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

ROBERT REID | MARCY SAVAGE | KELLY FORSTER | KAYLA BOGDANOWICZ | ELIZABETH REID | MAGGIE SHUGRUE

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On February 15th, the 30-day budget amendments to the SFY 2025 Executive Budget were released and can be found [here](#). While largely technical, in some instances programmatic changes have been made to proposals included in the Governor's budget released Jan. 16th. Certain Article VII bills also include new proposals in the Health/Mental Hygiene, Public Protection and Transportation bills.

Provided below is an outline of the substantive 30-Day budget amendments in the Health/Mental Hygiene sector. Upon review, please let us know if you have any questions.

Programming Changes in HMH Sector 30-Day Executive Budget Amendments for SFY 2025

MULTIPLE SECTORS

- Health Care Facility Transformation Program (NYSDOH section of Capital Projects Appropriation Bill)- Authorizes up to \$300 million in existing DOH capital re-appropriations to be used for a SUNY Downstate Transformation Plan and up to \$20 million to be made available for the Empire State ALS Alliance.
- Health Care Safety Net Transformation (Part S of HMH Art. VII)- Clarifies that a hospital organization must apply in conjunction with at least one partner organization in order to qualify for grants funding under this program.
- 1115 Waiver (New Part GG of HMH Art. VII) – Includes a new Part GG in the Health/Mental Hygiene Article VII budget bill to provide additional contracting flexibilities in relation to the 1115 Medicaid waiver, in order to carry out provisions of the waiver.
- Prescription Drug Monitoring Program (Part U of HMH Art. VII)- Amends Executive Budget proposal to make the following changes to:
 - Clarify data sharing language to allow sharing with other State agencies, in accordance with applicable laws, rules, and regulations.
 - Create a veterinary exemption for Xylazine and establish safe storage, record keeping requirements, and make other technical changes.

- NYSDOH Aid to Localities Appropriation Bill- Includes updated funding as follows:
 - Adds \$3 million for [Children with Special Health Care Needs](#) program
 - Adds greater detail to the \$5,000,000 appropriated for the research of ALS and related rare diseases to read: "For services and expenses related to rare disease research, treatment, education, programming, and related activities. Of amounts appropriated herein, notwithstanding section one hundred sixty-three of the state finance law, a portion of this appropriation may be awarded to Empire State ALS Alliance to support Amyotrophic Lateral Sclerosis (ALS) research and treatment."

HOME CARE

- Home Care Aides (Part G of HMM Art. VII)- Amendments clarify that the definition of "home care aide" is being amended only as it relates to wage parity provisions.
- Includes a new Part HH of the Health/Mental Hygiene Article VII budget bill which:
 - Repeals the Fiscal Intermediaries (FI) RFP and replaces with an FI authorization process issued by Commissioner of DOH;
 - States that FI's must contract with a local department of social services, Article 44(MCO), or an accountable care organization or an integrated delivery system composed primarily of health care providers recognized by the DOH under reform incentive payment system;
 - Requires ownership of LHCSAs, MLTCS and FIs must be independent of each other and expressly prohibits a controlling interest or majority ownership or more of any one of these entities;
 - Allows for Commissioner to revoke, suspend, limit or annul ownership of a FI within 30 days for violation of any provisions;
 - States that the Commissioner of Health may issue orders or other actions to prohibit FI's ownership by an unauthorized entity;
 - Requires and reinforces language making clear requirement for consumer direction under the program;
 - Authorizes regulations, including emergency regulations to establish the maximum daily and weekly hours an aide can provide services under the FI program; and
 - Eliminates a designated representative as a personal assistant.

EMS

- Amends the Executive Budget proposal (Part V of HMM Art. VII) related to Emergency Medical Services to clarify that the Department of Health must approve the county medical emergency response plans, NOT the format of the plans. The amendments further:

- Clarify that the DOH Commissioner will allow general hospitals to provide off-site acute medical care services, subject to the availability of Federal financial participation;
- Adds nurse practitioners to the list of medical professionals that can provide off-site acute care to a patient. Provided that the patient has a pre-existing relationship with the hospital or medical professional. This includes providing care for patients who were admitted through emergency departments and resided in inpatient hospital beds;
- Clarifies that the ambulance services used by counties must be licensed by the Department of Health;
- Makes technical changes to allow counties time to adjust their medical emergency response plans in the event of a service no longer being available;
- Clarifies that changes made to the Provision of the Emergency Medical Dispatch section would apply only to dispatchers/dispatch agencies whose primary role is as emergency medical dispatch. All licensure, protocols, and minimum standards will be established with the advice and consent of the State.

Maternal Health

- Amends the Executive Budget proposal (Part N of HMH Art. VII) related to maternal and reproductive health to make changes to require that pregnant and post-partum individuals give informed consent prior to testing for alcohol, cannabis, or other drugs.

Mental Health, Substance Use Disorder Services and Human Services

- Opioid Stewardship Fund Extender- amends the Executive Budget proposal which makes this fund permanent by including it in Part B of the Article VII HMH budget bill (removing it from Part X where it was duplicative)
- Cost of Living Adjustment (Part FF of HMH Article VII & Aid to Localities (ATL) OASAS Appropriation Bill)- includes the following amendments:
 - Amends Part FF which includes the cost-of-living adjustment (COLA) for designated human services programs to make a technical amendment to conform the exclusion of care coordination organizations from the list of eligible programs and services.
 - Updates the language in the ATL OASAS Appropriations bill to reflect the annualization of 2024 COLA and minimum wage funding.
- Additional Funding in OASAS ATL Budget- Amendments added the following funds to the OASAS budget:
 - Added over \$24 million to the General Fund for:
 - Approximately \$20 million to the Community Treatment Services Program
 - \$230,000 to local government expenses and services related to administering addiction services

- Approximately \$4 million added to prevent and program support

Insurance

- Competitive Procurement in Medicaid Managed Care (Part H of HMM Art. VII)- Proposed in Executive Budget is amended to:
 - Includes language related to the competitive bid process to “notwithstanding” sections of state finance law related to contracting
 - Adds language stating that within 60 days of NYSDOH issuing the RFP, a managed care provider that was approved to participate prior shall submit its intention to complete the RFP to NYSDOH.
 - Includes additional language regarding the termination processes for providers that are not included for transitioning enrollees.
- Strengthening NYSDOH Enforcement on Managed Care Plans (Part H of HMM Art. VII)- Executive Budget proposal amended to:
 - Change proposal for when managed care organizations may dispute the imposition of liquidated damages and clarification on format and rights for plans submitting disputes
 - Clarify language on actions taken when managed care organizations fail to act under the model contract such that each instance where a plan fails to furnish necessary/required services or items to an enrollee shall be separate violation.
- Essential Plan (Part J of HMM Art. VII)- Executive Budget proposal relating to Essential Plan is amended to incorporate references to the 1332 waiver into the marketplace statute