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**SFY 2025-26 Executive Budget
Health/Mental Hygiene Budget Summary**

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Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
<i>MULTIPLE SECTORS</i>			
Medicaid Global Spending Cap Extension	Extends through SFY 2026-2027	Health/MH Article VII, Part A	
Managed Care Organization (MCO) Tax	<p>Includes language to codify the structure of the proposed tax and establish a plan for spending tax receipts over the next three years. The Financial Plan only assumes two years of MCO tax revenue, totaling \$3.7 billion in net State Share benefit. The FY 2026 Budget includes \$1.4 billion State-share, which represents the first-year installment of investments, including:</p> <ul style="list-style-type: none"> • \$500 million to support the remaining Global Cap deficits; • \$305 million to support investment in hospitals, including increases to hospital outpatient rates, support for new investments in hospital quality, continued support for the hospital maternal quality programs, and additional assistance to critical access and sole community hospitals; • \$300 million to expand operating support under the Safety Net Transformation Program; • \$200 million for investment in nursing homes, assisted living programs, and hospice programs; • \$50 million to support an increase in the Medicaid physician fee schedule to bring 	Health/MH Article VII, Part F and Financial Plan	\$1.4 billion

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	<p>Medicaid reimbursement closer to the Medicare level;</p> <ul style="list-style-type: none"> • \$50 million to continue funding for the Mainstream Medicaid Managed Care Quality Program; and • \$10 million to support enhanced rates for clinics and Federally Qualified Health Centers. 		
Targeted Inflationary Rate Increase	<p>Proposes a 2.1% targeted inflationary increase for 4/1/25-3/31/26 for certain programs under OMH, OASAS, OPWDD, OTDA, OCFS and the State Office for the Aging. Each local government unit or direct contract provider receiving the funding would be required to submit a written certification attesting how the funding will be used to first promote the recruitment and retention of support staff, direct care staff, clinical staff, non-executive administrative staff, or respond to other critical non-personal services costs prior to supporting any salary increases or other compensation for executive level job titles.</p>	Health/MH Article VII, Part FF	
Maternal and Reproductive Health	<p>Would require that hospitals provide abortion care to patients in emergency situations when necessary to stabilize the patient, and the patient consents to such services, as well as allow prescribing practitioners to request that their name be replaced with the prescribing health care facility's name or address on a prescription label for abortion medications.</p>	Health/MH Article VII, Part P	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
Birth Allowance for Beginning Year (BABY) Benefit	Authorizes OTDA to provide a benefit to New Yorkers who receive public assistance throughout pregnancy for an additional \$1,200 benefit payment at birth.	Education, Labor and Family Assistance Article VII, Part Q	
Abortion Access	<ul style="list-style-type: none"> ● Provides \$25 million for abortion access, including the Reproductive Freedom and Equity Grant program, to expand capacity and ensure access for patients. ● Provides \$20 million for services and expenses for abortion service providers, including costs associated with medication abortion care, to allow providers to adapt to the possible impact of the incoming federal administration and ensure fair reimbursement. 	Aid to Localities, Department of Health	
Reproductive Health Care Improvement Program	Provides \$15 million in funding for competitive grants for capital projects at reproductive health facilities, including support for infrastructure improvements, modernization, and safety and security.	Capital Projects, Department of Health	
Essential Community Provider/VAP Funding	Provides \$81 million, level with prior years.	Aid to Localities, Department of Health	
SHIN-NY	Provides \$35 million, while stipulating that \$2.5 million shall be used for modernizing health reporting systems.	Capital Projects, Department of Health	
All Payers Database	Provides level funding of \$10 million.	Capital Projects, Department of Health	
Access to EMS	Requires the Statewide EMS Council and the Department of Health to develop a Statewide Comprehensive Emergency Medical System Plan, which will be refined by the creation of	Health/MH Article VII, Part R	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	individual county EMS plans; Designates EMS as an essential service, requiring all municipalities to provide adequate EMS response capacity to meet community needs, excluding NYC; and Authorizes the Commissioner of Health to approve and deploy EMS demonstration programs to promote innovation in the delivery of EMS services, and test novel delivery methods developed by agencies and practitioners.		
Digitize Genealogical Records	To streamline DOH operations and clear the backlog of vital records requests.	Health/MH Article VII, Part U	
Universal Authorization to Treat Workers' Compensation Patients	Amends Workers' Compensation Law, to allow any licensed acupuncturist, chiropractor, nurse practitioner, occupational therapist, physical therapist, physician, physician assistant, podiatrist, psychologist, or social worker to treat workers' compensation patients, unless otherwise excluded.	Public Protection/General Government Article VII, Part BB	
Workers' Compensation Payments	Would allow workers' compensation payers to pay for medical treatment and care, in addition to compensation payments and prescribed medicine, without accepting liability for one year, during which such payments may be disputed. This authorization currently applies to pay compensation and prescription benefits, but not medical treatment payments.	Public Protection/General Government Article VII, Part CC	
DFS Workers' Compensation Treatment Opinion	Would codify Dept. of Financial Services Opinion No. 06-12-09 which concluded that, when an accident and health insurance policy excludes coverage for benefits provided under	Public Protection/General Government Article VII, Part DD	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	Worker's Comp Law, the private health insurance carrier should pay the claim unless benefits under Workers' Compensation Law are provided.		
Universal Free School Meals	Would require all school districts, charter schools and non-public schools that participate in the national school lunch and breakfast program to provide free breakfast and lunch to all students at no cost.	Education, Labor, and Family Assistance Article VII, Part B	\$340 million
Statutory Extenders	<ul style="list-style-type: none"> ● Extends the Patient Centered Medical Home program through 4/1/2028; ● Extends the Community-Based Paramedicine Demo Program through 5/22/2027; ● Would permanently eliminate the Medicaid trend factor for certain services provided by general hospitals, nursing homes, and other providers for various programs; ● Extends the DOH Commissioner's authority for the Basic Health Program to offer certain long term services and supports through 12/31/2030; ● Extends the Health Commissioner's authority to establish or procure Statewide Independent Assessor Services through 9/30/2026 	Health/MH Article VII, Part B	
<i>HOSPITALS/ CLINICS</i>			
Hospital Investments (supported by MCO Tax)	\$305 million in funding included to support investment in hospitals, including increases to hospital outpatient rates, support for new	Health/MH Article VII, Part F	\$305 million

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	investments in hospital quality, continued support for the hospital maternal quality programs, and additional assistance to critical access and sole community hospitals;		
Healthcare Safety Net Transformation Program (supported by MCO tax)	\$300 million in funding included to expand operating support for safety net hospitals	Health/MH Article VII, Part F	\$300 million
Federally Qualified Health Center Rate Enhancement (supported by MCO Tax)	\$10 million in funding included to support enhanced rates for clinics and Federally Qualified Health Centers.	Health/MH Article VII, Part F	
Hospital Capital Funding	\$1 billion is provided for Health Care Facilities Transformation Statewide for safety net transformation program	Capital Projects appropriations bill	\$1 billion
Community Benefit Spending	Would require general hospitals to report how their community benefit expenses are spent and how they support the priorities of New York State.	Health/MH Article VII, Part M	
Hospital Reforms	Proposes to eliminate additional inpatient hospital payments up to the aggregate voluntary upper pay limit (UPL) after 2025 and incur savings to the Medicaid program by discontinuing the State’s Indigent Care Pool (ICP) payments for public hospitals in NYC operated by Health and Hospitals.	Health/MH Article VII, Part D Medicaid Scorecard	Savings of \$113.4 million (\$56.7 million State Share)
Hospital at Home	Subject to federal financial participation, proposes to allow hospitals to provide off-site acute care medical services, provided by a physician, registered nurses, NP or PA to a patient with a preexisting clinical relationship with the hospital or clinician, for patients with	Health/MH Article VII, Part Y	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	acute medical needs at their residence. DOH would be authorized to establish Medicaid rates for such services.		
Sexual Assault Forensic Examiners (SAFE)	Requires hospitals to ensure staffing of SAFE 24 hours/day, 365 days/year; Expands the definition of "rape survivor" to be inclusive of all.	Health/MH Article VII, Part T	
Increases Reimbursement For Providers for Forensic Rape Exams and Anti- HIV Drug Treatment Services for Victims of Sexual Assault	The Office of Victim Services (OVS) has protections in place to provide after care for sexual assault survivors, which include reimbursing providers for forensic rape exams and HIV treatment. This would raise the reimbursement rates to healthcare providers for the cost of forensic exams and courses of anti-HIV drug treatment.	Public Protection/General Government Article VII, Part H	
Statewide Health Care Facility Transformation III and IV Program Clarification	Makes a technical change clarifying the date when \$450 million in projects under the III program were awarded in IV to 2/28/23.	Health/MH Article VII, Part J	
Maternal and Reproductive Health	Would require that hospitals provide abortion care to patients in emergency situations when necessary to stabilize the patient, and the patient consents to such services.	Health/MH Article VII, Part P	
Temporary Operator Status	Authorizes the Commissioner of Health to place a Temporary Operator in a hospital or adult care facility in certain circumstances including serious financial instability.	Health/MH Article VII, Part K	
Statutory Extenders	<ul style="list-style-type: none"> Extends authority of DOH to make Disproportionate Share Hospital/ Intergovernmental Transfers payments to hospitals outside of NYC through 3/31/2028; 	Health/MH Article VII, Part B	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	<ul style="list-style-type: none"> • Extends the requirement for a two-month cooling off period after termination of a contract between an Article 44 health plan and a hospital through 6/30/2027; • Makes permanent the authorization of the financing of certain Health Care Capital improvements; • Extends for 2 years the Youth Adult Demonstration for Medically Fragile Children; 		
<i>LONG TERM CARE/ HOME CARE/ NURSING HOMES</i>			
Nursing Home Aid – (supported by Managed Care Organization (MCO) Tax)	\$200 million for investment in nursing homes, assisted living programs, and hospice programs	Health/MH Article VII, Part F and Financial Plan	\$200 million
Long-Term Nursing Home Care Transition to FFS	Proposes to move long-term nursing home care out of the Medicaid managed care benefit to Fee-for-Service	Health/MH Article VII, Part E Medicaid Scorecard	\$7.6 million in savings
Eliminate Funding for Managed Care Quality Pool		Admin	\$22.4 million savings
Institute Enrollment Cap on NHTD Waiver		Admin	\$18.2 million savings
Eliminate Trend Factor	For Certain Services by hospitals, nursing homes, and other providers	Health/MH Article VII, Part B	
Hospital at Home	Subject to federal financial participation, proposes to allow hospitals to provide off-site acute care medical services, provided by a physician, registered nurses, NP or PA to a patient with a preexisting clinical relationship with the hospital or clinician, for patients with	Health/MH Article VII, Part Y	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	acute medical needs at their residence. DOH would be authorized to establish Medicaid rates for such services.		
Statutory Extenders	<ul style="list-style-type: none"> ● Extends the Nursing Home Refinancing/Shared Savings Program through 3/31/2030; ● Extends the Foster Family Care Demonstration Program through 12/31/2027; ● Extends the deadline to determine the Assisted Living Program Need Methodology through 4/1/2026; ● Extends Limited License Home Care Programs through 6/30/2027; ● Makes permanent the limit on payment of Nursing Home Appeals of \$80 million annually; ● Makes permanent the authorization of episodic payment per sixty-day period of care for Certified Home Health Agencies (CCHAs); ● Makes permanent the authorization of bad debt and charity care allowances for CCHAs; ● Makes permanent DOH’s authority to limit reimbursement of CHHA/LTHHCP administrative and general costs not to exceed a Statewide average; ● Extends the Nursing Home Cash Assessment Program through 3/31/2029; 	Health/MH Article VII, Part B	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	<ul style="list-style-type: none"> Extends the Home Based Primary Care for the Elderly Demonstration Program through 1/1/2031; 		
<i>PHYSICIANS/ HEALTHCARE PROFESSIONALS</i>			
Doctors Across New York	Provides level funding of \$15,865,000	Aid to Localities, Department of Health	
Medicaid Fee Increase (supported by MCO Tax)	Increase Medicaid Rates for Physicians- details not released yet	Health/MH Article VII, Part F	\$50 million
Physician Excess Medical Malpractice Program	Extends the program through June 30, 2026, but restructures the program from one annual payment to two installment payments over two fiscal years. The Budget includes an appropriation of \$39.3 million in SFY 2026 and \$19.6 million in SFY 2027.	Health/MH Article VII, Part G	
Expanded Physician Assistant Scope of Practice	Expands physician assistant (PA) scope of practice, allowing a PA to practice independently. The proposal would extend this authorization to PAs who have practiced for more than 8,000 hours who are practicing in primary care or are employed by an Article 28 health system. This provision would be effective through December 31, 2025.	Health/MH Article VII, Part V	
Transfers Licensing of Physicians from the NYS Education Department to the NYS Department of Health	Transfers the authority to define, license, and oversee physicians, physician assistants, and special assistants to DOH from SED.	Health/MH Article VII, Part V	
Certified Medication Aides	Would allow certified medication aides in residential healthcare facilities to administer	Health/MH Article VII, Part V	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	routine medications under the supervision of a registered nurse.		
Medical Assistant Vaccinations	Would authorize a medical assistant under the supervision of a physician or PA to give vaccinations.	Health/MH Article VII, Part V	
IDR Managed Care	Exclude Medicaid Managed Care from the Independent Dispute Resolution Process	Health/MH Article VII, Part E	\$7.5 million in savings
Nurse Licensure Compact	Amend the Education Law to allow the State of New York to enter into the Interstate Nurse Licensure Compact for RNs and LPNs.	Health/MH Article VII, Part W	
Update Medical Debt Consent Law	Removes the requirement that consent for the payment of medical services must occur after such services are administered but keeps the requirement for separate consents and cost discussions.	Health/MH Article VII, Part L	
Aligns State and Federal Substance Schedules	Updates the state-controlled substance schedules to align with those of the Federal Drug Enforcement Administration (DEA).	Health/MH Article VII, Part O	
Increase Access to Methadone as Emergency Treatment For Substance Use Disorders	Increase access to methadone and other controlled substances, including buprenorphine, as emergency treatment for substance use disorders by authorizing emergency medical technician-paramedics to administer to relieve acute withdrawal symptoms, and permitting providers to distribute 3-day supplies of buprenorphine.	Health/MH Article VII, Part O	\$800,000 cost
Health Care Transactions	Would establish additional reporting of information relating to proposed and closed material transactions and impose a fee on involved parties to cover review costs.	Health/MH Article VII, Part S	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
Prescriber Prevails	Eliminates Prescriber Prevails in Medicaid	Health/MH Article VII, Part C	\$12.4 million in savings
Allow Medical/Surgical Residents to Treat Workers' Compensation Patients	Would allow medical and surgical residents and fellows who are currently in academic training programs to treat workers' compensation patients.	Public Protection/General Government Article VII, Part AA	
Involuntary Commitment and Assisted Outpatient Treatment (AOT)	Would amend the involuntary commitment standards in existing law to clarify the circumstances when a person with mental illness may be committed; Permits psychiatric nurse practitioners to make one of the necessary commitment certifications and requires clinicians to consider certain factors; Amends Kendra's Law to allow an individual's domestic partner to request AOT and updates the standards for re-entry into the program after an order expires; Upon admission to a hospital or received as a patient in a comprehensive psychiatric emergency program, the hospital or program shall make reasonable efforts to identify and promptly notify any community provider of mental health services that maintains the client on its caseload, and such provider shall be notified and included in discharge planning.	Health/MH Article VII, Part EE	
Dental Care	Expands the scope of practice of dental hygienists through collaborative practice with a dentist to authorize them to handle additional procedures currently within the exclusive scope of dentists. Including authorizing a dental hygienist with a block anesthesia certificate to	Health/MH Article VII, Part X	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	administer and/or monitor block anesthesia while under the personal supervision of a dentist.		
Increases Reimbursement For Providers for Forensic Rape Exams and Anti- HIV Drug Treatment Services for Victims of Sexual Assault	The Office of Victim Services (OVS) has protections in place to provide after care for sexual assault survivors, which include reimbursing providers for forensic rape exams and HIV treatment. This would raise the reimbursement rates to healthcare providers for the cost of forensic exams and courses of anti-HIV drug treatment.	Public Protection/General Government Article VII, Part H	
<i>PHARMACY/PHARMACEUTICALS</i>			
Prescriber Prevails	Eliminates Prescriber Prevails in Medicaid	Health/MH Article VII, Part C Medicaid Scorecard	\$12.4 million in savings
Medication Abortion Labels	Would require pharmacies, at the request of the prescriber, to list only the facility name, not the prescriber's name on prescription pill bottles for mifepristone, misoprostol and other medication abortion drugs.	Health/MH Article VII, Part P	
Pharmacist Vaccinations	Would codify PREP Act authorization for pharmacists to give COVID-19 vaccine to children age 2 and older.	Health/MH Article VII, Part V	
Pharmacy Technician Vaccinations	Would codify PREP Act authorization for registered pharmacy technicians to give all vaccines that pharmacists may administer under the supervision of a pharmacist, if they meet training requirements etc. <i>Note, this only applies to registered techs in NYS which</i>	Health/MH Article VII, Part V	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	<i>currently are only those practicing at Article 28 hospitals/practices.</i>		
Pharmacist Cessation	Would authorize a pharmacist to prescribe and order medications to treat nicotine dependence approved by the FDA for smoking cessation.	Health/MH Article VII, Part V	
Aligns State and Federal Substance Schedules	Updates the state-controlled substance schedules to align with those of the Federal Drug Enforcement Administration (DEA).	Health/MH Article VII, Part O	
Pharmacy Benefit Manager Rebate Transparency	Would require licensed PBMs to annually publish a report on their websites regarding rebate contracts with specific requirements for aggregated data to be included. Requires that a copy of each PBM's annual report be filed with the Department of Financial Services and DOH.	Transportation, Economic Development and Env. Cons. Article VII, Part Z	
BEHAVIORAL HEALTH			
Health Homes	Includes \$196,024,000	Aid to Localities, DOH	
Certified Community Behavioral Health Clinics (CCBHCs)	Includes \$22.5 million	Aid to Localities, DOH	
BH Vital Access Provider program (VAP)	Includes \$25 million	Aid to Localities, DOH	
Mobile Medication Units	Includes \$1.25 million	Capital Projects appropriations bill, OASAS	
OMH Funding	All Funds Aid to Localities for OMH services is increased by approximately \$300 million from SFY 2025 final state budget level.	Aid to Localities, OMH	
Medicaid funding for Mental Health Services	Approx. \$94 million in new funding for Medicaid payments for various MH services	Aid to Localities, OMH	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
BHET Collection	\$74 million is included for BHET collection	Aid to Localities, OMH	
Transitional Beds and SOS and CTI Teams	An increase of \$9 million is included for transitional beds, SOS CTI teams and CTI teams	Aid to Localities, OMH	
Transitional Step Down Units	Approx. \$100 million in additional funding for transitional step down units	Aid to Localities, OMH	
Targeted Inflation Rates Support	\$67.089 million is included to support the 2.1% targeted inflation rates proposal	Aid to Localities, OMH	
Minimum Wage Funding	\$8.36 million is provided for minimum wage funding increases (up from \$8.22 million in SFY 2025)	Aid to Localities, OMH	
Children’s Services	\$50 million in new funding for Children's services (\$35 million for residential treatment facilities and \$15 million for community MH non-residential programs)	Aid to Localities, OMH	
Homeless Youth	Would allow runaway and homeless youth to receive outpatient and inpatient behavioral health services without parental consent.	Health/MH Article VII, Part DD	
Involuntary Commitment and Assisted Outpatient Treatment (AOT)	Would amend the involuntary commitment standards in existing law to clarify the circumstances when a person with mental illness may be committed; Permits psychiatric nurse practitioners to make one of the necessary commitment certifications and requires clinicians to consider certain factors; Amends Kendra's Law to allow an individual's domestic partner to request AOT and updates the standards for re-entry into the program after an order expires; Upon admission to a hospital or received as a patient in a comprehensive psychiatric emergency program, the hospital or	Health/MH Article VII, Part EE	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	program shall make reasonable efforts to identify and promptly notify any community provider of mental health services that maintains the client on its caseload, and such provider shall be notified and included in discharge planning.		
Targeted Inflationary Increase	Includes a 2.1% Targeted Inflationary Increase for eligible mental hygiene and other human services programs. Specifies that each local government unit/direct contract provider receiving funding must submit a written certification attesting how such funding will be or was used to first promote the recruitment and retention of support staff, direct care staff, clinical staff, non-executive administrative staff, or respond to other critical non-personal service costs prior to supporting any salary increases or other compensation for executive level job titles.	Health/MH Article VII, Part FF	
OASAS Funding	All Funds Aid to Localities for OASAS services is increased by approximately \$3 million from SFY 2025 final state budget level.	Aid to Localities, OASAS	
Community Treatment Services Program	Total funding for the Community Treatment Services program is down by \$3 million	Aid to Localities, OASAS	
BHET Collection	\$37 million is included for BHET collection	Aid to Localities, OASAS	
Residential Services	\$2.3 million in increased funding is provided for residential services	Aid to Localities, OASAS	
Minimum Wage Funding	\$6.38 million is provided for minimum wage funding increases (up from \$2.9 million in SFY 2025)	Aid to Localities, OASAS	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
Targeted Inflation Rates Support	\$12.8 million is included to support the 2.1% targeted inflation rates proposal	Aid to Localities, OASAS	
Street Level Outreach and SOS Teams	New funding totaling \$3 million provided for street level outreach and SOS teams focused on assisting those who are homeless with housing	Aid to Localities, OASAS	
SUD/MH Ombudsman Program	\$1.5 million and \$8.5 million is included as two appropriations for the SUD/MH ombudsman program, similar to SFY 2025	Aid to Localities, OASAS	
Opioid Settlement Account Investment	Deposits \$62.952 million from settlement agreements with opioid manufacturers and distributors in the Opioid Settlement Account (subschedule below): <ul style="list-style-type: none"> ● Reserved for Municipalities - \$19.35 million ● Harm Reduction - \$12.237 million ● Treatment - \$5.232 million ● Workforce, DEI, and Belonging - \$4.419 million ● Health-Related Social Needs - \$3.227 million ● Data and Outcomes - \$2.645 million ● Recovery - \$3.401 million ● Prevention - \$2.703 million ● Co-Occurring Disorders and Special Populations - \$3.982 million ● Grassroots Organizations Working with Populations Disproportionately Affected - \$5.756 million 	Aid to Localities, OASAS	
Wards Island Facilities	Includes \$160 million to create a 100-bed forensic inpatient psychiatric facility on Wards Island	Capital Projects appropriations bill, OMH	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
<i>DEVELOPMENTAL DISABILITIES/ EARLY INTERVENTION</i>			
All Funds Aid to Localities Budget OPWDD	All Funds Aid to Localities for OPWDD is increased by approximately \$2.3 billion from SFY 2025 final state budget level for the Community Services program and increased Medicaid services for individuals with developmental disabilities	Aid to Localities, OPWDD	
Minimum Wage Funding	\$38.05 million is provided for minimum wage funding increases (down from \$45.14 million in SFY 2025)	Aid to Localities, OPWDD	
Targeted Inflation Rates Support	\$115.865 million is included to support the 2.1% targeted inflation rates proposal	Aid to Localities, OPWDD	
Preferred Source Program	Would make the program permanent with a stated goal of helping to promote integrated employment for individuals with disabilities.	Health/MH Article VII, Part Z	
OMH, OASAS, OPWDD Demo Program	Would make permanent the authority of OMH, OASAS and OPWDD to utilize flexibilities to develop new methods of services through demonstration programs.	Health/MH Article VII, Part AA	
OMH and OPWDD Temporary Operators	Would allow OMH and OPWDD the permanent authority to appoint temporary operators to ensure a program's viability.	Health/MH Article VII, Part BB	
OPWDD Managed Care	Preserves the statutory authority and flexibility of OPWDD to implement managed long-term care plans through December 31, 2027 if it elects to do so.	Health/MH Article VII, Part CC	
Support Mobility for People with Physical Disabilities	<ul style="list-style-type: none"> ● Enhance rates for clinical specialty evaluation for new wheelchairs ● Expand coverage for wheelchair repairs 	Medicaid Scorecard	<ul style="list-style-type: none"> ● No cost ● \$4 million cost ● \$100,000 cost

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	<ul style="list-style-type: none"> Preventive Maintenance Coverage 		
Protect Individuals with Intellectual Disabilities against Trafficking	Amends penal law to establish that a person is guilty of sex trafficking, a class B felony, if such person intentionally advances or profits from the prostitution of someone with an intellectual disability.	Public Protection and General Government Article VII, Part M	
<i>PUBLIC HEALTH</i>			
Area Health Education Centers	Includes level funding of \$2.2 million	Aid to Localities, Department of Health	
School-Based Health Centers	Non-Medicaid funds: Includes level funding except a \$65,000 reduction in Gap Funds	Aid to Localities, Department of Health	
Cancer Services Program	\$19,825,000 appropriation, level with prior years	Aid to Localities, Department of Health	
Tobacco Control Program	\$33,144,000 appropriation, level with prior years	Aid to Localities, Department of Health	
Tobacco Control and Cancer Services	Continues level funding of \$3,840,000	Aid to Localities and State Operations, Department of Health	
Tobacco Enforcement and Education	Continues level funding of \$2,249,000	Aid to Localities and State Operations, Department of Health	
Diabetes & Obesity Prevention Funding	Continues level funding of \$5,970,000	Aid to Localities, Department of Health	
Hypertension Services	Continues level funding of \$506,000	Aid to Localities, Department of Health	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
Public Health Programs Discontinued	<p>The following programs would be discontinued to create efficiencies:</p> <ul style="list-style-type: none"> ● Enhanced Quality of Adult Living (EQUAL) program ● Tick-Borne Disease program ● Empire Clinical Research Investigator program (ECRIP) ● Enriched Housing program 	Health/MH Article VII, Part H	Total savings of \$8.8 million in FY 2026 and \$11 million in FY 2027
Spinal Cord Injury Research Program Expansion	Expands the program to include further research on treatment of and potential cures for spinal injuries. It would also support education and research into quality of life improvements for those impacted.	Health/MH Article VII, Part N	
<i>INSURANCE</i>			
Exclude Medicaid from IDR	Carve mainstream managed care out of the Independent Dispute Resolution process	Health/MH Article VII, Part E	\$7.5 million in savings
MCO Penalties	Would authorize DOH Commissioner to impose enhanced penalties (ranging from \$250 to \$25,000 per violation) on MCOs for failure to meet the obligations and performance standards. The Commissioner may elect to impose penalties as a set off against payment due to the plan. Penalties shall be paid out of the administrative costs and profits of the plan and penalties cannot not be passed on to providers or subcontractors.	Health/MH Article VII, Part E Medicaid Scorecard	\$5 million in savings
Managed Care Quality Pool	Shift funding for managed care quality pool	Medicaid Scorecard	\$26.3 million in savings

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
BH Commercial Rate Mandate Enforcement	Includes \$1 million for additional staff to monitor compliance with BH commercial rate mandate enacted in SFY 2025 budget	Budget Briefing Book	
Network Adequacy Review in NYS Health Insurance Marketplace	Provides funding for DOH to undertake a review of NY network adequacy standards, including regional variations and increased enforcement of plan compliance (monitoring and penalties) in the NYS Health Insurance Marketplace plans	Budget Briefing Book	
Access to Infertility Treatments	Would provide Medicaid coverage for standard fertility preservation services and costs of storage of oocytes or sperm for individuals with iatrogenic infertility who are enrolled in Medicaid. Additionally, the proposal would allow the Commissioner of Health to establish a program to provide health care providers with grants to improve access to health care services that provide the full range of care for infertility.	Health/MH Article VII, Part Q	
NYSHIP Refunds	Would eliminate reimbursement payments of the Income Related Monthly Adjustment Amounts (IRMAA) to high income State retirees and provide an annual premium refund amounting to 50% of 2024 IRMAA premiums divided by the number of eligible state retirees who retired between 1983 and 2012 for salary grade nine and below.	Public Protection and General Government Article VII, Part U	Reduces NYSHIP costs by \$12.3 million in FY 2026 and \$12.9 million in FY 2027
Statutory Extenders	<ul style="list-style-type: none"> Extends the DOH Commissioner’s authority to redeploy excess reserves of certain non-profit managed care organizations through 8/1/2027; 	Health/MH Article VII, Part B	

Proposal	Description	Location in Budget	SFY 2025 Savings/Cost if Any/ Known
	<ul style="list-style-type: none"> ● Extends DOH’s authority to hire contract staff to administer fair hearings for appeals under fully integrated programs for Dual eligible individuals through 1/1/2028; ● Makes permanent the elimination of payment for prescription drugs by Medicaid managed care plans 		