

**A8807-B** Budget No Same as  
Budget Article VII (Internal # 8 - 2024)  
Budget Bills

TITLE....Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2024-2025 state fiscal year

01/17/24 referred to ways and means

02/20/24 amend (t) and recommit to ways and means

02/20/24 print number 8807a

03/12/24 amend (t) and recommit to ways and means

03/12/24 print number 8807b

---

# STATE OF NEW YORK

---

8807--B

## IN ASSEMBLY

January 17, 2024

---

A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read once and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee

AN ACT to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to general hospital reimbursement for annual rates, in relation to known and projected department of health state fund medicaid expenditures (Part A); to amend the public health law, in relation to extending certain provisions related to the issuance of accountable care organization certifications and state oversight of antitrust provisions; and to amend part D of chapter 56 of the laws of 2013 amending the social services law relating to eligibility conditions, chapter 649 of the laws of 1996 amending the public health law, the mental hygiene law and the social services law relating to authorizing the establishment of special needs plans, part V of chapter 57 of the laws of 2022 amending the public health law and the insurance law relating to reimbursement for commercial and Medicaid services provided via telehealth, chapter 659 of the laws of 1997 amending the public health law and other laws relating to creation of continuing care retirement communities, part NN of chapter 57 of the laws of 2018 amending the public health law and the state finance law relating to enacting the opioid stewardship act, part II of chapter 54 of the laws of 2016 amending part C of chapter 58 of the laws of 2005 relating to authorizing reimbursements for expenditures made by or on behalf of social services districts for medical assistance for needy persons and administration thereof, part B of chapter 57 of the laws of 2015 amending the social services law and other laws relating to energy audits and/or disaster preparedness reviews of residential healthcare facilities by the commissioner, chapter 769 of the laws of 2023 amending the public health law relating to the adult cystic fibrosis assistance program, chapter 670 of the laws of 2021 requiring the office for people with developmental disabilities to establish the care demonstration program, and part Q of chapter 59 of the laws of 2016 amending the mental hygiene law relating to the closure or transfer of a

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

LBD12671-04-4

## A. 8807--B

2

state-operated individualized residential alternative, in relation to the effectiveness thereof (Part B); to amend the education law, in relation to removing the exemption for school psychologists to render early intervention services; and to amend chapter 217 of the laws of 2015, amending the education law relating to certified school psychologists and special education services and programs for preschool children with handicapping conditions, in relation to the effectiveness thereof (Part C); to amend part ZZ of chapter 56 of the laws of 2020 amending the tax law and the social services law relating to certain Medicaid management, in relation to the effectiveness thereof; to amend part E of chapter 57 of the laws of 2015, amending the public health law relating to the payment of certain funds for uncompensated care, in relation to certain payments being made as outpatient upper payment limit payments for outpatient hospital services during certain state fiscal years and calendar years; to amend part B of chapter 57 of the laws of 2015, amending the social services law relating to supplemental rebates, in relation to authorizing the department of health to increase operating cost component of rates of payment for general hospital outpatient services and authorizing the department of health to pay a public hospital adjustment to public general hospitals during certain state fiscal years and calendar years; to amend the public health law, in relation to authorizing the commissioner to make additional inpatient hospital payments during certain state fiscal years and calendar years; and to amend part B of chapter 58 of the laws of 2010, amending the social services law and the public health law relating to prescription drug coverage for needy persons and health care initiatives pools, in relation to authorizing the department of health to make Medicaid payment increases for county operated free-standing clinics during certain state fiscal years and calendar years (Part D); to amend the public health law, in relation to freezing the operating component of the rates for skilled nursing facilities and eligibility for admission to the New York state veterans' home (Part E); to amend the social services law, in relation to making the special needs assisted living residence voucher program permanent (Part F); intentionally omitted (Part G); to amend part I of chapter 57 of the laws of 2022, providing a one percent across the board payment increase to all qualifying fee-for-service Medicaid rates, in relation to eliminating the one percent rate increase to managed care organizations (Part H); intentionally omitted (Part I); to amend the social services law, in relation to renaming the basic health program to the essential plan; to amend part H of chapter 57 of the laws of 2021, amending the social services law relating to eliminating consumer-paid premium payments in the basic health program, in relation to the effectiveness thereof; and to amend the public health law, in relation to adding references to the 1332 state innovation waiver, providing a new subsidy to assist low-income New Yorkers with the payment of premiums, cost sharing or both through the marketplace, and adding the 1332 state innovation program to the functions of the marketplace (Part J); to amend chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to insurance coverage paid for by funds from the hospital excess liability pool and extending the effectiveness of certain provisions thereof; to amend part J of chapter 63 of the laws of 2001 amending chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation

## A. 8807--B

3

to extending certain provisions concerning the hospital excess liability pool; and to amend part H of chapter 57 of the laws of 2017 amending the New York Health Care Reform Act of 1996 and other laws relating to extending certain provisions relating thereto, in relation to extending provisions relating to excess coverage (Part K); intentionally omitted (Part L); to amend the social services law and the public health law, in relation to authorizing continuous coverage in Medicaid and child health plus, for eligible children ages zero to six (Part M); intentionally omitted (Part N); intentionally omitted (Part O); to amend part C of chapter 57 of the laws of 2022 amending the public health law and the education law relating to allowing pharmacists to direct limited service laboratories and order and administer COVID-19 and influenza tests and modernizing nurse practitioners, in relation to the effectiveness thereof; and to amend chapter 21 of the laws of 2011 amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, in relation to the effectiveness thereof (Part P); intentionally omitted (Part Q); intentionally omitted (Part R); intentionally omitted (Part S); intentionally omitted (Part T); intentionally omitted (Part U); intentionally omitted (Part V); intentionally omitted (Part W); intentionally omitted (Part X); to amend chapter 62 of the laws of 2003, amending the mental hygiene law and the state finance law relating to the community mental health support and workforce reinvestment program, the membership of subcommittees for mental health of community services boards and the duties of such subcommittees and creating the community mental health and workforce reinvestment account, in relation to the effectiveness thereof (Part Y); to amend part NN of chapter 58 of the laws of 2015, amending the mental hygiene law relating to clarifying the authority of the commissioners in the department of mental hygiene to design and implement time-limited demonstration programs, in relation to making such provisions permanent (Part Z); to amend the insurance law, in relation to setting minimal reimbursement for behavioral health treatment (Part AA); to amend chapter 723 of the laws of 1989 amending the mental hygiene law and other laws relating to comprehensive psychiatric emergency programs, in relation to the effectiveness of certain provisions thereof (Part BB); intentionally omitted (Part CC); to amend part A of chapter 111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, in relation to the effectiveness thereof (Part DD); intentionally omitted (Part EE); to establish a cost of living adjustment for designated human services programs (Part FF); intentionally omitted (Part GG); intentionally omitted (Part HH); to amend the social services law, in relation to coverage for services provided by school-based health centers for medical assistance recipients (Part II); to amend the public health law, in relation to expanding health care services provided by telehealth (Part JJ); to amend the insurance law, in relation to requiring that insurers provide coverage for epinephrine auto-injector devices (Part KK); to amend the mental hygiene law, in relation to the "First Responder Peer Support Program Act" (Part LL); to amend part 00 of chapter 57 of the laws of 2023 relating to directing the office of mental health to convene a task force on implementing mental health crisis response and diversion for mental health, alcohol use, and substance use crises, in relation to establishing the Daniel's Law

A. 8807--B

4

task force pilot program to provide trauma-informed, community led responses and diversions to certain individuals experiencing crisis (Part MM); to amend the public health law, in relation to authorizing a rate increase for in-person early intervention services (Part NN); and to amend the state finance law, in relation to establishing the Medicaid investment fund (Part OO)

**The People of the State of New York, represented in Senate and Assembly, do enact as follows:**

1 Section 1. This act enacts into law major components of legislation  
2 necessary to implement the state health and mental hygiene budget for  
3 the 2024-2025 state fiscal year. Each component is wholly contained  
4 within a Part identified as Parts A through OO. The effective date for  
5 each particular provision contained within such Part is set forth in the  
6 last section of such Part. Any provision in any section contained within  
7 a Part, including the effective date of the Part, which makes a refer-  
8 ence to a section "of this act", when used in connection with that  
9 particular component, shall be deemed to mean and refer to the corre-  
10 sponding section of the Part in which it is found. Section three of  
11 this act sets forth the general effective date of this act.

12

## PART A

13 Section 1. Paragraph (a) of subdivision 1 of section 92 of part H of  
14 chapter 59 of the laws of 2011, amending the public health law and other  
15 laws relating to general hospital reimbursement for annual rates, as  
16 amended by section 1 of part A of chapter 57 of the laws of 2023, is  
17 amended to read as follows:

18 (a) For state fiscal years 2011-12 through [~~2024-25~~] 2025-26, the  
19 director of the budget, in consultation with the commissioner of health  
20 referenced as "commissioner" for purposes of this section, shall assess  
21 on a quarterly basis, as reflected in quarterly reports pursuant to  
22 subdivision five of this section known and projected department of  
23 health state funds medicaid expenditures by category of service and by  
24 geographic regions, as defined by the commissioner.

25 § 2. This act shall take effect immediately and shall be deemed to  
26 have been in full force and effect on and after April 1, 2024.

27

## PART B

28 Section 1. Subdivision p of section 76 of part D of chapter 56 of the  
29 laws of 2013 amending the social services law relating to eligibility  
30 conditions, as amended by section 2 of part E of chapter 57 of the laws  
31 of 2019, is amended to read as follows:

32 p. the amendments to subparagraph 7 of paragraph (b) of subdivision 1  
33 of section 366 of the social services law made by section one of this  
34 act shall expire and be deemed repealed October 1, [~~2024~~] 2029.

35 § 2. Section 10 of chapter 649 of the laws of 1996 amending the public  
36 health law, the mental hygiene law and the social services law relating  
37 to authorizing the establishment of special needs plans, as amended by  
38 section 21 of part E of chapter 57 of the laws of 2019, is amended to  
39 read as follows:

40 § 10. This act shall take effect immediately and shall be deemed to  
41 have been in full force and effect on and after July 1, 1996; provided,

## A. 8807--B

5

1 however, that sections one, two and three of this act shall expire and  
2 be deemed repealed ~~[on]~~ March 31, ~~[2025]~~ 2030 provided, however that the  
3 amendments to section 364-j of the social services law made by section  
4 four of this act shall not affect the expiration of such section and  
5 shall be deemed to expire therewith and provided, further, that the  
6 provisions of subdivisions 8, 9 and 10 of section 4401 of the public  
7 health law, as added by section one of this act; section 4403-d of the  
8 public health law as added by section two of this act and the provisions  
9 of section seven of this act, except for the provisions relating to the  
10 establishment of no more than twelve comprehensive HIV special needs  
11 plans, shall expire and be deemed repealed on July 1, 2000.

12 § 3. Subdivision 3 of section 2999-p of the public health law, as  
13 amended by section 8 of part BB of chapter 56 of the laws of 2020, is  
14 amended to read as follows:

15 3. The commissioner may issue a certificate of authority to an entity  
16 that meets conditions for ACO certification as set forth in regulations  
17 made by the commissioner pursuant to section twenty-nine hundred nine-  
18 ty-nine-q of this article. The commissioner shall not issue any new  
19 certificate under this article after December thirty-first, two thousand  
20 ~~[twenty-four]~~ twenty-eight.

21 § 4. Subdivision 1 of section 2999-aa of the public health law, as  
22 amended by section 9 of part S of chapter 57 of the laws of 2021, is  
23 amended to read as follows:

24 1. In order to promote improved quality and efficiency of, and access  
25 to, health care services and to promote improved clinical outcomes to  
26 the residents of New York, it shall be the policy of the state to  
27 encourage, where appropriate, cooperative, collaborative and integrative  
28 arrangements including but not limited to, mergers and acquisitions  
29 among health care providers or among others who might otherwise be  
30 competitors, under the active supervision of the commissioner. To the  
31 extent such arrangements, or the planning and negotiations that precede  
32 them, might be anti-competitive within the meaning and intent of the  
33 state and federal antitrust laws, the intent of the state is to supplant  
34 competition with such arrangements under the active supervision and  
35 related administrative actions of the commissioner as necessary to  
36 accomplish the purposes of this article, and to provide state action  
37 immunity under the state and federal antitrust laws with respect to  
38 activities undertaken by health care providers and others pursuant to  
39 this article, where the benefits of such active supervision, arrange-  
40 ments and actions of the commissioner outweigh any disadvantages likely  
41 to result from a reduction of competition. The commissioner shall not  
42 approve an arrangement for which state action immunity is sought under  
43 this article without first consulting with, and receiving a recommenda-  
44 tion from, the public health and health planning council. No arrangement  
45 under this article shall be approved after December thirty-first, two  
46 thousand ~~[twenty-four]~~ twenty-eight.

47 § 5. Section 7 of part V of chapter 57 of the laws of 2022 amending  
48 the public health law and the insurance law relating to reimbursement  
49 for commercial and Medicaid services provided via telehealth, is amended  
50 to read as follows:

51 § 7. This act shall take effect immediately and shall be deemed to  
52 have been in full force and effect on and after April 1, 2022; provided,  
53 however, this act shall expire and be deemed repealed on and after April  
54 1, ~~[2024]~~ 2025.

55 § 6. Section 97 of chapter 659 of the laws of 1997 amending the public  
56 health law and other laws relating to creation of continuing care

## A. 8807--B

6

1 retirement communities, as amended by section 11 of part Z of chapter 57  
2 of the laws of 2018, is amended to read as follows:

3 § 97. This act shall take effect immediately, provided, however, that  
4 the amendments to subdivision 4 of section 854 of the general municipal  
5 law made by section seventy of this act shall not affect the expiration  
6 of such subdivision and shall be deemed to expire therewith and provided  
7 further that sections sixty-seven and sixty-eight of this act shall  
8 apply to taxable years beginning on or after January 1, 1998 and  
9 provided further that sections eighty-one through eighty-seven of this  
10 act shall expire and be deemed repealed on December 31, ~~2024~~ 2029 and  
11 provided further, however, that the amendments to section ninety of this  
12 act shall take effect January 1, 1998 and shall apply to all policies,  
13 contracts, certificates, riders or other evidences of coverage of long  
14 term care insurance issued, renewed, altered or modified pursuant to  
15 section 3229 of the insurance law on or after such date.

16 § 7. Section 5 of part NN of chapter 57 of the laws of 2018 amending  
17 the public health law and the state finance law relating to enacting the  
18 opioid stewardship act, as amended by section 5 of part XX of chapter 59  
19 of the laws of 2019, is amended to read as follows:

20 § 5. This act shall take effect July 1, 2018 and shall expire and be  
21 deemed to be repealed on June 30, ~~2024~~ 2029, provided that, effective  
22 immediately, the addition, amendment and/or repeal of any rule or regu-  
23 lation necessary for the implementation of this act on its effective  
24 date are authorized to be made and completed on or before such effective  
25 date, and, provided that this act shall only apply to the sale or  
26 distribution of opioids in the state of New York on or before December  
27 31, 2018.

28 § 8. Section 2 of part II of chapter 54 of the laws of 2016 amending  
29 part C of chapter 58 of the laws of 2005 relating to authorizing  
30 reimbursements for expenditures made by or on behalf of social services  
31 districts for medical assistance for needy persons and administration  
32 thereof, as amended by section 6 of part CC of chapter 57 of the laws of  
33 2022, is amended to read as follows:

34 § 2. This act shall take effect immediately and shall expire and be  
35 deemed repealed March 31, ~~2024~~ 2026.

36 § 9. Subdivision 5 of section 60 of part B of chapter 57 of the laws  
37 of 2015 amending the social services law and other laws relating to  
38 energy audits and/or disaster preparedness reviews of residential  
39 healthcare facilities by the commissioner, as amended by chapter 125 of  
40 the laws of 2021, is amended to read as follows:

41 5. section thirty-eight of this act shall expire and be deemed  
42 repealed July 1, ~~2024~~ 2027;

43 § 10. Intentionally omitted.

44 § 10-a. Section 2 of chapter 769 of the laws of 2023, amending the  
45 public health law relating to the adult cystic fibrosis assistance  
46 program, as amended by chapter 31 of the laws of 2024, is amended to  
47 read as follows:

48 § 2. This act shall take effect immediately and shall expire March 31,  
49 ~~2024~~ 2025 when upon such date the provisions of this act shall be  
50 deemed repealed.

51 § 10-b. Section 3 of chapter 670 of the laws of 2021, requiring the  
52 office for people with developmental disabilities to establish the care  
53 demonstration program, is amended to read as follows:

54 § 3. This act shall take effect immediately and shall expire and be  
55 deemed repealed March 31, ~~2024~~ 2026.

## A. 8807--B

7

1 § 10-c. Section 2 of part Q of chapter 59 of the laws of 2016, amend-  
2 ing the mental hygiene law relating to the closure or transfer of a  
3 state-operated individualized residential alternative, as amended by  
4 chapter 176 of the laws of 2022, is amended to read as follows:

5 § 2. This act shall take effect immediately and shall expire and be  
6 deemed repealed March 31, ~~2024~~ 2026.

7 § 11. This act shall take effect immediately.

8

## PART C

9 Section 1. Paragraph d of subdivision 6 of section 4410 of the educa-  
10 tion law, as amended by chapter 217 of the laws of 2015, is amended to  
11 read as follows:

12 d. Notwithstanding any other provision of law to the contrary, the  
13 exemption in subdivision one of section seventy-six hundred five of this  
14 chapter shall apply to persons employed on a full-time or part-time  
15 salary basis, which may include on an hourly, weekly, or monthly basis,  
16 or on a fee for evaluation services basis provided that such person is  
17 employed by and under the dominion and control of a center-based program  
18 approved pursuant to subdivision nine of this section as a certified  
19 school psychologist to provide activities, services and use of the title  
20 psychologist to students enrolled in such approved center-based program;  
21 and to certified school psychologists employed on a full-time or part-  
22 time salary basis, which may include on an hourly, weekly, or monthly  
23 basis, or on a fee for evaluation services basis provided that the  
24 school psychologist is employed by and under the dominion and control of  
25 a program that has been approved pursuant to paragraph b of subdivision  
26 nine of this section, or subdivision nine-a of this section, to conduct  
27 a multi-disciplinary evaluation of a preschool child having or suspected  
28 of having a disability where authorized by paragraph a ~~[or b]~~ of subdivi-  
29 sion six of section sixty-five hundred three-b of this chapter~~;~~ ~~and~~  
30 ~~to certified school psychologists employed on a full-time or part-time~~  
31 ~~salary basis, which may include on an hourly, weekly, or monthly basis,~~  
32 ~~or on a fee for evaluation services basis provided that such psychol-~~  
33 ~~ogist is employed by and under the dominion and control of an agency~~  
34 ~~approved in accordance with title two-A of article twenty-five of the~~  
35 ~~public health law to deliver early intervention program multidiscipli-~~  
36 ~~nary evaluations, service coordination services and early intervention~~  
37 ~~program services, where authorized by paragraph a or b of subdivision~~  
38 ~~six of section sixty-five hundred three-b of this chapter, each].~~ in the  
39 course of their employment. Nothing in this section shall be construed  
40 to authorize a certified school psychologist or group of such school  
41 psychologists to engage in independent practice or practice outside of  
42 an employment relationship.

43 § 2. Subdivision 1 of section 7605 of the education law, as amended by  
44 chapter 217 of the laws of 2015, is amended to read as follows:

45 1. The activities, services, and use of the title of psychologist, or  
46 any derivation thereof, on the part of a person in the employ of a  
47 federal, state, county or municipal agency, or other political subdivi-  
48 sion, or a chartered elementary or secondary school or degree-granting  
49 educational institution insofar as such activities and services are a  
50 part of the duties of his salaried position; or on the part of a person  
51 in the employ as a certified school psychologist on a full-time or part-  
52 time salary basis, which may include on an hourly, weekly, or monthly  
53 basis, or on a fee for evaluation services basis provided that such  
54 person employed as a certified school psychologist is employed by and



A. 8807--B

8

1 under the dominion and control of a preschool special education program  
 2 approved pursuant to paragraph b of subdivision nine or subdivision  
 3 nine-a of section forty-four hundred ten of this chapter to provide  
 4 activities, services and to use the title "certified school psychol-  
 5 ogist", so long as this shall not be construed to permit the use of the  
 6 title "licensed psychologist", to students enrolled in such approved  
 7 program or to conduct a multidisciplinary evaluation of a preschool  
 8 child having or suspected of having a disability[; ~~or on the part of a~~  
 9 ~~person in the employ as a certified school psychologist on a full-time~~  
 10 ~~or part-time salary basis, which may include on an hourly, weekly or~~  
 11 ~~monthly basis, or on a fee for evaluation services basis provided that~~  
 12 ~~such person employed as a certified school psychologist is employed by~~  
 13 ~~and under the dominion and control of an agency approved in accordance~~  
 14 ~~with title two-A of article twenty-five of the public health law to~~  
 15 ~~deliver early intervention program multidisciplinary evaluations,~~  
 16 ~~service coordination services and early intervention program services],  
 17 where each such preschool special education program [~~or early inter-~~  
 18 ~~vention provider~~] is authorized by paragraph a [~~or b~~] of subdivision six  
 19 of section sixty-five hundred [three] three-b of this title[, each] in  
 20 the course of their employment. Nothing in this subdivision shall be  
 21 construed to authorize a certified school psychologist or group of such  
 22 school psychologists to engage in independent practice or practice  
 23 outside of an employment relationship.~~

24 § 3. Section 3 of chapter 217 of the laws of 2015, amending the educa-  
 25 tion law relating to certified school psychologists and special educa-  
 26 tion services and programs for preschool children with handicapping  
 27 conditions, as amended by chapter 339 of the laws of 2022, is amended to  
 28 read as follows:

29 § 3. This act shall take effect immediately and shall be deemed to  
 30 have been in full force and effect on and after July 1, 2014, provided,  
 31 however that the provisions of this act shall expire and be deemed  
 32 repealed June 30, [2024] 2026.

33 § 4. This act shall take effect immediately and shall be deemed to  
 34 have been in full force and effect on and after April 1, 2024; provided,  
 35 however, that the amendments to paragraph d of subdivision 6 of section  
 36 4410 of the education law made by section one of this act shall not  
 37 affect the expiration of such paragraph and shall be deemed to expire  
 38 therewith; provided further, however, that the amendments to subdivision  
 39 1 of section 7605 of the education law made by section two of this act  
 40 shall not affect the expiration of such subdivision and shall be deemed  
 41 to expire therewith.

42

## PART D

43 Section 1. Intentionally omitted.

44 § 2. Section 5 of part ZZ of chapter 56 of the laws of 2020 amending  
 45 the tax law and the social services law relating to certain Medicaid  
 46 management, as amended by section 3 of part RR of chapter 57 of the laws  
 47 of 2022, is amended to read as follows:

48 § 5. This act shall take effect immediately and shall be deemed  
 49 repealed [~~five~~] eight years after such effective date.

50 § 3. Section 2 of part E of chapter 57 of the laws of 2015, amending  
 51 the public health law relating to the payment of certain funds for  
 52 uncompensated care, is amended to read as follows:

53 § 2. Notwithstanding any inconsistent provision of law, rule or regu-  
 54 lation to the contrary, and subject to the availability of federal

A. 8807--B

9

1 financial participation pursuant to title XIX of the federal social  
2 security act, effective for [~~periods on and after~~] each state fiscal  
3 year from April 1, 2015, through December 31, 2024; and for the calendar  
4 year January 1, 2025 through December 31, 2025; and for each calendar  
5 year thereafter, payments pursuant to paragraph (i) of subdivision 35 of  
6 section 2807-c of the public health law may be made as outpatient upper  
7 payment limit payments for outpatient hospital services, not to exceed  
8 an amount of three hundred thirty-nine million dollars annually between  
9 payments authorized under this section and such section of the public  
10 health law. Such payments shall be made as medical assistance payments  
11 for outpatient services pursuant to title 11 of article 5 of the social  
12 services law for patients eligible for federal financial participation  
13 under title XIX of the federal social security act for general hospital  
14 outpatient services and general hospital emergency room services issued  
15 pursuant to paragraph (g) of subdivision 2 of section 2807 of the public  
16 health law to general hospitals, other than major public general hospi-  
17 tals, providing emergency room services and including safety net hospi-  
18 tals, which shall, for the purpose of this paragraph, be defined as  
19 having either: a Medicaid share of total inpatient hospital discharges  
20 of at least thirty-five percent, including both fee-for-service and  
21 managed care discharges for acute and exempt services; or a Medicaid  
22 share of total discharges of at least thirty percent, including both  
23 fee-for-service and managed care discharges for acute and exempt  
24 services, and also providing obstetrical services. Eligibility to  
25 receive such additional payments shall be based on data from the period  
26 two years prior to the rate year, as reported on the institutional cost  
27 report submitted to the department as of October first of the prior rate  
28 year. No eligible general hospital's annual payment amount pursuant to  
29 this section shall exceed the lower of the sum of the annual amounts due  
30 that hospital pursuant to section twenty-eight hundred seven-k and  
31 section twenty-eight hundred seven-w of the public health law; or the  
32 hospital's facility specific projected disproportionate share hospital  
33 payment ceiling established pursuant to federal law, provided, however,  
34 that payment amounts to eligible hospitals in excess of the lower of  
35 such sum or payment ceiling shall be reallocated to eligible hospitals  
36 that do not have excess payment amounts. Such reallocations shall be  
37 proportional to each such hospital's aggregate payment amount pursuant  
38 to paragraph (i) of subdivision 35 of section 2807-c of the public  
39 health law and this section to the total of all payment amounts for such  
40 eligible hospitals. Such adjustment payment may be added to rates of  
41 payment or made as aggregate payments to eligible general hospitals  
42 other than major public general hospitals. The distribution of such  
43 payments shall be pursuant to a methodology approved by the commissioner  
44 of health in regulation.

45 § 4. Section 21 of part B of chapter 57 of the laws of 2015, amending  
46 the social services law relating to supplemental rebates, is amended to  
47 read as follows:

48 § 21. Notwithstanding any inconsistent provision of law, rule or regu-  
49 lation to the contrary, and subject to the availability of federal  
50 financial participation pursuant to title XIX of the federal social  
51 security act, effective for [~~the period~~] each state fiscal year from  
52 April 1, 2011 through [~~March 31, 2012, and state fiscal years~~] December  
53 31, 2024; and for the calendar year January 1, 2025 through December 31,  
54 2025; and for each calendar year thereafter, the department of health is  
55 authorized to increase the operating cost component of rates of payment  
56 for general hospital outpatient services and general hospital emergency

A. 8807--B

10

1 room services issued pursuant to paragraph (g) of subdivision 2 of  
2 section 2807 of the public health law for public general hospitals, as  
3 defined in subdivision 10 of section 2801 of the public health law,  
4 other than those operated by the state of New York or the state univer-  
5 sity of New York, and located in a city with a population over one  
6 million, up to two hundred eighty-seven million dollars annually as  
7 medical assistance payments for outpatient services pursuant to title 11  
8 of article 5 of the social services law for patients eligible for feder-  
9 al financial participation under title XIX of the federal social securi-  
10 ty act based on such criteria and methodologies as the commissioner may  
11 from time to time set through a memorandum of understanding with the New  
12 York city health and hospitals corporation, and such adjustments shall  
13 be paid by means of one or more estimated payments, with such estimated  
14 payments to be reconciled to the commissioner of health's final adjust-  
15 ment determinations after the disproportionate share hospital payment  
16 adjustment caps have been calculated for such period under sections  
17 1923(f) and (g) of the federal social security act. Such adjustment  
18 payment may be added to rates of payment or made as aggregate payments  
19 to eligible public general hospitals.

20 § 5. The opening paragraph of subparagraph (i) of paragraph (i) of  
21 subdivision 35 of section 2807-c of the public health law, as amended by  
22 section 4 of part C of chapter 56 of the laws of 2013, is amended to  
23 read as follows:

24 Notwithstanding any inconsistent provision of this subdivision or any  
25 other contrary provision of law and subject to the availability of  
26 federal financial participation, for ~~[the period]~~ each state fiscal year  
27 from July first, two thousand ten through [March thirty-first, two thou-  
28 sand eleven,] December thirty-first, two thousand twenty-four; and ~~[each~~  
29 ~~state fiscal year period]~~ for the calendar year January first, two thou-  
30 sand twenty-five through December thirty-first, two thousand twenty-  
31 five; and for each calendar year thereafter, the commissioner shall make  
32 additional inpatient hospital payments up to the aggregate upper payment  
33 limit for inpatient hospital services after all other medical assistance  
34 payments, but not to exceed two hundred thirty-five million five hundred  
35 thousand dollars for the period July first, two thousand ten through  
36 March thirty-first, two thousand eleven, three hundred fourteen million  
37 dollars for each state fiscal year beginning April first, two thousand  
38 eleven, through March thirty-first, two thousand thirteen, and no less  
39 than three hundred thirty-nine million dollars for each state fiscal  
40 year ~~[thereafter]~~ until December thirty-first, two thousand twenty-four;  
41 and then from calendar year January first, two thousand twenty-five  
42 through December thirty-first, two thousand twenty-five; and for each  
43 calendar year thereafter, to general hospitals, other than major public  
44 general hospitals, providing emergency room services and including safe-  
45 ty net hospitals, which shall, for the purpose of this paragraph, be  
46 defined as having either: a Medicaid share of total inpatient hospital  
47 discharges of at least thirty-five percent, including both fee-for-ser-  
48 vice and managed care discharges for acute and exempt services; or a  
49 Medicaid share of total discharges of at least thirty percent, including  
50 both fee-for-service and managed care discharges for acute and exempt  
51 services, and also providing obstetrical services. Eligibility to  
52 receive such additional payments shall be based on data from the period  
53 two years prior to the rate year, as reported on the institutional cost  
54 report submitted to the department as of October first of the prior rate  
55 year. Such payments shall be made as medical assistance payments for  
56 fee-for-service inpatient hospital services pursuant to title eleven of

## A. 8807--B

11

1 article five of the social services law for patients eligible for federal  
2 al financial participation under title XIX of the federal social security  
3 ty act and in accordance with the following:

4 § 6. Section 18 of part B of chapter 57 of the laws of 2015, amending  
5 the social services law relating to supplemental rebates, is amended to  
6 read as follows:

7 § 18. Notwithstanding any inconsistent provision of law or regulation  
8 to the contrary, and subject to the availability of federal financial  
9 participation pursuant to title XIX of the federal social security act,  
10 effective for ~~[the period]~~ each state fiscal year from April 1, 2012,  
11 through ~~[March 31, 2013, and state fiscal years]~~ December 31, 2024; and  
12 for the calendar year from January 1, 2025 through December 31, 2025;  
13 and for each calendar year thereafter, the department of health is  
14 authorized to pay a public hospital adjustment to public general hospi-  
15 tals, as defined in subdivision 10 of section 2801 of the public health  
16 law, other than those operated by the state of New York or the state  
17 university of New York, and located in a city with a population of over  
18 1 million, of up to one billion eighty million dollars annually as  
19 medical assistance payments for inpatient services pursuant to title 11  
20 of article 5 of the social services law for patients eligible for federal  
21 al financial participation under title XIX of the federal social security  
22 ty act based on such criteria and methodologies as the commissioner may  
23 from time to time set through a memorandum of understanding with the New  
24 York city health and hospitals corporation, and such adjustments shall  
25 be paid by means of one or more estimated payments, with such estimated  
26 payments to be reconciled to the commissioner of health's final adjust-  
27 ment determinations after the disproportionate share hospital payment  
28 adjustment caps have been calculated for such period under sections  
29 1923(f) and (g) of the federal social security act. Such adjustment  
30 payment may be added to rates of payment or made as aggregate payments  
31 to eligible public general hospitals.

32 § 7. Subdivision 1 of section 3-a of part B of chapter 58 of the laws  
33 of 2010, amending the social services law and the public health law  
34 relating to prescription drug coverage for needy persons and health care  
35 initiatives pools, is amended to read as follows:

36 1. Notwithstanding any inconsistent provision of law, rule or regu-  
37 lation to the contrary, and subject to the availability of federal  
38 financial participation, effective for ~~[the period]~~ each state fiscal  
39 year from August 1, 2010 through ~~[March 31, 2011, and each state fiscal~~  
40 ~~year]~~ December 31, 2024; and for the calendar year from January 1, 2025  
41 through December 31, 2025; and for each calendar year thereafter, the  
42 department of health is authorized to make Medicaid payment increases  
43 for diagnostic and treatment centers (DTC) services issued pursuant to  
44 section 2807 of the public health law for public DTCs operated by the  
45 New York City Health and Hospitals Corporation, at the election of the  
46 social services district in which an eligible DTC is physically located,  
47 of up to twelve million six hundred thousand dollars on an annualized  
48 basis for DTC services pursuant to title 11 of article 5 of the social  
49 services law for patients eligible for federal financial participation  
50 under title XIX of the federal social security act based on each such  
51 DTC's proportionate share of the sum of all clinic visits for all facil-  
52 ities eligible for an adjustment pursuant to this section for the base  
53 year two years prior to the rate year. Such proportionate share payments  
54 may be added to rates of payment or made as aggregate payments to eligi-  
55 ble DTCs.

1 § 8. Subdivision 1 of section 3-b of part B of chapter 58 of the laws  
2 of 2010, amending the social services law and the public health law  
3 relating to prescription drug coverage for needy persons and health care  
4 initiatives pools, is amended to read as follows:

5 1. Notwithstanding any inconsistent provision of law, rule or regu-  
6 lation to the contrary, and subject to the availability of federal  
7 financial participation, effective for [~~the period~~] each state fiscal  
8 year from August 1, 2010 through [~~March 31, 2011, and each state fiscal~~  
9 ~~year~~] December 31, 2024; and for the calendar year from January 1, 2025  
10 through December 31, 2025; and for each calendar year thereafter, the  
11 department of health, is authorized to make Medicaid payment increases  
12 for county operated diagnostic and treatment centers (DTC) services  
13 issued pursuant to section 2807 of the public health law and for  
14 services provided by county operated free-standing clinics licensed  
15 pursuant to articles 31 and 32 of the mental hygiene law, but not  
16 including facilities operated by the New York City Health and Hospitals  
17 Corporation, of up to five million four hundred thousand dollars on an  
18 annualized basis for such services pursuant to title 11 of article 5 of  
19 the social services law for patients eligible for federal financial  
20 participation under title XIX of the federal social security act. Local  
21 social services districts may decline such increased payments to their  
22 sponsored DTCs and free-standing clinics, provided they provide written  
23 notification to the commissioner of health, within thirty days following  
24 receipt of notification of a payment pursuant to this section. Distrib-  
25 utions pursuant to this section shall be based on each facility's  
26 proportionate share of the sum of all DTC and clinic visits for all  
27 facilities receiving payments pursuant to this section for the base year  
28 two years prior to the rate year. Such proportionate share payments may  
29 be added to rates or payment or made as aggregate payments to eligible  
30 facilities.

31 § 9. Paragraph (e-1) of subdivision 12 of section 2808 of the public  
32 health law, as amended by section 15 of part B of chapter 57 of the laws  
33 of 2023, is amended to read as follows:

34 (e-1) Notwithstanding any inconsistent provision of law or regulation,  
35 the commissioner shall provide, in addition to payments established  
36 pursuant to this article prior to application of this section, addi-  
37 tional payments under the medical assistance program pursuant to title  
38 eleven of article five of the social services law for non-state operated  
39 public residential health care facilities, including public residential  
40 health care facilities located in the county of Nassau, the county of  
41 Westchester and the county of Erie, but excluding public residential  
42 health care facilities operated by a town or city within a county, in  
43 aggregate annual amounts of up to one hundred fifty million dollars in  
44 additional payments for the state fiscal year beginning April first, two  
45 thousand six and for the state fiscal year beginning April first, two  
46 thousand seven and for the state fiscal year beginning April first, two  
47 thousand eight and of up to three hundred million dollars in such aggre-  
48 gate annual additional payments for the state fiscal year beginning  
49 April first, two thousand nine, and for the state fiscal year beginning  
50 April first, two thousand ten and for the state fiscal year beginning  
51 April first, two thousand eleven, and for the state fiscal years begin-  
52 ning April first, two thousand twelve and April first, two thousand  
53 thirteen, and of up to five hundred million dollars in such aggregate  
54 annual additional payments for the state fiscal years beginning April  
55 first, two thousand fourteen, April first, two thousand fifteen and  
56 April first, two thousand sixteen and of up to five hundred million

A. 8807--B

13

1 dollars in such aggregate annual additional payments for the state  
 2 fiscal years beginning April first, two thousand seventeen, April first,  
 3 two thousand eighteen, and April first, two thousand nineteen, and of up  
 4 to five hundred million dollars in such aggregate annual additional  
 5 payments for the state fiscal years beginning April first, two thousand  
 6 twenty, April first, two thousand twenty-one, and April first, two thou-  
 7 sand twenty-two, and of up to five hundred million dollars in such  
 8 aggregate annual additional payments for the state fiscal years begin-  
 9 ning April first, two thousand twenty-three, and from April first, two  
 10 thousand twenty-four until December thirty-first, two thousand twenty-  
 11 four, and [~~April first, two thousand twenty-five~~] for the calendar year  
 12 January first, two thousand twenty-five through December thirty-first,  
 13 two thousand twenty-five, and for each calendar year thereafter. The  
 14 amount allocated to each eligible public residential health care facili-  
 15 ty for this period shall be computed in accordance with the provisions  
 16 of paragraph (f) of this subdivision, provided, however, that patient  
 17 days shall be utilized for such computation reflecting actual reported  
 18 data for two thousand three and each representative succeeding year as  
 19 applicable, and provided further, however, that, in consultation with  
 20 impacted providers, of the funds allocated for distribution in the state  
 21 fiscal year beginning April first, two thousand thirteen, up to thirty-  
 22 two million dollars may be allocated in accordance with paragraph (f-1)  
 23 of this subdivision.

24 § 10. This act shall take effect immediately; provided, however, that  
 25 sections three, four, five, six, seven, eight and nine of this act shall  
 26 take effect January 1, 2025.

27

## PART E

28 Section 1. Subparagraph (ii) of paragraph (b) of subdivision 2-b of  
 29 section 2808 of the public health law, as added by section 47 of part C  
 30 of chapter 109 of the laws of 2006, is amended to read as follows:

31 (ii) (A) The operating component of rates shall be subject to case mix  
 32 adjustment through application of the relative resource utilization  
 33 groups system of patient classification (RUG-III) employed by the feder-  
 34 al government with regard to payments to skilled nursing facilities  
 35 pursuant to title XVIII of the federal social security act (Medicare),  
 36 as revised by regulation to reflect New York state wages and fringe  
 37 benefits, provided, however, that such RUG-III classification system  
 38 weights shall be increased in the following amounts for the following  
 39 categories of residents: [~~(A)~~] (1) thirty minutes for the impaired  
 40 cognition A category, [~~(B)~~] (2) forty minutes for the impaired cognition  
 41 B category, and [~~(C)~~] (3) twenty-five minutes for the reduced physical  
 42 functions B category. Such adjustments shall be made in January and  
 43 July of each calendar year. Such adjustments and related patient classi-  
 44 fications in each facility shall be subject to audit review in accord-  
 45 ance with regulations promulgated by the commissioner.

46 (B) Effective April first, two thousand twenty-four, the case mix  
 47 adjustment from the operating component of the rates for skilled nursing  
 48 facilities shall remain unchanged from the October two thousand twenty-  
 49 three rates during the development and until full implementation of a  
 50 case mix methodology using the Patient Driven Payment Model.

51 § 2. Intentionally omitted.

52 § 3. Paragraph (h) of subdivision 1 of section 2632 of the public  
 53 health law, as amended by chapter 414 of the laws of 2015, is amended to  
 54 read as follows:

A. 8807--B

1 (h) in the Persian Gulf conflict from the second day of August, nine-  
 2 teen hundred ninety to the end of such conflict including military  
 3 service in Operation Enduring Freedom, Operation Iraqi Freedom, Opera-  
 4 tion New Dawn or Operation Inherent Resolve and was the recipient of the  
 5 global war on terrorism expeditionary medal or the Iraq campaign medal  
 6 or the Afghanistan campaign medal; and who was a resident of the state  
 7 of New York at the time of entry upon such active duty or who shall have  
 8 been a resident of this state for [~~one year~~] six months next preceding  
 9 the application for admission shall be entitled to admission to said  
 10 home after the approval of the application by the board of visitors,  
 11 subject to the provisions of this article and to the conditions, limita-  
 12 tions and penalties prescribed by the regulations of the department. Any  
 13 such veteran or dependent, who otherwise fulfills the requirements set  
 14 forth in this section, may be admitted directly to the skilled nursing  
 15 facility or the health related facility provided such veteran or depend-  
 16 ent is certified by a physician designated or approved by the department  
 17 to require the type of care provided by such facilities.

18 § 4. This act shall take effect immediately and shall be deemed to  
 19 have been in full force and effect on and after April 1, 2024.

20

PART F

21 Section 1. Paragraph (n) of subdivision 3 of section 461-l of the  
 22 social services law, as added by section 2 of part B of chapter 57 of  
 23 the laws of 2018, is amended to read as follows:

24 (n) The commissioner of health is authorized to create a program to  
 25 subsidize the cost of assisted living for those individuals living with  
 26 Alzheimer's disease and dementia who are not eligible for medical  
 27 assistance pursuant to title eleven of article five of this chapter and  
 28 reside in a special needs assisted living residence certified under  
 29 section forty-six hundred fifty-five of the public health law. The  
 30 program shall authorize up to two hundred vouchers to individuals  
 31 through an application process and pay for up to seventy-five percent of  
 32 the average private pay rate in the respective region. The commissioner  
 33 of health may propose rules and regulations to effectuate this  
 34 provision.

35 § 2. Intentionally omitted.

36 § 3. Intentionally omitted.

37 § 4. This act shall take effect immediately and shall be deemed to  
 38 have been in full force and effect on and after April 1, 2024.

39

PART G

40

Intentionally Omitted

41

PART H

42 Section 1. Intentionally omitted.

43 § 2. Intentionally omitted.

44 § 3. Intentionally omitted.

45 § 4. Intentionally omitted.

46 § 5. Intentionally omitted.

47 § 6. Intentionally omitted.

48 § 7. Intentionally omitted.

A. 8807--B

15

1 § 8. Section 1 of part I of chapter 57 of the laws of 2022, providing  
 2 a one percent across the board payment increase to all qualifying fee-  
 3 for-service Medicaid rates, is amended by adding two new subdivisions 3  
 4 and 4 to read as follows:

5 3. For the state fiscal years beginning April 1, 2024, and thereafter,  
 6 all department of health Medicaid payments made to Medicaid managed care  
 7 organizations will no longer be subject to the uniform rate increase in  
 8 subdivision one of this section.

9 4. Rate adjustments made pursuant to subdivisions one through three of  
 10 this section shall not be subject to the notification requirements set  
 11 forth in subdivision 7 of section 2807 of the public health law.

12 § 9. Intentionally omitted.

13 § 10. Intentionally omitted.

14 § 11. This act shall take effect immediately.

15

PART I

16

Intentionally Omitted

17

PART J

18 Section 1. The title heading of title 11-D of article 5 of the social  
 19 services law, as amended by section 1 of part H of chapter 57 of the  
 20 laws of 2021, is amended to read as follows:

21 ~~[BASIC HEALTH PROGRAM]~~ ESSENTIAL PLAN

22 § 2. Section 3 of part H of chapter 57 of the laws of 2021, amending  
 23 the social services law relating to eliminating consumer-paid premium  
 24 payments in the basic health program, is amended to read as follows:

25 § 3. This act shall take effect June 1, 2021 ~~[and]~~; provided, however,  
 26 section two of this act shall expire and be deemed repealed should  
 27 federal approval be withdrawn or 42 U.S.C. 18051 be repealed; provided  
 28 that the commissioner of health shall notify the legislative bill draft-  
 29 ing commission upon the withdrawal of federal approval or the repeal of  
 30 42 U.S.C. 18051 in order that the commission may maintain an accurate  
 31 and timely effective data base of the official text of the laws of the  
 32 state of New York in furtherance of effectuating the provisions of  
 33 section 44 of the legislative law and section 70-b of the public offi-  
 34 cers law.

35 § 3. Intentionally omitted.

36 § 4. Paragraph (a) of subdivision 1 of section 268-c of the public  
 37 health law, as added by section 2 of part T of chapter 57 of the laws of  
 38 2019, is amended to read as follows:

39 (a) Perform eligibility determinations for federal and state insurance  
 40 affordability programs including medical assistance in accordance with  
 41 section three hundred sixty-six of the social services law, child health  
 42 plus in accordance with section twenty-five hundred eleven of this chap-  
 43 ter, the basic health program in accordance with section three hundred  
 44 sixty-nine-gg of the social services law, the 1332 state innovation  
 45 program in accordance with section three hundred sixty-nine-ii of the  
 46 social services law, premium tax credits and cost-sharing reductions and  
 47 qualified health plans in accordance with applicable law and other  
 48 health insurance programs as determined by the commissioner;

49 § 5. Subdivision 16 of section 268-c of the public health law, as  
 50 added by section 2 of part T of chapter 57 of the laws of 2019, is  
 51 amended to read as follows:



A. 8807--B

16

1 16. In accordance with applicable federal and state law, inform indi-  
 2 viduals of eligibility requirements for the Medicaid program under title  
 3 XIX of the social security act and the social services law, the chil-  
 4 dren's health insurance program (CHIP) under title XXI of the social  
 5 security act and this chapter, the basic health program under section  
 6 three hundred sixty-nine-gg of the social services law, the 1332 state  
 7 innovation program in accordance with section three hundred sixty-nine-  
 8 ii of the social services law, or any applicable state or local public  
 9 health insurance program and if, through screening of the application by  
 10 the Marketplace, the Marketplace determines that such individuals are  
 11 eligible for any such program, enroll such individuals in such program.

12 § 6. Section 268-c of the public health law is amended by adding a new  
 13 subdivision 26 to read as follows:

14 26. Subject to federal approval if required, the use of state funds  
 15 and the availability of funds in the 1332 state innovation program fund  
 16 established pursuant to section ninety-eight-d of the state finance law,  
 17 the commissioner shall have the authority to establish a program to  
 18 provide subsidies for the payment of premium or cost sharing or both to  
 19 assist individuals who are eligible to purchase qualified health plans  
 20 through the marketplace, or take such other action as appropriate to  
 21 reduce or eliminate qualified health plan premiums or cost-sharing or  
 22 both.

23 § 7. Subparagraph (i) of paragraph (a) of subdivision 4 of section  
 24 268-e of the public health law, as added by section 2 of part T of chap-  
 25 ter 57 of the laws of 2019, is amended to read as follows:

26 (i) An initial determination of eligibility, including:  
 27 (A) eligibility to enroll in a qualified health plan;  
 28 (B) eligibility for Medicaid;  
 29 (C) eligibility for Child Health Plus;  
 30 (D) eligibility for the Basic Health Program;  
 31 (E) eligibility for the 1332 state innovation program;  
 32 (F) the amount of advance payments of the premium tax credit and level  
 33 of cost-sharing reductions;

34 ~~(F)~~ (G) the amount of any other subsidy that may be available under  
 35 law; and

36 ~~(G)~~ (H) eligibility for such other health insurance programs as  
 37 determined by the commissioner; and

38 § 8. Section 268 of the public health law, as added by section 2 of  
 39 part T of chapter 57 of the laws of 2019, is amended to read as follows:

40 § 268. Statement of policy and purposes. The purpose of this title is  
 41 to codify the establishment of the health benefit exchange in New York,  
 42 known as NY State of Health, The Official Health Plan Marketplace  
 43 (Marketplace), in conformance with Executive Order 42 (Cuomo) issued  
 44 April 12, 2012. The Marketplace shall continue to perform eligibility  
 45 determinations for federal and state insurance affordability programs  
 46 including medical assistance in accordance with section three hundred  
 47 sixty-six of the social services law, child health plus in accordance  
 48 with section twenty-five hundred eleven of this chapter, the basic  
 49 health program in accordance with section three hundred sixty-nine-gg of  
 50 the social services law, the 1332 state innovation program in accordance  
 51 with section three hundred sixty-nine-ii of the social services law, and  
 52 premium tax credits and cost-sharing reductions, together with perform-  
 53 ing eligibility determinations for qualified health plans and such other  
 54 health insurance programs as determined by the commissioner. The Market-  
 55 place shall also facilitate enrollment in insurance affordability  
 56 programs, qualified health plans and other health insurance programs as

## A. 8807--B

17

1 determined by the commissioner, the purchase and sale of qualified  
2 health plans and/or other or additional health plans certified by the  
3 Marketplace pursuant to this title, and shall continue to have the  
4 authority to operate a small business health options program ("SHOP") to  
5 assist eligible small employers in selecting qualified health plans  
6 and/or other or additional health plans certified by the Marketplace and  
7 to determine small employer eligibility for purposes of small employer  
8 tax credits. It is the intent of the legislature, by codifying the  
9 Marketplace in state statute, to continue to promote quality and afford-  
10 able health coverage and care, reduce the number of uninsured persons,  
11 provide a transparent marketplace, educate consumers and assist individ-  
12 uals with access to coverage, premium assistance tax credits and cost-  
13 sharing reductions. In addition, the legislature declares the intent  
14 that the Marketplace continue to be properly integrated with insurance  
15 affordability programs, including Medicaid, child health plus and the  
16 basic health program, the 1332 state innovation program, and such other  
17 health insurance programs as determined by the commissioner.

18 § 9. Subdivision 8 of section 268-a of the public health law, as  
19 amended by section 1 of part PP of chapter 57 of the laws of 2021, is  
20 amended to read as follows:

21 8. "Insurance affordability program" means Medicaid, child health  
22 plus, the basic health program, the 1332 state innovation program, post-  
23 partum extended coverage and any other health insurance subsidy program  
24 designated as such by the commissioner.

25 § 10. This act shall take effect immediately and shall be deemed to  
26 have been in full force and effect on and after April 1, 2024; provided,  
27 however, that section six of this act shall only take effect upon the  
28 commissioner of health obtaining and maintaining all necessary approvals  
29 from the secretary of health and human services and the secretary of the  
30 treasury based on an amended application for a waiver for state inno-  
31 vation pursuant to section 1332 of the patient protection and affordable  
32 care act (P.L. 111-148) and subdivision 25 of section 268-c of the  
33 public health law; and provided, further, that the commissioner of  
34 health shall notify the legislative bill drafting commission upon the  
35 occurrence of the enactment of the legislation provided for in section  
36 six of this act in order that the commission may maintain an accurate  
37 and timely effective data base of the official text of the laws of the  
38 state of New York in furtherance of effectuating the provisions of  
39 section 44 of the legislative law and section 70-b of the public offi-  
40 cers law.

41

## PART K

42 Section 1. Paragraph (a) of subdivision 1 of section 18 of chapter 266  
43 of the laws of 1986, amending the civil practice law and rules and other  
44 laws relating to malpractice and professional medical conduct, as  
45 amended by section 1 of part F of chapter 57 of the laws of 2023, is  
46 amended to read as follows:

47 (a) The superintendent of financial services and the commissioner of  
48 health or their designee shall, from funds available in the hospital  
49 excess liability pool created pursuant to subdivision 5 of this section,  
50 purchase a policy or policies for excess insurance coverage, as author-  
51 ized by paragraph 1 of subsection (e) of section 5502 of the insurance  
52 law; or from an insurer, other than an insurer described in section 5502  
53 of the insurance law, duly authorized to write such coverage and actual-  
54 ly writing medical malpractice insurance in this state; or shall

## A. 8807--B

18

1 purchase equivalent excess coverage in a form previously approved by the  
2 superintendent of financial services for purposes of providing equiv-  
3 alent excess coverage in accordance with section 19 of chapter 294 of  
4 the laws of 1985, for medical or dental malpractice occurrences between  
5 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,  
6 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June  
7 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991  
8 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July  
9 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,  
10 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June  
11 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998  
12 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July  
13 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,  
14 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June  
15 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005  
16 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July  
17 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,  
18 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June  
19 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012  
20 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July  
21 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,  
22 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June  
23 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019  
24 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July  
25 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023, [and]  
26 between July 1, 2023 and June 30, 2024, and between July 1, 2024 and  
27 June 30, 2025 or reimburse the hospital where the hospital purchases  
28 equivalent excess coverage as defined in subparagraph (i) of paragraph  
29 (a) of subdivision 1-a of this section for medical or dental malpractice  
30 occurrences between July 1, 1987 and June 30, 1988, between July 1, 1988  
31 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July  
32 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,  
33 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June  
34 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995  
35 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July  
36 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,  
37 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June  
38 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002  
39 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July  
40 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,  
41 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June  
42 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009  
43 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July  
44 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,  
45 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June  
46 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016  
47 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July  
48 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,  
49 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June  
50 30, 2022, between July 1, 2022 and June 30, 2023, [and] between July 1,  
51 2023 and June 30, 2024, and between July 1, 2024 and June 30, 2025 for  
52 physicians or dentists certified as eligible for each such period or  
53 periods pursuant to subdivision 2 of this section by a general hospital  
54 licensed pursuant to article 28 of the public health law; provided that  
55 no single insurer shall write more than fifty percent of the total  
56 excess premium for a given policy year; and provided, however, that such

## A. 8807--B

19

1 eligible physicians or dentists must have in force an individual policy,  
2 from an insurer licensed in this state of primary malpractice insurance  
3 coverage in amounts of no less than one million three hundred thousand  
4 dollars for each claimant and three million nine hundred thousand  
5 dollars for all claimants under that policy during the period of such  
6 excess coverage for such occurrences or be endorsed as additional  
7 insureds under a hospital professional liability policy which is offered  
8 through a voluntary attending physician ("channeling") program previous-  
9 ly permitted by the superintendent of financial services during the  
10 period of such excess coverage for such occurrences. During such period,  
11 such policy for excess coverage or such equivalent excess coverage  
12 shall, when combined with the physician's or dentist's primary malprac-  
13 tice insurance coverage or coverage provided through a voluntary attend-  
14 ing physician ("channeling") program, total an aggregate level of two  
15 million three hundred thousand dollars for each claimant and six million  
16 nine hundred thousand dollars for all claimants from all such policies  
17 with respect to occurrences in each of such years provided, however, if  
18 the cost of primary malpractice insurance coverage in excess of one  
19 million dollars, but below the excess medical malpractice insurance  
20 coverage provided pursuant to this act, exceeds the rate of nine percent  
21 per annum, then the required level of primary malpractice insurance  
22 coverage in excess of one million dollars for each claimant shall be in  
23 an amount of not less than the dollar amount of such coverage available  
24 at nine percent per annum; the required level of such coverage for all  
25 claimants under that policy shall be in an amount not less than three  
26 times the dollar amount of coverage for each claimant; and excess cover-  
27 age, when combined with such primary malpractice insurance coverage,  
28 shall increase the aggregate level for each claimant by one million  
29 dollars and three million dollars for all claimants; and provided  
30 further, that, with respect to policies of primary medical malpractice  
31 coverage that include occurrences between April 1, 2002 and June 30,  
32 2002, such requirement that coverage be in amounts no less than one  
33 million three hundred thousand dollars for each claimant and three  
34 million nine hundred thousand dollars for all claimants for such occur-  
35 rences shall be effective April 1, 2002.

36 § 2. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,  
37 amending the civil practice law and rules and other laws relating to  
38 malpractice and professional medical conduct, as amended by section 2 of  
39 part F of chapter 57 of the laws of 2023, is amended to read as follows:

40 (3)(a) The superintendent of financial services shall determine and  
41 certify to each general hospital and to the commissioner of health the  
42 cost of excess malpractice insurance for medical or dental malpractice  
43 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988  
44 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July  
45 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,  
46 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June  
47 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995  
48 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July  
49 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,  
50 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June  
51 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002  
52 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July  
53 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,  
54 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June  
55 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009  
56 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July

## A. 8807--B

20

1 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,  
2 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June  
3 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016  
4 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July  
5 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,  
6 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June  
7 30, 2022, between July 1, 2022 and June 30, 2023, [~~and~~] between July 1,  
8 2023 and June 30, 2024, and between July 1, 2024 and June 30, 2025 allo-  
9 cable to each general hospital for physicians or dentists certified as  
10 eligible for purchase of a policy for excess insurance coverage by such  
11 general hospital in accordance with subdivision 2 of this section, and  
12 may amend such determination and certification as necessary.

13 (b) The superintendent of financial services shall determine and  
14 certify to each general hospital and to the commissioner of health the  
15 cost of excess malpractice insurance or equivalent excess coverage for  
16 medical or dental malpractice occurrences between July 1, 1987 and June  
17 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989  
18 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July  
19 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,  
20 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June  
21 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996  
22 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July  
23 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,  
24 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June  
25 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003  
26 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July  
27 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,  
28 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June  
29 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010  
30 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July  
31 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,  
32 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June  
33 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017  
34 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July  
35 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021,  
36 between July 1, 2021 and June 30, 2022, between July 1, 2022 and June  
37 30, 2023, [~~and~~] between July 1, 2023 and June 30, 2024, and between July  
38 1, 2024 and June 30, 2025 allocable to each general hospital for physi-  
39 cians or dentists certified as eligible for purchase of a policy for  
40 excess insurance coverage or equivalent excess coverage by such general  
41 hospital in accordance with subdivision 2 of this section, and may amend  
42 such determination and certification as necessary. The superintendent of  
43 financial services shall determine and certify to each general hospital  
44 and to the commissioner of health the ratable share of such cost alloca-  
45 ble to the period July 1, 1987 to December 31, 1987, to the period Janu-  
46 ary 1, 1988 to June 30, 1988, to the period July 1, 1988 to December 31,  
47 1988, to the period January 1, 1989 to June 30, 1989, to the period July  
48 1, 1989 to December 31, 1989, to the period January 1, 1990 to June 30,  
49 1990, to the period July 1, 1990 to December 31, 1990, to the period  
50 January 1, 1991 to June 30, 1991, to the period July 1, 1991 to December  
51 31, 1991, to the period January 1, 1992 to June 30, 1992, to the period  
52 July 1, 1992 to December 31, 1992, to the period January 1, 1993 to June  
53 30, 1993, to the period July 1, 1993 to December 31, 1993, to the period  
54 January 1, 1994 to June 30, 1994, to the period July 1, 1994 to December  
55 31, 1994, to the period January 1, 1995 to June 30, 1995, to the period  
56 July 1, 1995 to December 31, 1995, to the period January 1, 1996 to June

1 30, 1996, to the period July 1, 1996 to December 31, 1996, to the period  
2 January 1, 1997 to June 30, 1997, to the period July 1, 1997 to December  
3 31, 1997, to the period January 1, 1998 to June 30, 1998, to the period  
4 July 1, 1998 to December 31, 1998, to the period January 1, 1999 to June  
5 30, 1999, to the period July 1, 1999 to December 31, 1999, to the period  
6 January 1, 2000 to June 30, 2000, to the period July 1, 2000 to December  
7 31, 2000, to the period January 1, 2001 to June 30, 2001, to the period  
8 July 1, 2001 to June 30, 2002, to the period July 1, 2002 to June 30,  
9 2003, to the period July 1, 2003 to June 30, 2004, to the period July 1,  
10 2004 to June 30, 2005, to the period July 1, 2005 and June 30, 2006, to  
11 the period July 1, 2006 and June 30, 2007, to the period July 1, 2007  
12 and June 30, 2008, to the period July 1, 2008 and June 30, 2009, to the  
13 period July 1, 2009 and June 30, 2010, to the period July 1, 2010 and  
14 June 30, 2011, to the period July 1, 2011 and June 30, 2012, to the  
15 period July 1, 2012 and June 30, 2013, to the period July 1, 2013 and  
16 June 30, 2014, to the period July 1, 2014 and June 30, 2015, to the  
17 period July 1, 2015 and June 30, 2016, to the period July 1, 2016 and  
18 June 30, 2017, to the period July 1, 2017 to June 30, 2018, to the peri-  
19 od July 1, 2018 to June 30, 2019, to the period July 1, 2019 to June 30,  
20 2020, to the period July 1, 2020 to June 30, 2021, to the period July 1,  
21 2021 to June 30, 2022, to the period July 1, 2022 to June 30, 2023,  
22 **[and]** to the period July 1, 2023 to June 30, 2024, and to the period  
23 July 1, 2024 to June 30, 2025.

24 § 3. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section  
25 18 of chapter 266 of the laws of 1986, amending the civil practice law  
26 and rules and other laws relating to malpractice and professional  
27 medical conduct, as amended by section 3 of part F of chapter 57 of the  
28 laws of 2023, are amended to read as follows:

29 (a) To the extent funds available to the hospital excess liability  
30 pool pursuant to subdivision 5 of this section as amended, and pursuant  
31 to section 6 of part J of chapter 63 of the laws of 2001, as may from  
32 time to time be amended, which amended this subdivision, are insuffi-  
33 cient to meet the costs of excess insurance coverage or equivalent  
34 excess coverage for coverage periods during the period July 1, 1992 to  
35 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during  
36 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995  
37 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,  
38 during the period July 1, 1997 to June 30, 1998, during the period July  
39 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,  
40 2000, during the period July 1, 2000 to June 30, 2001, during the period  
41 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to  
42 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during  
43 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004  
44 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,  
45 during the period July 1, 2006 to June 30, 2007, during the period July  
46 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,  
47 2009, during the period July 1, 2009 to June 30, 2010, during the period  
48 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June  
49 30, 2012, during the period July 1, 2012 to June 30, 2013, during the  
50 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to  
51 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during  
52 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017  
53 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,  
54 during the period July 1, 2019 to June 30, 2020, during the period July  
55 1, 2020 to June 30, 2021, during the period July 1, 2021 to June 30,  
56 2022, during the period July 1, 2022 to June 30, 2023, **[and]** during the

## A. 8807--B

22

1 period July 1, 2023 to June 30, 2024, and during the period July 1, 2024  
2 to June 30, 2025 allocated or reallocated in accordance with paragraph  
3 (a) of subdivision 4-a of this section to rates of payment applicable to  
4 state governmental agencies, each physician or dentist for whom a policy  
5 for excess insurance coverage or equivalent excess coverage is purchased  
6 for such period shall be responsible for payment to the provider of  
7 excess insurance coverage or equivalent excess coverage of an allocable  
8 share of such insufficiency, based on the ratio of the total cost of  
9 such coverage for such physician to the sum of the total cost of such  
10 coverage for all physicians applied to such insufficiency.

11 (b) Each provider of excess insurance coverage or equivalent excess  
12 coverage covering the period July 1, 1992 to June 30, 1993, or covering  
13 the period July 1, 1993 to June 30, 1994, or covering the period July 1,  
14 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,  
15 1996, or covering the period July 1, 1996 to June 30, 1997, or covering  
16 the period July 1, 1997 to June 30, 1998, or covering the period July 1,  
17 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,  
18 2000, or covering the period July 1, 2000 to June 30, 2001, or covering  
19 the period July 1, 2001 to October 29, 2001, or covering the period  
20 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to  
21 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or  
22 covering the period July 1, 2004 to June 30, 2005, or covering the peri-  
23 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to  
24 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or  
25 covering the period July 1, 2008 to June 30, 2009, or covering the peri-  
26 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to  
27 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or  
28 covering the period July 1, 2012 to June 30, 2013, or covering the peri-  
29 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to  
30 June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or  
31 covering the period July 1, 2016 to June 30, 2017, or covering the peri-  
32 od July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to  
33 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or  
34 covering the period July 1, 2020 to June 30, 2021, or covering the peri-  
35 od July 1, 2021 to June 30, 2022, or covering the period July 1, 2022 to  
36 June 30, 2023, or covering the period July 1, 2023 to June 30, 2024, or  
37 covering the period July 1, 2024 to June 30, 2025 shall notify a covered  
38 physician or dentist by mail, mailed to the address shown on the last  
39 application for excess insurance coverage or equivalent excess coverage,  
40 of the amount due to such provider from such physician or dentist for  
41 such coverage period determined in accordance with paragraph (a) of this  
42 subdivision. Such amount shall be due from such physician or dentist to  
43 such provider of excess insurance coverage or equivalent excess coverage  
44 in a time and manner determined by the superintendent of financial  
45 services.

46 (c) If a physician or dentist liable for payment of a portion of the  
47 costs of excess insurance coverage or equivalent excess coverage cover-  
48 ing the period July 1, 1992 to June 30, 1993, or covering the period  
49 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to  
50 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or  
51 covering the period July 1, 1996 to June 30, 1997, or covering the peri-  
52 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to  
53 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or  
54 covering the period July 1, 2000 to June 30, 2001, or covering the peri-  
55 od July 1, 2001 to October 29, 2001, or covering the period April 1,  
56 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,

## A. 8807--B

23

1 2003, or covering the period July 1, 2003 to June 30, 2004, or covering  
2 the period July 1, 2004 to June 30, 2005, or covering the period July 1,  
3 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,  
4 2007, or covering the period July 1, 2007 to June 30, 2008, or covering  
5 the period July 1, 2008 to June 30, 2009, or covering the period July 1,  
6 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,  
7 2011, or covering the period July 1, 2011 to June 30, 2012, or covering  
8 the period July 1, 2012 to June 30, 2013, or covering the period July 1,  
9 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,  
10 2015, or covering the period July 1, 2015 to June 30, 2016, or covering  
11 the period July 1, 2016 to June 30, 2017, or covering the period July 1,  
12 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,  
13 2019, or covering the period July 1, 2019 to June 30, 2020, or covering  
14 the period July 1, 2020 to June 30, 2021, or covering the period July 1,  
15 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30,  
16 2023, or covering the period July 1, 2023 to June 30, 2024, or covering  
17 the period July 1, 2024 to June 30, 2025 determined in accordance with  
18 paragraph (a) of this subdivision fails, refuses or neglects to make  
19 payment to the provider of excess insurance coverage or equivalent  
20 excess coverage in such time and manner as determined by the superinten-  
21 dent of financial services pursuant to paragraph (b) of this subdivi-  
22 sion, excess insurance coverage or equivalent excess coverage purchased  
23 for such physician or dentist in accordance with this section for such  
24 coverage period shall be cancelled and shall be null and void as of the  
25 first day on or after the commencement of a policy period where the  
26 liability for payment pursuant to this subdivision has not been met.

27 (d) Each provider of excess insurance coverage or equivalent excess  
28 coverage shall notify the superintendent of financial services and the  
29 commissioner of health or their designee of each physician and dentist  
30 eligible for purchase of a policy for excess insurance coverage or  
31 equivalent excess coverage covering the period July 1, 1992 to June 30,  
32 1993, or covering the period July 1, 1993 to June 30, 1994, or covering  
33 the period July 1, 1994 to June 30, 1995, or covering the period July 1,  
34 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,  
35 1997, or covering the period July 1, 1997 to June 30, 1998, or covering  
36 the period July 1, 1998 to June 30, 1999, or covering the period July 1,  
37 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,  
38 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-  
39 ing the period April 1, 2002 to June 30, 2002, or covering the period  
40 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to  
41 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or  
42 covering the period July 1, 2005 to June 30, 2006, or covering the peri-  
43 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to  
44 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or  
45 covering the period July 1, 2009 to June 30, 2010, or covering the peri-  
46 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to  
47 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or  
48 covering the period July 1, 2013 to June 30, 2014, or covering the peri-  
49 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to  
50 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or  
51 covering the period July 1, 2017 to June 30, 2018, or covering the peri-  
52 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to  
53 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or  
54 covering the period July 1, 2021 to June 30, 2022, or covering the peri-  
55 od July 1, 2022 to June 30, 2023, or covering the period July 1, 2023 to  
56 June 30, 2024, or covering the period July 1, 2024 to June 30, 2025 that



## A. 8807--B

24

1 has made payment to such provider of excess insurance coverage or equiv-  
2 alent excess coverage in accordance with paragraph (b) of this subdivi-  
3 sion and of each physician and dentist who has failed, refused or  
4 neglected to make such payment.

5 (e) A provider of excess insurance coverage or equivalent excess  
6 coverage shall refund to the hospital excess liability pool any amount  
7 allocable to the period July 1, 1992 to June 30, 1993, and to the period  
8 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June  
9 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the  
10 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to  
11 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to  
12 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000  
13 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,  
14 and to the period April 1, 2002 to June 30, 2002, and to the period July  
15 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,  
16 2004, and to the period July 1, 2004 to June 30, 2005, and to the period  
17 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June  
18 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the  
19 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to  
20 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to  
21 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012  
22 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and  
23 to the period July 1, 2014 to June 30, 2015, and to the period July 1,  
24 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and  
25 to the period July 1, 2017 to June 30, 2018, and to the period July 1,  
26 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,  
27 and to the period July 1, 2020 to June 30, 2021, and to the period July  
28 1, 2021 to June 30, 2022, and to the period July 1, 2022 to June 30,  
29 2023, and to the period July 1, 2023 to June 30, 2024, and to the period  
30 July 1, 2024 to June 30, 2025 received from the hospital excess liabil-  
31 ity pool for purchase of excess insurance coverage or equivalent excess  
32 coverage covering the period July 1, 1992 to June 30, 1993, and covering  
33 the period July 1, 1993 to June 30, 1994, and covering the period July  
34 1, 1994 to June 30, 1995, and covering the period July 1, 1995 to June  
35 30, 1996, and covering the period July 1, 1996 to June 30, 1997, and  
36 covering the period July 1, 1997 to June 30, 1998, and covering the  
37 period July 1, 1998 to June 30, 1999, and covering the period July 1,  
38 1999 to June 30, 2000, and covering the period July 1, 2000 to June 30,  
39 2001, and covering the period July 1, 2001 to October 29, 2001, and  
40 covering the period April 1, 2002 to June 30, 2002, and covering the  
41 period July 1, 2002 to June 30, 2003, and covering the period July 1,  
42 2003 to June 30, 2004, and covering the period July 1, 2004 to June 30,  
43 2005, and covering the period July 1, 2005 to June 30, 2006, and cover-  
44 ing the period July 1, 2006 to June 30, 2007, and covering the period  
45 July 1, 2007 to June 30, 2008, and covering the period July 1, 2008 to  
46 June 30, 2009, and covering the period July 1, 2009 to June 30, 2010,  
47 and covering the period July 1, 2010 to June 30, 2011, and covering the  
48 period July 1, 2011 to June 30, 2012, and covering the period July 1,  
49 2012 to June 30, 2013, and covering the period July 1, 2013 to June 30,  
50 2014, and covering the period July 1, 2014 to June 30, 2015, and cover-  
51 ing the period July 1, 2015 to June 30, 2016, and covering the period  
52 July 1, 2016 to June 30, 2017, and covering the period July 1, 2017 to  
53 June 30, 2018, and covering the period July 1, 2018 to June 30, 2019,  
54 and covering the period July 1, 2019 to June 30, 2020, and covering the  
55 period July 1, 2020 to June 30, 2021, and covering the period July 1,  
56 2021 to June 30, 2022, and covering the period July 1, 2022 to June 30,

1 2023 for, and covering the period July 1, 2023 to June 30, 2024, and  
2 covering the period July 1, 2024 to June 30, 2025 a physician or dentist  
3 where such excess insurance coverage or equivalent excess coverage is  
4 cancelled in accordance with paragraph (c) of this subdivision.

5 § 4. Section 40 of chapter 266 of the laws of 1986, amending the civil  
6 practice law and rules and other laws relating to malpractice and  
7 professional medical conduct, as amended by section 4 of part F of chap-  
8 ter 57 of the laws of 2023, is amended to read as follows:

9 § 40. The superintendent of financial services shall establish rates  
10 for policies providing coverage for physicians and surgeons medical  
11 malpractice for the periods commencing July 1, 1985 and ending June 30,  
12 ~~2024~~ 2025; provided, however, that notwithstanding any other provision  
13 of law, the superintendent shall not establish or approve any increase  
14 in rates for the period commencing July 1, 2009 and ending June 30,  
15 2010. The superintendent shall direct insurers to establish segregated  
16 accounts for premiums, payments, reserves and investment income attrib-  
17 utable to such premium periods and shall require periodic reports by the  
18 insurers regarding claims and expenses attributable to such periods to  
19 monitor whether such accounts will be sufficient to meet incurred claims  
20 and expenses. On or after July 1, 1989, the superintendent shall impose  
21 a surcharge on premiums to satisfy a projected deficiency that is  
22 attributable to the premium levels established pursuant to this section  
23 for such periods; provided, however, that such annual surcharge shall  
24 not exceed eight percent of the established rate until July 1, ~~2024~~  
25 2025, at which time and thereafter such surcharge shall not exceed twen-  
26 ty-five percent of the approved adequate rate, and that such annual  
27 surcharges shall continue for such period of time as shall be sufficient  
28 to satisfy such deficiency. The superintendent shall not impose such  
29 surcharge during the period commencing July 1, 2009 and ending June 30,  
30 2010. On and after July 1, 1989, the surcharge prescribed by this  
31 section shall be retained by insurers to the extent that they insured  
32 physicians and surgeons during the July 1, 1985 through June 30, ~~2024~~  
33 2025 policy periods; in the event and to the extent physicians and  
34 surgeons were insured by another insurer during such periods, all or a  
35 pro rata share of the surcharge, as the case may be, shall be remitted  
36 to such other insurer in accordance with rules and regulations to be  
37 promulgated by the superintendent. Surcharges collected from physicians  
38 and surgeons who were not insured during such policy periods shall be  
39 apportioned among all insurers in proportion to the premium written by  
40 each insurer during such policy periods; if a physician or surgeon was  
41 insured by an insurer subject to rates established by the superintendent  
42 during such policy periods, and at any time thereafter a hospital,  
43 health maintenance organization, employer or institution is responsible  
44 for responding in damages for liability arising out of such physician's  
45 or surgeon's practice of medicine, such responsible entity shall also  
46 remit to such prior insurer the equivalent amount that would then be  
47 collected as a surcharge if the physician or surgeon had continued to  
48 remain insured by such prior insurer. In the event any insurer that  
49 provided coverage during such policy periods is in liquidation, the  
50 property/casualty insurance security fund shall receive the portion of  
51 surcharges to which the insurer in liquidation would have been entitled.  
52 The surcharges authorized herein shall be deemed to be income earned for  
53 the purposes of section 2303 of the insurance law. The superintendent,  
54 in establishing adequate rates and in determining any projected defi-  
55 ciency pursuant to the requirements of this section and the insurance  
56 law, shall give substantial weight, determined in his discretion and

## A. 8807--B

26

1 judgment, to the prospective anticipated effect of any regulations  
2 promulgated and laws enacted and the public benefit of stabilizing  
3 malpractice rates and minimizing rate level fluctuation during the peri-  
4 od of time necessary for the development of more reliable statistical  
5 experience as to the efficacy of such laws and regulations affecting  
6 medical, dental or podiatric malpractice enacted or promulgated in 1985,  
7 1986, by this act and at any other time. Notwithstanding any provision  
8 of the insurance law, rates already established and to be established by  
9 the superintendent pursuant to this section are deemed adequate if such  
10 rates would be adequate when taken together with the maximum authorized  
11 annual surcharges to be imposed for a reasonable period of time whether  
12 or not any such annual surcharge has been actually imposed as of the  
13 establishment of such rates.

14 § 5. Section 5 and subdivisions (a) and (e) of section 6 of part J of  
15 chapter 63 of the laws of 2001, amending chapter 266 of the laws of  
16 1986, amending the civil practice law and rules and other laws relating  
17 to malpractice and professional medical conduct, as amended by section 5  
18 of part F of chapter 57 of the laws of 2023, are amended to read as  
19 follows:

20 § 5. The superintendent of financial services and the commissioner of  
21 health shall determine, no later than June 15, 2002, June 15, 2003, June  
22 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,  
23 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,  
24 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June  
25 15, 2018, June 15, 2019, June 15, 2020, June 15, 2021, June 15, 2022,  
26 June 15, 2023, ~~and~~ June 15, 2024, and June 15, 2025 the amount of  
27 funds available in the hospital excess liability pool, created pursuant  
28 to section 18 of chapter 266 of the laws of 1986, and whether such funds  
29 are sufficient for purposes of purchasing excess insurance coverage for  
30 eligible participating physicians and dentists during the period July 1,  
31 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003  
32 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to  
33 June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June  
34 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,  
35 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,  
36 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,  
37 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,  
38 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,  
39 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,  
40 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,  
41 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,  
42 2024, or July 1, 2024 to June 30, 2025 as applicable.

43 (a) This section shall be effective only upon a determination, pursu-  
44 ant to section five of this act, by the superintendent of financial  
45 services and the commissioner of health, and a certification of such  
46 determination to the state director of the budget, the chair of the  
47 senate committee on finance and the chair of the assembly committee on  
48 ways and means, that the amount of funds in the hospital excess liabil-  
49 ity pool, created pursuant to section 18 of chapter 266 of the laws of  
50 1986, is insufficient for purposes of purchasing excess insurance cover-  
51 age for eligible participating physicians and dentists during the period  
52 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July  
53 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,  
54 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007  
55 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to  
56 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June

A. 8807--B

27

1 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,  
 2 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,  
 3 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,  
 4 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,  
 5 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,  
 6 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30, 2024  
 7 , or July 1, 2024 to June 30, 2025 as applicable.

8 (e) The commissioner of health shall transfer for deposit to the  
 9 hospital excess liability pool created pursuant to section 18 of chapter  
 10 266 of the laws of 1986 such amounts as directed by the superintendent  
 11 of financial services for the purchase of excess liability insurance  
 12 coverage for eligible participating physicians and dentists for the  
 13 policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30,  
 14 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,  
 15 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,  
 16 2007, as applicable, and the cost of administering the hospital excess  
 17 liability pool for such applicable policy year, pursuant to the program  
 18 established in chapter 266 of the laws of 1986, as amended, no later  
 19 than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June  
 20 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010,  
 21 June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15,  
 22 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June  
 23 15, 2020, June 15, 2021, June 15, 2022, June 15, 2023, ~~and~~ June 15,  
 24 2024, and June 15, 2025 as applicable.

25 § 6. Section 20 of part H of chapter 57 of the laws of 2017, amending  
 26 the New York Health Care Reform Act of 1996 and other laws relating to  
 27 extending certain provisions thereto, as amended by section 6 of part F  
 28 of chapter 57 of the laws of 2023, is amended to read as follows:

29 § 20. Notwithstanding any law, rule or regulation to the contrary,  
 30 only physicians or dentists who were eligible, and for whom the super-  
 31 intendent of financial services and the commissioner of health, or their  
 32 designee, purchased, with funds available in the hospital excess liabil-  
 33 ity pool, a full or partial policy for excess coverage or equivalent  
 34 excess coverage for the coverage period ending the thirtieth of June,  
 35 two thousand ~~twenty-three~~ twenty-four, shall be eligible to apply for  
 36 such coverage for the coverage period beginning the first of July, two  
 37 thousand ~~twenty-three~~ twenty-four; provided, however, if the total  
 38 number of physicians or dentists for whom such excess coverage or equiv-  
 39 alent excess coverage was purchased for the policy year ending the thir-  
 40 tieth of June, two thousand ~~twenty-three~~ twenty-four exceeds the total  
 41 number of physicians or dentists certified as eligible for the coverage  
 42 period beginning the first of July, two thousand ~~twenty-three~~ twenty-  
 43 four, then the general hospitals may certify additional eligible physi-  
 44 cians or dentists in a number equal to such general hospital's propor-  
 45 tional share of the total number of physicians or dentists for whom  
 46 excess coverage or equivalent excess coverage was purchased with funds  
 47 available in the hospital excess liability pool as of the thirtieth of  
 48 June, two thousand ~~twenty-three~~ twenty-four, as applied to the differ-  
 49 ence between the number of eligible physicians or dentists for whom a  
 50 policy for excess coverage or equivalent excess coverage was purchased  
 51 for the coverage period ending the thirtieth of June, two thousand  
 52 ~~twenty-three~~ twenty-four and the number of such eligible physicians or  
 53 dentists who have applied for excess coverage or equivalent excess  
 54 coverage for the coverage period beginning the first of July, two thou-  
 55 sand ~~twenty-three~~ twenty-four.

A. 8807--B

28

1 § 7. This act shall take effect immediately and shall be deemed to  
2 have been in full force and effect on and after April 1, 2024.

3 PART L

4 Intentionally Omitted

5 PART M

6 Section 1. Subparagraph 3 of paragraph (b) of subdivision 4 of section  
7 366 of the social services law, as added by section 2 of part D of chap-  
8 ter 56 of the laws of 2013, is amended to read as follows:

9 (3) ~~(A)~~ A child ~~[under]~~ between the ~~[age]~~ ages of six and nineteen who  
10 is determined eligible for medical assistance under the provisions of  
11 this section, shall, consistent with applicable federal requirements,  
12 remain eligible for such assistance until ~~[the earlier of:~~  
13 ~~(i)]~~ the last day of the month which is twelve months following the  
14 determination ~~[or redetermination]~~ or renewal of eligibility for such  
15 assistance~~;~~ ~~or~~

16 ~~(ii) the last day of the month in which the child reaches the age of~~  
17 ~~nineteen].~~

18 (B) A child under the age of six who is determined eligible for  
19 medical assistance under the provisions of this section, shall, consist-  
20 ent with applicable federal requirements, remain continuously eligible  
21 for medical assistance coverage until the later of:

22 (i) the last day of the twelfth month following the determination or  
23 renewal of eligibility for such assistance; or

24 (ii) the last day of the month in which the child reaches the age of  
25 six;

26 (C) Notwithstanding clause (B) of this subparagraph, a child under the  
27 age of six may, at the election of the child's parent or legally respon-  
28 sible adult, enroll in the child health insurance plan under title one-A  
29 of article twenty-five of the public health law if the child is eligible  
30 to enroll in such plan.

31 § 2. Subdivision 6 of section 2510 of the public health law is amended  
32 by adding two new paragraphs (e) and (f) to read as follows:

33 (e) an eligible child under six years of age shall, consistent with  
34 applicable federal requirements, remain continuously enrolled until the  
35 later of:

36 (i) the last day of the twelfth month following the date of enrollment  
37 or recertification in the child health insurance plan; or

38 (ii) the last day of the month in which the child reaches the age of  
39 six;

40 (f) notwithstanding paragraph (e) of this subdivision, a child under  
41 the age of six may, at the election of the child's parent or legally  
42 responsible adult, enroll in the medical assistance program under title  
43 eleven of article five of the social services law if the child is eligi-  
44 ble to enroll in such plan.

45 § 3. This act shall take effect January 1, 2025.

46 PART N

47 Intentionally Omitted

A. 8807--B

29

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40

PART O

Intentionally Omitted

PART P

Section 1. Section 8 of part C of chapter 57 of the laws of 2022 amending the public health law and the education law relating to allowing pharmacists to direct limited service laboratories and order and administer COVID-19 and influenza tests and modernizing nurse practitioners, is amended to read as follows:

§ 8. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2022; provided, however, that sections one, two, three, four, six and seven of this act shall expire and be deemed repealed [~~two years after it shall have become a law~~] July 1, 2026.

§ 2. Section 5 of chapter 21 of the laws of 2011 amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, as amended by section 5 of part CC of chapter 57 of the laws of 2022, is amended to read as follows:

§ 5. This act shall take effect on the one hundred twentieth day after it shall have become a law, provided, however, that the provisions of sections two, three, and four of this act shall expire and be deemed repealed July 1, [~~2024~~] 2026; provided, however, that the amendments to subdivision 1 of section 6801 of the education law made by section one of this act shall be subject to the expiration and reversion of such subdivision pursuant to section 8 of chapter 563 of the laws of 2008, when upon such date the provisions of section one-a of this act shall take effect; provided, further, that effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized and directed to be made and completed on or before such effective date.

§ 3. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2024.

PART Q

Intentionally Omitted

PART R

Intentionally Omitted

PART S

Intentionally Omitted

PART T

Intentionally Omitted

## A. 8807--B

30

1

## PART U

2

Intentionally Omitted

3

## PART V

4

Intentionally Omitted

5

## PART W

6

Intentionally Omitted

7

## PART X

8

Intentionally Omitted

9

## PART Y

10 Section 1. Section 7 of part R2 of chapter 62 of the laws of 2003,  
11 amending the mental hygiene law and the state finance law relating to  
12 the community mental health support and workforce reinvestment program,  
13 the membership of subcommittees for mental health of community services  
14 boards and the duties of such subcommittees and creating the community  
15 mental health and workforce reinvestment account, as amended by section  
16 1 of part W of chapter 57 of the laws of 2021, is amended to read as  
17 follows:

18 § 7. This act shall take effect immediately and shall expire March 31,  
19 ~~2024~~ 2027 when upon such date the provisions of this act shall be  
20 deemed repealed.

21 § 2. This act shall take effect immediately.

22

## PART Z

23 Section 1. Section 2 of part NN of chapter 58 of the laws of 2015,  
24 amending the mental hygiene law relating to clarifying the authority of  
25 the commissioners in the department of mental hygiene to design and  
26 implement time-limited demonstration programs, as amended by section 1  
27 of part V of chapter 57 of the laws of 2021, is amended to read as  
28 follows:

29 § 2. This act shall take effect immediately and shall expire and be  
30 deemed repealed March 31, ~~2024~~ 2025.

31 § 2. This act shall take effect immediately.

32

## PART AA

33 Section 1. Paragraph 31 of subsection (i) of section 3216 of the  
34 insurance law is amended by adding a new subparagraph (J) to read as  
35 follows:

36 (J) This subparagraph shall apply to facilities in this state that are  
37 licensed, certified, or otherwise authorized by the office of addiction  
38 services and supports for the provision of outpatient, intensive outpa-  
39 tient, outpatient rehabilitation and opioid treatment that are partic-  
40 ipating in the insurer's provider network. Reimbursement for covered

A. 8807--B

31

1 outpatient treatments provided by such facilities shall be at rates  
2 negotiated between the insurer and the participating facility, provided  
3 that such rates are not less than the annual rates that would be paid  
4 for such treatments pursuant to the medical assistance program under  
5 title eleven of article five of the social services law. For the  
6 purposes of this subparagraph, the annual rates that would be paid for  
7 covered outpatient treatments provided by participating facilities  
8 pursuant to the medical assistance program under title eleven of article  
9 five of the social services law shall be set annually no later than  
10 April first of each year for the reimbursement of such treatments  
11 provided during the subsequent calendar year. No further adjustments to  
12 such rates shall be made for each calendar year.

13 § 2. Paragraph 35 of subsection (i) of section 3216 of the insurance  
14 law is amended by adding a new subparagraph (K) to read as follows:

15 (K) This subparagraph shall apply to outpatient treatments provided in  
16 a facility issued an operating certificate by the commissioner of mental  
17 health pursuant to the provisions of article thirty-one of the mental  
18 hygiene law, or in a facility operated by the office of mental health,  
19 or in a crisis stabilization center licensed pursuant to section 36.01  
20 of the mental hygiene law, that is participating in the insurer's  
21 provider network. Reimbursement for covered outpatient treatments  
22 provided by such a facility shall be at rates negotiated between the  
23 insurer and the participating facility, provided that such rates are not  
24 less than the annual rates that would be paid for such treatments pursu-  
25 ant to the medical assistance program under title eleven of article five  
26 of the social services law. For the purposes of this subparagraph, the  
27 annual rates that would be paid for covered outpatient treatments  
28 provided by participating facilities pursuant to the medical assistance  
29 program under title eleven of article five of the social services law  
30 shall be set annually no later than April first of each year for the  
31 reimbursement of such treatments provided during the subsequent calendar  
32 year. No further adjustments to such rates shall be made for each calen-  
33 dar year.

34 § 3. Paragraph 5 of subsection (l) of section 3221 of the insurance  
35 law is amended by adding a new subparagraph (K) to read as follows:

36 (K) This subparagraph shall apply to outpatient treatments provided in  
37 a facility issued an operating certificate by the commissioner of mental  
38 health pursuant to the provisions of article thirty-one of the mental  
39 hygiene law, or in a facility operated by the office of mental health,  
40 or in a crisis stabilization center licensed pursuant to section 36.01  
41 of the mental hygiene law, that is participating in the insurer's  
42 provider network. Reimbursement for covered outpatient treatments  
43 provided by such a facility shall be at rates negotiated between the  
44 insurer and the participating facility, provided that such rates are not  
45 less than the annual rates that would be paid for such treatments pursu-  
46 ant to the medical assistance program under title eleven of article five  
47 of the social services law. For the purposes of this subparagraph, the  
48 annual rates that would be paid for covered outpatient treatments  
49 provided by participating facilities pursuant to the medical assistance  
50 program under title eleven of article five of the social services law  
51 shall be set annually no later than April first of each year for the  
52 reimbursement of such treatments provided during the subsequent calendar  
53 year. No further adjustments to such rates shall be made for each calen-  
54 dar year.

55 § 4. Paragraph 7 of subsection (l) of section 3221 of the insurance  
56 law is amended by adding a new subparagraph (J) to read as follows:



A. 8807--B

32

1 (J) This subparagraph shall apply to facilities in this state that are  
2 licensed, certified, or otherwise authorized by the office of addiction  
3 services and supports for the provision of outpatient, intensive outpa-  
4 tient, outpatient rehabilitation and opioid treatment that are partic-  
5 ipating in the insurer's provider network. Reimbursement for covered  
6 outpatient treatments provided by such facilities shall be at rates  
7 negotiated between the insurer and the participating facility, provided  
8 that such rates are not less than the annual rates that would be paid  
9 for such treatments pursuant to the medical assistance program under  
10 title eleven of article five of the social services law. For the  
11 purposes of this subparagraph, the annual rates that would be paid for  
12 covered outpatient treatments provided by participating facilities  
13 pursuant to the medical assistance program under title eleven of article  
14 five of the social services law shall be set annually no later than  
15 April first of each year for the reimbursement of such treatments  
16 provided during the subsequent calendar year. No further adjustments to  
17 such rates shall be made for each calendar year.

18 § 5. Subsection (g) of section 4303 of the insurance law is amended by  
19 adding a new paragraph 12 to read as follows:

20 (12) This paragraph shall apply to outpatient treatments provided in a  
21 facility issued an operating certificate by the commissioner of mental  
22 health pursuant to the provisions of article thirty-one of the mental  
23 hygiene law, or in a facility operated by the office of mental health,  
24 or in a crisis stabilization center licensed pursuant to section 36.01  
25 of the mental hygiene law, that is participating in the corporation's  
26 provider network. Reimbursement for covered outpatient treatments  
27 provided by such facility shall be at rates negotiated between the  
28 corporation and the participating facility, provided that such rates are  
29 not less than the annual rates that would be paid for such treatments  
30 pursuant to the medical assistance program under title eleven of article  
31 five of the social services law. For the purposes of this paragraph, the  
32 annual rates that would be paid for covered outpatient treatments  
33 provided by participating facilities pursuant to the medical assistance  
34 program under title eleven of article five of the social services law  
35 shall be set annually no later than April first of each year for the  
36 reimbursement of such treatments provided during the subsequent calendar  
37 year. No further adjustments to such rates shall be made for each calen-  
38 dar year.

39 § 6. Subsection (l) of section 4303 of the insurance law is amended by  
40 adding a new paragraph 10 to read as follows:

41 (10) This paragraph shall apply to facilities in this state that are  
42 licensed, certified, or otherwise authorized by the office of addiction  
43 services and supports for the provision of outpatient, intensive outpa-  
44 tient, outpatient rehabilitation and opioid treatment that are partic-  
45 ipating in the corporation's provider network. Reimbursement for covered  
46 outpatient treatments provided by such facilities shall be at rates  
47 negotiated between the corporation and the participating facility,  
48 provided that such rates are not less than the annual rates that would  
49 be paid for such treatments pursuant to the medical assistance program  
50 under title eleven of article five of the social services law. For the  
51 purposes of this paragraph, the annual rates that would be paid for  
52 covered outpatient treatments provided by participating facilities  
53 pursuant to the medical assistance program under title eleven of article  
54 five of the social services law shall be set annually no later than  
55 April first of each year for the reimbursement of such treatments

A. 8807--B

33

1 provided during the subsequent calendar year. No further adjustments to  
2 such rates shall be made for each calendar year.

3 § 7. This act shall take effect January 1, 2025 and shall apply to  
4 policies and contracts issued, renewed, modified, altered, or amended on  
5 and after such date.

6

## PART BB

7 Section 1. Sections 19 and 21 of chapter 723 of the laws of 1989  
8 amending the mental hygiene law and other laws relating to comprehensive  
9 psychiatric emergency programs, as amended by section 1 of part PPP of  
10 chapter 58 of the laws of 2020, are amended to read as follows:

11 § 19. Notwithstanding any other provision of law, the commissioner of  
12 mental health shall, until July 1, ~~2024~~ 2028, be solely authorized, in  
13 his or her discretion, to designate those general hospitals, local  
14 governmental units and voluntary agencies which may apply and be consid-  
15 ered for the approval and issuance of an operating certificate pursuant  
16 to article 31 of the mental hygiene law for the operation of a compre-  
17 hensive psychiatric emergency program.

18 § 21. This act shall take effect immediately, and sections one, two  
19 and four through twenty of this act shall remain in full force and  
20 effect, until July 1, ~~2024~~ 2028, at which time the amendments and  
21 additions made by such sections of this act shall be deemed to be  
22 repealed, and any provision of law amended by any of such sections of  
23 this act shall revert to its text as it existed prior to the effective  
24 date of this act.

25 § 2. This act shall take effect immediately; provided that the amend-  
26 ments to section 19 of chapter 723 of the laws of 1989 made by section  
27 one of this act shall not affect the repeal of such section and shall be  
28 deemed repealed therewith.

29

## PART CC

30

Intentionally Omitted

31

## PART DD

32 Section 1. Section 3 of part A of chapter 111 of the laws of 2010  
33 amending the mental hygiene law relating to the receipt of federal and  
34 state benefits received by individuals receiving care in facilities  
35 operated by an office of the department of mental hygiene, as amended by  
36 section 1 of part T of chapter 57 of the laws of 2021, is amended to  
37 read as follows:

38 § 3. This act shall take effect immediately; and shall expire and be  
39 deemed repealed June 30, ~~2024~~ 2027.

40 § 2. This act shall take effect immediately.

41

## PART EE

42

Intentionally Omitted

43

## PART FF

1 Section 1. 1. Subject to available appropriations and approval of the  
2 director of the budget, the commissioners of the office of mental  
3 health, office for people with developmental disabilities, office of  
4 addiction services and supports, office of temporary and disability  
5 assistance, office of children and family services, and the state office  
6 for the aging shall establish a state fiscal year 2024–2025 cost of  
7 living adjustment (COLA), effective April 1, 2024, for projecting for  
8 the effects of inflation upon rates of payments, contracts, or any other  
9 form of reimbursement for the programs and services listed in paragraphs  
10 (i), (ii), (iii), (iv), (v), and (vi) of subdivision four of this  
11 section. The COLA established herein shall be applied to the appropriate  
12 portion of reimbursable costs or contract amounts. Where appropriate,  
13 transfers to the department of health (DOH) shall be made as reimburse-  
14 ment for the state share of medical assistance.

15 2. Notwithstanding any inconsistent provision of law, subject to the  
16 approval of the director of the budget and available appropriations  
17 therefor, for the period of April 1, 2024 through March 31, 2025, the  
18 commissioners shall provide funding to support a three and two-tenths  
19 percent (3.2%) cost of living adjustment under this section for all  
20 eligible programs and services as determined pursuant to subdivision  
21 four of this section.

22 3. Notwithstanding any inconsistent provision of law, and as approved  
23 by the director of the budget, the 3.2 percent cost of living adjustment  
24 (COLA) established herein shall be inclusive of all other cost of living  
25 type increases, inflation factors, or trend factors that are newly  
26 applied effective April 1, 2024. Except for the 3.2 percent cost of  
27 living adjustment (COLA) established herein, for the period commencing  
28 on April 1, 2024 and ending March 31, 2025 the commissioners shall not  
29 apply any other new cost of living adjustments for the purpose of estab-  
30 lishing rates of payments, contracts or any other form of reimbursement.  
31 The phrase "all other cost of living type increases, inflation factors,  
32 or trend factors" as defined in this subdivision shall not include  
33 payments made pursuant to the American Rescue Plan Act or other federal  
34 relief programs related to the Coronavirus Disease 2019 (COVID-19)  
35 pandemic public health emergency. This subdivision shall not prevent the  
36 office of children and family services from applying additional trend  
37 factors or staff retention factors to eligible programs and services  
38 under paragraph (v) of subdivision four of this section.

39 4. Eligible programs and services. (i) Programs and services funded,  
40 licensed, or certified by the office of mental health (OMH) eligible for  
41 the cost of living adjustment established herein, pending federal  
42 approval where applicable, include: office of mental health licensed  
43 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of  
44 the office of mental health regulations including clinic, continuing day  
45 treatment, day treatment, intensive outpatient programs and partial  
46 hospitalization; outreach; crisis residence; crisis stabilization,  
47 crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric  
48 emergency program services; crisis intervention; home based crisis  
49 intervention; family care; supported single room occupancy; supported  
50 housing; supported housing community services; treatment congregate;  
51 supported congregate; community residence - children and youth;  
52 treatment/apartment; supported apartment; community residence single  
53 room occupancy; on-site rehabilitation; employment programs; recreation;  
54 respite care; transportation; psychosocial club; assertive community  
55 treatment; case management; care coordination, including health home  
56 plus services; local government unit administration; monitoring and

## A. 8807--B

35

1 evaluation; children and youth vocational services; single point of  
2 access; school-based mental health program; family support children and  
3 youth; advocacy/support services; drop in centers; recovery centers;  
4 transition management services; bridger; home and community based waiver  
5 services; behavioral health waiver services authorized pursuant to the  
6 section 1115 MRT waiver; self-help programs; consumer service dollars;  
7 conference of local mental hygiene directors; multicultural initiative;  
8 ongoing integrated supported employment services; supported education;  
9 mentally ill/chemical abuse (MICA) network; personalized recovery  
10 oriented services; children and family treatment and support services;  
11 residential treatment facilities operating pursuant to part 584 of title  
12 14-NYCRR; geriatric demonstration programs; community-based mental  
13 health family treatment and support; coordinated children's service  
14 initiative; homeless services; and promises zone.

15 (ii) Programs and services funded, licensed, or certified by the  
16 office for people with developmental disabilities (OPWDD) eligible for  
17 the cost of living adjustment established herein, pending federal  
18 approval where applicable, include: local/unified services; chapter 620  
19 services; voluntary operated community residential services; article 16  
20 clinics; day treatment services; family support services; 100% day  
21 training; epilepsy services; traumatic brain injury services; hepatitis  
22 B services; independent practitioner services for individuals with  
23 intellectual and/or developmental disabilities; crisis services for  
24 individuals with intellectual and/or developmental disabilities; family  
25 care residential habilitation; supervised residential habilitation;  
26 supportive residential habilitation; respite; day habilitation; prevoca-  
27 tional services; supported employment; community habilitation; interme-  
28 diate care facility day and residential services; specialty hospital;  
29 pathways to employment; intensive behavioral services; community transi-  
30 tion services; family education and training; fiscal intermediary;  
31 support broker; and personal resource accounts.

32 (iii) Programs and services funded, licensed, or certified by the  
33 office of addiction services and supports (OASAS) eligible for the cost  
34 of living adjustment established herein, pending federal approval where  
35 applicable, include: medically supervised withdrawal services - residen-  
36 tial; medically supervised withdrawal services - outpatient; medically  
37 managed detoxification; medically monitored withdrawal; inpatient reha-  
38 bilitation services; outpatient opioid treatment; residential opioid  
39 treatment; KEEP units outpatient; residential opioid treatment to absti-  
40 nence; problem gambling treatment; medically supervised outpatient;  
41 outpatient rehabilitation; specialized services substance abuse  
42 programs; home and community based waiver services pursuant to subdivi-  
43 sion 9 of section 366 of the social services law; children and family  
44 treatment and support services; continuum of care rental assistance case  
45 management; NY/NY III post-treatment housing; NY/NY III housing for  
46 persons at risk for homelessness; permanent supported housing; youth  
47 clubhouse; recovery community centers; recovery community organizing  
48 initiative; residential rehabilitation services for youth (RRSY); inten-  
49 sive residential; community residential; supportive living; residential  
50 services; job placement initiative; case management; family support  
51 navigator; local government unit administration; peer engagement; voca-  
52 tional rehabilitation; support services; HIV early intervention  
53 services; dual diagnosis coordinator; problem gambling resource centers;  
54 problem gambling prevention; prevention resource centers; primary  
55 prevention services; other prevention services; and community services.

A. 8807--B

1 (iv) Programs and services funded, licensed, or certified by the  
2 office of temporary and disability assistance (OTDA) eligible for the  
3 cost of living adjustment established herein, pending federal approval  
4 where applicable, include: nutrition outreach and education program  
5 (NOEP).

6 (v) Programs and services funded, licensed, or certified by the office  
7 of children and family services (OCFS) eligible for the cost of living  
8 adjustment established herein, pending federal approval where applica-  
9 ble, include: programs for which the office of children and family  
10 services establishes maximum state aid rates pursuant to section 398-a  
11 of the social services law and section 4003 of the education law; emer-  
12 gency foster homes; foster family boarding homes and therapeutic foster  
13 homes; supervised settings as defined by subdivision twenty-two of  
14 section 371 of the social services law; adoptive parents receiving  
15 adoption subsidy pursuant to section 453 of the social services law; and  
16 congregate and scattered supportive housing programs and supportive  
17 services provided under the NY/NY III supportive housing agreement to  
18 young adults leaving or having recently left foster care.

19 (vi) Programs and services funded, licensed, or certified by the state  
20 office for the aging (SOFA) eligible for the cost of living adjustment  
21 established herein, pending federal approval where applicable, include:  
22 community services for the elderly; expanded in-home services for the  
23 elderly; and supplemental nutrition assistance program.

24 5. Each local government unit or direct contract provider receiving  
25 funding for the cost of living adjustment established herein shall  
26 submit a written certificate, in such form and at such time as each  
27 commissioner shall prescribe, attesting how such funding will be or was  
28 used for the purposes authorized under this section. Further, providers  
29 shall submit a resolution from their governing body to the appropriate  
30 commissioner, attesting that the funding received shall be used solely  
31 to increase the hourly and/or salary wages to non-executive direct care  
32 staff, non-executive direct support professionals, and non-executive  
33 clinical staff.

34 6. Notwithstanding any inconsistent provision of law to the contrary,  
35 agency commissioners shall be authorized to recoup funding from a local  
36 governmental unit or direct contract provider for the cost of living  
37 adjustment established herein determined to have been used in a manner  
38 inconsistent with the appropriation, or any other provision of this  
39 section. Such agency commissioners shall be authorized to employ any  
40 legal mechanism to recoup such funds, including an offset of other funds  
41 that are owed to such local governmental unit or direct contract provid-  
42 er.

43 § 2. This act shall take effect immediately and shall be deemed to  
44 have been in full force and effect on and after April 1, 2024.

45 PART GG

46 Intentionally Omitted

47 PART HH

48 Intentionally Omitted

49 PART II

A. 8807--B

37

1 Section 1. Subdivision 3 of section 364-j of the social services law  
2 is amended by adding a new paragraph (d-3) to read as follows:

3 (d-3) Services provided in school-based health centers shall not be  
4 provided to medical assistance recipients through managed care programs  
5 established pursuant to this section and shall continue to be provided  
6 outside of managed care programs.

7 § 2. This act shall take effect immediately and shall be deemed to  
8 have been in full force and effect on and after April 1, 2023; provided,  
9 however, that the amendments to section 364-j of the social services law  
10 made by this act shall not affect the repeal of such section and shall  
11 be deemed repealed therewith.

12

PART JJ

13 Section 1. Subdivision 1 of section 2999-dd of the public health law,  
14 as amended by section 2 of part V of chapter 57 of the laws of 2022, is  
15 amended to read as follows:

16 1. Health care services delivered by means of telehealth shall be  
17 entitled to reimbursement under section three hundred sixty-seven-u of  
18 the social services law on the same basis, at the same rate, and to the  
19 same extent the equivalent services, as may be defined in regulations  
20 promulgated by the commissioner, are reimbursed when delivered in  
21 person; provided, however, that health care services delivered by means  
22 of telehealth shall not require reimbursement to a telehealth provider  
23 for certain costs, including but not limited to facility fees or costs  
24 reimbursed through ambulatory patient groups or other clinic reimburse-  
25 ment methodologies set forth in section twenty-eight hundred seven of  
26 this chapter, if such costs were not incurred in the provision of tele-  
27 health services due to neither the originating site nor the distant site  
28 occurring within a facility or other clinic setting; and further  
29 provided, however, reimbursement for additional modalities, provider  
30 categories and originating sites specified in accordance with section  
31 twenty-nine hundred ninety-nine-ee of this article, and audio-only tele-  
32 phone communication defined in regulations promulgated pursuant to  
33 subdivision four of section twenty-nine hundred ninety-nine-cc of this  
34 article, shall be contingent upon federal financial participation.  
35 Notwithstanding the provisions of this subdivision, for services  
36 licensed, certified or otherwise authorized pursuant to article sixteen,  
37 article thirty-one or article thirty-two of the mental hygiene law, and  
38 for any services delivered through a facility licensed under article  
39 twenty-eight of this chapter that is eligible to be designated or has  
40 received a designation as a federally qualified health center in accord-  
41 ance with 42 USC § 1396a(aa), as amended, or any successor law thereto,  
42 including those facilities that are also licensed under article thirty-  
43 one or article thirty-two of the mental hygiene law, such services  
44 provided by telehealth[~~, as deemed appropriate by the relevant commis-~~  
45 ~~sioner,~~] shall be reimbursed at the applicable in person rates or fees  
46 established by law, or otherwise established or certified by the office  
47 for people with developmental disabilities, office of mental health, or  
48 the office of addiction services and supports pursuant to article  
49 forty-three of the mental hygiene law.

50 § 2. This act shall take effect April 1, 2024; provided, however, that  
51 the amendments to subdivision 1 of section 2999-dd of the public health  
52 law made by section one of this act shall not affect the expiration of  
53 such subdivision and shall expire and be deemed repealed therewith.

A. 8807--B

38

1

## PART KK

2 Section 1. Subsection (i) of section 3216 of the insurance law is  
3 amended by adding a new paragraph 39 to read as follows:

4 (39) (A) Every policy that provides coverage for epinephrine auto-in-  
5 jector devices shall not subject such coverage to a deductible, copay-  
6 ment, coinsurance or any other cost sharing requirement.

7 (B) For the purposes of this paragraph, "epinephrine auto-injector  
8 device" shall have the same meaning as provided in paragraph (b) of  
9 subdivision one of section three thousand-c of the public health law.

10 § 2. Subsection (l) of section 3221 of the insurance law is amended by  
11 adding a new paragraph 22 to read as follows:

12 (22) (A) Every policy that provides coverage for epinephrine auto-in-  
13 jector devices shall not subject such coverage to a deductible, copay-  
14 ment, coinsurance or any other cost sharing requirement.

15 (B) For the purposes of this paragraph, "epinephrine auto-injector  
16 device" shall have the same meaning as provided in paragraph (b) of  
17 subdivision one of section three thousand-c of the public health law.

18 § 3. Section 4303 of the insurance law is amended by adding a new  
19 subsection (vv) to read as follows:

20 (vv) (1) Every policy that provides coverage for epinephrine auto-in-  
21 jector devices shall not subject such coverage to a deductible, copay-  
22 ment, coinsurance or any other cost sharing requirement.

23 (2) For the purposes of this subsection, "epinephrine auto-injector  
24 device" shall have the same meaning as provided in paragraph (b) of  
25 subdivision one of section three thousand-c of the public health law.

26 § 4. This act shall take effect January 1, 2025 and shall apply to  
27 policies and contracts issued, renewed, modified, altered or amended on  
28 or after such date.

29

## PART LL

30 Section 1. This act shall be known and may be cited as the "First  
31 Responder Peer Support Program Act".

32 § 2. The mental hygiene law is amended by adding a new section 7.49 to  
33 read as follows:

34 § 7.49 First responder peer support program.

35 (a) For the purposes of this section, the following terms shall have  
36 the following meanings:

37 1. "The program" shall mean the "first responder peer support program"  
38 established by this section.

39 2. "Eligible entities" shall mean an entity or county first responder  
40 peer program which submits to the commissioner an application, in a form  
41 prescribed by the commissioner, containing such information and assur-  
42 ances as the commissioner may require to provide initial and continued  
43 training in mental illness, including but not limited to, helping indi-  
44 viduals gain a better understanding about the effects of trauma, repeti-  
45 tive exposure, signs and symptoms of trauma, triggers of a traumatic  
46 event, coping mechanisms, suicide prevention, as well as available  
47 tools, resources, and local mental health services for first responder  
48 peer volunteers, volunteer and paid individuals who are trained to  
49 respond to emergency situations and provide immediate assistance and  
50 care to those in need. This would include individuals who work as fire-  
51 fighters, police officers, 9-1-1 operators, emergency dispatchers and  
52 emergency medical services personnel.

A. 8807--B

39

1 (b) The commissioner, in consultation with the commissioner of the  
2 department of health, the office of fire prevention and control, the  
3 municipal police training council, and the superintendent of state  
4 police, shall, subject to appropriation, establish a statewide grant  
5 program to be known as the "first responder peer support program". The  
6 program shall provide grants, with appropriations therefor, to eligible  
7 entities for the purpose of establishing peer-to-peer mental health  
8 programs for first responders.

9 (c) The commissioner shall establish standards applicable to the  
10 program. Such standards shall include, but not be limited to, initial  
11 and continued training for first responder peer volunteers, administra-  
12 tive staffing needs, and best practices for addressing the needs of each  
13 first responder served, including, but not limited to, a warm handoff to  
14 mental health services for individuals identified as being in duress.

15 (d) The commissioner shall not require the recipient of any grant  
16 under this section to maintain records on first responders seeking  
17 support or report any personal identifying information directly or indi-  
18 rectly to the commissioner, a first responder's employer, or a first  
19 responder's organization.

20 § 3. This act shall take effect on the one hundred twentieth day after  
21 it shall have become a law.

22

## PART MM

23 Section 1. Subdivisions (c), (d), (e), (f) and (g) of section 1 of  
24 part 00 of chapter 57 of the laws of 2023 relating to directing the  
25 office of mental health to convene a task force on implementing mental  
26 health crisis response and diversion for mental health, alcohol use, and  
27 substance use crises, are relettered subdivisions (d), (e), (f), (g) and  
28 (h) and a new subdivision (c) is added to read as follows:

29 (c) The office of mental health, in collaboration with the office of  
30 addiction services and supports and in consultation with the Daniel's  
31 Law task force, shall establish the Daniel's Law pilot program to  
32 provide trauma-informed, community-led responses and diversions for any  
33 individual who may be experiencing a mental health, alcohol use or  
34 substance use crisis. The pilot shall utilize crisis response teams  
35 consisting of any combination of certified peers, medical professionals,  
36 or mental health professionals. Additionally, the Daniel's Law pilot  
37 program shall:

38 (i) Collaborate on an ongoing basis with local law enforcement and 911  
39 dispatch to develop guidelines for determining when a mental health,  
40 alcohol use or substance use crisis would be addressed by a crisis  
41 response team;

42 (ii) Develop and implement culturally competent, trauma-informed  
43 training for use by crisis response teams;

44 (iii) Utilize community-based resources and engage in community plan-  
45 ning activities to ensure, maintain, improve or develop community  
46 services that promote positive outcomes for individuals in crisis and  
47 prevent unnecessary law enforcement interaction with individuals in  
48 crisis; and

49 (iv) Collect and disseminate the following data to the task force and  
50 the office of mental health and the office of addiction services and  
51 supports: (1) the number and percentage of diverted calls from the  
52 police and the instances when the police were involved; (2) the average  
53 response time for responses from the crisis response teams compared to  
54 other emergencies; (3) the number and percentage of calls resulting in



A. 8807--B

40

1 transport to a hospital or an arrest; and (4) any other data deemed  
 2 relevant by the task force.

3 § 2. Subdivisions (g) and (h) of section 1 of part 00 of chapter 57 of  
 4 the laws of 2023 relating to directing the office of mental health to  
 5 convene a task force on implementing mental health crisis response and  
 6 diversion for mental health, alcohol use, and substance use crises, as  
 7 relettered by section one of this act, are amended to read as follows:

8 (g) The office of mental health shall: prepare a written report summa-  
 9 rizing opinions and recommendations from the Daniel's Law task force  
 10 which includes a list of existing, publicly accessible mental health,  
 11 alcohol use, and substance use crisis response and diversion services.  
 12 The report shall examine the effectiveness of the pilot program or  
 13 programs established pursuant to subdivision (c) of this section and any  
 14 other program in the state to provide crisis responses and diversion  
 15 services for mental health, alcohol use, and substance abuse crises and  
 16 make recommendations for the expansion of programs and services for  
 17 individuals experiencing mental health, alcohol use, or substance abuse  
 18 crises to receive treatment while limiting arrest or incarceration.

19 (h) This report shall be submitted to the governor, speaker of the  
 20 assembly and temporary president of the senate no later than [December]  
 21 March 31, 2025 and shall be posted on the office of mental health's  
 22 website.

23 § 3. This act shall take effect immediately; provided, however, that  
 24 the amendments to section 1 of part 00 of chapter 57 of the laws of 2023  
 25 relating to directing the office of mental health to convene a task  
 26 force on implementing mental health crisis response and diversion for  
 27 mental health, alcohol use, and substance use crises, made by sections  
 28 one and two of this act shall not affect the repeal of such section and  
 29 shall be deemed to repeal therewith.

30

## PART NN

31 Section 1. Section 2557 of the public health law is amended by adding  
 32 a new subdivision 6 to read as follows:

33 6. Notwithstanding any inconsistent provision of law or regulation,  
 34 for the rate year commencing July first, two thousand twenty-four, the  
 35 commissioner shall provide for an eleven percent increase in the rates  
 36 for approved costs for in-person early intervention services rendered on  
 37 or after such date. Provided, the commissioner shall also provide for  
 38 an additional four percent increase in the rates for approved costs for  
 39 in-person early intervention services rendered on or after July first,  
 40 two thousand twenty-four, if the services were rendered in a rural or  
 41 underserved area, as determined by the commissioner.

42 § 2. This act shall take effect immediately.

43

## PART 00

44 Section 1. The state finance law is amended by adding a new section  
 45 97-m to read as follows:

46 § 97-m. Medicaid investment fund. 1. There is hereby established in  
 47 the joint custody of the state comptroller and the commissioner of  
 48 health a fund to be known as the "Medicaid investment fund".

49 2. Such fund shall consist of: (a) all revenues, less refunds, derived  
 50 from the tax of managed care organizations pursuant to any other chapter  
 51 of law; (b) moneys transferred to such fund pursuant to law; and (c)  
 52 contributions, consisting of grants of any money, including grants or

A. 8807--B

41

1 other financial assistance from any agency of government or any other  
2 source, to be paid into this fund.

3 3. Moneys in the Medicaid investment fund shall be kept separate and  
4 shall not be commingled with any other moneys in the custody of the  
5 state comptroller and the commissioner of health.

6 4. Notwithstanding any provision of law to the contrary, funds depos-  
7 ited in the Medicaid investment fund pursuant to this section shall,  
8 upon appropriation by the legislature, be available to the department of  
9 health for the purpose of funding all of the following subcomponents to  
10 support the medical assistance program:

11 (a) The nonfederal share of increased capitation payment to Medicaid  
12 managed care plans accounting for their projected tax obligation pursu-  
13 ant to any other chapter of law.

14 (b) The nonfederal share of investments in the medical assistance  
15 program that support healthcare delivery pursuant to a plan approved  
16 jointly by the director of the budget and legislature.

17 5. Moneys disbursed from the Medicaid investment fund shall be exempt  
18 from the calculation of department of health state funds Medicaid spend-  
19 ing under subdivision one of section ninety-one of part H of chapter  
20 fifty-nine of the laws of two thousand eleven.

21 6. Within fifteen days after executing or modifying an allocation,  
22 transfer, distribution or other use of the Medicaid investment fund, the  
23 department of health shall provide written notice to the chairs of the  
24 senate finance committee and the assembly ways and means committee. Such  
25 notice shall include, but shall not be limited to, information on the  
26 amount, date, and purpose of the allocation, transfer, distribution, or  
27 other use, and the methodology used to distribute the moneys.

28 7. The director of the budget shall provide quarterly reports to the  
29 chair of the senate finance committee and the chair of the assembly ways  
30 and means committee on the receipts and distributions of the Medicaid  
31 investment fund, including an itemization of such receipts and disburse-  
32 ments, the historical and projected expenditures, and the projected fund  
33 balance.

34 § 2. This act shall take effect immediately.

35 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-  
36 sion, section or part of this act shall be adjudged by any court of  
37 competent jurisdiction to be invalid, such judgment shall not affect,  
38 impair, or invalidate the remainder thereof, but shall be confined in  
39 its operation to the clause, sentence, paragraph, subdivision, section  
40 or part thereof directly involved in the controversy in which such judg-  
41 ment shall have been rendered. It is hereby declared to be the intent of  
42 the legislature that this act would have been enacted even if such  
43 invalid provisions had not been included herein.

44 § 3. This act shall take effect immediately provided, however, that  
45 the applicable effective date of Parts A through 00 of this act shall be  
46 as specifically set forth in the last section of such Parts.