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**SFY 2024-25 Executive Budget
Health/Mental Hygiene Budget Summary**

CONTENTS

<i>MULTIPLE SECTORS</i>	2
<i>HOSPITALS</i>	6
<i>LONG TERM CARE/ HOME CARE/ NURSING HOMES</i>	9
<i>PHYSICIANS/ HEALTHCARE PROFESSIONALS</i>	11
<i>PHARMACY/PHARMACEUTICALS</i>	16
<i>BEHAVIORAL HEALTH</i>	18
<i>DEVELOPMENTAL DISABILITIES/ EARLY INTERVENTION</i>	27
<i>PUBLIC HEALTH</i>	30
<i>INSURANCE</i>	32

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
<i>MULTIPLE SECTORS</i>			
Medicaid Global Spending Cap Extension	Extends through SFY 2025	Health/MH Article VII, Part A	
Essential Community Provider/VAP Funding	Provides \$81 million	Aid to Localities, Department of Health	
Health Homes	Restructuring Health Homes	Medicaid Scorecard	Savings of \$125 million in SFY 2026
SHIN-NY	Provides \$35 million, while stipulating that \$2.5 million shall be used for modernizing health reporting systems.	Capital Projects, Department of Health	
All Payers Database	Provides level funding of \$10 million.	Capital Projects, Department of Health	
1115 Waiver	\$465.5 million for new appropriation services and expenses related to the NYS Medicaid section 1115 demonstration waiver.	Aid to Localities, Department of Health	
Human Services COLA	Provides a 1.5% human services COLA effective 4/1/24 for programs and	Health/MH Article VII, Part FF	Total cost of \$128.9 million

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	services under OMH, OPWDD, OASAS, OTDA, OCFS, and SOFA.		
Employee Benefit Changes	Expansions on Prenatal Leave, Short Term Disability coverage, Paid Breaks for Breast Milk Expression, and Sunsets COVID-19 Sick Leave.	PPGG, Article VII, Part M, N ELFA Article VII, Part J, M	
Continuous Eligibility for Children Ages 0-6	\$7.6 million for new appropriation to provide continuous Medicaid and Child Health Plus coverage for children deemed eligible until age 6, regardless of any changes to the income of the child’s family.	Health/MH Article VII, Part M	\$7.6 million SFY 2025 and \$30.3 million for SFY 2026
Minimum Wage Increases	Investment of an additional \$57 million in State funds to support minimum wage increases, including indexing minimum wage to inflation, for staff at programs licensed, certified, or otherwise authorized by OPWDD, OMH, and OASAS.	Briefing Book	
Time-Limited Demonstration Programs	Would make permanent the ability of OMH, OASAS and OPWDD to utilize flexibilities to develop new methods of services through demo programs	Health Art. VII, Part Z	
Maternal and Reproductive Health	<ul style="list-style-type: none"> ● Would authorize the Commissioner of Health to issue a non-patient specific statewide 	Health Art. VII, Part N	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	<p>standing order for doula services, expanding access for all birthing parents.</p> <ul style="list-style-type: none"> ● Would also include minors among pregnant people who are able to give consent for medical, dental, health, and hospital services, and include minors when referencing comprehensive health care as a fundamental component of an individual's health. ● Would codify contraception access under the Reproductive Health Act ● Includes \$25 million for reproductive access fund 		
Statutory Extenders	<ul style="list-style-type: none"> ● Extends telehealth rate parity through 4/1/2025 ● Extends Statewide Medicaid Integrity and Efficiency Initiative for achieving audit recoveries through 3/31/26. ● Extends Medicaid coverage for individuals age 19 or 20 who are living with their parents who meet certain criteria through 5/1/29. 	Health/MH Article VII, Part B	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	<ul style="list-style-type: none"> ● Extends OMH, OASAS, and OPWDD ability to waive regulations for DSRIP projects through 4/1/26. ● Extends the issuance of certificates of authority to accountable care organizations through 12/31/28. ● Extends the issuance of certificates of authority to accountable care organizations through 12/31/28. 		
OMIG Notification by Justice Center	Clarifies when substantiated reports of abuse/neglect submitted to the Justice Center should be reported to OMIG as "substantiated reports of abuse or neglect in facilities or provider agencies receiving Medicaid which are no longer subject to amendment or appeals." Such providers may be excluded from Medicaid or sanctioned by OMIG as determined by the Justice Center in consultation with OMIG.	Health Art. VII, Part CC	
OMIG Audit Target	Increases OMIG Audit Target by \$100 million for SFY 2025 and SFY 2026	Medicaid Scorecard	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
Standing Orders for EMTs	Allows NPT and MDs to prescribe non-patient specific orders to EMTs for vaccinations.	Health/MH Article VII, Part V	
EMT Licensure	Authorizes NYSDOH to license EMTs and establish specialized credentials to elevate profession.	Health/MH Article VII, Part V	
Paramedic Urgent Care	Enables authorized organizations to operate paramedic urgent care centers and expand care access through telehealth services	Health/MH Article VII, Part V	
Mobile Integrated and Community Paramedicine	Extends the program through March 31, 2031 and allows the state to create and expand existing programs.	Health/MH Article VII, Part V	
Venereal Disease Decriminalization	Would decriminalize venereal diseases by repealing section 2307 of the Public Health Law.	Health/MH Article VII, Part T	
Unallocated Medicaid Savings	Includes an expectation of an additional \$200 million in unallocated Medicaid savings without any detail on where it would be derived	Medicaid Scorecard	
<i>HOSPITALS</i>			
Hospital Changes	Reduces hospital capital rate add on by 10%, extends the distressed provider assistance program for three years and	Health/MH Article VII, Part D	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	updates the Upper Payment Limit statute to a calendar year cycle.		
Medical Debt	Includes a proposal to update and expand hospital financial assistance laws to add a definition of underinsured patients. Limits the ability of hospitals to commence legal actions for unpaid bills by patients earning less than 400% of FPL. For those below 200% of FPL it says hospitals shall waive all charges and no nominal payments shall be collected. For those between 200% and 300% of FPL and for underinsured, hospitals shall collect a maximum of 10% of what would be paid through patient cost sharing. For those with income 301% and 400% of FPL and underinsured, hospital shall collect a maximum of 20% of cost sharing amount. It also expands hospital financial assistance programs, limits the size of monthly payments and interest charged for medical debt, imposes limits on when legal action can be commenced, states hospitals cannot deny admission for treatment to those	Health/MH Article VII, Part O	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	with unpaid medical bills and other protections.		
Hospitals – Home Care Without an Article 36 License	Authorizes general hospitals to provide care in patient homes without obtaining a license as a home care agency.	Health/MH Article VII, Part V	
Medicaid Hospital Global Budget Initiative	Includes \$275 million in SFY 2025 and \$275 million in SFY 2026 to provide funding to safety net hospitals meeting certain criteria per the approved 1115 waiver amendment	Medicaid Scorecard	
Healthcare Safety Net Transformation Program	<p>Enables safety net hospitals meeting certain criteria to apply for funding (individually or with other partnering organizations) by submitting a Transformation Plan with a strategic 5-year vision, roles and flexibility needed. Total funding will be up to \$500 million for program.</p> <p>Eligibility criteria includes:</p> <ul style="list-style-type: none"> • Public hospital, rural emergency hospital, critical access hospital or sole community hospital; • Have at least 30% of inpatient discharges be patients who are Medicaid eligible ,uninsured or 	Health/MH Article VII, Part S	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	<p>dually eligible and at least 35% of outpatient visits by patients who are Medicaid eligible, uninsured or dually eligible;</p> <ul style="list-style-type: none"> • Serve at least 30% of residents of a county or a multi-county area who are Medicaid eligible, uninsured or dually eligible individuals; or • In the discretion of the commissioner of NYSDOH serve a significant population of Medicaid eligible, uninsured or dual eligible individuals. 		
<i>LONG TERM CARE/ HOME CARE/ NURSING HOMES</i>			
Removes Consumer Directed Program Assistance (CDPAS) Aides from Wage Parity	CDPAS aides would be removed from Wage Parity Law in NYC, Long Island and Westchester decreases their cash or supplemental benefits.	Health/MH Article VII, Part G, Medicaid Scorecard	Savings of \$200 million in FY 2025
MLTC Procurement	Creates a moratorium on the processing and approval of applications, and require plans to apply for procurement and outlines the criteria for applications	Health/MH Article VII, Part H	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
Hospitals – Home Care Without an Article 36 License	Authorizes general hospitals to provide care in patient homes without obtaining a license as a home care agency.	Health/MH Article VII, Part V	
Discontinue Managed Long-Term Care Quality Pool	Administrative discontinuation of the MLTC Quality Pool	Medicaid Scorecard	Savings of \$51.8 million in FY 2025
Additional Unallocated Savings from LTC - \$200 Million	The Budget Presentation and Briefing Book Reference \$200 million in additional savings from LTC : Unallocated Medicaid Savings – In addition to the defined actions, the FY2025 Executive Budget recognizes NYS DOB FY2025 Executive Budget Agency Appropriations the need to ensure further cost controls within the long-term care sector and the broader Medicaid Program. This budget proposes to work with industry leaders and stakeholders to develop a suite of proposals to achieve an additional \$200 million in savings for long-term care programs and \$200 million in other areas of Medicaid spending growth	DOH Website and Governor’s Briefing Book / DOB Directors Presentation Medicaid Scorecard	Savings of \$200 million in FY 2025
Employee Benefit Changes	Expansions on Prenatal Leave, Short Term Disability coverage, Paid Breaks	PPGG, Article VII, Part M, N	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	for Breast Milk Expression, and Sunsets COVID-19 Sick Leave.	ELFA Article VII, Part J, M	
Statutory Extender	Extends authorization for the Commissioner's preparation of an energy audit and/or disaster preparedness review of residential health care facilities, through 7/1/27	Health/MH Article VII, Part B	
<i>PHYSICIANS/ HEALTHCARE PROFESSIONALS</i>			
Doctors Across New York	Provides level funding of \$15,865,000	Aid to Localities, Department of Health	
Physician Excess Medical Malpractice Program	Extends the program through June 30, 2025, but restructures the program from one annual payment to two installment payments over two fiscal years. The Budget includes an appropriation of \$39.3 million in SFY 2025 and \$19.6 million in SFY 2026.	Health/MH Article VII, Part K	
Patient Centered Medical Home (PCMH) Enhancement for Adult/Kid Services	Includes \$73.8 million for SFY 2025 and SFY 2026 for PCMH rate enhancements in Medicaid per 1115 waiver amendment	Medicaid Scorecard	
Scope of Practice Extender for Nurse Practitioner	Extends for two years the exemption for NPs with over 3,600 hours from to practice independently without a	Health/MH Article VII, Part P	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	collaborative agreement with a physician as long as they meet documentation requirements of collaborative relationships with physicians and hospitals.		
Expanded PA Scope of Practice	<p>Expands PA scope of practice allowing a physician assistant to practice without the supervision of a physician independently in primary care or hospitals. This applies:</p> <ul style="list-style-type: none"> ● To PAs who have practiced for more than eight thousand hours ● Where the PA is practicing in primary care (any non-surgical setting in the fields of general pediatrics, general adult medicine, general internal medicine, obstetrics and gynecology, family medicine, or other related areas as determined by the DOH Commissioner – OR – is employed by an Article 28 health system or hospital and they determine the PA meets qualifications of the medical staff 	Health/MH Article VII, Part Q	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	bylaws and the health system or hospital gives the PA privileges.		
Expanded Personnel Authorized to Administer Routine Medications	Expands the scope of practice for certified nurse aides in residential health care facilities. Nurse aides could become certified medication aides able to administer routine medications to residents under the supervision of a registered nurse.	Health/MH Article VII, Part Q	
Expanded Personnel Authorized to Give Immunizations	Would allow physicians, nurse practitioners, and physician assistants to assign and supervise medical assistants in outpatient settings with the task of drawing and administering immunizations to patients, provided the medical assistant receives training from the supervisor and the supervisor accepts liability	Health/MH Article VII, Part Q	
Expanded Scope of Practice for Dentistry	Would expand the definition of the practice of dentistry to include the administration of vaccinations against influenza, SARs-CoV-2, Human papillomavirus (HPV), and vaccinations related to a declared public health emergency. Would also expand it to include offering HIV, hepatitis C, and	Health/MH Article VII, Part Q	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	hemoglobin A1C screening or diagnostic tests.		
Expanded Dentistry Personnel Authorized to Administer or Monitor Local Anesthesia	Would allow dental hygienists to administer or monitor nitrous oxide analgesia/local infiltration/block anesthesia in the practice of dental hygiene with a certificate and under the supervision of a dentist.	Health/MH Article VII, Part Q	
3-Day Supply of Narcotics	Aligns state law with revised DEA regulations that permit providers in hospital emergency departments to dispense up to a 3-day supply of schedule III-V narcotics (Buprenorphine) for the purpose of initiating maintenance or detox treatment while arranging for a patient referral.	Health/MH Article VII, Part U	
Interstate Licensure Compacts	Allows New York to join the Interstate Medical Licensure Compact and the Nurse Licensure Compact, enabling doctors and nurses to relocate to New York and use their existing license to practice in the State.	Health/MH Article VII, Part R	
Physician Administered Drugs	Creates a new "lower of" payment methodology for physician administered drugs in Medicaid utilizing similar	Health/MH Article VII, Part I	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	benchmarks as in FFS for pharmacy reimbursement.		
Prescriber Prevails	Eliminates Prescriber Prevails in Medicaid	Health/MH Article VII, Part I	
Medicaid OTC Coverage	Authorizes DOH to modify Over the Counter Drug Coverage in Medicaid	Health/MH Article VII, Part I	
Mandate Universal HIV, HBV, and HCV Test Result Reporting	Mandate that clinics and labs performing diagnostic HIV, HBV, and HCV tests report negative tests results	Health/MH Article VII, Part T	
HIV Testing Opt Out	Require that notice in multiple languages is provided for routine HIV test is ordered and that the patient has right to opt out. Also requires that the patient receive information regarding medications at the time an HIV test result is communicated.	Health/MH Article VII, Part T	
Expanded Hepatitis B Testing	Would permit registered nurses to facilitate Hepatitis B testing through a non-patient specific order.	Health/MH Article VII, Part T	
Standing Orders for EMTs	Allows NPT and MDs to prescribe non-patient specific orders to EMTs for vaccinations.	Health/MH Article VII, Part V	
EMT Licensure	Authorizes NYSDOH to license EMTs and establish specialized credentials to elevate profession.	Health/MH Article VII, Part V	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
Paramedic Urgent Care	Enables authorized organizations to operate paramedic urgent care centers and expand care access through telehealth services	Health/MH Article VII, Part V	
<i>PHARMACY/PHARMACEUTICALS</i>			
Pharmacist CLIA-Testing for Flu/COVID-19	Would make law permanent allowing pharmacists to order/administer	Health/MH Article VII, Part I	
CDTM Law in Article 28 Facilities	Would make permanent	Health/MH Article VII, Part I	
Pharmacist PrEP Dispensing	Would allow licensed pharmacists to dispense HIV Pre-exposure prophylaxis (PrEP) without a patient specific order. Pharmacists would be mandated to ensure on at least an annual basis that the patient being prescribed PrEP is HIV negative.	Health/MH Article VII, Part I	
Mpox Vaccine	Would allow pharmacists to give the Mpox vaccine to those 18 and older per standing order.	Health/MH Article VII, Part I	
Prescriber Prevails	Eliminates Prescriber Prevails in Medicaid	Health/MH Article VII, Part I	
Modifies Medicaid Drug Cap	Includes a proposal to phase out the current pharmacy spending cap to create a supplemental rebate program to allow	Health/MH Article VII, Part I	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	the State to directly negotiate enhanced rebates with additional manufacturers.		
Require Pharmacy Cost Reporting	All licensed pharmacies in Medicaid shall submit an annual cost report related to costs incurred during procurement and dispensing of prescription drugs. The reports shall be subject to audit and timing filing would be a requirement of participation in Medicaid.	Health/MH Article VII, Part I	
Physician Administered Drugs	Creates a new "lower of" payment methodology for physician administered drugs in Medicaid utilizing similar benchmarks as in FFS for pharmacy reimbursement.	Health/MH Article VII, Part I	
Electronic Direction for Brand Medically Necessary	Updates the Brand medically necessary law to allow a prescriber to insert an electronic direction to clarify brand medically necessary.	Health/MH Article VII, Part I	
Expanded Personnel Authorized to Give Immunizations	In various sections, the bill proposes to allow medical assistants and EMS staff the ability to give immunizations per supervision and orders from MD, NP and PAs.	Health/MH Article VII, Part Q	
PMP Data Retention	Extends data retention period 10 years	Health/MH Article VII, Part U	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
Enhanced PMP Data Sharing	Authorizes additional PMP data sharing to enable increased public health surveillance to address opioid crisis	Health/MH Article VII, Part U	
Controlled Substance Schedules	Updates the State schedule of controlled substances	Health/MH Article VII, Part U	
<i>BEHAVIORAL HEALTH</i>			
Mental Health Capital Investments	Provides funding for an additional 200 new psychiatric inpatient beds. Funding covers 125 State-operated inpatient beds, including 15 for children and adolescents, 85 for adults, and 25 forensic; and 75 Transition to Home beds in one State-operated and two community-based facilities.	Briefing Book	
Reimbursement for Services Provided to Treat Mental Health Conditions	Investment of \$42.2 million to increase reimbursement for services provided in DOH-licensed facilities and private practices treating mental health conditions.	Briefing Book	
SNPs Certification	Extends OMH authority to certify special needs plans through 3/13/30	Health/MH Article VII, Part B	
OASAS Minimum Wage Increase Supports	\$2.9 million to support direct salary costs and related fringe benefits from minimum wage increase (same level as SFY 2024 final budget).	Aid to Localities, OASAS	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
Certified Community Behavioral Health Clinics	\$22.5 million for eligible certified community behavioral health clinics under the certified community behavioral health clinics indigent care program (reduced from SFY 2024 final budget)	Aid to Localities, Department of Health	
Opioid Stewardship Act	Extends through 10/30/27	Health/MH Article VII, Part B	
Prescription Monitoring Program (PMP)	Would retain PMP records for 10 years and allow for enhanced data sharing within DOH or with a local health department for improved surveillance and waives requirement to consult PMP for practitioners ordering a controlled substance on premises of a correctional facility, an inpatient mental health facility or a nursing home.	Health/MH Article VII, Part U	
Controlled Substance Schedules	Updates the state's controlled substance schedule.	Health/MH Article VII, Part U	
SUD and MH Ombudsman	Appropriations of \$1.5 million and \$8.5 million for SUD and MH Ombudsman (same level as SFY 2024 final budget).	Aid to Localities, OASAS	
Recovery Services	\$52.525 million for services and expenses related to recovery services, including housing and recovery centers	Aid to Localities, OASAS	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	(increase of \$5 million from SFY 2024 final budget).		
Statutory Extenders	<ul style="list-style-type: none"> ● Extends OMH Commissioner's authority, in consultation with DOH Commissioner, to certify Mental Health Special Needs Plans through 3/31/30. ● Extends OMH and OASAS ability to waive regulations for DSRIP projects through 4/1/26 	Health/MH Article VII, Part B	
Workforce Initiatives	Includes 5 new initiatives to expand the mental health workforce through job marketing, the creation of a job bank, and the creation of a Behavioral Health Fellowship Program. OMH will also develop new ways to credential mental health paraprofessionals. Additionally, rural governments will receive funding to develop targeted workforce investments.	Briefing Book	
Opioid Settlement Account Investment	Deposits \$63.7 million from settlement agreements with opioid manufacturers and distributors in the Opioid Settlement Account (down by \$148.5 million from \$212.2 million in the SFY 2024 final budget).	Aid to Localities, OASAS	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
Expand Maternal Mental Health Training	Provides \$1.5 million annually to expand Project PEACH (Training and Education for the Advancement of Children’s Health) through specialized support for mental health and substance use resources for therapists, lactation consultants, Women, Infant and Children (WIC) staff, home visiting nurses, and other frontline perinatal practitioners.	Briefing Book	
OASAS Reinvestment in BH Services	Provides \$37 million for reinvestment in behavioral health services from the savings realized through the transition from Medicaid FFS to managed care (same level as SFY 2024 final budget).	Aid to Localities, OASAS	
3-Day Supply of Narcotics	Aligns state law with revised DEA regulations that permit providers in hospital emergency departments to dispense up to a 3-day supply of schedule III-V narcotics (Buprenorphine) for the purpose of initiating maintenance or detox treatment while arranging for a patient referral.	Health/MH Article VII, Part U	
Opioid Addiction, Prevention, and Treatment Program	\$7.785 million for services and expenses of an opioid addiction, prevention and treatment program (same as level provided in SFY 2024 final budget).	Aid to Localities, Department of Health	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
Opioid Overdose Prevention	Provides \$272,000 for services and expenses of an opioid overdose prevention program for schools (same as level provided in SFY 2024 final budget).	Aid to Localities, Department of Health	
OASAS Funding	All Funds Aid to Localities for OASAS services is decreased by approximately \$171.5 million from SFY 2024 final state budget level.	Aid to Localities, OASAS	
Loan Forgiveness for Mental Health Clinicians Serving Children	Provides \$4 million in new funding for recruitment and retention of psychiatrists, psychiatric nurse practitioners and other licensed clinicians in mental health programs for children licensed by OMH or OCFS.	Aid to Localities, OMH	
Community Mental Health Support and Workforce Reinvestment Program	Would make the program permanent to reinvest savings from state psychiatric center inpatient bed closures for community mental health services and workforce.	Health/MH Article VII, Part Y	
OMH Minimum Wage Increase Supports	\$8.22 million to support direct salary costs and related fringe benefits from minimum wage increase (increased from SFY 2024 final budget).	Aid to Localities, OMH	
Improve Mental Health Admission and	Provides \$7 million to expand surveillance and regulatory compliance	Briefing Book	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
Discharge Decisions by Hospitals	activities within OMH licensed and unlicensed program settings, including hospital inpatient programs and Comprehensive Emergency Programs (CPEPs). OMH and DOH will finalize regulations to codify the hospitals' admission and discharge requirements for patients with behavioral health conditions.		
BH Medicaid-Commercial Rate Parity	Amends sections of insurance law applying to state-regulated commercial plans requiring that plans pay facilities licensed, certified or authorized by OMH and OASAS to provide outpatient, intensive outpatient, outpatient rehab and opioid treatment that are in-network at a rate that is not less than what is paid for such treatment under Medicaid (APG government rates).	Health/MH Article VII, Part AA	
Comprehensive Psychiatric Emergency Programs (CPEP)	Would make CPEP permanent.	Health/MH Article VII, Part BB	
Representative Payee Authority	Would make permanent the authority of mental hygiene facility directors, acting as federally appointed representative payees, to use funds for the cost of care	Health/MH Article VII, Part DD	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	and treatment of persons receiving services.		
Strengthen 988 Crisis Hotline	Provides an additional \$100,000 to create a specialized maternal mental health training program for providers to ensure they are properly trained to help pregnant and postpartum New Yorkers.	Briefing Book	
Mental Health Parity	Amends the Insurance Law by raising the penalties that the Department of Financial Services would impose on an authorized insurer, and any representative thereof, that violates any mental health or substance use disorder provision or the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. The penalty could be up to \$2000/offense. The proposal states that robust enforcement measures are essential to incentivize insurers to comply with their legal obligations.	Transportation, Economic Development and Environmental Conservation Art. VII bill, Part HH	
OMH Funding	All Funds Aid to Localities for OMH services is increased by approximately \$233 million from SFY 2024 final state budget level.	Aid to Localities, OMH	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
Support for People with Mental Illness Who Are Involved in the Criminal Justice System	Invests \$6.2 million to provide mental health specialists and peers in mental health courts, \$2.8 million to provide individuals with mental illness with housing and supports, and \$9.6 to enhance and expand specialized Forensic Assertive Community Treatment (FACT) teams that support individuals in the community.	Briefing Book	
OMH Reinvestment in BH Services	Provides \$74 million for reinvestment in behavioral health services from the savings realized through the transition from Medicaid FFS to managed care (same level as SFY 2024 final budget).	Aid to Localities, OMH	
Crisis Intervention Team (CIT) Training	Provides \$187,000 to expand CIT training	Briefing Book	
Human Services COLA	Provides a 1.5% human services COLA effective 4/1/24 for programs and services under OMH and OASAS.	Health/MH Article VII, Part FF. Appropriation from Aid to Localities, OMH and OASAS	OMH cost - \$34.985 million. OASAS cost - \$8.86 million. Both reduced from SFY 2024 final budget.
Investment in Various Mental Health Services and Supports	\$2 million in new funding for services and expenses related to suicide prevention, peer to peer training, and	Aid to Localities, OMH	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	other mental health supports and services for veterans, first responders, including disaster relief workers		
Youth ACT Teams	Provides \$9.6 million to create 12 new youth Assertive Community Treatment (ACT) teams that offer treatment, rehabilitation, and support services to children and youth with serious mental illness, as well as children who are at risk of needing, or returning home from, high end services.	Briefing Book	
High Fidelity Wrap Around Services for Children	Increase funding for such services by \$5 million	Aid to Localities, OMH	
Partial Hospitalization Program	Provides an annual investment of \$2.8 million to enhance PHP children's service rates by 25 percent and develop new programs.	Briefing Book	
Specialized Children's Community Residence Programming	Provides \$1 million annually to support two programs in Children's Community Residences in each OMH region and increase training and specialized programs focusing on children with welfare system involvement.	Briefing Book	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
School Based Mental Health Clinics	Pledged to fund expansion of school-based mental health clinics for schools that need them (\$45 million)	State of the State book	
Social Media Resources for Youth and Caregivers	OMH will develop materials to educate caregivers on the impacts of social media on youths and methods to monitor usage.	Briefing Book	
Behavioral Health VAP	Provides \$25 million	Aid to Localities, DOH	
Increase Rates for Mental Health provided in integrated settings	Provides \$13.5 million in SFY 2025 and \$27 million in SFY 2026 for increased rates	Medicaid Scorecard	
Increase Rates for Children’s Mental Health provided in integrated settings	Provides \$7.8 million in SFY 2025 and \$15.2 million in SFY 2026 for increased rates	Medicaid Scorecard	
Expand Coverage for Adverse Childhood Experiences (ACE) Screening for Adults	Provides \$1.2 million in SFY 2025 and \$0.9 million in SFY 2026 for such expanded coverage	Medicaid Scorecard	
<i>DEVELOPMENTAL DISABILITIES/ EARLY INTERVENTION</i>			
All Funds Aid to Localities Budget OPWDD	Increased by approximately \$137 million from SFY 2024 final state budget level.	Aid to Localities, OPWDD	
Article 16 Clinics	Provides \$185.4 million in additional funding for operation of Article 16	Aid to Localities, OPWDD	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	clinics including supportive and habilitative services consistent with the home and community-based waiver (increase of \$185.4 million from SFY 2024 final budget).		
Support Access to More Independent Living Settings	Would allow DSPs to perform certain nursing tasks in non-certified settings.	Health/MH Article VII, Part EE	
Residential Services	Provides \$4 million in additional funding for residential services for people with developmental disabilities (increase of \$4 million from SFY 2024 final budget).	Aid to Localities, OPWDD	
Day Program Services	\$6.7 million in additional funding for day program services for people with developmental disabilities (increase of \$86.224 million from SFY 2024 final budget).	Aid to Localities, OPWDD	
DSRIP Waivers	Extends OPWDD ability to waive regulations for DSRIP projects through 4/1/26	Health/MH Article VII, Part B	
OPWDD Minimum Wage Increase Supports	\$45.14 million to support direct salary costs and related fringe benefits from minimum wage increase (Increase of \$14 million above SFY 2024 final budget).	Aid to Localities, OPWDD	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
Human Services COLA	Provides a 1.5% human services COLA effective 4/1/24 for programs and services under OPWDD	Health/MH Article VII, Part FF. Appropriation from Aid to Localities, OPWDD	Cost of \$46.852 million (reduced from SFY 2024 final budget)
Targeted Investments in OPWDD	\$1 million in additional funding for services and expenses for those with developmental disabilities including, but not limited to, hepatitis B, care at home waiver, epilepsy services, Special Olympics NY and voluntary fingerprinting (increase of \$1 million from SFY 2024 final budget).	Aid to Localities, OPWDD	
Increased Reimbursement for Providers Serving Individuals with Physical, Intellectual and Developmental Disabilities	Provides \$5.2 million in SFY 2025 and \$10.4 million in SFY 2026 for increased reimbursement rates	Medicaid Scorecard	
Early Intervention Rate Increase	Provides \$13.9 million in funding to support a 5% EI reimbursement rate increase and a 4% rate modifier to support rural and underserved areas.	SFY 24-25 Financial Plan and Medicaid Scorecard	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
Modifications to Early Intervention Billing	The budget makes various administrative changes to align billing requirements with federal regulations, resulting in savings	SFY 24-25 Exec Budget Briefing Book and Medicaid Scorecard	\$11.2 million in savings in SFY 2025
Discontinues School Psychologists as EI Providers	Removes the temporary exemption school psychologists currently have that allows them practice as Early Intervention providers but would extend their authorization to provide non-EI services for certain preschool programs through June 30, 2026.	Health/MH Article VII, Part D	
<i>PUBLIC HEALTH</i>			
School-Based Health Centers	Provides an additional \$3 million in Basic Grant funding for SBHCs.	Aid to Localities, Department of Health	
Tobacco Control Program	\$33,144,000 appropriation included a reduction from last year's enacted (\$40,644,000), but level with prior years	Aid to Localities, Department of Health	
Tobacco Control Enforcement & Education	Continues level funding of \$3,840,000	Aid to Localities and State Operations, Department of Health	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
Cancer Services Program	\$19,825,000 appropriation, reduction from last year's enacted (\$22,325,000), level with prior years	Aid to Localities, Department of Health	
Hypertension Services	Continues level funding of \$506,000	Aid to Localities, Department of Health	
Diabetes & Obesity Prevention Funding	Continues level funding of \$5,970,000	Aid to Localities, Department of Health	
Area Health Education Centers	Includes level funding of \$2.2 million	Aid to Localities, Department of Health	
Public Health Programs Discontinued	<p>To create efficiencies and avoid duplication, the following programs would be discontinued:</p> <ul style="list-style-type: none"> ● 405.4 Hospital Audit Program ● Enhanced Quality of Adult Living (EQUAL) program ● Empire Clinical Research Investigator Program (ECRIP) ● Operating assistance subprogram for enriched housing ● Tick-Borne Disease program ● Medical Society of the State of New York Committee for Physician Health program 	Health/MH Article VII, Part L	Savings of \$12.1 million in SFY 2025 and \$12.3 million in SFY 2026

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
ALS Funding	Provides \$25 million in funding for research and development of treatments for ALS		
<i>INSURANCE</i>			
Managed Care Changes	<ul style="list-style-type: none"> Procure Medicaid managed care contracts with Medicaid managed care plans, MLTC plans, Medicare Advantage Plus (MAP) plans and HARP plans through a competitive bid process with exception of comprehensive HIV special needs plans; Places a moratorium beginning 4/1/24 until an RFP is issued on applications for additional managed care plans in Medicaid with some exceptions; Specifies criteria that shall be used to evaluate plans with awards to two or more plans in each geographic region defined by NYSDOH for a term determined by NYSDOH; NYSDOH, jointly with OMH and OASAS shall select a limited number of special needs managed care plans for 	Health/MH Article VII, Part H	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	<p>managing significant behavioral health needs.</p> <ul style="list-style-type: none"> ● Eliminates the 1% across the board administrative rate increase to MC plans provided in SFY 2022-23 budget ● Authorizes DOH to impose liquidated damages for MC plans who fail to comply with the state Model Contract that lays out the rules of the road for Medicaid managed care ● Carve mainstream managed care out of the Independent Dispute Resolution Process 		
Essential Plan	<p>Renames the Basic Health Plan to Essential Plan, extends one year authority to provide long term supports and services for those between 0-138% of FPL (Essential Plan 3 and 4) and those between 0-200% (Essential Plan 1 and 2). Also establishes a new subsidy to assist low-income New Yorkers through the marketplace and will seek federal approval to provide subsidies for the</p>	Health Art. VII, Part J	

Proposal	Description	Location in Budget	SFY 2024 Savings/Cost if Any/ Known
	payment of premiums for those with incomes up to 350% of FPL.		
Insulin Cost Sharing	Ensures that insulin drug coverage is not subject to a deductible, copayment, coinsurance, or any other cost sharing requirement. This would take effect on January 1, 2025, and would apply to any policy or contract issued, renewed, modified, altered, or amended on or after such date.	Transportation, Economic Development and Environmental Conservation Art. VII bill, Part EE	
Modifies Medicaid Drug Cap	Phases out the current pharmacy spending cap so the State can directly negotiate enhanced rebates with manufacturers	Health Art. VII, Part I	
Statutory Extender	Extends affiliation requirements to allow a managed care organization to affiliate with an entity(ies) that are controlled by non-profit organizations to provide care coordination services through 12/31/29.	Health Art. VII, Part B	
Continuous Eligibility for Children Ages 0-6	\$7.6 million for new appropriation to provide continuous Medicaid and Child Health Plus coverage for children deemed eligible until age 6, regardless of any changes to the income of the child's family.	Health/MH Article VII, Part M	Cost of \$7.6 million in SFY 2025 and \$30.3 million in SFY 2026