

S. 8307--C

41

A. 8807--C

1 (ii) the last day of the month in which the child reaches the age of
 2 six.

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

4 PART N

5 Intentionally Omitted

6 PART O

7 Section 1. Subdivision 1 of section 2807-k of the public health law is
 8 amended by adding a new paragraph (h) to read as follows:

9 (h) "Underinsured" shall mean an individual with out of pocket medical
 10 costs accumulated in the past twelve months that amount to more than ten
 11 percent of such individual's gross annual income.

12 § 2. Subdivision 9 of section 2807-k of the public health law, as
 13 amended by section 1 of subpart C of part Y of chapter 57 of the laws of
 14 2023, is amended to read as follows:

15 9. In order for a general hospital to participate in the distribution
 16 of funds from the pool, the general hospital must implement minimum
 17 collection policies and procedures approved by the commissioner, utiliz-
 18 ing only a uniform financial assistance form developed and provided by
 19 the department. All general hospitals that do not participate in the
 20 indigent care pool shall also utilize only the uniform financial assist-
 21 ance form and otherwise comply with subdivision nine-a of this section
 22 governing the provision of financial assistance and hospital collection
 23 procedures.

24 § 3. Subdivision 9-a of section 2807-k of the public health law, as
 25 added by section 39-a of part A of chapter 57 of the laws of 2006 and
 26 paragraph (k) as added by section 43 of part B of chapter 58 of the laws
 27 of 2008, is amended to read as follows:

28 9-a. (a) ~~[As a condition for participation in pool distributions~~
 29 ~~authorized pursuant to this section and section twenty-eight hundred~~
 30 ~~seven-w of this article for] For~~ periods on and after January first, two
 31 thousand nine, general hospitals shall, effective for periods on and
 32 after January first, two thousand seven, establish financial aid poli-
 33 cies and procedures, in accordance with the provisions of this subdivi-
 34 sion, for reducing charges otherwise applicable to low-income individ-
 35 uals without health insurance or underinsured individuals, or who have
 36 exhausted their health insurance benefits, and who can demonstrate an
 37 inability to pay full charges, and also, at the hospital's discretion,
 38 for reducing or discounting the collection of co-pays and deductible
 39 payments from those individuals who can demonstrate an inability to pay
 40 such amounts. Immigration status shall not be an eligibility criterion
 41 for the purpose of determining financial assistance under this section.

42 (b) Such reductions from charges for [~~uninsured~~] patients with incomes
 43 below at least [~~three~~] four hundred percent of the federal poverty level
 44 shall result in a charge to such individuals that does not exceed [~~the~~
 45 ~~greater of~~] the amount that would have been paid for the same services
 46 [~~by the "highest volume payor" for such general hospital as defined in~~
 47 ~~subparagraph (v) of this paragraph, or for services provided pursuant to~~
 48 ~~title XVIII of the federal social security act (medicare), or for~~
 49 ~~services~~] provided pursuant to title XIX of the federal social security
 50 act (medicaid), and provided further that such amounts shall be adjusted
 51 according to income level as follows:

S. 8307--C

42

A. 8807--C

- 1 (i) For patients with incomes [~~at or~~] below at least [~~one~~] two hundred
2 percent of the federal poverty level, the hospital shall [~~collect no~~
3 ~~more than a nominal payment amount, consistent with guidelines estab-~~
4 ~~lished by the commissioner~~] waive all charges. No nominal payment shall
5 be collected;
- 6 (ii) For patients with incomes between at least [~~one~~] two hundred
7 [~~one~~] percent and [~~one~~] up to three hundred [~~fifty~~] percent of the
8 federal poverty level, the hospital shall collect no more than the
9 amount identified after application of a proportional sliding fee sched-
10 ule under which patients with lower incomes shall pay the lowest amount.
11 Such schedule shall provide that the amount the hospital may collect for
12 such patients increases [~~from the nominal amount described in subpara-~~
13 ~~graph (i) of this paragraph~~] in equal increments as the income of the
14 patient increases, up to a maximum of [~~twenty~~] ten percent of the
15 [~~greater of the~~] amount that would have been paid for the same services
16 [~~by the "highest volume payor" for such general hospital, as defined in~~
17 ~~subparagraph (v) of this paragraph, or for services provided pursuant to~~
18 ~~title XVIII of the federal social security act (medicare) or for~~
19 ~~services~~] provided pursuant to title XIX of the federal social security
20 act (medicaid), or for underinsured patients, up to a maximum of ten
21 percent of the amount that would have been paid pursuant to such
22 patient's insurance cost sharing;
- 23 (iii) For patients with incomes between at least [~~one~~] three hundred
24 [~~fifty-one~~] one percent and [~~two~~] four hundred [~~fifty~~] percent of the
25 federal poverty level, the hospital shall collect no more than the
26 amount identified after application of a proportional sliding fee sched-
27 ule under which patients with lower income shall pay the lowest amounts.
28 Such schedule shall provide that the amount the hospital may collect for
29 such patients increases from the [~~twenty~~] ten percent figure described
30 in subparagraph (ii) of this paragraph in equal increments as the income
31 of the patient increases, up to a maximum of [~~the greater~~] twenty
32 percent of the amount that would have been paid for the same services
33 [~~by the "highest volume payor" for such general hospital, as defined in~~
34 ~~subparagraph (v) of this paragraph, or for services provided pursuant to~~
35 ~~title XVIII of the federal social security act (medicare) or for~~
36 ~~services~~] provided pursuant to title XIX of the federal social security
37 act (medicaid), or for underinsured patients, up to a maximum of twenty
38 percent of the amount that would have been paid pursuant to such
39 patient's insurance cost sharing; [and
- 40 [~~(iv) For patients with incomes between at least two hundred fifty-one~~
41 ~~percent and three hundred percent of the federal poverty level, the~~
42 ~~hospital shall collect no more than the greater of the amount that would~~
43 ~~have been paid for the same services by the "highest volume payor" for~~
44 ~~such general hospital as defined in subparagraph (v) of this paragraph,~~
45 ~~or for services provided pursuant to title XVIII of the federal social~~
46 ~~security act (medicare), or for services provided pursuant to title XIX~~
47 ~~of the federal social security act (medicaid).~~
- 48 [~~(v) For the purposes of this paragraph, "highest volume payor" shall~~
49 ~~mean the insurer, corporation or organization licensed, organized or~~
50 ~~certified pursuant to article thirty-two, forty-two or forty-three of~~
51 ~~the insurance law or article forty-four of this chapter, or other third-~~
52 ~~party payor, which has a contract or agreement to pay claims for~~
53 ~~services provided by the general hospital and incurred the highest~~
54 ~~volume of claims in the previous calendar year.~~
- 55 [~~(vi) A hospital may implement policies and procedures to permit, but~~
56 ~~not require, consideration on a case-by-case basis of exceptions to the~~

S. 8307--C

43

A. 8807--C

~~1 requirements described in subparagraphs (i) and (ii) of this paragraph
2 based upon the existence of significant assets owned by the patient that
3 should be taken into account in determining the appropriate payment
4 amount for that patient's care, provided, however, that such proposed
5 policies and procedures shall be subject to the prior review and
6 approval of the commissioner and, if approved, shall be included in the
7 hospital's financial assistance policy established pursuant to this
8 section, and provided further that, if such approval is granted, the
9 maximum amount that may be collected shall not exceed the greater of the
10 amount that would have been paid for the same services by the "highest
11 volume payor" for such general hospital as defined in subparagraph (v)
12 of this paragraph, or for services provided pursuant to title XVIII of
13 the federal social security act (medicare), or for services provided
14 pursuant to title XIX of the federal social security act (medicaid). In
15 the event that a general hospital reviews a patient's assets in deter-
16 mining payment adjustments such policies and procedures shall not
17 consider as assets a patient's primary residence, assets held in a tax-
18 deferred or comparable retirement savings account, college savings
19 accounts, or cars used regularly by a patient or immediate family
20 members.~~

21 ~~(vii)]~~ (iv) Nothing in this paragraph shall be construed to limit a
22 hospital's ability to establish patient eligibility for payment
23 discounts at income levels higher than those specified herein and/or to
24 provide greater payment discounts for eligible patients than those
25 required by this paragraph.

26 (c) Such policies and procedures shall be clear, understandable, in
27 writing and publicly available in summary form and each general hospital
28 participating in the pool shall ensure that every patient is made aware
29 of the existence of such policies and procedures and is provided, in a
30 timely manner, with a summary of such policies and procedures [~~upon~~
31 ~~request~~]. Any summary provided to patients shall, at a minimum, include
32 specific information as to income levels used to determine eligibility
33 for assistance, a description of the primary service area of the hospi-
34 tal and the means of applying for assistance. For general hospitals with
35 twenty-four hour emergency departments, such policies and procedures
36 shall require the written notification of patients during the intake and
37 registration process, and during discharge of the patient, and through
38 the conspicuous posting of language-appropriate information in the
39 general hospital, and information on bills and statements sent to
40 patients, that financial aid may be available to qualified patients and
41 how to obtain further information. For specialty hospitals without twen-
42 ty-four hour emergency departments, such notification shall take place
43 through written materials provided to patients during the intake and
44 registration process prior to the provision of any health care services
45 or procedures, and during discharge of the patient, and through informa-
46 tion on bills and statements sent to patients, that financial aid may be
47 available to qualified patients and how to obtain further information.
48 Application materials shall include a notice to patients that upon
49 submission of a completed application, including any information or
50 documentation needed to determine the patient's eligibility pursuant to
51 the hospital's financial assistance policy, the patient may disregard
52 any bills until the hospital has rendered a decision on the application
53 in accordance with this paragraph.

54 (d) Such policies and procedures shall include clear, objective crite-
55 ria for determining a patient's ability to pay and for providing such
56 adjustments to payment requirements as are necessary. In addition to

S. 8307--C

44

A. 8807--C

1 adjustment mechanisms such as sliding fee schedules and discounts to
2 fixed standards, such policies and procedures shall also provide for the
3 use of installment plans for the payment of outstanding balances by
4 patients pursuant to the provisions of the [~~hospital's~~] financial
5 assistance policy. The monthly payment under such a plan shall not
6 exceed [~~ten~~] five percent of the gross monthly income of the patient[
7 ~~provided, however, that if patient assets are considered under such a~~
8 ~~policy, then patient assets which are not excluded assets pursuant to~~
9 ~~subparagraph (vi) of paragraph (b) of this subdivision may be considered~~
10 ~~in addition to the limit on monthly payments~~]. The rate of interest
11 charged to the patient on the unpaid balance, if any, shall not exceed
12 [~~the rate for a ninety-day security issued by the United States Depart-~~
13 ~~ment of Treasury, plus .5~~] two percent and no plan shall include an
14 accelerator or similar clause under which a higher rate of interest is
15 triggered upon a missed payment. If such policies and procedures include
16 a requirement of a deposit prior to non-emergent, medically-necessary
17 care, such deposit must be included as part of any financial aid consid-
18 eration. Such policies and procedures shall be applied consistently to
19 all eligible patients.

20 (e) Such policies and procedures shall permit patients to apply for
21 assistance [~~within at least ninety days of the date of discharge or date~~
22 ~~of service and provide at least twenty days for patients to submit a~~
23 ~~completed application~~] at any time during the collection process. Such
24 policies and procedures may require that patients seeking payment
25 adjustments provide appropriate financial information and documentation
26 in support of their application, provided, however, that such applica-
27 tion process shall not be unduly burdensome or complex. General hospi-
28 tals shall, upon request, assist patients in understanding the hospi-
29 tal's policies and procedures and in applying for payment adjustments.
30 Application forms shall be printed in the "primary languages" of
31 patients served by the general hospital. For the purposes of this para-
32 graph, "primary languages" shall include any language that is either (i)
33 used to communicate, during at least five percent of patient visits in a
34 year, by patients who cannot speak, read, write or understand the
35 English language at the level of proficiency necessary for effective
36 communication with health care providers, or (ii) spoken by non-English
37 speaking individuals comprising more than one percent of the primary
38 hospital service area population, as calculated using demographic infor-
39 mation available from the United States Bureau of the Census, supple-
40 mented by data from school systems. Decisions regarding such applica-
41 tions shall be made within thirty days of receipt of a completed
42 application. Such policies and procedures shall require that the hospi-
43 tal issue any denial/approval of such application in writing with infor-
44 mation on how to appeal the denial and shall require the hospital to
45 establish an appeals process under which it will evaluate the denial of
46 an application. Nothing in this subdivision shall be interpreted as
47 prohibiting a hospital from making the availability of financial assist-
48 ance contingent upon the patient first applying for coverage under title
49 XIX of the social security act (medicaid) or another publicly subsidized
50 insurance program if, in the judgment of the hospital, the patient may
51 be eligible for medicaid or another publicly subsidized insurance
52 program, and upon the patient's cooperation in following the [~~hospi-~~
53 ~~tal's~~] financial assistance application requirements, including the
54 provision of information needed to make a determination on the patient's
55 application in accordance with the hospital's financial assistance poli-
56 cy, provided, however, that this requirement shall not apply to any

S. 8307--C

45

A. 8807--C

1 patient that would otherwise not qualify for coverage based on their
2 immigration status.

3 (f) Such policies and procedures shall provide that patients with
4 incomes below [~~three~~] **four** hundred percent of the federal poverty level
5 are deemed presumptively eligible for payment adjustments and shall
6 conform to the requirements set forth in paragraph (b) of this subdivi-
7 sion, provided, however, that nothing in this subdivision shall be
8 interpreted as precluding hospitals from extending such payment adjust-
9 ments to other patients, either generally or on a case-by-case basis.
10 Such policies and procedures shall provide financial aid for emergency
11 hospital services, including emergency transfers pursuant to the federal
12 emergency medical treatment and active labor act (42 USC 1395dd), to
13 patients who reside in New York state and for medically necessary hospi-
14 tal services for patients who reside in the hospital's primary service
15 area as determined according to criteria established by the commission-
16 er. In developing such criteria, the commissioner shall consult with
17 representatives of the hospital industry, health care consumer advocates
18 and local public health officials. Such criteria shall be made available
19 to the public no less than thirty days prior to the date of implementa-
20 tion and shall, at a minimum:

21 (i) prohibit a hospital from developing or altering its primary
22 service area in a manner designed to avoid medically underserved commu-
23 nities or communities with high percentages of uninsured residents;

24 (ii) ensure that every geographic area of the state is included in at
25 least one general hospital's primary service area so that eligible
26 patients may access care and financial assistance; and

27 (iii) require the hospital to notify the commissioner upon making any
28 change to its primary service area, and to include a description of its
29 primary service area in the hospital's annual implementation report
30 filed pursuant to subdivision three of section twenty-eight hundred
31 three-1 of this article.

32 (g) Nothing in this subdivision shall be interpreted as precluding
33 hospitals from extending payment adjustments for medically necessary
34 non-emergency hospital services to patients outside of the hospital's
35 primary service area. For patients determined to be eligible for finan-
36 cial aid under the terms of a hospital's financial aid policy, such
37 policies and procedures shall prohibit any limitations on financial aid
38 for services based on the medical condition of the applicant, other than
39 typical limitations or exclusions based on medical necessity or the
40 clinical or therapeutic benefit of a procedure or treatment.

41 (h) Such policies and procedures shall prohibit the denial of admis-
42 sion or denial of treatment for services that are reasonably anticipated
43 to be medically necessary because the patient has an unpaid medical
44 bill. Such policies and procedures shall [~~not permit~~] **prohibit** the
45 forced sale or foreclosure of a patient's primary residence in order to
46 collect an outstanding medical bill and shall require the hospital to
47 refrain from sending an account to collection if the patient has submit-
48 ted a completed application for financial aid, including any required
49 supporting documentation, while the hospital determines the patient's
50 eligibility for such aid. Such policies and procedures shall prohibit
51 the sale of medical debt accumulated pursuant to this section to a third
52 party, unless the third party explicitly purchases such medical debt in
53 order to relieve the debt of the patient. Such policies and procedures
54 shall provide for written notification, which shall include notification
55 on a patient bill, to a patient not less than thirty days prior to the
56 referral of debts for collection and shall require that the collection

S. 8307--C

46

A. 8807--C

1 agency obtain the hospital's written consent prior to commencing a legal
2 action. Such policies and procedures shall prohibit a hospital from
3 commencing a legal action related to the recovery of medical debt or
4 unpaid bills against patients with incomes below four hundred percent of
5 the federal poverty level. In any legal action related to the recovery
6 of medical debt or unpaid bills by or on behalf of a hospital, the
7 complaint shall be accompanied by an affidavit by the hospital's chief
8 financial officer stating that based upon the hospital's reasonable
9 effort to determine the patient's income, the patient whom they are
10 taking legal action against does not have an income below four hundred
11 percent of the federal poverty level. Such policies and procedures shall
12 require all general hospital staff who interact with patients or have
13 responsibility for billing and collections to be trained in such poli-
14 cies and procedures, and require the implementation of a mechanism for
15 the general hospital to measure its compliance with such policies and
16 procedures. Such policies and procedures shall require that any
17 collection agency under contract with a general hospital for the
18 collection of debts follow the hospital's financial assistance policy,
19 including providing information to patients on how to apply for finan-
20 cial assistance where appropriate. Such policies and procedures shall
21 prohibit collections from a patient who is determined to be eligible for
22 medical assistance pursuant to title XIX of the federal social security
23 act at the time services were rendered and for which services medicaid
24 payment is available.

25 (i) Reports required to be submitted to the department by each general
26 hospital as a condition for participation in the pools, and which
27 contain, in accordance with applicable regulations, a certification from
28 an independent certified public accountant or independent licensed
29 public accountant or an attestation from a senior official of the hospi-
30 tal that the hospital is in compliance with conditions of participation
31 in the pools, shall also contain, for reporting periods on and after
32 January first, two thousand seven:

33 (i) a report on hospital costs incurred and uncollected amounts in
34 providing services to eligible patients without insurance [~~, including~~
35 ~~the amount of care provided for a nominal payment amount,~~] during the
36 period covered by the report;

37 (ii) hospital costs incurred and uncollected amounts for deductibles
38 and coinsurance for eligible patients with insurance or other third-par-
39 ty payor coverage;

40 (iii) the number of patients, organized according to United States
41 postal service zip code, who applied for financial assistance pursuant
42 to the hospital's financial assistance policy, and the number, organized
43 according to United States postal service zip code, whose applications
44 were approved and whose applications were denied;

45 (iv) the number of patients, including their age, race, ethnicity,
46 gender and insurance status, who applied for financial assistance under
47 the hospital's financial assistance policy, and the number of patients,
48 including their age, race, ethnicity, gender and insurance status, whose
49 applications were approved and denied;

50 (v) the reimbursement received for indigent care from the pool estab-
51 lished pursuant to this section;

52 [~~(v)~~] (vi) the amount of funds that have been expended on charity care
53 from charitable bequests made or trusts established for the purpose of
54 providing financial assistance to patients who are eligible in accord-
55 ance with the terms of such bequests or trusts;

S. 8307--C

47

A. 8807--C

1 [~~(vi)~~] (vii) for hospitals located in social services districts in
 2 which the district allows hospitals to assist patients with such appli-
 3 cations, the number of applications for eligibility under title XIX of
 4 the social security act (medicaid) that the hospital assisted patients
 5 in completing and the number denied and approved; and

6 [~~(vii)~~] (viii) the hospital's financial losses resulting from services
 7 provided under medicaid[~~;~~ and

8 ~~(viii) the number of liens placed on the primary residences of~~
 9 ~~patients through the collection process used by a hospital].~~

10 (j) Within ninety days of the effective date of this subdivision each
 11 hospital shall submit to the commissioner a written report on its poli-
 12 cies and procedures for financial assistance to patients which are used
 13 by the hospital on the effective date of this subdivision. Such report
 14 shall include copies of its policies and procedures, including material
 15 which is distributed to patients, and a description of the hospital's
 16 financial aid policies and procedures. Such description shall include
 17 the income levels of patients on which eligibility is based, the finan-
 18 cial aid eligible patients receive and the means of calculating such
 19 aid, and the service area, if any, used by the hospital to determine
 20 eligibility.

21 (k) [~~In the event it is determined by the commissioner that the state~~
 22 ~~will be unable to secure all necessary federal approvals to include, as~~
 23 ~~part of the state's approved state plan under title nineteen of the~~
 24 ~~federal social security act, a requirement, as set forth in paragraph~~
 25 ~~one of this subdivision, that compliance with this subdivision is a~~
 26 ~~condition of participation in pool distributions authorized pursuant to~~
 27 ~~this section and section twenty-eight hundred seven-w of this article,~~
 28 ~~then such condition of participation shall be deemed null and void and,~~
 29 ~~notwithstanding~~] Notwithstanding section twelve of this chapter, failure
 30 to comply with the provisions of this subdivision by a hospital on and
 31 after the date of such determination shall make such hospital liable for
 32 a civil penalty not to exceed ten thousand dollars for each such
 33 violation. The imposition of such civil penalties shall be subject to
 34 the provisions of section twelve-a of this chapter.

35 (l) A hospital or its collection agent shall not commence a civil
 36 action against a patient or delegate a collection activity to a debt
 37 collector for nonpayment for at least one hundred eighty days after the
 38 first post-service bill is issued and until a hospital has made reason-
 39 able efforts to determine whether a patient qualifies for financial
 40 assistance.

41 § 4. The public health law is amended by adding a new section 18-c to
 42 read as follows:

43 § 18-c. Separate patient consent for treatment and payment for health
 44 care services. Informed consent from a patient to provide any treatment,
 45 procedure, examination or other direct health care services shall be
 46 obtained separately from such patient's consent to pay for the services.
 47 Consent to pay for any health care services by a patient shall not be
 48 given prior to the patient receiving such services and discussing treat-
 49 ment costs. For purposes of this section, "consent" means an action
 50 which: (a) clearly and conspicuously communicates the individual's
 51 authorization of an act or practice; (b) is made in the absence of any
 52 mechanism in the user interface that has the purpose or substantial
 53 effect of obscuring, subverting, or impairing decision-making or choice
 54 to obtain consent; and (c) cannot be inferred from inaction.

55 § 5. The general business law is amended by adding two new sections
 56 349-g and 519-a to read as follows:

S. 8307--C

48

A. 8807--C

1 § 349-g. Restrictions on applications for and use of credit cards and
 2 medical financial products. 1. For purposes of this section, the follow-
 3 ing terms shall have the following meanings:

4 (a) "Medical financial products" shall mean medical credit cards and
 5 third-party medical installment loans.

6 (b) "Health care provider" shall mean a health care professional
 7 licensed, registered or certified pursuant to title eight of the educa-
 8 tion law.

9 (c) "Medical credit card" shall mean a credit card issued under an
 10 open-end or closed-end plan offered specifically for the payment of
 11 health care services, products, or devices provided to a person.

12 2. It shall be prohibited for any hospital or health care provider, or
 13 employee or agent of a hospital or health care provider, to complete any
 14 portion of an application for medical financial products for the patient
 15 or otherwise arrange for or establish an application that is not
 16 completely filled out by the patient.

17 § 519-a. Credit cards and payment for health care services. 1. For
 18 purposes of this section, the term "credit card" shall have the same
 19 meaning as in section five hundred eleven of this article.

20 2. No hospital or health care provider shall require credit card pre-
 21 authorization nor require the patient to have a credit card on file
 22 prior to providing emergency or medically necessary medical services to
 23 such patient.

24 3. Hospitals and health care providers shall notify all patients about
 25 the risks of paying for medical services with a credit card. Such
 26 notification shall highlight the fact that by using a credit card to pay
 27 for medical services, the patient is forgoing state and federal
 28 protections that regard medical debt. The commissioner of health shall
 29 have the authority and sole discretion to set requirements for the
 30 contents of such notices.

31 § 6. This act shall take effect six months after it shall have become
 32 a law; provided, however, that if section 1 of subpart C of part Y of
 33 chapter 57 of the laws of 2023 shall not have taken effect on or before
 34 such date then section two of this act shall take effect on the same
 35 date and in the same manner as such chapter of the laws of 2023 takes
 36 effect. Effective immediately, the addition, amendment and/or repeal of
 37 any rule or regulation necessary for the implementation of this act on
 38 its effective date are authorized to be made and completed on or before
 39 such effective date.

40

PART P

41 Section 1. Section 8 of part C of chapter 57 of the laws of 2022
 42 amending the public health law and the education law relating to allow-
 43 ing pharmacists to direct limited service laboratories and order and
 44 administer COVID-19 and influenza tests and modernizing nurse practi-
 45 tioners, is amended to read as follows:

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

51 § 2. Section 5 of chapter 21 of the laws of 2011 amending the educa-
 52 tion law relating to authorizing pharmacists to perform collaborative
 53 drug therapy management with physicians in certain settings, as amended