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| **HMH** | **Title** | **Executive Proposal 25** | **Notes****For 25** |
| A | Global Cap Extension | Extends through 2026. | indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services, |
| B | Health and Soc Serve Extenders | Section 1 – kids’ ‘Caid elig at home with parents ext 10/29Section 5 -telehealth parity ext 4/25Section 7 – extends Opiod Stewdshp through 6/27 |  |
| C | School Psychologists | Removes temp auth for school psychologists to provide EI but allows delivery of non-EI services to preK youth | Comply with federal law |
| D | Hospital rates | Reduce capital rate add on by 10% and update UPL calculation with calendar year and extend Distressed Provider Assistance Program through 3/28 | $21 million in savings yr 1, $192 million SFY26UPL change requested by CMS |
| G | Consumer Directed Care | eliminates wage parity for personal assistants in the CDPAP in MTA counties | Saves $200 million yr 1 and $400.8 million yr 2 |
| H | MMC Plan changes | Section 1: exclude Medicaid from the independent dispute resolution processSection 2: require the State to procure Medicaid managed care benefits from Medicaid Managed Care (MMC) plans, Managed Long Term Care (MLTC) plans, Medicaid Advantage Plus (MAP) plans, and Health and Recovery Plans (HARP) plans |  |
| Section 3 . eliminate the 1 percent across the board (ATB) administrative rate increase provided to Medicaid managed care organizations as a result of the FY 2022-23 Enacted Budget | Stay within Global Cap |
| Section 4: holding Medicaid managed care plans accountable when they fail to meet their contractual responsibilities. |  |
| I | Pharmacy reforms | Repeals prescriber prevails | Total savings for all 3 parts $37.4 in year 1 and $87 million in FY 26 |
| modifications to the over-the counter drugs that are covered by Medicaid to mirror Medicare Part D |  |
| Change Medicaid Drug Cap - phase out the current pharmacy spending cap, allowing the State to directly negotiate enhanced rebates |  |
| J | Essential Plan proposals | - renames the Essential Plan program to clarify that it may be operated pursuant to the Basic Health Program- extend for one year DOH’s authority to provide LTSS to lawfully present individuals between 0 and 138 percent of FPL (the “Aliessa” population in Essential Plan 3 and 4). -This bill would also extend for one year DOH authority to provide LTSS to individuals between 0 and 200 percent of FPL (in Essential Plan 1 and 2).-only certain amendments would expire and be repealed if federal approval were withdrawn/ amds that expire are those which eliminated the $20 premium for certain Essential Plan enrollees, added dental and vision, and eliminated certain cost-sharing obligations. -This bill would add functions to the New York State of Health Marketplace related to the 1332 state innovation program. | This bill provides subsidies to individuals in the marketplace using federal passthrough funds from the 1332 waiver. |
| K | Excess Malpractice Reform | Extends through 6/30/25 but changes coverage cost sharing; For excess coverage purchased on or after 7/1/24 2024, a provider of excess coverage or equivalent excess coverage would be required to bill the physician or dentist for an amount equal to 50% of the premium for such coverage during the policy period. At the conclusion of the policy period, funds available in the hospital excess liability pool would be used to pay 25% of the remaining half to the provider of excess insurance coverage or equivalent excess coverage, and the remaining 25% would be paid one year thereafter. | $39.5 million in first year and $19.6m in 2nd by restructuring payment over 2 SFYsrestructure the Physician's Excess Medical payments to insurers from one annual payment to two installments over two fiscal years equivalent to half of the current payment for FY 2024 and changes from one annual payment to two installments over two fiscal years, equivalent to a quarter of the current payment for FY 2025. |
| M | Apply for Continuous Coverage 0-6 | This policy would allow children to remain enrolled in these programs without the requirement that they have their eligibility redetermined on an annual basis | Effective date 1/2025 |
| P | Scope of Practice extenders | -NP Modernization Act thru 4/1/26-authorization for pharmacists to direct limited-service laboratories and order and administer COVID-19 and influenza tests permanently and makes permanent CDTM- authorization for 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. |  |
| Q | Expand Scope of Practice | - allow qualifying physician assistants to independently practice in primary care and hospitals- in residential health care facilities certified nurse aides could become certified medication aides able to administer routine medications- In outpatient settings, licensed physicians, nurse practitioners, and physician assistants could assign and supervise medical assistants’ tasks related to immunizations- dental hygienists would be allowed to handle additional procedures currently within the exclusive scope of dentists | Some effective immediately some in 1 year |
| R | Interstate compacts | amend the Education Law to allow New York State to enter into two separate interstate licensure compacts for medical professionals: the Interstate Medical Compact for licensed physicians and the Interstate Nurse Licensure Compact for registered nurses (RNs) and licensed practical nurses (LPNs). | to make New York more attractive for physicians, RNs, and LPNs |
| S | Healthcare Safety Net Transfrmtn Program | Safety net hospitals, meeting certain criteria, could apply for 5 yr funding of a plan, either individually or with partner organizations such as health systems, hospitals, or community-based entities. The Commissioner could enter agreements for fund distribution and could waive certain regulatory requirements for effective project implementation, excluding those related to patient safety and rights | Effective 4/1/24 – considered in full force and effect |
| U | Opioids and Overdose Prevention | - increase Prescription Monitoring Program (PMP) data retention periods from 5 to 10 years and allow enhanced data sharing to combat the opioid crisis- statutory changes necessary to update the State schedule of controlled substances to align with DEA- align State law with recently revised DEA regulations that permit providers to distribute up to a three-day supply of narcotic drugs for the purpose of initiating maintenance or detoxification treatment while arrangements are being made for a referral | to enhance public health monitoring and substance use disorder management.Adds $1.6 m to the state budget |
| W | Creation of an Interagency Council of Elder Justice |  establish a council that will develop strategies to defend elders from abuse |  |
| X | Make the Opioid Stewardship Fund Permanent | The law authorizing the establishment of the Opioid Stewardship Fund is set to expire on June 30, 2024. |  |
| Y | Community Mental Health Support and Workforce Reinvestment Program Permanent | requires OMH to continue its practice of reinvesting savings from State Psychiatric Center inpatient bed closures for community mental health services and workforce  |  |
| Z | Make Flexibilities for Demonstration Programs Permanent | allow the Office of Mental Health, the Office of Addiction Services and Supports, and the Office for People with Developmental Disabilities to utilize flexibilities to develop new methods of services through demonstration projects |  |
| AA | Require Minimum Commercial Insurance Reimbursement Rates for Behavioral Health Services | This proposal amends various sections of the Insurance Law to require minimum reimbursement rates to authorized, in-network OMH- and OASAS-licensed mental health and addiction services providers. Reimbursements must be provided for covered services at rates that are no less than the Medicaid rates in effect for such services. | Add $1m to NYSHIP costsEffective Jan 1, 2025 |
| BB | Makes CPEPs Permanent | Set to expire 7/1/24 |  |
| CC | Report to OMIG | clarify when substantiated reports of abuse or neglect submitted to the Justice Center should be reported to the Office of Medicaid Inspector General | amend the Social Services Law to clarify the Justice Center’s obligation to refer reports of abuse or neglect to OMIG when such reports are no longer subject to amendment or appeal and could be subject to OMIG sanctions to ensure effective coordination to facilitate timely investigations and audit recoveries |
| FF | Human Svcs COLA | 1.5% COLA in effect April 1, 2024 to March 31, 2025 | Costs $128.9 million across all agencies, expires 3/31/25 |
| JJ | Penalties for MH Law Violations | Authorizes OMH to sanction Article 28 hospitals for offline in-patient psychiatric beds that are required under their CON to be in-use; revises fee schedule to $2,000 per day per violation and applies on a per-bed basis. |  |