

May 9, 2025

SFY 2025-26 Final Budget
Health/Mental Hygiene Budget Summary

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Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
<i>MULTIPLE SECTORS</i>					
Medicaid Global Spending Cap Extension	Extends through SFY 2026-2027	Health/MH Article VII, Part A	Modifies to permanently repeal the cap (S.4502)	Accepts	Accepts Executive proposal
Managed Care Organization (MCO) Tax	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: <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; 	Health/MH Article VII, Part F, Financial Plan, Medicaid Scorecard	Modifies how the proceeds of the MCO tax are to be spent to be (state & federal share): <ul style="list-style-type: none"> • up to \$725M for hospitals, up to \$500M for nursing homes • up to \$100m for residential health care facilities • up to \$100M for FQHCs/ D&TCs • up to \$30M for Assisted Living Programs • up to \$100M for physician fees • up to \$90 million for Early Intervention program • up to \$30 million for home care • up to \$20M for EMS; and • up to \$20M for dental. 	Modifies in Aid to Localities bill as follows: <ul style="list-style-type: none"> • \$100 million in hospital outpatient rate increases, for a total of \$405 million in hospital investments; • \$50 million in nursing home, assisted living, and hospice rates for a total of \$250 million; • \$25 million to increase rates for clinics and Federally Qualified Health Centers, for a total of \$35 million; • \$16.5 million for children's behavioral health investments • \$15 million in Certified Home Health Agency investments; • \$10 million to increase Early Intervention rates by 5 percent; • \$12.4 million to restore funding for prescriber prevails; 	Accepts codification of the MCO Tax and provides the following investments (state share): <ul style="list-style-type: none"> • Accepts the Executive's investment of \$500 million to support the Medicaid Global Cap • Accepts the Executive's investment of \$305 million in hospital rates • Modifies the Executive's investment in nursing homes, assisted living, and hospice by increasing the amount to \$225 million • Accepts the Executive's

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	<ul style="list-style-type: none"> • \$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 Medicaid reimbursement closer to the Medicare level; • \$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. 			<ul style="list-style-type: none"> • \$9.6 million for Applied Behavior Analysis (ABA) reforms; • \$7.5 million reduction in the physician fee schedule investments, for a total of \$42.5 million, to account for spending associated with not including the elimination of the specialty physician independent dispute resolution (IDR) process; • \$5 million reduction in the Mainstream Managed Care Quality Pool investment, for a total of \$45 million, to account for spending associated with not including the authorization of plan penalties; and • \$239 million reduction in the Global Cap offset to reflect the additional OSA spending reclassification. 	<ul style="list-style-type: none"> investment of \$50 million to increase physician fee schedules. • Accepts the Executive's investment of \$50 million for the Mainstream Medicaid Managed Care Quality Program • Modifies the Executive's investment in FQHCs by increasing the amount to \$20 million • Adds new investment of \$15 million for value based providers • Accepts Executive's investment of \$300 million for the Safety Net Transformation Program
Targeted Inflationary Rate Increase (TII)	Proposes a 2.1% targeted inflationary increase for 4/1/25 - 3/31/26 for certain	Health/MH Article VII, Part FF	Modifies to increase the TII to 7.8% and limits at least 4% of funding to	Modifies by increasing the TII to 7.8%	Increases the rate increase to 2.6% for 4/1/25-3/31/26 for

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	<p>programs under OMH, OASAS, OPWDD, OTDA, OCFS and the State Office for the Aging (SOFA). 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>		<p>certain titles including support staff, direct care staff, clinical staff, and non-executive administrative staff, with the remainder of the 7.8% unrestricted.</p> <p>Also adds additional eligible programs under OCFS (childcare referral agencies, healthy families NY, MECHV initiative, NYS LEAPS, NYS commissioner for the blind, residential and non-residential domestic violence services.</p> <p>Adds certain programs under NYSDOH (health home care management agencies, rape crisis programs; and Medicaid transportation) and the Office of Victims Services (crime victim service programs as defined by section 631-a of 2 the executive law).</p>	Includes language stating that it shall not prevent OCFS from applying additional trend factors or staff retention factors to eligible programs and services.	<p>programs under OMH, OASAS, OPWDD, OTDA, OCFS and SOFA. Unrestricted but providers will submit a written certification attesting how funding will be used to first promote the recruitment and retention of support staff, direct care staff, clinical staff and non-executive admin staff or to respond to other critical non-personal service costs prior to supporting salary or other compensation for executive level job titles.</p>

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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. Also requires hospitals that have limited capability for treating high risk maternity patients in need of specialized emergency care to have appropriate triage, treatment, and transfer protocols ensuring the patient's condition is stable prior to transfer.	Health/MH Article VII, Part P	Modifies to strengthen protections related to medical screenings, refusal to consent to treatment, transfers to other facilities, and delayed treatment. Rejects allowing practitioners to replace their name with the name of the practice on prescription drug labels when prescribing abortion medication as enacted S36-A contains similar provisions.	Rejects	Includes the Senate language, however, removes sections that would require a form with patient information be provided to the paramedic prior to transfer, allow the attorney general to bring action on behalf of the people of NY to enjoin any violation of this section and obtain civil penalties, would prevent hospitals from limiting health care practitioners ability to inform and provide a patient with resources regarding their health status.
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	Modifies by replacing the proposal with the Baby Bucks Allowance pilot program which will provide cash allowances to 15,000 participants during the last 3 months of pregnancy, continuing until the child reaches	Modifies by replacing the proposal with the Increasing Nutrition Support for Prenatal and Infant Resiliency (INSPIRE) pilot program to provide cash assistance of \$400 per month to low-income households during the last 3 months of	Accepts Executive proposal

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			18 months of age (S.2132)	pregnancy and through the first year of a child's life	
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	<ul style="list-style-type: none"> Accepts Accepts 	<ul style="list-style-type: none"> Adds \$12 million for the Reproductive Freedom and Equity Grant program for a total of \$37 million. \$2 million of the additional funds will be available for clinical training of reproductive health providers (A2439-B) Accepts 	<ul style="list-style-type: none"> Accepts Executive level Accepts Executive level <p>Provides additional new funding:</p> <ul style="list-style-type: none"> \$1 million for additional services and expenses for state for abortion access and available for payment to support grants for access to essential care \$5 million for additional services and expenses for abortion service providers, including costs associated with medication abortion care and available for payment to support grants for access to essential care

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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	Accepts	Accepts	Accepts
Essential Community Provider/VAP Funding	Provides \$81 million, level with prior years.	Aid to Localities, Department of Health	Accepts	Accepts	Accepts
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	Accepts
All Payers Database	Provides level funding of \$10 million.	Capital Projects, Department of Health	Accepts	Accepts	Accepts
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 individual county EMS plans; Designates EMS as an essential service, requiring all municipalities to provide adequate EMS response capacity to meet community	Health/MH Article VII, Part R	Modifies to mirror the provisions of S.4020-C of 2024. The Senate omitted the following provisions: Requiring the Regional Emergency Services Councils to consider additional factors when determining the need for additional services in a region, creating an Emergency Medical	Rejects	Rejects

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	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.		Community Assessment Program to evaluate EMS service, creating various EMS demonstration programs to facilitate innovation in EMS care delivery, and creating licensure standards for EMS practitioners.		
Digitize Genealogical Records	To streamline DOH operations and clear the backlog of vital records requests.	Health/MH Article VII, Part U	Rejects	Rejects	Rejects
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	Rejects	Rejects	Rejects
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	Public Protection/Gen eral Government Article VII, Part CC	Accepts	Rejects	Accepts

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	payments may be disputed. This authorization currently applies to pay compensation and prescription benefits, but not medical treatment payments.				
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 Worker's Comp Law, the private health insurance carrier should pay the claim unless benefits under Workers' Compensation Law are provided.	Public Protection/General Government Article VII, Part DD	Rejects	Rejects	Rejects
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	Modifies by replacing it with the language of S.594. The Senate further modifies the Executive proposal by including language from S.591 to expand the qualifying types of food purchases for the farm-to-school program to include breakfast and snack program purchases.	Accepts	Accepts Executive proposal

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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	<p>Accepts the Executive's proposed extensions except:</p> <ul style="list-style-type: none"> • Rejects the permanent elimination of the Medicaid trend factor for certain services provided by general hospitals, nursing homes, and other providers and instead sunsets 3/31/27. 	<p>Accepts the Executive's proposed extension of the Patient Centered Medical Home program through 4/1/28 and modifies the following:</p> <ul style="list-style-type: none"> • Extends the Community-Based Paramedicine Demo Program through 5/22/2026 • Rejects the permanent elimination of the Medicaid trend factor for certain services provided by general hospitals, nursing homes, and other providers and instead sunsets 3/31/27. • Extends DOH Commissioner's authority for the Basic Health Program to offer certain long-term services through 12/31/26. • Extends the Health Commissioner's authority to establish or procure Statewide Independent Assessor 	<p>Accepts the Executive's proposed extensions except:</p> <ul style="list-style-type: none"> • Sunsets the Medicaid trend factor for certain services provided by general hospitals, nursing homes, and other providers for various programs on 3/31/29; • Extends the Health Commissioner's authority to establish or procure Statewide Independent Assessor Services through 9/20/28.

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				Services through 9/20/28.	
OMIG Audit Reform	N/A	Senate Health/MH Article VII, Part HH	Advances a new proposal to establish audit procedures and reform practices and standards for the adjustment or recovery of medical assistance payments from recipients (S.4955) and adds \$1 million to support this.	N/A	Rejects
New York State Abortion Clinical Training Program	N/A	Senate Health/MH Article VII, Part NN Assembly One House Budget Summary Final Budget Aid to Localities, DOH	Adds new proposal to create a program within DOH to train health care practitioners throughout the state in providing abortion care and other reproductive health care services (S1438-A) and allocates \$5 million to support the program	Earmarks new \$2 million of additional funds provided for the Reproductive Freedom and Equity Grant program for the clinical training of reproductive health providers (A.2439-B)	Provides new funding of \$4 million for additional services and expenses for state grants for abortion access to support abortion clinical training programs
Required Primary Care Spending	N/A	Senate Health/MH Article VII, Part OO	Advances new proposal that requires all health plans and payers to report on their overall primary care services spending. If these entities report primary	N/A	Rejects

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			care spending of less than 12.5%, they must submit a plan to increase it by 1% each year (S.1634)		
Permanent Carve Out of School-Based Health Centers	N/A	Final Budget, Health/MH Art. VII, Part HH	Includes a new proposal to permanently carve school-based health centers out of Medicaid managed care	Includes a new proposal to permanently carve school-based health centers out of Medicaid managed care	Includes proposal to stop the 4/1/25 carve in of SBHCs into Medicaid managed care (MMC) and prevents the state from moving forward with MMC before 4/1/26 at the earliest.
New Upstate Emergency Department	N/A		N/A	N/A	Provides \$450 million for a new emergency department and annex at Upstate University Hospital in Syracuse
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	Final Budget Health/MH Article VII, Part EE	Modifies by omitting provisions that expand the standard to involuntarily commit individuals and amends assisted outpatient treatment. Accepts the proposal on care coordination, including changes to discharge planning and requiring hospitals and Comprehensive	Rejects	Includes the Executive proposal with modification including the Senate modification requiring notification when their patients are admitted or discharged from programs. Also creates a behavioral health crisis technical assistance center.

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	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.		Psychiatric Emergency Rooms (CPEPs) to notify mental health practitioners when their patients are admitted to or discharged from programs.		
EMS Municipal Fees	N/A	Final Budget Health/MH Article VII, Part KK	N/A	N/A	Extends the authority of local municipalities to charge fees for emergency medical services through 2031.
<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 investments in hospital quality, continued support for	Health/MH Article VII, Part F	Modified by increasing the allocation for hospitals to \$725 million	Modified by increasing the allocation for hospitals to \$405 million	Accepts Executive level of funding

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	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, Medicaid Scorecard	Accepts	Does not specify	Accepts
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 (FQHCs).	Health/MH Article VII, Part F	Provides additional funding for FQHCs, up to \$100 million, and advances language updating the FQHC rate methodology (S.4589)	Modifies by increasing the allocation for FQHCs by \$25 million, a total of \$35 million	Provides an additional \$10 million for a total investment of \$20 million
Hospital Capital Funding	\$1 billion is provided for Health Care Facilities Transformation Statewide for safety net transformation program	Capital Projects Appropriations bill	Modifies to provide \$300 million	Accepts	Includes Executive level of funding
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	Modifies by including language to require hospitals to disclose specific local investments in the report and to share with the NYS Attorney General	Rejects	Includes the Executive proposal with the Senate modification to require specific local investments be disclosed.
Hospital Reforms	Proposes to eliminate additional inpatient hospital payments up to the aggregate voluntary upper pay limit	Health/MH Article VII, Part D	Modifies by including language to make these changes contingent on federal approval of	Modifies by making the proposal contingent on NYC's federal funding being approved	Accepts Executive proposal

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	(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.	Medicaid Scorecard	additional hospital funds and adds \$7 million to support this change		
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 acute medical needs at their residence. DOH would be authorized to establish Medicaid rates for such services.	Health/MH Article VII, Part Y	Modifies by adding a two-year sunset	Rejects	Rejects
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	Modifies by providing funding to support hospitals, allowing professionals training as SAFE examiners to satisfy the requirements, and permitting hospitals extra time to comply	Modifies by extending the effective date from 10/1/2025 to 6/1/2026	Modifies to require that Sexual Assault Forensic Examiners be certified and maintain up to date certification pursuant to regulations to be issued by the Commissioner of Health.

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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	Accepts	Accepts	Accepts
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	Accepts	Rejects	Accepts
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. Also requires hospitals that have limited capability for treating high risk maternity patients in need of specialized emergency care to have appropriate triage, treatment, and transfer protocols ensuring the	Health/MH Article VII, Part P	Modifies to strengthen protections related to medical screenings, refusal to consent to treatment, transfers to other facilities, and delayed treatment. The Senate rejected allowing practitioners to replace their name with the name of the practice on prescription drug labels when prescribing abortion medication as S36-A, now enacted,	Rejects	Includes the Senate language, however, removes sections that would require a form with patient information be provided to the paramedic prior to transfer, allow the attorney general to bring action on behalf of the people of NY to enjoin any violation of this section and obtain

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	patient's condition is stable prior to transfer.		contains similar provisions.		civil penalties, would prevent hospitals from limiting health care practitioners ability to inform and provide a patient with resources regarding their health status.
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	Modifies to make clarifying changes	Rejects	Rejects
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; • 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/MH Article VII, Part B	<p>Accepts the Executive's proposed extensions, but modifies the following</p> <ul style="list-style-type: none"> • Sunsets the authorization of the financing of certain Health Care Capital improvements by 3/31/27 	<p>Accepts the Executive's proposed extensions, but modifies the following</p> <ul style="list-style-type: none"> • Sunsets the authorization of the financing of certain Health Care Capital improvements by 3/31/27 • Sunsets the Young Adult Demonstration for Medically Fragile Children by 3/31/27 	<p>Accepts the Executive's proposed extensions, but modifies the following</p> <ul style="list-style-type: none"> • Rejects the Executive's proposal to make the authorization of financing of certain Health Care Capital improvements and sunsets this authority by 3/31/29.

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	Health Care Capital improvements; <ul style="list-style-type: none"> Extends for 2 years the Young Adult Demonstration for Medically Fragile Children; 				
Hospital Disclosure Information	N/A	Senate Health/MH Article VII, Part II	Advances language to require hospital disclosure of information on non-clinical criteria, rules, or policies that may restrict medical personnel from providing specific types of care (S.3486)	N/A	Rejects
Telehealth Reimbursement Parity Extension	N/A	Senate Health/MH Article VII, Part UU	Advances new proposal to extend telehealth reimbursement parity law through 4/1/28	N/A	Rejects
Telehealth Payment Parity for FQHCs		Senate Health/MH Article VII, Part UU	Provides telehealth payment parity for FQHCs (S.3359)	N/A	Rejects
Nassau University Medical Center	N/A	Final Budget Health/MH Article VII, Part LL	N/A	N/A	Removes Nassau University Medical Center's current board of directors and shifts control to a state appointed body. Provides \$50 million.

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Financial Distressed and Safety-net Hospitals	N/A	Medicaid Scorecard	N/A	N/A	Includes \$500M in funding to support financially distressed and safety-net hospitals
<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. Notes that prior year 1% increase across the board is contingent on continued federal approval of the MCO Tax	Health/MH Article VII, Part F and Financial Plan	Modifies by increasing the allocation for nursing homes to \$500 million and \$30 million for Assisted Living programs. Also reduces nursing home capital rate cuts by 10% and modifies nursing home rate increases to create an equitable geographical distribution.	Modified by adding \$50 million for nursing homes, assisted living, and hospice rates, for a total of \$250 million.	<ul style="list-style-type: none"> Up to \$445 million for investment in Nursing Homes FY 25-26 Up to \$385 million for investment in Nursing Home FY 26-27 Up to \$15 million for investment in assisted living programs
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	Accepts	Accepts	Accepts
Eliminate Funding for Managed Care Quality Pool		Admin	\$50 million add	\$45 million add	Accepts
Institute Enrollment Cap on NHTD Waiver		Admin	Rejects the cap and adds \$18.2 million to support this	N/A	Accepts

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Eliminate Trend Factor	For certain services by hospitals, nursing homes, and other providers	Health/MH Article VII, Part B	Modifies to sunset on 3/31/27	Modifies to sunset on 3/31/27	Extends the Trend Factor through 3/31/29
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 acute medical needs at their residence. DOH would be authorized to establish Medicaid rates for such services.	Health/MH Article VII, Part Y	Modifies by adding a two-year sunset	Rejects	Rejects
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; 	Health/MH Article VII, Part B	<p>Accepts the Executive's proposed extensions with the following modifications:</p> <ul style="list-style-type: none"> • Sunsets the deadline to determine Assisted Living Program Need Methodology by 4/1/25. • Sunsets the limit on payment of Nursing Home appeals of \$80 million annually by 4/1/27 	<p>Accepts the Executive's proposed extensions with the following modifications:</p> <ul style="list-style-type: none"> • Extends the Foster Family Care Demonstration Program through 12/31/29 • Sunsets the deadline to determine Assisted Living Program Need Methodology by 4/1/25. 	<p>Accepts the Executive's proposed extensions with the following modifications:</p> <ul style="list-style-type: none"> • Keeps the current statutory deadline of 4/1/25 to determine the Assisted Living Program Need Methodology • Rejects the proposal to make permanent the limit on payment of

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	<ul style="list-style-type: none"> • 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; • Extends the Home-Based Primary Care for the Elderly Demonstration 		<ul style="list-style-type: none"> • Sunsets the authorization of episodic payment per sixty-day period of care for CCHAs by 3/31/27 • Sunsets the authorization of bad debt and charity care allowances for CCHAs by 6/30/27 • Sunsets DOH's authority to limit reimbursement of CHHA/LTHHCP administrative and general costs by 3/31/27. • Extends the Nursing Home Cash Assessment Program through 3/31/27. 	<ul style="list-style-type: none"> • Sunsets the limit on payment of Nursing Home appeals of \$80 million annually by 4/1/27 • Sunsets the authorization of episodic payment per sixty-day period of care for CCHAs by 3/31/27 • Sunsets the authorization of bad debt and charity care allowances for CCHAs by 6/30/27 • Sunsets DOH's authority to limit reimbursement of CHHA/LTHHCP administrative and general costs by 3/31/27. • Extends the Nursing Home Cash Assessment Program through 3/31/27. 	<p>Nursing Home Appeals of \$80 million annually by extending to 4/1/29</p> <ul style="list-style-type: none"> • Sunsets the authorization of episodic payment per sixty-day period of care for CCHAs by 3/31/2029 • Sunsets the authorization of bad debt and charity care allowances for CCHAs by 6/30/2029 • Extends the sunset for DOH's authority to limit reimbursement of CHHA/LTHHCP to 3/31/29 • Sunsets the Nursing Home Cash Assessment Program on 3/31/29 • Sunsets the independent Assessor contract on 9/30/2028.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	Program through 1/1/2031;				
Certified Home Health Care Agency Investment (supported by MCO Tax)	N/A	Senate Health/MH Article VII, Part F Assembly Health/MH Article VII, Part F	Provides \$30 million for Certified Home Health Care Agencies	Provides \$15 million for Certified Home Health Care Agencies	No provisions for Certified Home Care Agencies
Minimum Direct Resident Care Spending	N/A	Senate Health/MH Article VII, Part EEE	Advances language related to minimum direct resident care spending by residential health care facilities (S.4883-A)	N/A	Rejects
Managed Long-Term Care Enrollment Cap Repeal	N/A	Senate Health/MH Article VII, Part FFF	Advances language to repeal the Managed Long-Term Care enrollment cap	N/A	Rejects
Upstate CINERGY Demonstration Program	N/A	Senate Health/MH Article VII, Part GGG	Advances language to create the Upstate CINERGY demonstration program.	N/A	Rejects
<i>PHYSICIANS/ HEALTHCARE PROFESSIONALS</i>					
Doctors Across New York	Provides level funding of \$15,865,000	Aid to Localities, Department of Health	Adds \$10 million to support language included (S5091) to expand DANY to include dentists,	Accepts Executive funding level	Includes Executive level of funding

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
		Senate Health/MH Article VII, Part YY and Aid to Localities Appropriations , DOH	providing a total of \$25.865 million.		
Medicaid Fee Increase (supported by MCO Tax)	Increase Medicaid Rates for Physicians- details not released yet	Health/MH Article VII, Part F	Modifies by increasing the allocation for physician fees to \$100 million	Modifies by reducing the physician fee schedule investments by \$7.5 million, for a total of \$42.5 million, to account for spending associated with not including the elimination of the specialty physician independent dispute resolution (IDR) process.	Retains \$50 million (state share) from the MCO Tax for physician fee schedule increases. No details yet on how this will be allocated.
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	Rejects proposal to restructure the program and provides an additional \$39.25 million to restore funding for the program for one year.	Rejects proposal to restructure the program and provides an additional \$39.25 million to restore funding for the program for one year.	Rejects the restructuring and provides full funding, \$78.5 million, to extend the program for one year.
Expanded Physician Assistant Scope of Practice	Expands physician assistant (PA) scope of practice, allowing a PA to practice independently. The proposal	Health/MH Article VII, Part V	Rejects	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	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.				
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	Rejects	Rejects	Rejects
Certified Medication Aides	Would allow certified medication aides in residential healthcare facilities to administer routine medications under the supervision of a registered nurse.	Health/MH Article VII, Part V	Rejects	Rejects	Rejects
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	Rejects	Rejects	Rejects
IDR Managed Care	Exclude Medicaid Managed Care from the Independent Dispute Resolution Process	Health/MH Article VII, Part E	Rejects IDR change but includes proposal to strengthen penalties on MMC plans for noncompliance.	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
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	Rejects	Rejects	Rejects
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	Rejects	Rejects	Rejects
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	Rejects	Rejects	Rejects
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	Modifies to include S.1814-A, which allows emergency medical technician-paramedics to administer controlled substances for emergency treatment and replaces "addict" with "a person with substance use disorder" in Public Health law and includes S.3416-B, which allows providers to initiate maintenance treatment by dispensing buprenorphine while	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			arranging a referral to an authorized maintenance program.		
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	Modifies to include language that expands the proposal to any financial agreement, instead of limiting it to real estate transactions.	Rejects	Rejects
Prescriber Prevails	Eliminates Prescriber Prevails in Medicaid	Health/MH Article VII, Part C	Rejects	Provides \$12.4 million to reject the proposal	Rejects
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 under the supervision of an authorized provider.	Public Protection/General Government Article VII, Part AA	Accepts	Rejects	Accepts
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	Health/MH Article VII, Part EE	Modifies by omitting provisions that expand the standard to involuntarily commit individuals and amends assisted outpatient treatment. Accepts the proposal on care coordination, including changes to discharge planning and requiring hospitals and Comprehensive Psychiatric Emergency	Rejects	Includes the Executive proposal with the Senate modification requiring notification when their patients are admitted or discharged from programs. Also creates a behavioral health crisis technical assistance center.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	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.		Rooms (CPEPs) to notify mental health practitioners when their patients are admitted to or discharged from programs.		
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 administer and/or monitor block anesthesia while under the personal supervision of a dentist.	Health/MH Article VII, Part X	Rejects	Rejects	Rejects
Increases Reimbursement For Providers for	The Office of Victim Services (OVS) has protections in place to provide after care for	Public Protection/General	Accepts	Accepts	Accepts

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Forensic Rape Exams and Anti-HIV Drug Treatment Services for Victims of Sexual Assault	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.	Government Article VII, Part H			
Modernize Pregnancy Loss Reporting	N/A	Senate Health/MH Article VII, Part MM	Advances new proposal to modernize pregnancy loss reporting by clarifying that such reporting is not necessary under New York State law unless requested by the patient and protect the identity and of individuals who suffered a pregnancy loss (per S.3173)	N/A	Included with modifications to ensure that disposition of any tissue resulting from a pregnancy loss that occurs without the attendance of a health care provider be disposed of in accordance with the patient's wishes, and restrict the investigation and criminalization of stillbirths
Licensed Creative Arts Therapists	N/A	Senate Health/MH Article VII, Part SS	Advances new proposal to authorize Licensed Creative Arts Therapists (LCATs) to bill Medicaid for services	N/A	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Office of Medical Indemnity Fund Ombudsman	N/A	Senate Health/MH Article VII, Part TT	Advances new proposal to create the Office of the Medical Indemnity Fund Ombudsman for the purposes of receiving and resolving complaints related to the State's Medical Indemnity Fund	N/A	Rejects
Community Doula Expansion Grant Program	N/A	Senate Health/MH Article VII, Part CCC	Advances new proposal to create a community doula expansion grant program (S.7779-B of 2024)	N/A	Includes \$250,000 for program
Medical Indemnity Fund Payment Extension	N/A	Final Budget Health/MH Article VII, Part MM	N/A	N/A	Extends authorization of payments from the New York State Medical Indemnity Fund through 6/1/26.
<i>PHARMACY/PHARMACEUTICALS</i>					
Prescriber Prevails	Eliminates Prescriber Prevails in Medicaid	Health/MH Article VII, Part C Medicaid Scorecard	Rejects	Rejects and provides \$12.4 million for this	Rejects
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	Health/MH Article VII, Part P	Rejects	Rejects	Separate law enacted

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	other medication abortion drugs.				
Pharmacist Vaccinations	Would codify PREP Act authorization for pharmacists to give COVID-19 vaccine to children aged 2 and older.	Health/MH Article VII, Part V	Rejects	Rejects	Rejects
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 currently are only those practicing at Article 28 hospitals/practices.</i>	Health/MH Article VII, Part V	Rejects	Rejects	Rejects
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	Rejects	Rejects	Rejects
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	Rejects	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
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	Accepts	Rejects	Accepts
Preserving Access to Affordable Drugs	N/A	Senate Health/MH Article VII, Part KK	Advances new proposal to establish a presumption against pay-for-delay agreements compensating generic drugs manufacturers for delaying market entry (S.3203)	N/A	Rejects
BEHAVIORAL HEALTH					
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	Modifies by extending this authority for two years	Modifies by extending this authority for one year until March 31, 2026	Extends the authority until March 31, 2028
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	Modifies by adding a two-year sunset to evaluate the program	Modifies by extending for one year until March 31, 2026	Includes with modification to extend authority until March 31, 2028

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Health Homes	Includes \$196,024,000	Aid to Localities, DOH	Accepts	Accepts	Accepts
Certified Community Behavioral Health Clinics (CCBHCs)	Includes \$22.5 million	Aid to Localities, DOH	Accepts	Accepts	Accepts
BH Vital Access Provider Program (VAP)	Includes \$25 million	Aid to Localities, DOH	Accepts	Accepts	Accepts
Mobile Medication Units	Includes \$1.25 million	Capital Projects appropriations bill, OASAS	Accepts	Accepts	Accepts
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	Increases all funds spending by \$267M	Provides an increase of \$31.1 million over the Executive proposal	Increases all funds spending above Executive budget level by approx. \$23 million
Medicaid funding for Mental Health Services	Approx. \$94 million in new funding for Medicaid payments for various MH services	Aid to Localities, OMH	Accepts		Increases Adult Services program funding \$23 million above Executive Budget level
BHET Collection	\$74 million is included for BHET collection	Aid to Localities, OMH	Accepts		Accepts
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	Accepts		Accepts

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Transitional Step Down Units	Approx. \$100 million in additional funding for transitional step down units	Aid to Localities, OMH	Accepts		Accepts
Targeted Inflation Rates Support-OMH	\$67.089 million is included to support the 2.1% targeted inflation rates proposal	Aid to Localities, OMH	Increases to 7.8% with a requirement to dedicate 4% of the funding to certain titles including support staff, direct care staff, clinical staff, and non-executive administrative staff,	Increases to 7.8%	Increases from Executive level to 2.6% and provides approx. \$13 million in new funding for a total appropriation of \$83.063 million
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	Accepts	Accepts	Accepts
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	Increases by \$200M	Accepts	Accepts Executive budget funding level
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	Modifies by clarifying that these individuals may also consent to substance use disorder treatment.	Rejects	Accepts Executive proposal
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	Health/MH Article VII, Part EE	Modifies by omitting provisions that expand the standard to involuntarily commit individuals and amends assisted outpatient treatment. Accepts the	Rejects	Includes the Executive proposal with the Senate modification requiring notification when their patients are admitted or

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	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.		proposal on care coordination, including changes to discharge planning and requiring hospitals and Comprehensive Psychiatric Emergency Rooms (CPEPs) to notify mental health practitioners when their patients are admitted to or discharged from programs.		discharged from programs. Also creates a behavioral health crisis technical assistance center. Includes \$18.5M for implementation of AOT (\$16.5M county/ \$2M state OMH)
New OMH Funding	N/A	Aid to Localities One House Budgets	Includes \$200M in new funding for children's BH services and \$67M in new funding for adult services including: \$22M for Daniel's Law, \$20M for non profit community providers for mental health services pursuant to a	Includes approx. \$31M in new funding for adult services including: \$2.5M for SOS CTI teams; \$900,000 for hospital peer bridger program; \$1.6M for INSET program; \$20M for Daniel's Law Pilot; \$2M for Daniel's Law BH Technical	Modifies; Provides \$8M in new funding for BH crisis response pilot programs consistent with Daniel's Law Task Force BH Crisis Response report and includes approx. \$5M in grants to

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			Senate Resolution; \$15M for Assertive Community Treatment Teams; and \$10M for supportive housing	Advisory Center; \$2M for Crisis Intervention Teams; and \$2.1M for various legislative initiatives	community/state organizations for services and expenses (member items)
Targeted Inflationary Increase- OASAS	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	Modifies to increase the TII to 7.8% and limited 4% of the funding to certain titles including support staff, direct care staff, clinical staff, and non-executive administrative staff, with the remainder of the 7.8% unrestricted	Modifies by increasing the TII to 7.8%	Increases the rate increase to 2.6% for 4/1/25-3/31/26 and provides nearly \$3 million in new funding to support this (\$14.965 million total). Rate increase is unrestricted, but providers will submit a written certification attesting how funding will be used to first promote the recruitment and retention of support staff, direct care staff, clinical staff and non-executive admin staff or to respond to other critical non-personal service costs prior to supporting salary or other compensation for executive level job titles.

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
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	Increases all funds by \$31 million	Decreases all funds by \$23.6 million	All funds OASAS ATL funding increased by approx. \$14M from Executive budget level
Community Treatment Services Program	Total funding for the Community Treatment Services program is down by \$3 million	Aid to Localities, OASAS	Increases by \$31M	Increases by \$3M	Accepts Executive level funding
BHET Collection	\$37 million is included for BHET collection	Aid to Localities, OASAS	Accepts	Accepts	Accepts
Residential Services	\$2.3 million in increased funding is provided for residential services	Aid to Localities, OASAS	Accepts	Accepts	Accepts
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	Accepts	Accepts	Accepts
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	Accepts	Accepts	Reduced to \$1.5 million
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	Accepts	Accepts	Accepts
Opioid Settlement Account Investment	Deposits \$62.952 million from settlement	Aid to Localities, OASAS	Accepts	Accepts	Increases funding by over \$7 million from the Executive level

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>agreements with opioid manufacturers and distributors in the Opioid Settlement Account (sub schedule below):</p> <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 				<p>(\$70.471 million) pursuant to a sub-schedule as follows:</p> <ul style="list-style-type: none"> • Reserved for municipalities: \$20.668 million • Harm Reduction: \$13.978 million • Treatment: \$5.976 million • Workforce, Diversity, Inclusion, Equity, and Belonging: \$5.047 million • Health-Related Social Needs: \$3.685 million • Data and Outcomes: \$3.021 million • Recovery: \$3.885 million • Prevention: \$3.088 million • Co-Occurring Disorders and Special Populations: \$4.549 million • Grassroots Organizations Working with

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					Populations Disproportionately Affected: \$6.574 million
Wards Island Facilities	Includes \$160 million to create a 100-bed forensic inpatient psychiatric facility on Wards Island	Capital Projects appropriations bill, OMH	Accepts	Accepts	Accepts
New OASAS Funding	N/A	Aid to Localities, One-House Budgets	\$11M for Jail-Based SUD services, \$20M in local assistance grants to non profit providers for community programs and services per a Senate Resolution	\$1M in new funding for substance abuse prevention and intervention specialists	Approx. \$5 million in grants to community/state organizations for services and expenses (member items)
Drug Checking Program	N/A	Senate Health/MH Article VII, Part QQ	Advances new proposal to create an enhanced drug checking program and public health surveillance of the unregulated drug supply (S.56-A)	N/A	Rejects
Mental Health Loan Repayment Program	N/A	Senate Education, Labor and Family Assistance Article VII, Part PP	Advances new proposal to establish a mental health loan repayment program for youth mental health practitioners	N/A	Rejects
Daniel's Law Pilot	N/A	Senate Health/MH Article VII, Part LL and	Advances "Daniel's Law" to require local governments to create peer-focused crisis	Includes \$20M for Daniel's law pilot	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
		and Aid to Localities Appropriations OMH	services plans as part of the local services plans to assist individuals experiencing mental health or substance use crises that increase access to care and reduce law enforcement involvement; create the Statewide Emergency and Crisis Response Council to assist in the review and approval of such plans; and establish a statewide behavioral services technical assistance center (S.3670). Adds \$22 million to support enactment		
Expanded Medicaid Coverage for Certified Recovery Peer Advocate Services	N/A	Senate Health/MH Article VII, Part PP	Proposes new proposal to expand Medicaid coverage for certified recovery peer advocate services to include services provided in inpatient facilities or programs certified, licensed, or otherwise authorized by OASAS (S.1796)	N/A	Rejects
NY Opioid Settlement	N/A	Senate Health/MH	Proposes language that requires OASAS report	N/A	Modifies the Senate proposal to require

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Agreement and Opioid Stewardship Fund Reporting		Article VII, Part DDD Final Budget Health/MH Article VII, Part II	on funds received pursuant to the NY Settlement Agreement and Opioid Stewardship Fund Reporting (S.4639)		that by November 1 st each year, an NY subdivision directly receiving settlement funds shall publicly post on its website how such funding is being used and report to OMH to also post on its website (updated annually).
Mental Health Incident Review Panels	N/A	Assembly Health/MH Article VII, Part HH Final Budget Health/MH Article VII, Part GG	N/A	Includes language to require local governments to establish mental health incident review panels	Modifies the Assembly proposal by requiring at least one mental health incident review panel per quarter and requires OMH to issue a final report on each incident review panel as well as cumulative reports every two years.
Behavioral Health Crisis Technical Assistance Center	N/A	Assembly Health/MH Article VII, Part II	N/A	Includes a new proposal for a behavioral health crisis technical assistance center, established by OMH in consultation with OASAS to develop standardized protocols and policies for a community based, non-police crisis response	Accepts Assembly proposal

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Client Discharge From Psychiatric Centers/Inpatient Psychiatric Services	N/A	Assembly Health/MH Article VII, Part KK	N/A	Includes a new proposal related to client discharge from psychiatric centers/inpatient psychiatric services related to service plans and discharge summaries, screening and notifications	Includes certain provisions of the Assembly proposal by requiring the psychiatric center to be responsible for certain aspects of patient discharge following Involuntary Commitment (HMH, Part EE).
<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	Increases all funds spending by \$146 million	Accepts	Increased from the Executive funding level by approx. \$30M
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	Accepts	Accepts	Accepts
Targeted Inflationary Increase (TII)- OPWDD	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	Health/MH Article VII, Part FF	Modifies to increase the TII to 7.8% and limited 4% of the funding to certain titles including support staff, direct care staff, clinical staff, and non-executive	Modifies by increasing the TII to 7.8%	Increases the TII to 2.6% for 4/1/25-3/31/26 (approx. \$143.45M cost). Unrestricted but providers will submit a written certification

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	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.		administrative staff, with the remainder of the 7.8% unrestricted		attesting how funding will be used to first promote the recruitment and retention of support staff, direct care staff, clinical staff and non-executive admin staff or to respond to other critical non-personal service costs prior to supporting salary or other compensation for executive level job titles.
Targeted Inflation Rates Support	\$115.865 million is included to support the 2.1% targeted inflation rates proposal	Aid to Localities, OPWDD	Accepts	Accepts	Mentioned above, provides \$143.452 million to support the 2.6% TII
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	Modifies by adding a two-year sunset to evaluate the program	Modifies by adding a three-year sunset to evaluate the program	Extends the program with a three-year sunset
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	Modifies by extending this authority for two years	Modifies by extending this authority for one year until March 31, 2026	Extends the authority until March 31, 2028
OMH and OPWDD	Would allow OMH and OPWDD the permanent authority to appoint	Health/MH Article VII, Part BB	Modifies by adding a two-year sunset to evaluate the program	Modifies by extending for one year until March 31, 2026	Includes with modification to

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Temporary Operators	temporary operators to ensure a program's viability.				extend authority until March 31, 2028
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	Accepts	Accepts	Accepts
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 Preventive Maintenance Coverage 	Medicaid Scorecard	Accepts	Accepts	Accepts
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	Accepts	Rejects	Rejects
Direct Support Wage Enhancement	N/A	Senate Health/MH Article VII, Part BBB and Aid to Localities Appropriations OPWDD	Advances new proposal to provide a wage enhancement for DSPs and others who provide treatment in OPWDD licensed, funded, approved, and/or certified facilities making less than \$125,000 a year	N/A	Rejects

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			(S.4837) and adds \$145 million to support		
Early Intervention Rate Increase	N/A	Senate and Assembly Health/MH Article VII, Part F and Aid to Localities Appropriations , DOH	Includes \$90 million (\$45 million state share) from the proceeds of the MCO Tax to increase EI provider rates.	Provides \$22 million to increase EI provider rates by 5% (\$12 million from the Assembly and \$10 million from proceeds of the MCO Tax)	Rejects
Early Intervention Program and Rate Review	N/A	Senate Health/MH Article VII, Part RR	Advances language that directs DOH to conduct a comprehensive assessment of the existing methodology used to determine payment for early intervention screenings, evaluations, services, and service coordination (S.1222) Provides \$250,000 to support this assessment.	N/A	Rejects
Early and Periodic Screening, Diagnosis and Treatment Benefits (EPSDT) Review	N/A	Senate Health/MH Article VII, Part GG	Advances language to require DOH to review claims for expenditures for services under the EPSDT benefit for students who don't have an Individualized Education Plan or Individualized Family Service Plan (S.999)	N/A	Rejects

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Medicaid Savings Exemptions for Certain Individuals		Senate Health/MH Article VII, Part ZZ	Proposes language that increases the Medicaid savings exemption to \$300,000 for people who are Aged, Blind, and Disabled (S3554)	N/A	Rejects
PUBLIC HEALTH					
Area Health Education Centers	Includes level funding of \$2.2 million	Aid to Localities, Department of Health	Adds \$500,000 for AHEC, providing a total of \$2.7 million.	Accepts Executive funding	Includes \$2.2 million in Executive funding and the additional \$500,00 legislative add, totaling \$2.7 million
School-Based Health Centers	Non-Medicaid funds: Includes level funding except a \$65,000 reduction in Gap Funds	Aid to Localities, Department of Health	Accepts Executive funding and includes an additional \$3.8 million.	Accepts Executive funding and includes an additional \$3.8 million.	Accepts Executive funding and includes an additional \$3.8 million.
Cancer Services Program	\$19,825,000 appropriation, level with prior years	Aid to Localities, Department of Health	Accepts	Accepts	Accepts
Tobacco Control Program	\$33,144,000 appropriation, level with prior years	Aid to Localities, Department of Health	Accepts	Accepts	Accepts
Tobacco Control and Cancer Services	Continues level funding of \$3,840,000	Aid to Localities and State Operations, Department of Health	Accepts	Accepts	Accepts

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Tobacco Enforcement and Education	Continues level funding of \$2,174,600	Aid to Localities and State Operations, Department of Health	Accepts	Accepts	Accepts
Diabetes & Obesity Prevention Funding	Continues level funding of \$5,970,000	Aid to Localities, Department of Health	Accepts	Accepts	Accepts
Hypertension Services	Continues level funding of \$186,000	Aid to Localities, Department of Health	Accepts	Accepts	Accepts
Healthy Heart Funding	Continues level funding of \$506,000	Aid to Localities, Department of Health	Accepts	Accepts	Accepts
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	Rejects and adds \$11 million to support this	Rejects	Rejects

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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	Modifies to increase the funding	Rejects	Rejects
Vape Distributor Taxes, Licensure, and Enforcement	N/A	Senate One House Revenue Art. VII, Part OO Assembly One House Revenue Art. VII, Part UU	Advances new proposal to allow the Department of Taxation and Finance to enforce the ban on flavored vape products similar to the enforcement of untaxed cigarettes and move tax collection to wholesaler level (S.4527)	Includes new proposal to impose a 20 percent tax on the wholesale price of vapor products at the distributor level, which would replace the current 20 percent tax rate at the retail level. The proposal would also provide the Department of Taxation and Finance with expanded enforcement authority relating to vapor products	Rejects
Annual Tick-Borne Illness Incidence Report	N/A	Senate Health/MH Article VII, Part AAA	Advances new proposal to require DOH to publish an annual tick-borne illness incidence report (S.1786)	N/A	Rejects
Sickle Cell Centers	N/A	Senate Health/MH Article VII, Part JJ	Advances new proposal to create five Sickle Cell Centers for Excellence and ten Sickle Cell Outpatient Treatment Centers across the state	N/A	Rejects

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			based on the concentration of Sickle Cell patients (S.1578-A)		
Adult Cystic Fibrosis Assistance Program Extension	N/A	Senate Health/MH Article VII, Part XX	Advances new proposal to extend the Adult Cystic Fibrosis Assistance Program for an additional 5 years (S.3320)	N/A	Rejects
INSURANCE					
Exclude Medicaid from IDR	Carve mainstream managed care out of the Independent Dispute Resolution process	Health/MH Article VII, Part E	Rejects	Rejects	Rejects
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	Modifies by adding provisions to ensure due process	Rejects	Accepts Executive proposal
Managed Care Quality Pool	Shift funding for managed care quality pool	Medicaid Scorecard	\$50 million add	\$45 million add	Accepts

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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	Accepts	Accepts	Accepts
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	Accepts	Accepts	Accepts
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 Medicaid Scorecard	Modifies to include infertility caused by underlying medical conditions and invitro fertilization (IVF). The Senate further modifies the Executive proposal to clarify that IVF is a covered service and advances language to reimburse FQHCs for injectable fertility drugs	Modifies to remove language that permits these grants to be offered without procurement or competitive bids and includes a proposal to expand Medicaid coverage to include ovulation-enhancing drugs	Includes Executive proposal with the Assembly modification to require competitive bids for these grants. Provides \$2.3 million to support the program to be created
NYSHIP Refunds	Would eliminate reimbursement payments of the Income Related Monthly	Public Protection and General	Rejects	Rejects	Rejects

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	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.	Government Article VII, Part U			
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 7/1/2027; • 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 	Health/MH Article VII, Part B	Accepts the Executive's proposed extensions except sunsets the elimination of payment for prescription drugs by Medicaid Managed Care plans by 3/31/27.	Accepts the Executive's proposed extensions except sunsets the elimination of payment for prescription drugs by Medicaid Managed Care plans by 3/31/27.	Accepts the Executive's proposed extensions with the following exception: <ul style="list-style-type: none"> • Sunsets the elimination of payment for prescription drugs by Medicaid managed care plans on 3/31/29.
Medicaid Coverage of Dental Appliances and Procedures	N/A	Senate Health/MH Article VII, Part WW	Advances new proposal to require Medicaid coverage of certain dental appliances and	N/A	Rejects

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			procedures when a qualified dentist authorizes the procedures (S.3566)		
Coverage for Inhalers	N/A	Senate Transportation, Economic Development And Environmental Conservation Article VII, Part UUU	Includes new proposal to require commercial insurance plans to cap the patient share of asthma inhalers at \$35 (S.1804)	N/A	Rejects