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**SFY 2024-25 Health/Mental Hygiene Budget Summary
Comparison of Executive Budget to Senate/Assembly One-House Budget Bills**

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Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
<i>MULTIPLE SECTORS</i>					
Medicaid Global Spending Cap Extension	Extends through SFY 2025	Health/MH Article VII, Part A		Repeals the Medicaid Global Cap	Accepts
Essential Community Provider/VAP Funding	Provides \$81 million	Aid to Localities, Department of Health		Accepts	Accepts
Health Homes	Restructuring Health Homes	Medicaid Scorecard	Savings of \$125 million in SFY 2026	Rejects	Rejects
SHIN-NY	Provides \$35 million, while stipulating that \$2.5 million shall be used for modernizing health reporting systems.	Capital Projects, Department of Health		Accepts	Accepts
All Payers Database	Provides level funding of \$10 million.	Capital Projects, Department of Health		Accepts	Accepts
1115 Waiver	<p>\$465.5 million for new appropriation services and expenses related to the NYS Medicaid section 1115 demonstration waiver.</p> <p>Providing flexibilities to support the 1115 waiver</p>	<p>Aid to Localities, Department of Health</p> <p>Part GG of HMM Art. VII</p>		<p>Accepts Funding</p> <p>Accepts Part GG</p>	<p>Accepts Funding</p> <p>Rejects Part GG</p>

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
<p>Human Services COLA</p>	<p>Provides a 1.5% human services COLA effective 4/1/24 for programs and services under OMH, OPWDD, OASAS, OTDA, OCFS, and SOFA.</p>	<p>Health/MH Article VII, Part FF</p>	<p>Executive Proposal estimated total cost of \$128.9 million.</p> <p>Assembly State Fiscal Year estimated costs for additional 1.7% COLA: \$145.9 million total</p>	<p>Modifies the Executive’s proposal by increasing the COLA to 3.2% and expands programs and services under OMH, OPWDD, OASAS, OTDA, OCFS, SOFA to add certain programs under SED, DOH, and Office of Victim Services including Health Home Care Management. Also amends the Executive proposal to require that providers submit a resolution from their governing body to the appropriate commissioner or director attesting that the funding received will be used only to increase the hourly and/or salary wages</p>	<p>Modifies the Executive’s proposal by increasing the COLA to 3.2% for programs and services under OMH, OPWDD, OASAS, OTDA, OCFS and SOFA. Also amends the Executive proposal to require that providers submit a resolution from their governing body to the appropriate commissioner or director attesting that the funding received will be used only to increase the hourly and/or salary wages of non-executive individuals including direct care staff, direct support professionals, and clinical staff.</p>

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				of non-executive individuals including direct care staff, direct support professionals, and clinical staff.	
Employee Benefit Changes	Expansions on Prenatal Leave	PPGG Article VII, Part M		Modifies the Executive proposal to change the leave provided from paid family leave to personal leave.	Assembly modifies the Executive proposal to explicitly include leave for prenatal care within employer-provided paid sick leave.
Employee Benefit Changes	Expansions on Short Term Disability coverage	PPGG Article VII, Part N		Modifies the Executive proposal by implementing a progressive benefit structure over a three-year period and amends employee contributions provided that in no case shall employee contributions exceed \$2.20 per week. The Senate also temporarily exempts workers and employers	Senate modifies the Executive proposal to provide scheduled increases to the weekly and maximum weekly benefit rates for temporary disability leave. The Assembly proposal would implement a consistent benefit rate across all weeks of disability leave, accelerate the scheduled

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				covered by a current collective bargaining agreement (CBA) until the expiration of such agreement. Senate provides \$35 million to support this proposal.	increases, and reduce the phase-in timeline by one year. The Assembly proposal would also remove the ability of the Superintendent of the Department of Financial Services to delay the scheduled increases, create greater flexibility in the increments of payable temporary disability leave that can be taken, and create a waiver to the scheduled increases for those subject to an existing collective bargaining agreement.
Employee Benefit Changes	Sunsets the State’s COVID-19 Sick Leave Law	ELFA Article VII, Part J		Modifies by continuing such benefits for employees that work in facilities licensed under	Rejects

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				Article 28 of the Public Health Law	
Employee Benefit Changes	Paid Breaks for Breast Milk Expression	ELFA Article VII, Part M		Modifies to increase paid break time from 20 minutes to 30	Rejects
Continuous Eligibility for Children Ages 0-6	\$7.6 million for new appropriation to provide continuous Medicaid and Child Health Plus coverage for children deemed eligible until age 6, regardless of any changes to the income of the child's family.	Health/MH Article VII, Part M	\$7.6 million SFY 2025 and \$30.3 million for SFY 2026	Accepts	Modifies by including language to allow for enrollment of a child under the age of 6 in Child Health Plus or Medicaid by the child's parent or guardian.
Minimum Wage Increases	Investment of an additional \$57 million in State funds to support minimum wage increases, including indexing minimum wage to inflation, for staff at programs licensed, certified, or otherwise authorized by OPWDD, OMH, and OASAS.	Briefing Book and Aid to Localities		Accepts	Accepts
Time-Limited Demonstration Programs	Would make permanent the ability of OMH, OASAS and OPWDD to utilize flexibilities to develop new methods of services through demo programs	Health Art. VII, Part Z		Modifies by extending the flexibilities an additional 3 years and requiring annual reporting of	Modifies by extending the authority for an additional year.

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				certain performance metrics	
Maternal and Reproductive Health	<ul style="list-style-type: none"> ● Would authorize the Commissioner of Health to issue a non-patient specific statewide standing order for doula services, expanding access for all birthing parents. ● Would also include minors among pregnant people who are able to give consent for medical, dental, health, and hospital services, and include minors when referencing comprehensive health care as a fundamental component of an individual's health. ● Would codify contraception access under the Reproductive Health Act ● Includes \$25 million for reproductive access fund 	Health/MH Art. VII, Part N		Modifies to include statewide standing order for doula services, language allowing any person to give consent for reproductive healthcare including contraception and abortions without needing a reason, requiring informed consent to test a pregnant individual for drugs, alcohol, cannabis, and authorizing any title eight health care practitioner acting within their lawful scope to prescribe and distribute contraceptive devices or medication	Rejects
Statutory Extenders	1. Extends Medicaid coverage for individuals aged 19 or 20 who are living with their parents	Health/MH Article VII, Part B		1. Accepts 2. Accepts 3. Accepts	1. Accepts 2. Accepts 3. Accepts 4. Accepts

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	<p>who meet certain criteria through 5/1/29.</p> <ol style="list-style-type: none"> 2. Extends the issuance of certificates of authority to accountable care organizations through 12/31/28. 3. Extends the authority of the DOH Commissioner to issue certificates of public advantage through 12/31/28 4. Extends telehealth rate parity through 4/1/2025 5. Extends Statewide Medicaid Integrity and Efficiency Initiative for achieving audit recoveries through 3/31/26. 6. Extends OMH, OASAS, and OPWDD ability to waive regulations for DSRIP projects through 4/1/26. 			<ol style="list-style-type: none"> 4. Amends by making telehealth rate parity permanent 5. Accepts 6. Accepts DSRIP regulation waiver extension and adds several provisions including: making the carve-out of SBHCs from Medicaid managed care permanent; extending the notice of closure or transfer of state-operated IRAs through 3/31/26; extending the CSEA's Care Demonstration program for individuals with IDD through 	<ol style="list-style-type: none"> 5. Accepts 6. Rejects and adds several provisions including: extends the adult cystic fibrosis assistance program through 3/31/25; extends the CSEA's Care Demonstration program for individuals with IDD through 3/31/26; and extending the notice of closure or transfer of state-operated IRAs through 3/31/36.

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				3/31/26; and advancing certain provisions within S6733 regarding telehealth rate parity.	
OMIG Notification by Justice Center	Clarifies when substantiated reports of abuse/neglect submitted to the Justice Center should be reported to OMIG as "substantiated reports of abuse or neglect in facilities or provider agencies receiving Medicaid which are no longer subject to amendment or appeals." Such providers may be excluded from Medicaid or sanctioned by OMIG as determined by the Justice Center in consultation with OMIG.	Health Art. VII, Part CC		Accepts	Rejects
OMIG Audit Target	Increases OMIG Audit Target by \$100 million for SFY 2025 and SFY 2026	Medicaid Scorecard		Accepts	Accepts
Standing Orders for EMTs	Allows NPT and MDs to prescribe non-patient specific orders to EMTs for vaccinations.	Health/MH Article VII, Part V		Rejects and instead advances language to declare general ambulance services as an essential	Rejects

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				service, establish special districts for the financing and operation of general ambulance services, and provide for a statewide comprehensive emergency medical system plan (S.4020-C).	
EMT Licensure	Authorizes NYSDOH to license EMTs and establish specialized credentials to elevate profession.	Health/MH Article VII, Part V		Rejects, see above Standing Orders for EMTs section	Rejects
Paramedic Urgent Care	Enables authorized organizations to operate paramedic urgent care centers and expand care access through telehealth services	Health/MH Article VII, Part V		Rejects, see above Standing Orders for EMTs section	Rejects
Mobile Integrated and Community Paramedicine	Extends the program through March 31, 2031, and allows the state to create and expand existing programs.	Health/MH Article VII, Part V		Rejects, see above Standing Orders for EMTs section	Rejects
Venereal Disease Decriminalization	Would decriminalize venereal diseases by repealing section 2307 of the Public Health Law.	Health/MH Article VII, Part T		Accepts	Rejects
Unallocated Medicaid Savings	Includes an expectation of an additional \$200 million in unallocated Medicaid	Medicaid Scorecard		N/A	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	savings without any detail on where it would be derived				
Wrongful Death Legislation	N/A	Senate One House PPGG Article VII, Part FFF		Advances language to enact the Grieving Families Act to modernize NYS law on wrongful death claims (S.8445)	N/A
Medicaid Managed Care Tax	N/A	Senate One House Health/MH Article VII Part RR Assembly One House Health/MH Article VII, Part OO		Includes a new proposal for a tax on Medicaid Managed Care plans which can be applied to the capitated rates paid and matched federally (need waiver approval). The Senate proposal earmarks for all DOH Medicaid payments a 3% rate increase and 10% total for hospitals, \$9.5% total for nursing homes, assisted living facilities and hospice providers and includes exclusions	Includes a new proposal for a tax on Medicaid Managed Care plans which can be applied to the capitated rates paid and matched federally (need waiver approval) to provide \$4 billion in new revenue for Medicaid. The Assembly proposal creates a new Medicaid Investment Fund with monies generated to support healthcare delivery pursuant to a plan approved jointly by the

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				including article 16, 31 and 32 providers. This tax is expected to yield about \$4 Billion for three years.	Division of the Budget and Legislature.
OMIG Audit Reform	N/A	Senate Health/MH Article VII, Part AAA/ Resolution Assembly One House Budget Summary		The Senate advances language to establish audit procedures and reform practices and standards for the adjustment or recovery of medical assistance payments (S.5329-C). Includes \$5 million to support.	The Assembly Majority is committed to ensuring community-based providers maintain their ability to provide high quality, patient-centered care to underserved communities across the State. To facilitate this goal, the Assembly Majority recognizes the need to reform OMIG's auditing practices and re-examining the use of extrapolation in instances where administrative errors are found in provider records rather than fraud

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					and abuse. Human errors should be corrected but should not result in multi-million-dollar recoupments by OMIG for high quality services that have already been rendered.
Support Abortion Access Grants	N/A	Senate One House Health/MH Article VII, Part TT Assembly One House Budget Summary		Provides additional \$10 million in grants to increase access to abortion care	Provides \$5 million for medication abortion
Epinephrine Auto-Injector Insurance Coverage	N/A	Assembly One House Health/MH Article VII, Part KK		N/A	Advances language to amend the insurance law to waive patient copay/cost sharing for Epi-Pens
Medically Fragile Young Adults	N/A	Senate One House Health/MH Article VII, Part II		Advances language to allow medically fragile young adults who reside in pediatric specialized nursing	N/A

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				facilities to remain in place until the age of 36 and maintain the rates of reimbursement for these individuals (S.5969A)	
New York Pregnancy Mobile App	N/A	Senate One House Health/MH Article VII, Part MM		Advances provisions from S.7700A to create a New York-specific pregnancy informational mobile application to perinatal New Yorkers.	N/A
Medicaid Savings Exemption and Asset Test	N/A	Senate One House Health/MH Article VII, Part NN		Advances language to increase the amount of the Medicaid savings exemption and eliminate the asset test for certain individuals who are Aged, Blind, and Disabled (S.4881A)	N/A
Uniform Rate Increases	N/A	Senate One House Health/MH Article VII, Part RR		Advances language to provide a uniform rate increase of 3% for Medicaid payments,	N/A

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				with an additional 7% rate increase for hospitals and 6.5% rate increase for nursing homes, assisted living programs, and hospices.	
Study of Integration of Doula Services in Birthing Delivery	N/A	Senate One House Health/MH Article VII, Part VV		Advances language to conduct a study on the current practices in integrating doula care, services, and support within birthing centers, hospitals, and other facilities (S.7780A)	N/A
Doula Expansion	N/A	Senate One House Health/MH Article VII, Part WW		Advances language to establish a Community Doula Expansion Grant Program (S.7779B)	N/A
<i>HOSPITALS/ FQHCS</i>					
Hospital Changes	Reduces hospital capital rate add on by 10%, extends the distressed provider assistance program for three years and updates the Upper Payment Limit statute to a calendar year cycle.	Health/MH Article VII, Part D		Modifies by accepting the provision realigning the Upper Payment Limit statute with the calendar year while preserving	Modifies by omitting section 1 - provides an additional \$21.3 million to restore the hospital capital rate add-on.

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				current amounts and rejecting the reduction of the capital rate add-on and the extension of the Distressed Provider Assistance Program. Adds \$21.3 million to support modification.	Accepts the Executive proposals to extend the distressed provider assistance program through 2028 and to align the Medicaid upper payment limit with the calendar year
Medical Debt	Includes a proposal to update and expand hospital financial assistance laws to add a definition of underinsured patients. Limits the ability of hospitals to commence legal actions for unpaid bills by patients earning less than 400% of FPL. For those below 200% of FPL it says hospitals shall waive all charges and no nominal payments shall be collected. For those between 200% and 300% of FPL and for underinsured, hospitals shall collect a maximum of 10% of what would be paid through patient cost sharing. For those with income 301% and 400% of FPL and	Health/MH Article VII, Part O		Modifies by accepting all provisions and advancing provisions found within S.1366B increasing eligibility for financial assistance under the ICP (expanding eligibility to individuals making up to 600 percent FPL), banning hospitals from suing patients making under 600 percent FPL for medical debt, and creating a statewide	Rejects

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	underinsured, hospital shall collect a maximum of 20% of cost sharing amount. It also expands hospital financial assistance programs, limits the size of monthly payments and interest charged for medical debt, imposes limits on when legal action can be commenced, states hospitals cannot deny admission for treatment to those with unpaid medical bills and other protections.			uniform financial assistance policy to incorporate time-limited debt repayment plans.	
Hospitals – Home Care Without an Article 36 License	Authorizes general hospitals to provide care in patient homes without obtaining a license as a home care agency.	Health/MH Article VII, Part V		Rejects and replaces with S.4020-C (see here for more details)	Rejects
Medicaid Hospital Global Budget Initiative	Includes \$275 million in SFY 2025 and \$275 million in SFY 2026 to provide funding to safety net hospitals meeting certain criteria per the approved 1115 waiver amendment	Medicaid Scorecard		N/A	N/A
Healthcare Safety Net Transformation Program	Enables safety net hospitals meeting certain criteria to apply for funding (individually or with other partnering organizations) by	Health/MH Article VII, Part S		Modifies by creating a new Statewide Health Care Transformation VI	Rejects

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	<p>submitting a Transformation Plan with a strategic 5-year vision, roles and flexibility needed. Total funding will be up to \$500 million for program.</p> <p>Eligibility criteria includes:</p> <ul style="list-style-type: none"> ● Public hospital, rural emergency hospital, critical access hospital or sole community hospital; ● Have at least 30% of inpatient discharges be patients who are Medicaid eligible, uninsured or dually eligible and at least 35% of outpatient visits by patients who are Medicaid eligible, uninsured or dually eligible; ● Serve at least 30% of residents of a county or a multi-county area who are Medicaid eligible, uninsured or dually eligible individuals; or ● In the discretion of the commissioner of NYSDOH serve a 			<p>with language ensuring the geographical balancing of the distribution of funds under such program and broadening eligible providers consistent with prior statewide healthcare transformation programs.</p>	

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	significant population of Medicaid eligible, uninsured or dual eligible individuals.				
FQHC Reimbursement Rates	N/A	Senate One House Health/MH Article VII, Part JJ		Advances language to update the methodology used to calculate reimbursement rates for FQHCs (S.6959)	N/A
Hospital Medical Debt Relief Program	N/A	Senate One House Health/MH Article VII, Part XX		Advances language to establish a medical debt relief program (S.5909B)	N/A
FQHC Telehealth Service Reimbursement	N/A	Senate One House Health/MH Art. VII, Part B Assembly One House Health/MH Article VII, Part JJ		Includes proposal to guarantee full Medicaid reimbursement for telehealth services delivered by FQHCs regardless of the location of the professional or patient or the modality of the service.	Includes proposal to guarantee full Medicaid reimbursement for telehealth services delivered by FQHCs regardless of the location of the professional or patient or the modality of the service.

LONG TERM CARE/ HOME CARE/ NURSING HOMES/ HOSPICE

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Removes Consumer Directed Program Assistance (CDPAS) Aides from Wage Parity	CDPAS aides would be removed from Wage Parity Law in NYC, Long Island and Westchester decreases their cash or supplemental benefits.	Health/MH Article VII, Part G, Medicaid Scorecard	Savings of \$200 million in FY 2025	Rejects and adds \$200.4 million to support omitting	Rejects
MLTC Procurement	Creates a moratorium on the processing and approval of applications, and require plans to apply for procurement and outlines the criteria for applications	Health/MH Article VII, Part H		Rejects	Rejects
Hospitals – Home Care Without an Article 36 License	Authorizes general hospitals to provide care in patient homes without obtaining a license as a home care agency.	Health/MH Article VII, Part V		Rejects and replaces with S.4020-C (see here for more details)	Rejects
Discontinue Managed Long-Term Care Quality Pool	Administrative discontinuation of the MLTC Quality Pool	Medicaid Scorecard	Savings of \$51.8 million in FY 2025	Adds \$753 million to support the restoration of Managed Long-Term Care and Mainstream Managed Care Quality pools.	Rejects and provides \$51.8 million to maintain the MLTC Quality Pool
Additional Unallocated Savings from LTC - \$200 Million	The Budget Presentation and Briefing Book Reference \$200 million in additional savings from LTC: Unallocated Medicaid Savings – In addition to the defined actions, the FY2025	DOH Website and Governor’s Briefing Book / DOB Directors Presentation	Savings of \$200 million in FY 2025	Rejects and restores cuts – Senate statement that it remains ready and willing to work with the Executive and Assembly to	Rejects and restores cuts

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	Executive Budget recognizes NYS DOB FY2025 Executive Budget Agency Appropriations the need to ensure further cost controls within the long-term care sector and the broader Medicaid Program. This budget proposes to work with industry leaders and stakeholders to develop a suite of proposals to achieve an additional \$200 million in savings for long-term care programs and \$200 million in other areas of Medicaid spending growth	Medicaid Scorecard		develop ways to achieve administrative efficiencies without disrupting quality of care for Medicaid providers, including within MLTC.	
Employee Benefit Changes	Expansions on Prenatal Leave and Short-Term Disability coverage	PPGG Article VII, Part M & N		Accepts	Accepts
Employee Benefit Changes	Paid Breaks for Breast Milk Expression and Sunsets COVID-19 Sick Leave	ELFA Article VII, Part J, M		Modifies the Executive proposal to sunset the State's Covid-19 Sick Leave Law by continuing such benefits for employees that work in facilities licensed under Article 28 of the Public Health Law	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Statutory Extender	Extends authorization for the Commissioner’s preparation of an energy audit and/or disaster preparedness review of residential health care facilities, through 7/1/27	Health/MH Article VII, Part B		Accepts	Accepts
CDPAS Program Changes	<p>Makes significant changes including:</p> <ul style="list-style-type: none"> ● Repeals the FI RFP and replaces with an FI authorization process issued by Commissioner of DOH; ● FI’s must contract with a local department of social services, Article 44(MCO), or an accountable care organization or an integrated delivery system composed primarily of health care providers recognized by DOH under reform incentive payment system; ● Requires ownership of LHCSAs, MLTCS and FIs must be independent of each other and expressly prohibits a controlling interest or 	30-Day Amendments Health/MH Article VII, new Part HH		Rejects	Rejects

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	<p>majority ownership or more of any one of these entities;</p> <ul style="list-style-type: none"> ● Allows for Commissioner to revoke, suspend, limit or annul ownership of a FI within 30 days for violation of any provisions; ● Commissioner may issue orders or other actions to prohibit FI's ownership by an unauthorized entity; ● Requires and reinforces language making clear requirement for consumer direction under the program; ● Issue regulations, including emergency regulations establish the maximum daily and weekly hours an aide can provide services under the FI program. ● Eliminates a designated representative as a personal assistant 				
Inpatient Reimbursement Rates	N/A	Senate One House Health/MH		Advances language to update the inpatient	N/A

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		Article VII, Part KK		reimbursement rates for nursing homes	
Assisted Living Programs	N/A	Senate One House Health/MH Article VII, Part OO		Advances language to update the base rate of payment for Assisted Living Programs (S.7248)	N/A
30-Month Look-Back Period Repeal	N/A	Senate One House Health/MH Article VII, Part PP		Advances language to repeal the 30-month look-back period for Medicaid eligibility for home care services (S.6414)	N/A
New Office within DOH	N/A	Senate One House Health/MH Article VII, Part QQ		Advances language to establish the Office of Hospice and Palliative Care Access within DOH (S.4858)	N/A
<i>PHYSICIANS/ HEALTHCARE PROFESSIONALS</i>					
Doctors Across New York	Provides level funding of \$15,865,000	Aid to Localities, Department of Health		Accepts	Accepts
Physician Excess Medical Malpractice Program	Extends the program through June 30, 2025, but restructures the program from one annual payment to two installment payments over two fiscal years. The	Health/MH Article VII, Part K		Modifies by only accepting the extension and provides an additional \$37.4 million to support	Modifies by only accepting the extension and provides an additional \$39.25 million to support

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	Budget includes an appropriation of \$39.3 million in SFY 2025 and \$19.6 million in SFY 2026.			intentionally omitting the rest of the proposal.	intentionally omitting the rest of the proposal.
Patient Centered Medical Home (PCMH) Enhancement for Adult/Kid Services	Includes \$73.8 million for SFY 2025 and SFY 2026 for PCMH rate enhancements in Medicaid per 1115 waiver amendment	Medicaid Scorecard		Accepts	Accepts
Scope of Practice Extender for Nurse Practitioner	Extends for two years the exemption for NPs with over 3,600 hours from to practice independently without a collaborative agreement with a physician as long as they meet documentation requirements of collaborative relationships with physicians and hospitals.	Health/MH Article VII, Part P		Accepts	Accepts
Expanded PA Scope of Practice	Expands PA scope of practice allowing a physician assistant to practice without the supervision of a physician independently in primary care or hospitals. This applies: <ul style="list-style-type: none"> ● To PAs who have practiced for more than eight thousand hours ● Where the PA is practicing in primary 	Health/MH Article VII, Part Q		Rejects	Rejects

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	<p>care (any non-surgical setting in the fields of general pediatrics, general adult medicine, general internal medicine, obstetrics and gynecology, family medicine, or other related areas as determined by the DOH Commissioner – OR – is employed by an Article 28 health system or hospital and they determine the PA meets qualifications of the medical staff bylaws and the health system or hospital gives the PA privileges.</p>				
<p>Expanded Personnel Authorized to Administer Routine Medications</p>	<p>Expands the scope of practice for certified nurse aides in residential health care facilities. Nurse aides could become certified medication aides able to administer routine medications to residents</p>	<p>Health/MH Article VII, Part Q</p>		<p>Rejects</p>	<p>Rejects</p>

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	under the supervision of a registered nurse.				
Expanded Personnel Authorized to Give Immunizations	Would allow physicians, nurse practitioners, and physician assistants to assign and supervise medical assistants in outpatient settings with the task of drawing and administering immunizations to patients, provided the medical assistant receives training from the supervisor and the supervisor accepts liability	Health/MH Article VII, Part Q		Rejects	Rejects
Expanded Scope of Practice for Dentistry	Would expand the definition of the practice of dentistry to include the administration of vaccinations against influenza, SARs-CoV-2, Human papillomavirus (HPV), and vaccinations related to a declared public health emergency. Would also expand it to include offering HIV, hepatitis C, and hemoglobin A1C screening or diagnostic tests.	Health/MH Article VII, Part Q		Rejects	Rejects
Expanded Dentistry Personnel Authorized to Administer or	Would allow dental hygienists to administer or monitor nitrous oxide analgesia/local infiltration/block anesthesia	Health/MH Article VII, Part Q		Rejects	Rejects

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Monitor Local Anesthesia	in the practice of dental hygiene with a certificate and under the supervision of a dentist.				
3-Day Supply of Narcotics	Aligns state law with revised DEA regulations that permit providers in hospital emergency departments to dispense up to a 3-day supply of schedule III-V narcotics (Buprenorphine) for the purpose of initiating maintenance or detox treatment while arranging for a patient referral.	Health/MH Article VII, Part U		Accepts	Rejects
Interstate Licensure Compacts	Allows New York to join the Interstate Medical Licensure Compact and the Nurse Licensure Compact, enabling doctors and nurses to relocate to New York and use their existing license to practice in the State.	Health/MH Article VII, Part R		Rejects	Rejects
Physician Administered Drugs	Creates a new "lower of" payment methodology for physician administered drugs in Medicaid utilizing similar benchmarks as in FFS for pharmacy reimbursement.	Health/MH Article VII, Part I		Rejects	Rejects
Prescriber Prevails	Eliminates Prescriber Prevails in Medicaid	Health/MH Article VII, Part I		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Medicaid OTC Coverage	Authorizes DOH to modify Over the Counter Drug Coverage in Medicaid	Health/MH Article VII, Part I		Rejects	Rejects
Mandate Universal HIV, HBV, and HCV Test Result Reporting	Mandate that clinics and labs performing diagnostic HIV, HBV, and HCV tests report negative tests results	Health/MH Article VII, Part T		Accepts	Rejects
HIV Testing Opt Out	Require that notice in multiple languages is provided for routine HIV test is ordered and that the patient has right to opt out. Also requires that the patient receive information regarding medications at the time an HIV test result is communicated.	Health/MH Article VII, Part T		Accepts	Rejects, cites \$1 million in savings by doing so
Expanded Hepatitis B Testing	Would permit registered nurses to facilitate Hepatitis B testing through a non-patient specific order.	Health/MH Article VII, Part T		Accepts	Rejects
Standing Orders for EMTs	Allows NPT and MDs to prescribe non-patient specific orders to EMTs for vaccinations.	Health/MH Article VII, Part V		Rejects all and instead advances language to declare general ambulance services as an essential service, establish special districts for the financing and operation of general ambulance services,	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
				and provide for a statewide comprehensive emergency medical system plan (S.4020-C).	
EMT Licensure	Authorizes NYSDOH to license EMTs and establish specialized credentials to elevate profession.	Health/MH Article VII, Part V		Rejects, see above Standing Orders for EMTs section	Rejects
Paramedic Urgent Care	Enables authorized organizations to operate paramedic urgent care centers and expand care access through telehealth services	Health/MH Article VII, Part V		Rejects, see above Standing Orders for EMTs section	Rejects
First Responder Peer Support Program		Assembly One House Health/MH Article VII, Part LL		N/A	Includes a proposal to establish a first responder peer support program (A.7552A)
<i>PHARMACY/PHARMACEUTICALS</i>					
Pharmacist CLIA-Testing for Flu/COVID-19	Would make law permanent allowing pharmacists to order/administer	Health/MH Article VII, Part P		Modifies Executive Budget proposal by extending authorization through 4/1/26 and adding HIV testing	Modifies Executive Budget proposal by extending authorization through 7/1/26
CDTM Law in Article 28 Facilities	Would make permanent	Health/MH Article VII, Part P		Accepts	Modifies Executive Budget proposal by extending CDTM

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
					law related to Art. 28 facilities through 7/1/26
Pharmacist PrEP Dispensing	Would allow licensed pharmacists to dispense HIV Pre-exposure prophylaxis (PrEP) without a patient specific order. Pharmacists would be mandated to ensure on at least an annual basis that the patient being prescribed PrEP is HIV negative.	Health/MH Article VII, Part T		Accepts	Rejects
Mpox Vaccine	Would allow pharmacists to give the Mpox vaccine to those 18 and older per standing order.	Health/MH Article VII, Part T		Accepts	Rejects
HIV Tests	N/A	Health/MH Article VII, Part T		Advances language to authorize pharmacists to order/administer HIV tests	N/A
Prescriber Prevails	Eliminates Prescriber Prevails in Medicaid	Health/MH Article VII, Part I		Rejects	Rejects
Modifies Medicaid Drug Cap	Includes a proposal to phase out the current pharmacy spending cap to create a supplemental rebate program to allow the State to directly negotiate enhanced rebates	Health/MH Article VII, Part I		Modifies to repeal the Medicaid Drug Cap and substitute it for an enhanced Supplemental Rebate Program. Provides an	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	with additional manufacturers.			additional \$37.4 million to support this program.	
Require Pharmacy Cost Reporting	All licensed pharmacies in Medicaid shall submit an annual cost report related to costs incurred during procurement and dispensing of prescription drugs. The reports shall be subject to audit and timing filing would be a requirement of participation in Medicaid.	Health/MH Article VII, Part I		Rejects	Rejects
Physician Administered Drugs	Creates a new "lower of" payment methodology for physician administered drugs in Medicaid utilizing similar benchmarks as in FFS for pharmacy reimbursement.	Health/MH Article VII, Part I		Rejects	Rejects
Electronic Direction for Brand Medically Necessary	Updates the Brand medically necessary law to allow a prescriber to insert an electronic direction to clarify brand medically necessary.	Health/MH Article VII, Part I		Rejects	Rejects
Expanded Personnel Authorized to Give Immunizations	In various sections, the bill proposes to allow medical assistants and EMS staff the ability to give immunizations per supervision and orders from MD, NP and PAs.	Health/MH Article VII, Part Q		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
PMP Data Retention	Extends data retention period 10 years	Health/MH Article VII, Part U		Accepts	Rejects
Enhanced PMP Data Sharing	Authorizes additional PMP data sharing to enable increased public health surveillance to address opioid crisis	Health/MH Article VII, Part U		Accepts	Rejects
Controlled Substance Schedules	Updates the State schedule of controlled substances	Health/MH Article VII, Part U		Rejects	Rejects
<i>BEHAVIORAL HEALTH</i>					
Mental Health Capital Investments	Provides funding for an additional 200 new psychiatric inpatient beds. Funding covers 125 State-operated inpatient beds, including 15 for children and adolescents, 85 for adults, and 25 forensic; and 75 Transition to Home beds in one State-operated and two community-based facilities.	Briefing Book		N/A	Modifies to include \$22 million to open 125 new inpatient psychiatric beds by providing an additional \$3 million to open 15 additional children's beds
Reimbursement for Services Provided to Treat Mental Health Conditions	Investment of \$42.2 million to increase reimbursement for services provided in DOH-licensed facilities and private practices treating mental health conditions.	Briefing Book		N/A	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
SNPs Certification	Extends OMH authority to certify special needs plans through 3/13/30	Health/MH Article VII, Part B		Accepts	Accepts
OASAS Minimum Wage Increase Supports	\$2.9 million to support direct salary costs and related fringe benefits from minimum wage increase (same level as SFY 2024 final budget).	Aid to Localities, OASAS		Accepts	Accepts
Certified Community Behavioral Health Clinics	\$22.5 million for eligible certified community behavioral health clinics under the certified community behavioral health clinics indigent care program (reduced from SFY 2024 final budget)	Aid to Localities, Department of Health		Accepts	Accepts
Opioid Stewardship Act	Extends through 6/30/27	Health/MH Article VII, Part B		Modifies by making the Opioid Stewardship Fund (OSF) permanent and directing that at least 10% of funds from OSF be invested in recovery services and supports	Amends by extending through 6/30/29
Prescription Monitoring Program (PMP)	Would retain PMP records for 10 years and allow for enhanced data sharing within DOH or with a local health department for improved	Health/MH Article VII, Part U		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	surveillance and waives requirement to consult PMP for practitioners ordering a controlled substance on premises of a correctional facility, an inpatient mental health facility or a nursing home.				
Controlled Substance Schedules	Updates the state's controlled substance schedule.	Health/MH Article VII, Part U		Rejects	Rejects
SUD and MH Ombudsman	Appropriations of \$1.5 million and \$8.5 million for SUD and MH Ombudsman (same level as SFY 2024 final budget).	Aid to Localities, OASAS		Accepts	Accepts
Recovery Services	\$52.525 million for services and expenses related to recovery services, including housing and recovery centers (increase of \$5 million from SFY 2024 final budget).	Aid to Localities, OASAS		Accepts	Accepts
Statutory Extenders	<ol style="list-style-type: none"> 1. Extends OMH Commissioner's authority, in consultation with DOH Commissioner, to certify Mental Health Special Needs Plans through 3/31/30. 2. Extends OMH and OASAS ability to waive 	Health/MH Article VII, Part B		<ol style="list-style-type: none"> 1. Accepts 2. Accepts 	<ol style="list-style-type: none"> 1. Accepts 2. Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	regulations for DSRIP projects through 4/1/26				
Workforce Initiatives	Includes 5 new initiatives to expand the mental health workforce through job marketing, the creation of a job bank, and the creation of a Behavioral Health Fellowship Program. OMH will also develop new ways to credential mental health paraprofessionals. Additionally, rural governments will receive funding to develop targeted workforce investments.	Briefing Book		N/A	N/A
Opioid Settlement Account Investment	Deposits \$63.7 million from settlement agreements with opioid manufacturers and distributors in the Opioid Settlement Account (down by \$148.5 million from \$212.2 million in the SFY 2024 final budget).	Aid to Localities, OASAS		Adds \$45 million in new funding for this purpose; Cannot replace existing funding	
Expand Maternal Mental Health Training	Provides \$1.5 million annually to expand Project PEACH (Training and Education for the Advancement of Children's Health) through specialized support for mental health and substance use resources for	Briefing Book		N/A	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	therapists, lactation consultants, Women, Infant and Children (WIC) staff, home visiting nurses, and other frontline perinatal practitioners.				
OASAS Reinvestment in BH Services	Provides \$37 million for reinvestment in behavioral health services from the savings realized through the transition from Medicaid FFS to managed care (same level as SFY 2024 final budget).	Aid to Localities, OASAS		Accepts	Accepts
3-Day Supply of Narcotics	Aligns state law with revised DEA regulations that permit providers in hospital emergency departments to dispense up to a 3-day supply of schedule III-V narcotics (Buprenorphine) for the purpose of initiating maintenance or detox treatment while arranging for a patient referral.	Health/MH Article VII, Part U		Accepts	Rejects, citing \$500,000 in savings by doing so.
Opioid Addiction, Prevention, and Treatment Program	\$7.785 million for services and expenses of an opioid addiction, prevention and treatment program (same as level provided in SFY 2024 final budget).	Aid to Localities, Department of Health		N/A	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Opioid Overdose Prevention	Provides \$272,000 for services and expenses of an opioid overdose prevention program for schools (same as level provided in SFY 2024 final budget).	Aid to Localities, Department of Health		Accepts	Accepts
OASAS Funding	All Funds Aid to Localities for OASAS services is decreased by approximately \$171.5 million from SFY 2024 final state budget level.	Aid to Localities, OASAS		Restores \$11.4 million for addiction recovery services, provides an additional \$45 million for Opioid Settlement Fund which cannot replace existing funding and includes funding for legislative adds	Restores \$11.4 million for addiction recovery services, provides \$1 million for Substance Abuse Prevention and Intervention Specialists (SAPIS) and \$250,000 for legislative adds
Loan Forgiveness for Mental Health Clinicians Serving Children	Provides \$4 million in new funding for recruitment and retention of psychiatrists, psychiatric nurse practitioners and other licensed clinicians in mental health programs for children licensed by OMH or OCFS.	Aid to Localities, OMH		Accepts	Accepts
Community Mental Health Support and Workforce Reinvestment Program	Would make the program permanent to reinvest savings from state psychiatric center inpatient bed closures for community	Health/MH Article VII, Part Y		Modifies by extending the program an additional 3 years and requiring annual reporting of	Modifies by extending the program an additional 3 years.

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	mental health services and workforce.			certain performance metrics	
OMH Minimum Wage Increase Supports	\$8.22 million to support direct salary costs and related fringe benefits from minimum wage increase (increased from SFY 2024 final budget).	Aid to Localities, OMH		Accepts	Accepts
Improve Mental Health Admission and Discharge Decisions by Hospitals	Provides \$7 million to expand surveillance and regulatory compliance activities within OMH licensed and unlicensed program settings, including hospital inpatient programs and Comprehensive Emergency Programs (CPEPs). OMH and DOH will finalize regulations to codify the hospitals' admission and discharge requirements for patients with behavioral health conditions.	Briefing Book		N/A	N/A
BH Medicaid-Commercial Rate Parity	Amends sections of insurance law applying to state-regulated commercial plans requiring that plans pay facilities licensed, certified or authorized by OMH and OASAS to provide outpatient, intensive	Health/MH Article VII, Part AA		Accepts	Modifies to state that reimbursement for covered outpatient treatments shall be at rates negotiated between the insurer and the in-network,

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	outpatient, outpatient rehab and opioid treatment that are in-network at a rate that is not less than what is paid for such treatment under Medicaid (APG government rates). Applies to in-network services.				participating provider, provided that such rates are not less than the annual rates that would be paid for such treatments under Medicaid. The annual rates that would be paid for covered outpatient treatments shall be set annually no later than April 1st of each year for the reimbursement of such treatments provided during the subsequent calendar year. No further adjustments to such rates shall be made for each calendar year. Applies to in-network services.
Comprehensive Psychiatric Emergency Programs (CPEP)	Would make CPEP permanent.	Health/MH Article VII, Part BB		Modifies by extending the program an additional 3 years	Modifies by extending the authority for four

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
				through 7/1/27 and requiring annual reporting on certain performance metrics.	years through 7/1/28.
Representative Payee Authority	Would make permanent the authority of mental hygiene facility directors, acting as federally appointed representative payees, to use funds for the cost of care and treatment of persons receiving services.	Health/MH Article VII, Part DD		Accepts	Modifies by re-authorizing this law for an additional three years through 6/30/27.
Strengthen 988 Crisis Hotline	Provides an additional \$100,000 to create a specialized maternal mental health training program for providers to ensure they are properly trained to help pregnant and postpartum New Yorkers.	Briefing Book		N/A	N/A
Mental Health Parity	Amends the Insurance Law by raising the penalties that the Department of Financial Services would impose on an authorized insurer, and any representative thereof, that violates any mental health or substance use disorder provision or the federal Paul Wellstone and Pete Domenici Mental Health	TED, Art. VII bill, Part HH		Accepts	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	Parity and Addiction Equity Act of 2008. The penalty could be up to \$2000/offense. The proposal states that robust enforcement measures are essential to incentivize insurers to comply with their legal obligations.				
OMH Funding	All Funds Aid to Localities for OMH services is increased by approximately \$233 million from SFY 2024 final state budget level.	Aid to Localities, OMH		Provides \$25 million in increased funding including for legislative adds (\$20 million) and youth mental telehealth (\$5 million)	The Assembly provides an increase of \$10.3 million over the Executive proposal for adult services and new member items
Support for People with Mental Illness Who Are Involved in the Criminal Justice System	Invests \$6.2 million to provide mental health specialists and peers in mental health courts, \$2.8 million to provide individuals with mental illness with housing and supports, and \$9.6 to enhance and expand specialized Forensic Assertive Community Treatment (FACT) teams that support individuals in the community.	Briefing Book		N/A	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
OMH Reinvestment in BH Services	Provides \$74 million for reinvestment in behavioral health services from the savings realized through the transition from Medicaid FFS to managed care (same level as SFY 2024 final budget).	Aid to Localities, OMH		Accepts	Accepts
Crisis Intervention Team (CIT) Training	Provides \$187,000 to expand CIT training	Briefing Book		N/A	N/A
Human Services COLA	Provides a 1.5% human services COLA effective 4/1/24 for programs and services under OMH and OASAS.	Health/MH Article VII, Part FF. Appropriation from Aid to Localities, OMH and OASAS	<p>OMH cost - \$34.985 million. OASAS cost - \$8.86 million. Both reduced from SFY 2024 final budget.</p> <p>Assembly State Fiscal Year costs for additional 1.7% COLA: OMH - \$41.8 million, OASAS - \$10.5 million.</p>	COLA to 3.2% and expands programs and services under OMH, OPWDD, OASAS, OTDA, OCFS, SOFA to add certain programs under SED, DOH, and Office of Victim Services including Health Home Care Management. Also amends the Executive proposal to require that providers submit a resolution from their governing body to the appropriate commissioner or	Modifies the Executive's proposal by increasing the COLA to 3.2% for programs and services under OMH, OPWDD, OASAS, OTDA, OCFS and SOFA. Also amends the Executive proposal to require that providers submit a resolution from their governing body to the appropriate commissioner or director attesting that the funding received will be

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
				director attesting that the funding received will be used only to increase the hourly and/or salary wages of non-executive individuals including direct care staff, direct support professionals, and clinical staff.	used only to increase the hourly and/or salary wages of non-executive individuals including direct care staff, direct support professionals, and clinical staff.
Investment in Various Mental Health Services and Supports	\$2 million in new funding for services and expenses related to suicide prevention, peer to peer training, and other mental health supports and services for veterans, first responders, including disaster relief workers	Aid to Localities, OMH		Accepts	Accepts
Youth ACT Teams	Provides \$9.6 million to create 12 new youth Assertive Community Treatment (ACT) teams that offer treatment, rehabilitation, and support services to children and youth with serious mental illness, as well as children who are at risk of needing, or	Briefing Book		N/A	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	returning home from, high end services.				
High Fidelity Wrap Around Services for Children	Increase funding for such services by \$5 million	Aid to Localities, OMH		Accepts	Accepts
Partial Hospitalization Program	Provides an annual investment of \$2.8 million to enhance PHP children's service rates by 25 percent and develop new programs.	Briefing Book		N/A	N/A
Specialized Children's Community Residence Programming	Provides \$1 million annually to support two programs in Children's Community Residences in each OMH region and increase training and specialized programs focusing on children with welfare system involvement.	Briefing Book		N/A	N/A
School Based Mental Health Clinics	Pledged to fund expansion of school-based mental health clinics for schools that need them (\$45 million)	State of the State book		N/A	N/A
Social Media Resources for Youth and Caregivers	OMH will develop materials to educate caregivers on the impacts of social media on youths and methods to monitor usage.	Briefing Book		N/A	N/A
Behavioral Health VAP	Provides \$25 million	Aid to Localities, DOH		Accepts	Accepts

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Increase Rates for Mental Health provided in integrated settings	Provides \$13.5 million in SFY 2025 and \$27 million in SFY 2026 for increased rates	Medicaid Scorecard		N/A	N/A
Increase Rates for Children’s Mental Health provided in integrated settings	Provides \$7.8 million in SFY 2025 and \$15.2 million in SFY 2026 for increased rates	Medicaid Scorecard		N/A	N/A
Expand Coverage for Adverse Childhood Experiences (ACE) Screening for Adults	Provides \$1.2 million in SFY 2025 and \$0.9 million in SFY 2026 for such expanded coverage	Medicaid Scorecard		N/A	N/A
Expand OMH Community Mental Health Loan Repayment Program		Senate One House ELFA Art. VII, Part LL		Includes language to expand the OMH Community Mental Health Loan Repayment Program to be applicable to additional mental health professionals such as Licensed Master Social Workers, Licensed Clinical Social Workers, licensed Mental Health Counselors, Licensed Marriage & Family Therapists, Psychoanalysts,	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
				Creative Arts Therapists, and Applied Behavior Analysts	
Youth Mental Health Telehealth program	N/A	Senate One House Health HMH, Art. VII, Part SS		Includes a proposal for OMH and OASAS to establish a youth mental telehealth services program for MH and SUD services. Such program shall provide up to 5 mental telehealth services annually at no cost to individuals for acute crisis response, MH assessment or initiation of care. The offices shall enter into an agreement with a vendor for services by 11/1/24 through a competitive bidding process. Includes \$5 million	N/A
Daniel's Law Pilot Program	N/A	Assembly One House Health/MH		N/A	Includes a proposal to provide trauma-informed,

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
		Article VII, Part MM			community-led responses and diversions for any individual who may be experiencing a mental health, alcohol use, or substance use crisis utilizing crisis response teams consisting of certified peers, medical professionals, or mental health professionals. Includes \$2 million
Drug Checking Services Program	N/A	Senate One House Health/MH Article VII, Part ZZ		Includes a proposal calling for OASAS to contract with a vendor for a program to provide drug checking services to assist individuals with determining if a drug contains hazardous compounds through a competitive bidding process.	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
<i>DEVELOPMENTAL DISABILITIES/ EARLY INTERVENTION</i>					
All Funds Aid to Localities Budget OPWDD	Increased by approximately \$137 million from SFY 2024 final state budget level.	Aid to Localities, OPWDD		Provides an increase of \$190 million for direct care wage enhancements	Provides an increase of \$1.2 million over the Executive proposal
Article 16 Clinics	Provides \$185.4 million in additional funding for operation of Article 16 clinics including supportive and habilitative services consistent with the home and community-based waiver (increase of \$185.4 million from SFY 2024 final budget).	Aid to Localities, OPWDD		Accepts	Accepts
Support Access to More Independent Living Settings	Would allow DSPs to perform certain nursing tasks in non-certified settings.	Health/MH Article VII, Part EE		Rejects and provides an additional \$700,000 to OPWDD's All Funds Aid to Localities Budget for services and expenses related to this rejection.	Rejects and provides an additional \$700,000 to OPWDD's All Funds Aid to Localities Budget for services and expenses related to this rejection.
Residential Services	Provides \$4 million in additional funding for residential services for people with developmental disabilities (increase of \$4	Aid to Localities, OPWDD		Accepts	Accepts

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	million from SFY 2024 final budget).				
Day Program Services	\$6.7 million in additional funding for day program services for people with developmental disabilities (increase of \$86.224 million from SFY 2024 final budget).	Aid to Localities, OPWDD		Accepts	Accepts
DSRIP Waivers	Extends OPWDD ability to waive regulations for DSRIP projects through 4/1/26	Health/MH Article VII, Part B		Accepts	Rejects
OPWDD Minimum Wage Increase Supports	\$45.14 million to support direct salary costs and related fringe benefits from minimum wage increase (Increase of \$14 million above SFY 2024 final budget).	Aid to Localities, OPWDD		Accepts	Accepts
Human Services COLA	Provides a 1.5% human services COLA effective 4/1/24 for programs and services under OPWDD	Health/MH Article VII, Part FF. Appropriation from Aid to Localities, OPWDD	Cost of \$46.852 million (reduced from SFY 2024 final budget) Assembly State Fiscal Year costs for additional 1.7% COLA: OPWDD - \$83.8 million	COLA to 3.2% and expands programs and services under OMH, OPWDD, OASAS, OTDA, OCFS, SOFA to add certain programs under SED, DOH, and Office of Victim Services including Health Home Care Management. Also	Modifies the Executive’s proposal by increasing the COLA to 3.2% for programs and services under OMH, OPWDD, OASAS, OTDA, OCFS and SOFA. Also amends the Executive proposal to require that

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
				amends the Executive proposal to require that providers submit a resolution from their governing body to the appropriate commissioner or director attesting that the funding received will be used only to increase the hourly and/or salary wages of non-executive individuals including direct care staff, direct support professionals, and clinical staff.	providers submit a resolution from their governing body to the appropriate commissioner or director attesting that the funding received will be used only to increase the hourly and/or salary wages of non-executive individuals including direct care staff, direct support professionals, and clinical staff.
Targeted Investments in OPWDD	\$1 million in additional funding for services and expenses for those with developmental disabilities including, but not limited to, hepatitis B, care at home waiver, epilepsy services, Special Olympics NY and voluntary fingerprinting	Aid to Localities, OPWDD		Accept	Accept

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	(increase of \$1 million from SFY 2024 final budget).				
Increased Reimbursement for Providers Serving Individuals with Physical, Intellectual and Developmental Disabilities	Provides \$5.2 million in SFY 2025 and \$10.4 million in SFY 2026 for increased reimbursement rates	Medicaid Scorecard		N/A	N/A
Early Intervention Rate Increase	Provides \$13.9 million in funding to support a 5% EI reimbursement rate increase and a 4% rate modifier to support rural and underserved areas.	SFY 24-25 Financial Plan and Medicaid Scorecard Assembly One House Health/MH Article VII, new Part NN		N/A	Includes funds for an 11% increase for EI reimbursement rates and accepts the Executive proposal modifying the rate by 4% for rural and underserved areas. The Assembly Resolution notes the addition of \$7.3 million for the EI program.
Modifications to Early Intervention Billing	The budget makes various administrative changes to align billing requirements with federal regulations, resulting in savings	SFY 24-25 Exec Budget Briefing Book and Medicaid Scorecard	\$11.2 million in savings in SFY 2025	N/A	N/A
Discontinues School Psychologists as EI Providers	Removes the temporary exemption school psychologists currently have that allows them practice as	Health/MH Article VII, Part C		Modifies the proposal by rejecting the temporary	Accepts

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	Early Intervention providers but would extend their authorization to provide non-EI services for certain preschool programs through June 30, 2026.			allowance removal and extending the authorization of non-EI services for school psychologists for certain preschool programs for an additional two years.	
Direct Support Wage Enhancement	N/A			Advances language found in S.4127A to establish a direct support wage enhancement to employees whose income is less than \$75,000 and provide direct care support or any other form of treatment to individuals with developmental disabilities. In 2024, each eligible provider would receive an allocation equivalent to \$2,000 in 2024 per eligible employee and in 2025, each	N/A

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
				eligible provider would receive an allocation equivalent to \$4,000 in 2025 per eligible employee. The Senate provides an additional \$190 million to OPWDD's All Funds Aid to Localities Budget for services and expenses, or reimbursement of expenses incurred by local government agencies and/or nonprofits providers related to this wage enhancement.	
<i>PUBLIC HEALTH</i>					
School-Based Health Centers	Provides an additional \$3 million in Basic Grant funding for SBHCs.	Aid to Localities, Department of Health		The Senate Resolution provides an additional \$800,000 to support SBHC programs, for a total of \$12 million. Carves out	Accepts and adds \$3.8 million legislative add.

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
				\$3.8 million for legislative add.	
Tobacco Control Program	\$33,144,000 appropriation included a reduction from last year's enacted (\$40,644,000), but level with prior years	Aid to Localities, Department of Health		Accepts	Adds an additional \$7.5 million.
Tobacco Control Enforcement & Education	Continues level funding of \$3,840,000	Aid to Localities and State Operations, Department of Health		Accepts	Accepts
Cancer Services Program	\$19,825,000 appropriation, reduction from last year's enacted (\$22,325,000), level with prior years	Aid to Localities, Department of Health		Accepts	Adds an additional \$2.5 million.
Hypertension Services	Continues level funding of \$506,000	Aid to Localities, Department of Health		Accepts	Accepts
Diabetes & Obesity Prevention Funding	Continues level funding of \$5,970,000	Aid to Localities, Department of Health		Accepts	Accepts
Area Health Education Centers	Includes level funding of \$2.2 million	Aid to Localities, Department of Health		Provides an additional \$500,000	Accepts
Public Health Programs Discontinued	To create efficiencies and avoid duplication, the	Health/MH Article VII, Part L	Savings of \$12.1 million in SFY 2025 and \$12.3 million in SFY 2026	Rejects and adds \$12.1 million to support the	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>following programs would be discontinued:</p> <ul style="list-style-type: none"> ● 405.4 Hospital Audit Program ● Enhanced Quality of Adult Living (EQUAL) program ● Empire Clinical Research Investigator Program (ECRIP) ● Operating assistance subprogram for enriched housing ● Tick-Borne Disease program ● Medical Society of the State of New York Committee for Physician Health program 			restoration of these programs.	
SBHC Permanent Carve-Out	N/A	<p>Senate One House Health/MH Art. VII, Part B</p> <p>Assembly One House Health/MH Art. VII, Part II</p>		Includes proposal to allow SBHCs to remain permanently carved out of Medicaid Managed Care.	Includes proposal to allow SBHCs to remain permanently carved out of Medicaid Managed Care.

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Vape Distributor Taxes, Licensure, and Enforcement	N/A	Senate One House Revenue Art. VII, Part V		Advances language requiring vapor product distributors to be licensed by the State and gives the Department of Taxation and Finance the power to enforce the collection of excise taxes on vaping products (S.8559)	N/A
<i>INSURANCE</i>					
Managed Care Changes	<ul style="list-style-type: none"> Procure Medicaid managed care contracts with Medicaid managed care plans, MLTC plans, Medicare Advantage Plus (MAP) plans and HARP plans through a competitive bid process with exception of comprehensive HIV special needs plans; Places a moratorium beginning 4/1/24 until an RFP is issued on applications for additional managed care plans in Medicaid with some exceptions; 	Health/MH Article VII, Part H		Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	<p>Specifies criteria that shall be used to evaluate plans with awards to two or more plans in each geographic region defined by NYSDOH for a term determined by NYSDOH; NYSDOH, jointly with OMH and OASAS shall select a limited number of special needs managed care plans for managing significant behavioral health needs.</p> <ul style="list-style-type: none"> ● Eliminates the 1% across the board administrative rate increase to MC plans provided in SFY 2022-23 budget ● Authorizes DOH to impose liquidated damages for MC plans who fail to comply with the state Model Contract that lays out the rules of the road for Medicaid managed care ● Carve mainstream managed care out of the Independent Dispute Resolution Process 				

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
Essential Plan	Renames the Basic Health Plan to Essential Plan, extends one year authority to provide long term supports and services for those between 0-138% of FPL (Essential Plan 3 and 4) and those between 0-200% (Essential Plan 1 and 2). Also establishes a new subsidy to assist low-income New Yorkers through the marketplace and will seek federal approval to provide subsidies for the payment of premiums for those with incomes up to 350% of FPL.	Health Art. VII, Part J		Modifies by expanding coverage for undocumented individuals ages 19 to 64. Includes \$175 million to support these modifications.	Modifies Executive proposal and states in the Assembly Resolution that “all income-eligible New York State residents, including all immigrants, should be eligible for coverage under the Essential Plan.
Insulin Cost Sharing	Ensures that insulin drug coverage is not subject to a deductible, copayment, coinsurance, or any other cost sharing requirement. This would take effect on January 1, 2025, and would apply to any policy or contract issued, renewed, modified, altered, or amended on or after such date.	TED Art. VII bill, Part EE		Accepts	Accepts
Modifies Medicaid Drug Cap	Phases out the current pharmacy spending cap so the State can directly	Health Art. VII, Part I		Modifies to repeal the Medicaid Drug Cap and substitute	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Executive Proposal Savings/Cost if Any/ Known	Senate One House	Assembly One House
	negotiate enhanced rebates with manufacturers			it for an enhanced Supplemental Rebate Program. Provides an additional \$37.4 million to support this program.	
Statutory Extender	Extends affiliation requirements to allow a managed care organization to affiliate with an entity(ies) that are controlled by non-profit organizations to provide care coordination services through 12/31/29.	Health Art. VII, Part B		Accepts	Accepts
Continuous Eligibility for Children Ages 0-6	\$7.6 million for new appropriation to provide continuous Medicaid and Child Health Plus coverage for children deemed eligible until age 6, regardless of any changes to the income of the child's family.	Health/MH Article VII, Part M	Cost of \$7.6 million in SFY 2025 and \$30.3 million in SFY 2026	Accepts	Modifies by including language to allow for enrollment of a child under the age of 6 in Child Health Plus or Medicaid by the child's parent or guardian.
Epinephrine Auto-Injector Insurance Coverage	N/A	Assembly One House Health/MH Article VII, Part KK		N/A	Waives patient copay/cost sharing for Epi-Pens