Modifies aspects of requirement for NY health insurers to have health guaranty fund.



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			and accepts the rest of the proposal.		
<b>Crisis Stabilization Centers and Mobile Crisis Intervention Services</b>	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	Accepts	Rejects	Final budget includes commercial insurance coverage requirements within 30 days of hospital discharge, includes additional definitions of these services.

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<b>Mandated Reimbursement for School Based Mental Health Clinic Services</b>	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	Accepts
<b>Preauthorization and Concurrent Reviews Rules</b>	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.	Health/MH Article VII, Part II, Subpart B	Accepts	Rejects	Modifies to remove requirement for one tool to be used, per OMH.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	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				
<b>Telehealth Reimbursement Rates</b>	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	Rejects
<b>Right of Action for BH Parity Violations</b>	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	Rejects
<b>Insurance Coverage for SUD Treatment and Medication</b>	Assures state-regulated commercial insurance coverage for detox or maintenance treatment of SUDs including all buprenorphine products, methadone, long-acting injectable naltrexone or	Health/MH Article VII, Part II, Subpart E	Accepts	Rejects	Accepts

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	medications for opioid overdose reversal, without prior authorization for initial or renewal of such treatments.				
<b>BH Network Adequacy</b>	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 there are 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	Accepts	Rejects	Modified, calls on the Superintendent of DFS, in consultation with OMH and OASAS to develop regulations to set network adequacy standards for SUD/MH by December 31, 2023 without adding specific standards for regulations. Does not include APG payment requirement for out of network.
<b>Insurance Coverage of Non-FDA Approved Abortion Medications</b>		Final HMH Article VII PART LL			Prevents insurers that issue or renew medical malpractice insurance covering a health care provider licensed to practice in

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					<p>the state from taking adverse action against the provider if they perform an abortion or provide reproductive health care that is legal. This includes health care providers that legally prescribe abortion medication to out-of-state patients by telehealth. Insurers will also be prohibited from refusing to issue or renew, canceling, limiting, restricting, reducing coverage or charging or imposing an increased premium or rate for a medical malpractice insurance policy. Adverse action will mean the above, along with prohibiting insurers from making a report or comment to an appropriate private or governmental entity</p>

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					regarding practices of providers which may violate abortion laws in other states.
<b>Site of Service Review</b>	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	Modifies to establish standards for “site of services” utilization review policies that determine coverage for services provided at an ambulatory service center rather than a hospital-based outpatient clinic.
<b>Statutory Extenders</b>	Provides the following program extenders: <ul style="list-style-type: none"> <li>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</li> </ul>	Health/MH Article VII Part B	Accepts	Accepts	Accepts

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>drugs for which the manufacturer already has a rebate agreement with the Federal government.</p> <ul style="list-style-type: none"> <li>• Extends the authorization to establish a statewide formulary for certain classes of drugs to negotiate effectively with the manufacturers of such drugs to maximize savings to Medicaid through March 31, 2029.</li> </ul>				
<b>Medicaid Coverage for Doula Services</b>	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	Accepts Senate proposal to provide Medicaid coverage for doula services.
<b>Medicaid Durable Equipment Program Rate Adequacy Study</b>	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	Rejects

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<b>Child Health Plus Retroactive Enrollment</b>	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	Rejects
<b>Clinical Peer Reviewer</b>	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	Modifies Senate proposal. Includes new standards for insurer clinical peer reviewers. Specifically, for internal appeals after an initial adverse determination has been made, the reviewing physician has to be of the same or similar specialty. It also includes additional standards for determinations involving substance use disorders/mental health (SUD/MH) treatment for reviewer to have a license to practice medicine, specialize in behavioral health



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					and experience in the delivery of SUD/MH treatment.
<b>Pediatric Reimbursement for Services Provided to Medically Fragile Children</b>	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 or after April 1, 2023 to children with medical fragility	N/A	Rejects
<b>Prohibits Medicaid Enrollment Limitations</b>	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.	Rejects
<b>FQHC Telehealth Parity</b>	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	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
				also licensed under Articles 31 or 32.	
<b>Child Health Plus Enrollment</b>	N/A	Assembly One House Health/MH Article VII, Part UU	N/A	Includes proposal to retroactively enroll children in Child Health Plus	Rejects