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May 27, 2026

**SFY 2026-27 Final Budget  
Health/Mental Hygiene Budget Summary**

**CONTENTS**

<i>MULTIPLE SECTORS</i>	2
<i>HOSPITALS/ CLINICS</i>	16
<i>LONG TERM CARE/ HOME CARE/ NURSING HOMES</i>	19
<i>PHYSICIANS/ HEALTHCARE PROFESSIONALS</i>	23
<i>PHARMACY/PHARMACEUTICALS</i>	32
<i>BEHAVIORAL HEALTH</i>	34
<i>DEVELOPMENTAL DISABILITIES/ EARLY INTERVENTION</i>	43
<i>PUBLIC HEALTH</i>	47
<i>INSURANCE</i>	52

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 2027-28	Health/MH Article VII, Part A	Repeals	Accepts	Accepts
Health Care Reform Act (HCRA) Extension	Reauthorizes HCRA spending through March 31, 2029 and discontinues the Empire Clinical Research Investigator Program (ECRIP)	Health/MH Article VII, Part C	Accepts HCRA reauthorization; Rejects ECRIP discontinuation.	Accepts	Accepts Executive proposal
Prior Authorization Reforms	<ul style="list-style-type: none"> <li>Subpart A would require state-regulated commercial insurance companies to annually provide utilization review information to the Department of Financial Services including: the number of pre-authorization requests received, the number of requests which were authorized, the number of requests for which an adverse determination was issued; the number of requests for which an adverse determination was appealed; the number of requests for which an adverse determination was reversed on appeal in whole or part, the number of requests for which an adverse determination was upheld; the 25 current procedural terminology codes with the highest number of pre-</li> </ul>	<p>Transportation, Economic Development, &amp; Environmental Conservation (TED) Article VII, Part HH</p> <p>Final Budget TED Article VII, Part HH</p>	Accepts	<p>Modifies by allowing prior authorization for patients undergoing treatment for a chronic health condition under the following circumstances: When nationally recognized clinical practice guidelines (1) recommend follow up care to assess possible negative side effects of a treatment, (2) change substantially, or (3) recommend a change in treatment</p>	<p>Accepts Executive proposal with modifications made to Subpart D specifying for outpatient course of treatments for a chronic health condition that:</p> <ul style="list-style-type: none"> <li>A utilization review shall not be conducted more than once per year unless the attending provider recommends a change to the course of treatment</li> <li>Any new treatment, testing, or procedures related to the specific medical problem, condition, or illness being managed but not already included in the approved course of treatment may be subject</li> </ul>

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	<p>authorization requests and the percentage of authorizations for each of these, the 25 current codes with the highest number of pre-authorization requests for which an authorization was issued, the 25 current codes with the highest number of pre-authorization requests for which an adverse determination was issued in whole or part but was reversed by an appeal in whole or part, and the 25 current codes with the highest number of pre-authorization requests for which an adverse determination was issued. This information would be used to produce an annual health insurance consumer guide.</p> <ul style="list-style-type: none"> <li>● Subpart B would establish new requirements that will expand “continuity of care” - the period state regulated commercial insurers must cover out-of-network treatment - for individuals enrolling in a new health insurance company from 60 to 90 days for people with a life-threatening disease or condition or a regenerative and disabling disease or condition. For individuals that are pregnant at the time of enrollment, care shall be covered for the duration</li> </ul>			based on a change to the chronic health condition.	to a separate pre-authorization

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	<p>of the pregnancy and postpartum care.</p> <ul style="list-style-type: none"> <li>● Subpart C would also require state regulated commercial insurers to publish formulary prescription drug lists on their public websites to ensure ease of accessibility for health care providers and other interested parties, and</li> <li>● Subpart D limits the number of utilization reviews that can be conducted against an insured individual when experiencing a chronic health condition to no more than once per year for a course of treatment starting from the date of a pre-authorization approval in state regulated commercial insurance.</li> </ul>				
Targeted Inflationary Rate Increase (TII)	Proposes a 1.7% targeted inflationary increase for 4/1/26-3/31/27 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	Health/MH Article VII, Part P	Modifies by increasing the TII to 4%. At least 1.3% must be used for targeted salary increases for support staff, direct care staff, clinical staff, non-executive administrative staff or to respond to other critical non-personal service costs prior to using	Modifies by increasing the TII to 4%. At least 2.3% must be used for targeted salary increases for support staff, direct care staff, clinical staff, and non-executive administrative staff with title codes 300-399 and codes 400, 500-599, 605-	Increases the TII to 2.7% for 4/1/26-3/31/27 for programs under OMH, OASAS, OPWDD, OTDA, OCFS and SOFA as listed in Executive proposal. 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

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	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.		for executive level job titles. Expands TII-eligible entities including OPWDD independent living centers, OASAS addiction treatment centers, health home care management agencies, Medicaid transportation programs, OTDA supportive housing and other programs under OCFS, and SOFA per S.3669-B. The estimated cost for these additions is \$255 million State-share (\$431 million total)	699 and 703-799. For OTDA, OCFS, and the State Office for the Aging, eligible staff shall be determined by the Commissioners. The estimated total cost for this additional percent would be \$238.1 million	admin staff or to respond to other critical non-personal service costs prior to supporting salary or other compensation for executive level job titles.
Temporary Health Care Staffing	Requires temporary health care staffing agencies to report information regarding wages and benefits of individuals provide services and to disclose all entities which they contract and subcontract with; Allows DOH to establish maximum profits for temporary agencies to stabilize the state's health care workforce	Health/MH Article VII, Part J	Accepts	Modifies by expanding current law to cover subcontractors and does not include provisions to establish a profit cap on temporary healthcare staffing agencies.	Modifies Executive proposal to: <ul style="list-style-type: none"> <li>● Add a business entity to the definition of a “controlling person”</li> <li>● Eliminate DOH section regarding discretion to grant waivers for extraordinary circumstances where compliance with the agency rate would result</li> </ul>

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					<p>in demonstrable harm to health care access or staffing availability.</p> <ul style="list-style-type: none"> <li>Includes section that the article does not override or exempt agencies from other consumer protection or business laws; agencies can still be sued or penalized under other laws if they engage in unlawful conduct</li> </ul>
Healthcare Transactions	<p>Authorizes DOH to conduct supplemental cost and market impact reviews for significant healthcare transactions and imposes additional reporting requirements on healthcare investors, before and after completion of transactions; DOH would be authorized to share the findings of cost and market analysis reviews with the Office of the Attorney General to support investigations, reviews and other actions</p>	Health/MH Article VII, Part H	Accepts	Rejects	Rejects
Medical Indemnity Fund (MIF)	<p>Establishes MIF reimbursement rates for non-physician services to enrollees at 100% of Medicare, if no Medicare rate is available then at 100% of Medicaid, and if no Medicare or Medicaid rates available the Commissioner of DOH would determine the rate</p>	Health/MH Article VII, Part I	<p>Modifies by rejecting the reimbursement rate cuts, permanently extends enhanced MIF rates, and creates a MIF ombudsman (per</p>	Rejects	<p>Rejects the reimbursement rate cuts and extends the standing enhanced MIF rates through 6/1/27</p>

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			S3364); Adds \$80M		
Continuous Medicaid Eligibility of Young Children	Repeals continuous eligibility for children determined eligible for Medicaid or Child Health Plus until they reach the age of six.	Health/MH Article VII, Part M	Rejects	Rejects	Accepts
Presumptive Eligibility Changes	Repeals presumptive eligibility under SSL Sec. 364-i for persons 0-18 years, and makes conforming amendments	Health/MH Article VII, Part M	Rejects	Rejects	Accepts
Abortion Access	<ul style="list-style-type: none"> <li>● Provides \$25 million to sustain the Reproductive Freedom and Equity Grant program which will expand capacity and ensure access for patients.</li> <li>● Provides \$10 million, down from \$15 million from SFY 2026, to support grants provided to eligible abortion care providers in support of capital projects that promote expanded reproductive health infrastructure, modernization of facilities and enhanced safety and security.</li> <li>● Continues to provide a \$20 million flexible funding stream to support abortion services and to protect the network of reproductive health care providers</li> <li>● To ensure there is no interruption in the work done by Planned Parenthoods in NYS with the one-year prohibition on Federal</li> </ul>	Aid to Localities, Department of Health and the Budget Briefing Book	<p>Accepts and adds funding for programs as follows:</p> <ul style="list-style-type: none"> <li>● \$10 million for Reproductive Freedom and Equity Grants for access and clinical training</li> <li>● \$5 million for the Abortion Medication funding line</li> </ul>	Accepts all and adds \$5 million in funding for the Reproductive Freedom and Equity Fund	Accepts Executive funding levels and adds \$1 million for abortion access, including the Reproductive Freedom and Equity Grant program in order to expand capacity and ensure access for patients

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	Medicaid funding to Planned Parenthood in the Federal H.R.1 Bill, NYS will provide funding to support the lost federal share				
Rural Health Transformation Program (RHTP)	<p>Established at the federal level in 2025, New York applied and has been awarded \$212 million for the first year of the five-year program to transform the healthcare delivery system and improve healthcare access, quality, and outcomes in rural communities. Funding will be used for the following:</p> <ul style="list-style-type: none"> <li>● Rural Community Health Integration Initiative – Establishes regional networks linking hospitals, Federally Qualified Health Centers, and Medicaid and behavioral health providers and promotes shared financial responsibility, community-based partnerships, and sustainability of safety-net services.</li> <li>● Strengthening Rural Communities and Technology-enhanced Primary Care – Expands Patient Centered Medical Home (PCMH) accreditation, supports artificial intelligence-driven clinical tools, telehealth, and investments to increase access</li> </ul>	Budget Briefing Book	N/A	N/A	N/A

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>and efficiency in rural primary care.</p> <ul style="list-style-type: none"> <li>● Rural Roots – Creates workforce data tracking, early-career programs, and employer-based training pipelines. Establishes a Recruitment-to-Service pipeline for medical, dental, and behavioral health trainees.</li> <li>● Investments in Technology Innovation and Cybersecurity – Expands telehealth and remote monitoring capabilities, integrates eConsult hubs with the SHIN-NY, and strengthens cybersecurity readiness for rural facilities.</li> </ul>				
Expand the Use of Artificial Intelligence (AI) Technology in Healthcare Safely and Equitably	Includes initiatives to better support the ethical adoption of emerging AI technology within DOH and across the health care industry. New York State will build a consortium of healthcare leaders to share best practices on the implementation of AI health tools. Additionally, DOH will develop an AI governance model to better evaluate the opportunities and risks associated with these tools as they offer the potential to deliver better health outcomes for New Yorkers.	Budget Briefing Book	N/A	N/A	N/A

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Statutory Extenders	<ul style="list-style-type: none"> <li>● Provides a 6-year continuation of the Medicaid Managed Care Program and existing Medicaid copays through March 31, 2032</li> <li>● Provides a 3-year extension of the Comprehensive Health Services Program through March 31, 2029</li> <li>● Provides a 3-year extension of the Statewide Health Information Network and Statewide Planning and Research Cooperative System through March 31, 2029</li> <li>● Provides a 2-year extension for regulatory flexibilities for certain DSRIP Program promising practices through April 1, 2028</li> <li>● Provides for a 2-year continuation of payment parity under Medicaid fee for service and managed care for services whether provided in person or via telehealth through April 1, 2028</li> <li>● Provides a 2-year extension of the Statewide Medicaid Integrity and efficiency initiative to support audit recoveries, etc. through March 31, 2028.</li> <li>● Provides a 1-year extension for the authorization of the New York State of Health Customer Service Contract through August 19, 2027</li> </ul>	Health/MH Article VII, Part B	Accepts the Executive's proposed extensions	Modifies the Executive's proposed extension: <ul style="list-style-type: none"> <li>● A 3-year continuation of the Medicaid Managed Care Program and existing Medicaid copays through March 31, 2029</li> </ul>	Provides the following extensions: <ul style="list-style-type: none"> <li>● A 3-year continuation of the Medicaid Managed Care Program and existing Medicaid copays through March 31, 2029</li> <li>● Provides a 3-year extension of the Comprehensive Health Services Program through March 31, 2029</li> <li>● Provides a 3-year extension of the Statewide Health Information Network and Statewide Planning and Research Cooperative System through March 31, 2029</li> <li>● Provides a 2-year extension for regulatory flexibilities for certain DSRIP Program promising practices through April 1, 2028</li> <li>● Provides for a 2-year continuation of payment parity under Medicaid fee for service and managed care for services whether provided in person or via telehealth through April 1, 2028</li> </ul>

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					<ul style="list-style-type: none"> <li>● Provides a 2-year extension of the Statewide Medicaid Integrity and efficiency initiative to support audit recoveries, etc. through March 31, 2028.</li> <li>● Provides a 1-year extension for the authorization of the New York State of Health Customer Service Contract through August 19, 2027</li> </ul>
Distressed Provider Assistance Account and General Public Health Work	<ul style="list-style-type: none"> <li>● Repeal the Distressed Provider Assistance Account, no longer requiring \$150 million in collections from New York City.</li> <li>● Increase New York City General Public Health Work (GPHW) reimbursement from 20% to 36%.</li> </ul>	Health/MH Article VII, Part T - 30 Day Amendments	Accepts	Accepts	Accepts
NYS Abortion Clinical Training Program	N/A	Senate Health/MH Article VII, Part X	Advances language consistent with S1438-A to create said program to train health care practitioners in abortion care and other reproductive health care services and provides \$6 million for this	N/A	Rejects

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Reproductive Health Care Consent	N/A	Senate One House Health/MH Article VII, New Part FF	Advances language to amend the Public Health Law §2504(3) to ensure any person may consent to reproductive care.	N/A	Rejects
Gender-Affirming Care Access	N/A	Senate One House Health/MH Article VII, New Part KK	Advances language consistent with S7924 establishing a program to increase access to gender-affirming care, including medical/surgical care and therapies, equipment, and mental health treatment; Provides \$4 million.	N/A	Rejects
Telehealth Reimbursement Parity for Clinics and FQHCs	N/A	Senate One House Health/MH Article VII, New Part MM	Advances language consistent with S3359 expanding telehealth reimbursement parity to FQHCs and other clinics and extending telehealth reimbursement parity through March 31, 2028; Provides \$10 million.	N/A	Rejects

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OMIG Audit Restrictions	N/A	Senate One House Health/MH Article VII, New Part EE	Advances language consistent with S8949 limiting OMIG use of extrapolation when state agency regulations/guidance are updated to support provider documentation practices.	N/A	Rejects
OMIG Audit Reform	N/A	Senate One House Health/MH Article VII, New Part LL	Advances language consistent with S4955-B reforming how the OMIG conducts audits and overpayment recoveries by setting investigation standards, limiting reviews, providing enhanced notifications, and extending timeframes.	N/A	Rejects
Essential Plan Contingency Fund	N/A	Assembly One House Health/MH Article VII, New Part Z  Assembly One House Aid to Localities,	N/A	Advances language to create an Essential Plan Contingency Fund to maintain access to healthcare coverage in the event the federal government denies	Rejects

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		Department of Health		the State's waiver request to reactivate the 1331 Basic Health Program; Provides \$6 billion.	
New York Reinvests in Student Educational Supports (NY RISES)	N/A	Assembly One House Education, Labor, and Family Assistance (ELFA), State Operations and Aid to Localities, Higher Ed Services Corporation	N/A	Includes a proposal for a student loan program (NY RISES) and provides \$500 million in bonding authority under SONYMA to address the dramatic changes on the federal level that affect student loans. NY RISES is in a partnership between the State, private lenders and higher education institutions. Provides \$100 million for the program and \$10 million for additional staff and expenses to administer	Rejects
Nonprofit Human Services	N/A	Assembly One House ELFA, Miscellaneous	N/A	Provides \$50 million for the nonprofit	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Organizations Capital Funding		Capital Projects		infrastructure capital investment program to support capital projects for eligible nonprofit human services organizations	
Medical Assistance for Certain Non-Citizens	N/A	Final Budget Health/MH Article VII, Part X	N/A	N/A	Includes coverage under Medicaid fee-for-service with the same covered benefits under MMC for non-citizens who are pregnant, effective 1/1/27
MCO Provider Tax Amendment	N/A	Final Budget Health/MH Article VII, Part Y	N/A	N/A	Authorizes the DOH Commissioner to apply for an amendment of the tax and to impose an amended MCO provider tax as an assessment upon health plans on January 1, 2027. Subject to CMS approval, health plans would pay the tax for each calendar year at a rate of 0.35% of the plan's total premium revenue
Medically Fragile Children	N/A	Final Budget Health/MH Article VII, Part AA	N/A	N/A	Continues reimbursement rates for medically fragile children and pediatric diagnostic and treatment centers through 4/1/29

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<i>HOSPITALS/ CLINICS</i>					
Hospital and Nursing Home Investments from MCO tax revenue	To support hospitals and nursing homes during these uncertain times federally, the Budget includes an additional \$750 million (\$500 million recurring) in additional State support for these critical institutions, in addition to Medicaid increases provided in recent budgets. When combined with a federal match these rate increases will provide \$1.5 billion in additional funding to these institutions in FY 2027	Budget Briefing Book	N/A	N/A	Includes \$706 million for Hospitals and \$480 million for Nursing Homes
Safety Net Hospital Transformation Program (SNTP)	Will further expand the SNTP by providing an additional \$1 billion in capital support and allocates a minimum of \$330 million in operating funding supported by MCO tax revenue to support new and existing partnerships, as well as supporting new innovative models of care while strengthening the long-term financial sustainability of safety-net hospitals.	Budget Briefing Book	N/A	N/A	N/A
Healthcare Stability Fund	Authorizes DOH and the Division of the Budget (DOB) to make additional investments from the Healthcare Stability Fund including up to \$40 million for FQHCs and D&TCs; Such investments may be made as increased rates of payment, lump sum payments or state	Health/MH Article VII, Part O	Modifies to allocate funding as follows (state share): <ul style="list-style-type: none"> <li>\$560M for hospitals</li> <li>\$470M for nursing homes,</li> </ul>	Modifies to include \$80 million for FQHCs and increase funding to \$2.342B for hospitals/ nursing homes (with \$1.2 billion for	Allocates Medicaid funding increases beginning 4/1/26 as follows: <ul style="list-style-type: none"> <li>\$80 million for FQHCs;</li> <li>\$706 million for hospitals;</li> <li>\$480 million for nursing homes;</li> </ul>

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	<p>directed payments; Increases the amount of funding that may be provided to hospitals and nursing homes to up to \$1.5 billion from the Fund and provides that all funding is subject to available monies within the Fund and to federal financial participation</p>		<p>assisted living programs and hospice</p> <ul style="list-style-type: none"> <li>● \$80 million for FQHCs</li> <li>● \$25M for Certified Home Health Agencies</li> </ul>	<p>payments). Additionally provides:</p> <ul style="list-style-type: none"> <li>● \$500 million for Global Cap offsets;</li> <li>● \$330 million for the Safety Net Transformation Program;</li> <li>● \$193 million for nursing homes;</li> <li>● \$155 million for hospitals;</li> <li>● \$100 million for quality pools;</li> <li>● \$40 million for clinics;</li> <li>● \$15 million for Value Based Program (VBP) incentive payments;</li> <li>● \$15 million for Certified Home Health Agencies;</li> <li>● \$12 million for Assisted Living Providers;</li> </ul>	<ul style="list-style-type: none"> <li>● \$20 million for assisted living programs;</li> </ul> <p>New language is added to the proposal specifying, all subject to federal matching funds and participation, that:</p> <ol style="list-style-type: none"> <li>1. For all rate years: <ul style="list-style-type: none"> <li>○ Any reconciliation add-ons from 4/1/20 - 9/30/24 will be reduced by 10%; and</li> <li>○ Any reconciliation recoupments will increase by 10%</li> </ul> </li> <li>2. From 10/1/24-3/31/26: <ul style="list-style-type: none"> <li>○ Reconciliation add-ons will be reduced by 20%; and</li> <li>○ Reconciliation recoupments will increase by 20%</li> </ul> </li> <li>3. Starting 4/1/26: <ul style="list-style-type: none"> <li>○ Reconciliation add-ons will be reduced by 10%; and</li> <li>○ Reconciliation recoupments will increase by 10%</li> </ul> </li> </ol>

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				<ul style="list-style-type: none"> <li>● \$5 million for hospice;</li> <li>● \$1.4 billion for state share tax offsets; and</li> <li>● \$536 million to be rolled over to SFY 2027-28 for disbursement</li> </ul>	
Medical Indemnity Fund (MIF)	Establishes MIF reimbursement rates for non-physician services to enrollees at 100% of Medicare, if no Medicare rate is available then at 100% of Medicaid, and if no Medicare or Medicaid rates available the Commissioner of DOH would determine the rate	Health/MH Article VII, Part I	Modifies by rejecting the reimbursement rate cuts, permanently extends the standing enhanced MIF rates, and creates a MIF ombudsman (per S3364); Provides \$80M	Rejects	Rejects the reimbursement rate cuts and extends the standing enhanced MIF rates through 6/1/27
Healthcare Transactions	Authorizes DOH to conduct supplemental cost and market impact reviews for significant healthcare transactions and imposes additional reporting requirements on healthcare investors, before and after completion of transactions; DOH would be authorized to share the findings of cost and market analysis reviews with the Office of the Attorney General to support investigations, reviews and other actions	Health/MH Article VII, Part H	Accepts	Rejects	Rejects

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Statutory Extender of the Voluntary Indigent Care Pool Methodology	Provides a 3-year extension of the Voluntary Indigent Care Pool Methodology through March 31, 2029	Health/MH Article VII, Part B	Accepts	Accepts	Accepts
Hospital Capital Rate Cut Restoration	N/A	Assembly One House Health/MH Article VII, New Part Y	N/A	Provides a total restoration of a 20% hospital capital rate cut.	Rejects
<i>LONG TERM CARE/ HOME CARE/ NURSING HOMES</i>					
Community Paramedicine and Hospital at Home	<ul style="list-style-type: none"> <li>● Extends the authority for existing community paramedicine programs to continue operations for an additional 4 years and set the total number of community paramedicine programs allowed to operate concurrently at 99.</li> <li>● DOH would be authorized to revoke approval for programs found in violation of the Public Health Law.</li> <li>● Authorizes EMS practitioners to administer immunizations prescribed or ordered by a physician or nurse practitioner.</li> <li>● Authorizes general hospitals to provide care in patient's homes without obtaining a license as a home care agency.</li> </ul>	Health/MH Article VII, Part K	Accepts	Rejects	Rejects

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	<p>Participating hospitals would be required to submit operating cost data to the Department of Health annually.</p> <ul style="list-style-type: none"> <li>This act would take effect on April 1, 2026.</li> </ul>				
Nursing Homes Capital Rate Restoration	Restores the 10 percent reduction to the nursing home capital rate component which was enacted in FY 2025.	Health/MH Article VII, Part L	Modifies by also restoring the previous 5% capital rate add-on cut to total a full 15% restoration.	Modifies by restoring the full 15% nursing home capital rate cut and does not include the premium changes.	Accepts Executive proposal
Nursing Home Vital Access Provider Assurance Program (VAPAP)	Proposes to reduce the Nursing Home VAPAP pool and redirect resources toward restoring the 10 percent reduction in capital reimbursement (as indicated above), which was included in the FY 2025 Enacted Budget	Budget Briefing Book  Medicaid Scorecard	Accepts	Accepts	Accepts
Medicaid Buy-In for Working Persons with Disabilities	Amends the Social Services Law to align the Medicaid Buy-In for Working Persons with Disabilities (MBI-WPD) program's premium structure to be consistent with the premium structure approved in the Medicaid State Plan Amendment (SPA) (increasing Medicaid payments from 85% to 100% of coinsurance). It also repeals language requiring Medicaid to pay ambulance services and psychologists at least the full Medicare coinsurance amount for	Health/MH Article VII, Part M	Accepts	Rejects	<p>Modifies the Executive proposal to remove ambulatory services from the repeal and adds language to clarify that:</p> <ul style="list-style-type: none"> <li>Medicaid payments for people who also have Medicare Part B can't be higher than what Medicaid would pay for someone without medicare, minus what Medicare Part B already paid</li> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	people who have both Medicare Part B and Medicaid				<ul style="list-style-type: none"> <li>For ambulance services, if a person has both Medicaid and Medicare Part B, Medicaid must pay at least enough to cover the patient's coinsurance amount</li> </ul>
Certified Medication Aides (CMA)	Establishes medication tasks by CMAs in regulation, provides an RN supervises a CMA and allows RN to assign medication related task to a CMA	Health/MH Article VII, Part N, Subpart B	Rejects	Rejects	Rejects
Personal Care Administrative Reimbursement	Limits Personal Care Administrative Reimbursement to 15% for Medicaid fee for service rates	Administrative Medicaid Scorecard	Rejects and provides \$7.5 million to restore.	N/A	Accepts
Hospital and Nursing Home Investments	To support hospitals and nursing homes during these uncertain times federally, the Budget includes an additional \$750 million (\$500 million recurring) in additional State support for these critical institutions, in addition to Medicaid increases provided in recent budgets. When combined with a federal match these rate increases will provide \$1.5 billion in additional funding to these institutions in FY 2027	Budget Briefing Book	N/A	N/A	\$706 million Hospitals \$480 million Nursing Homes \$80 million FQHCs \$20 million Assisted Living Residences

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Upstate Collaborative to Improve Nursing Home Efficiency	N/A	Senate One House Health/MH Article VII, New Part GG	Advances language consistent with S8222 to create the Upstate Collaborative to Improve Nursing Home Efficiency, Reduce Avoidable Hospitalizations, Guarantee Access, and Yield Area-Wide Performance Improvement (CINERGY) program, which would create a nursing home independent practice association (IPA) to improve quality of care.	N/A	Rejects
Permanent MMC Carve-Out of Nursing Home Diversion and Transition/TBI Services	N/A	Senate One House Health/MH Article VII, New Part HH  Final Budget Health/MH Article VII, Part B	Advances language to permanently carve nursing home diversion and transition services out of Medicaid managed care.	N/A	The final language extends waiver for TBI and Nursing Home Diversion and Transition Program until 1/1/2028

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
Statutory Extenders	<ul style="list-style-type: none"> <li>• Makes the Nursing Home Medicare Maximization program permanent</li> <li>• Provides a 3-year extension of the authorization of services for nonresidents in adult homes, residences for adults, and enriched housing programs</li> </ul>	Health/MH Article VII, Part B	Sunsets the Nursing Home Medicare Maximization program in 2029 and accepts the 3-year extension of the authorization of services for adults/enriched housing program	Sunsets the Nursing Home Medicare Maximization program in 2029 and accepts the 3-year extension of the authorization of services for adults/enriched housing program	Sunsets the Nursing Home Medicare Maximization program in 2029 and accepts the 3-year extension of the authorization of services for adults/enriched housing program
Fee for Service Exploration	N/A	Senate Resolution	Urges DOH to explore the effectiveness of Medicaid managed care and the viability of transitioning programs like managed long-term care, outpatient mental health services, and others to fee for service.	N/A	Rejects
<b><i>PHYSICIANS/ HEALTHCARE PROFESSIONALS</i></b>					
Physician Excess Medical Malpractice Program	Extends the Program through 6/30/27 and restructures the program to defer half of current payment obligations to the following year, halving the program cost for the current year and outyear payment would also be reduced by half	Health/MH Article VII, Part D	Rejects restructuring but extends program through 6/30/27	Rejects restructuring but extends program through 6/30/27	Rejects the restructuring and extends the program for one year

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Allow Medical Assistants to Immunize	Allows appropriately trained medical assistants to administer immunizations when delegated by physicians, nurse practitioners, and physician assistants in an outpatient office setting, pursuant to regulations issued by the Commissioner of Health and in accordance with generally accepted medical standards/recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the American College of Physicians, the Advisory Committee on Immunization Practices, or other similar nationally or internationally recognized scientific organizations.	Health/MH Article VII, Part N, Subpart A	Rejects	Rejects	Rejects
Certified Medication Aides (CMA)	Establishes medication tasks by CMAs in regulation, provides an RN supervises a CMA and allows RN to assign medication related task to a CMA	Health/MH Article VII, Part N, Subpart B	Rejects	Rejects	Rejects
Amend Existing Law to Allow NPs to Provide Services within their Scope of Practice	Includes services such as clearing students to resume athletic activities following a mild traumatic brain injury or students who have displayed signs, symptoms, or increased risk of cardiac events. Includes NPs in the list of providers who can examine	Health/MH Article VII, Part N, Subpart C	Rejects	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	school bus drivers, monitors, attendants for physical fitness prior to a school year. Would also allow NPs to provide certification of severe disability for the purposes of issuing a temporary special vehicle identification permit. NPs would also be able to provide written notice for prospective jurors who are breastfeeding for purposes of excusal.				
Transfer Oversight of Physicians, PAs, & Specialist Assistants from SED to DOH	Transfers definitions of medical misconduct for licensed physicians, physician assistants, and specialist assistants from the Education Law to the Public Health Law, shifting regulatory authority from SED to DOH. DOH would also take over the responsibility of certifying the qualifications of professionals who own and operate medical entities.	Health/MH Article VII, Part N, Subpart D	Rejects	Rejects	Rejects
Allow Physician Assistants to Practice Independently	Allows physician assistants to practice without supervision of a physician if they have practiced for more than 8,000 hours within the same or substantially similar specialty that the physician assistant seeks to practice without supervision <b>and:</b> <ul style="list-style-type: none"> <li>● Is employed by a rural emergency hospital, or a general hospital <b>OR</b></li> <li>● Is employed by a non-surgical diagnostic and treatment center or primary care practice operating as</li> </ul>	Health/MH Article VII, Part N, Subpart E	Rejects	Rejects	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>a professional corporation, professional limited liability company, or professional partnership when the physician assistant is practicing in primary care (non-surgical care in the fields of general pediatrics, general adult medicine, general geriatric medicine, general internal medicine, mental health services, or psychiatry, gynecology, obstetrics, so long as the physician assistant maintains a collaborative relationship with a licensed physician)</p> <p>PAs practicing independently may perform the following functions:</p> <ul style="list-style-type: none"> <li>● Take patient histories</li> <li>● Perform physical evaluations</li> <li>● Triage patients</li> <li>● Order diagnostic radiology, toxicology, lab tests/screenings</li> <li>● Perform CLIA waived lab tests</li> <li>● Interpret reports generated by lab testing/diagnostic radiology</li> <li>● Form diagnoses</li> <li>● Administer clinical interventions</li> <li>● Refer patients to other professionals</li> <li>● Counsel patients/family</li> <li>● Follow best practice immunization standards for every patient population</li> </ul>				

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<ul style="list-style-type: none"> <li>● Manage end of life and palliative care</li> <li>● Form and implement treatment plans</li> <li>● Provide virtual care via telehealth</li> <li>● Provide remote monitoring/follow up care</li> <li>● Prescribe, administer, and dispense pharmacological or diagnostic therapies, including controlled substances, and monitor/adjust regimens based on patient adherence</li> <li>● Such other functions as the Commissioner of Health may determine</li> </ul>				
Doctors Across New York	Provides level funding of \$15,865,000	Aid to Localities, Department of Health	Accepts	Accepts	Accepts
Physician Loan Repayment Program	N/A	Health/MH Article VII, Part C	N/A	N/A	Allocates Health Care Reform Act (HCRA) dollars (\$1,705,000) from Regional Pools
Physician Practice Support	N/A	Health/MH Article VII, Part C	N/A	N/A	Allocates Health Care Reform Act (HCRA) dollars (\$4,360,000) from Regional Pools
Physician Assistant Issuance of	Would make permanent the authorization of PAs to issue non-	Health/MH Article VII, Part B	Accepts	Rejects and extends through July 1, 2028	Extends the program through July 1, 2030

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Non-Patient Specific Orders	patient specific orders for routine COVID-19 and influenza testing				
Statutory Extenders	<ul style="list-style-type: none"> <li>● Makes permanent the authorization of use of Office of Professional Medical Conduct (OPMC) funds for the Physician Profile website</li> <li>● Provides a 3-year extension for the exemption from electronic prescribing for low volume prescribers</li> <li>● Makes permanent the nurse practitioner modernization act</li> <li>● Makes permanent the authorization of physician assistants to issue non-patient specific orders for routine COVID-19 and flu testing</li> </ul>	Health/MH Article VII, Part B	<ul style="list-style-type: none"> <li>● Sunsets the authorization of OPMC funds for the Physician Profile website on March 31, 2029</li> <li>● Accepts the 3-year extension for the exemption from electronic prescribing for low volume prescribers</li> <li>● Accepts making permanent the nurse practitioner modernization act</li> <li>● Accepts making permanent the authorization of physician assistants to issue non-patient specific orders for routine COVID-19 and flu testing</li> <li>● Accepts making the CDTM program permanent</li> </ul>	<ul style="list-style-type: none"> <li>● Sunsets the authorization of OPMC funds for the Physician Profile website on March 31, 2029</li> <li>● Accepts the 3-year extension for the exemption from electronic prescribing for low volume prescribers</li> <li>● Sunsets the nurse practitioner modernization act on July 1, 2028</li> <li>● Sunsets the authorization of physician assistants to issue non-patient specific order for routine COVID-19 and flu testing on July 1, 2028</li> <li>● Sunsets the CDTM program on July 1, 2028</li> </ul>	<ul style="list-style-type: none"> <li>● Sunsets the authorization of OPMC funds for the Physician Profile website on March 31, 2029</li> <li>● Accepts the 3-year extension for the exemption from electronic prescribing for low volume prescribers</li> <li>● Extends the nurse practitioner modernization act through July 1, 2030</li> <li>● Extends the authorization of physician assistants to issue non-patient specific orders for routine COVID-19 and flu testing through July 1, 2030</li> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Medical Indemnity Fund (MIF)	Establishes MIF reimbursement rates for non-physician services to enrollees at 100% of Medicare, if no Medicare rate is available then at 100% of Medicaid, and if no Medicare or Medicaid rates available the Commissioner of DOH would determine the rate	Health/MH Article VII, Part I	Modifies by rejecting the reimbursement rate cuts, permanently extends enhanced MIF rates, and creates a MIF ombudsman (per S3364); Provides \$80M	Rejects	Rejects the reimbursement rate cuts and extends the standing enhanced MIF rates through 6/1/27
Exclusion of Medicaid from IDR	Replaces the current NY IDR process entirely by eliminating the existing framework, directing arbitrators to “consider all relevant factors” for disputes, and instead directing IDR entities to pick the offer closest to the “allowed benchmark, defined as 50th percentile of allowed amounts paid to participating providers, with a “maximum fee” capped at the 80th percentile. This change would apply to ALL disputes brought to the IDR process. Also proposes including all NYSHIP/ state employee plans in IDR, as they had previously been excluded.	Public Protection/General Government Article VII, Part T  Medicaid Scorecard  Final Budget Health/MH Article VII, Part BB	Rejects	Rejects	Accepts
IDR Reforms	Amends the criteria used by IDR entities by removing the usual and customary charges from consideration, requiring arbitrators to select the payment offer closest to the median in-network rate to the 50th percentile of FAIR Health’s	Public Protection/General Government Article VII, Part T	Rejects	Rejects	Modifies as follows: <ul style="list-style-type: none"> <li>Preserves the existing IDR framework for commercial market disputes. NYSHIP/state employee plan disputes will instead be subject to</li> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>allowed amount for services, absent extraordinary circumstances. The bill also caps payments under the IDR process at the 80th percentile of FAIR Health allowed amounts. The bill also makes administrative changes to make it more difficult for private equity firms and out-of-network providers to flood the system with claims. The Governor’s narrative notes that billing disputes have increased dramatically since FY 2023, resulting in significant costs to the State’s Medicaid program. Enactment of these measures would reduce costs by \$28.8 million in FY 2027 and FY 2028.</p>				<p>the “allowed benchmark” framework, which sunsets after five years.</p> <ul style="list-style-type: none"> <li>● Commercial disputes will continue to allow IDR entities to consider existing factors (provider’s usual charge, usual and customary cost, gross disparity factors, and existing reimbursement comparisons).</li> <li>● Includes an exception for hospital-employed physicians, requiring those disputes to continue to be evaluated under the existing IDR methodology, including for NYSHIP disputes.</li> <li>● Prohibits awards where the plan can demonstrate it already has a contract covering the same services at the same location, or where prior authorization disclosures identified the services as out-of-network.</li> <li>● Requires DFS to issue a report after four years regarding NYSHIP/state</li> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					employee plan disputes, including aggregate outcomes by region and provider specialty
Increase Access to Medical Care for Injured Workers	Amends/ repeals certain sections of the 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 that provider is on the exclusion list.	Public Protection/General Government (PPGG) Article VII, Part X	Modifies to provide additional safeguards for providers and injured workers by including: S6217 to increase pre-authorization care limit and clarify that coverage for a procedure cannot be denied on the basis that it is not on the pre-authorized list; and including S4518 to allow a claimant's attorney to communicate with the claimant's medical provider without it constituting improper influence; and requiring the Workers' Compensation Board to promulgate regulations	Rejects and includes language in their One House Summary to clarify their "commitment to addressing workers' compensation fraud in New York State by ensuring that the Workers' Compensation Board has the resources it needs to enforce workers' compensation law...and finding ways to reduce and resolve cases of workers' compensation fraud throughout the state."	Accepts Executive proposal with the addition of certain safeguards: <ul style="list-style-type: none"> <li>• Allowing a provider's reports or records to be considered as evidence in support of a claim;</li> <li>• Increasing the pre-authorization care limit from \$1,000 to \$1,500;</li> <li>• Requiring trainings for providers to include the role of medical evidence in the Board's determination of claims, the contents of medical reports, the process for seeking authorization for special services, diagnostic test networks, and permanency guidelines;</li> <li>• Require the report the Board already annually provides to be shared with leaders in the Legislature and the chairs of the labor committees, and include each year the number of</li> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			requiring new providers to receive training and provide protections for injured workers if their provider makes an error.		providers who rendered medical care or treatment under this chapter, the completion rate for provider training required by the Board, and an analysis of the degree to which new providers are successfully complying
Pregnancy Loss Reporting	Clarifies that certain pregnancy losses must be reported electronically beginning on March 30, 2027	Health/MH Article VII, Part F	Accepts	Accepts	Accepts
NYS Abortion Clinical Training Program	N/A	Senate Health/MH Article VII, Part X	Advances language consistent with S1438-A to create said program to train health care practitioners in abortion care and other reproductive health care services and provides \$6 million for this	N/A	Rejects
<b>PHARMACY/PHARMACEUTICALS</b>					
Pharmacists as Limited Services Lab Directors	Would make permanent the ability of licensed pharmacists to serve as Limited Services Lab directors to order and administer COVID-19 and Influenza tests	Health/MH Article VII, Part B	Accepts	Rejects the Governor's permanent extension; extends this authorization through July 1, 2028	Extends through July 1, 2030

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
Collaborative Drug Therapy Management Program (CDTM)	Would make this program permanent	Health/MH Article VII, Part B	Accepts	Rejects the Governor's permanent extension; extends the program through July 1, 2028	Extends through July 1, 2030
Healthcare Transactions	Authorizes DOH to conduct supplemental cost and market impact reviews for significant healthcare transactions and imposes additional reporting requirements on healthcare investors, before and after completion of transactions; DOH would be authorized to share the findings of cost and market analysis reviews with the Office of the Attorney General to support investigations, reviews and other actions	Health/MH Article VII, Part H	Accepts	Rejects	Rejects
Leveraging New York's Purchasing Power to Drive Down Drug Costs	Proposes to expand State-led negotiations with pharmaceutical manufacturers to enhance the potential for securing additional supplemental rebates on certain high-cost drugs in the Medicaid program and delivering greater value to the State.	Budget Briefing Book	N/A	N/A	N/A
Drug Utilization Review Board Prior Authorization Criteria	Makes a technical amendment to prior authorization criteria language in the public health law to ensure that the medical needs of pregnant individuals and persons with opioid use disorders continue to be	Health/MH Article VII, Part F	Rejects	Rejects	Rejects

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
	considered in making prior authorization decisions by the Drug Utilization Review Board (DURB)				
Statutory Extender of Statewide Formulary	Provides a 3-year extension of the authorization of the statewide formulary for certain drug classes	Health/MH Article VII, Part B	Accepts the Executive's extension	Accepts the Executive's extension	Accepts
New York Affordable Drug Manufacturing Act	N/A	Senate One House Health/MH Article VII, New Part V	Advances language consistent with S1618 allowing DOH to enter into partnerships to produce or distribute generic prescription drugs for public and private purchase.	N/A	Rejects
340B Prescription Drug Anti-Discrimination Act	N/A	Senate One House Health/MH Article VII, New Part W	Advances language consistent with S1913 to prohibit drug manufacturers, PBMs, and other third parties from placing unilateral limitations on providers in the 340B Drug Pricing Program.	N/A	Rejects
<b>BEHAVIORAL HEALTH</b>					
OMH Funding	All funds spending in OMH is \$3.454 billion, an increase of 4.9% or \$165 million from SFY 2026	Budget Briefing Book	Increased	Increased	Increased from the Executive funding level by approx. \$45 million

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Children and Youth Services	Increase in funding of approximately \$34 million from the SFY 2026 budget	Aid to Localities, OMH	Accepts	Increased by \$22M	Accepts Executive level
Adult Services	Increase in funding of approximately \$130.8 million from the SFY 2026 budget	Aid to Localities, OMH	Increased by approx. \$42M	Increased by approx. \$7M	Increased by \$45 million
BHET Collection	Includes level funding of \$74 million	Aid to Localities, OMH	Accepts	Accepts	Accepts
Targeted Inflation Rates Support-OMH	\$55.707 million is included to support the 1.7% targeted inflation rates proposal	Aid to Localities, OMH	Adds \$255 million State-share to support increasing the TII to 4%, providing a total of \$431 million	Estimates the cost for increasing the TII to 4% at \$75.4 million for OMH	Includes \$88.596 million for OMH to support the 2.7% TII
Minimum Wage Funding	\$7.63 million is provided for minimum wage funding increases (up from \$6.38 million in SFY 2026)	Aid to Localities, OMH	Accepts	Accepts	Accepts
Health Homes	Includes level funding in an appropriation at \$196.024 million  Proposes a savings from the proposed eligibility changes to require an individual to have three qualifying conditions to be eligible for a health homes (currently it is two)	Aid to Localities, DOH  Medicaid Scorecard (Administrative)	Accepts	Accepts	Accepts Executive level funding appropriation
Certified Community Behavioral Health Clinics	Includes level funding of \$22.5 million	Aid to Localities, DOH	Accepts	Accepts	Accepts

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
Integrating Behavioral Health Services	Creates a new section of mental hygiene law and amends public health and social services law to authorize a single licensure of comprehensive integrated behavioral health services; Specifically, OMH and OASAS will be given the authority to issue a joint license to providers who deliver both mental health and addiction services pursuant to regulations developed by the agencies governing licensing, corporate, programmatic, reimbursement, physical plant, incident reporting and information sharing requirements; OMH and OASAS would set the rates for the services covered under the joint license	Health/MH Article VII, Part Q	Accepts	Rejects	Rejects
OASAS Funding	All funds spending in OASAS is \$1.021 billion, a 5.4% decrease or \$58.87 million reduction from SFY 2026	Budget Briefing Book	Increased	Increased	Increased from the Executive funding level by over \$20 million
Community Treatment Services Program	Increase in funding of approximately \$40 million from the SFY 2026 budget	Aid to Localities, OASAS	Increased by approx. \$40M	Increased by approx. \$12M	Increased from the Executive funding level by over \$20 million
Prevention and Program Support	Increase in funding of approximately \$35 million from the SFY 2026 budget	Aid to Localities, OASAS	Accepts	Accepts	Accepts
BHET collection	Includes level funding of \$37 million	Aid to Localities, OASAS	Accepts	Accepts	Accepts

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Office of Independent SUD and MH Ombudsman	Includes level funding for two appropriations: one of \$8.5 million and the other \$1.5 million	Aid to Localities, OASAS	Accepts	Accepts	Accepts
First Responder BH Center of Excellence	Includes \$1 million in new funding to support this Center of Excellence	Aid to Localities, OASAS	Accepts	Accepts	Accepts
Statewide Opioid Settlement Agreements	<p>Includes \$101.979 million from the Opioid Settlement Account to be spent pursuant to the following sub-schedule (an approx. \$31.5 million increase from SFY 2026):</p> <ul style="list-style-type: none"> <li>● Reserved for Municipalities ..... 20,717,000</li> <li>● Harm Reduction ..... 12,297,000</li> <li>● Recovery ..... 6,578,000</li> <li>● Grassroots Organizations Working with Populations Disproportionately Affected..... 5,380,000</li> <li>● Treatment ..... 4,363,000</li> <li>● Prevention ..... 4,284,000</li> <li>● Special Populations ..... 3,863,000</li> <li>● Health-Related Social Needs ..... 3,590,000</li> <li>● Data and Outcomes ..... 3,437,000</li> </ul>	Aid to Localities, OASAS	Increased by \$10 million across the sub-schedule	Increased by \$10 million across the sub-schedule	<p>Increased by \$10 million with the following sub-schedule:</p> <ul style="list-style-type: none"> <li>● Reserved for Municipalities ..... 26,709,000</li> <li>● Harm Reduction ..13,158,000</li> <li>● Recovery ..... 7,040,000</li> <li>● Grassroots Organizations Working with Populations Disproportionately Affected ..... 5,758,000</li> <li>● Treatment .....4,669,000</li> <li>● Prevention .....4,584,000</li> <li>● Special Populations ..... 4,134,000</li> <li>● Health-Related Social Needs ..... 3,842,000</li> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<ul style="list-style-type: none"> <li>Workforce and Workplace Diversity, Equity, Inclusion, and Belonging ..... 2,470,000</li> <li>Reserved for Allocation ..... 35,000,000</li> </ul>				<ul style="list-style-type: none"> <li>Data and Outcomes ..... 3,678,000</li> <li>Workforce and Workplace Diversity, Equity, Inclusion, and Belonging .....2,644,000</li> <li>Reserved for Allocation ..... 35,000,000</li> </ul>
Public Health Education and Prevention Campaigns	\$24 million is included for this with a focus on the health effects of legal use cannabis and support for SUD treatment	Aid to Localities, OASAS	Accepts	Accepts	Accepts
Targeted Inflationary Rates Support-OASAS	\$11.038 million is included to support the 1.7% targeted inflation rates proposal	Aid to Localities, OASAS	Adds \$255 million State-share to support increasing the TII to 4%, providing a total of \$431 million overall	Estimates the cost for increasing the TII to 4% at \$15.4 million for OASAS	Includes \$17.555 million for OASAS to support the 2.7% TII
Minimum Wage Funding	\$6.87 million is provided for minimum wage funding increases (up from \$6.38 million in SFY 2026)	Aid to Localities, OASAS	Accepts	Accepts	Accepts
New Youth Clubhouses	OASAS will open up to 15 additional Youth Clubhouses, including through co-location with existing Recovery Community and Outreach Centers	Budget Briefing Book	N/A	N/A	N/A
Expand Youth Safe Spaces	Commits \$500,000 to designate two additional community organizations as Youth Safe Spaces which	Budget Briefing Book	N/A	N/A	N/A

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	provide young people a place to access behavioral health wellness resources, foster positive relationships with peers, and provide life skills training and employment resources				
OMH and OASAS Supportive Housing Programs	Invests over \$71 million to increase rates for OMH and OASAS housing programs to help ensure that residential providers have sufficient resources to maintain housing capacity for these populations to support recovery and avoid more costly emergency room visits and inpatient care	Budget Briefing Book	N/A	N/A	N/A
Extend Behavioral Health APG Rates	Extends existing Medicaid outpatient behavioral health ambulatory patient group (APG) rates to March 31, 2031.	Health/MH Article VII, Part U - 30 Day Amendments	Accepts	Accepts	Accepts
Drug Treatment and Public Education Funds for SUD Prevention Purposes	N/A	Senate One House Health/MH Article VII New Part Y	Advances legislation consistent with S8637 allowing the Drug Treatment and Public Education Fund to use funds for SUD prevention, recovery programs, and drug user health services. It also requires	N/A	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			OASAS to publicly report on how it uses the funds		
Recovery Ready Workplaces	N/A	Senate One House Health/MH Article VII New Part CC	Advances legislation consistent with S9145 allowing employers to receive OASAS certification to become recovery ready workplaces (RRWs); Includes \$2.5M	N/A	Rejects
SUD Treatment Cost-Sharing Cap for State-Regulated Commercial Health Insurance	N/A	Senate One House Health/MH Article VII New Part DD	Advances language consistent with S1763-A capping cost-sharing for outpatient SUD treatment at \$500 for up to 60 visits under state-regulated commercial health insurance and prohibiting cost sharing in large group plans; Includes \$3.8M	N/A	Rejects
Jail-Based SUD Treatment/ Transition	N/A	Aid to Localities, OASAS Senate	Includes \$11.1M	N/A	Rejects

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
Workforce Recruitment and Retention	N/A	Aid to Localities, OASAS Senate	Includes \$7.5M	N/A	Rejects
Community Addiction Treatment Services	N/A	Aid to Localities, OASAS Senate	Includes \$10M	N/A	Rejects
SUD Intervention Specialist	N/A	Aid to Localities, OASAS Senate	Includes \$1M	N/A	Rejects
Added Funding for Drug Treatment and Public Education	N/A	Senate One House Revenue Article VII, New Part JJ	Advances language consistent with S7641 to dedicate revenues from the opioid excise tax to the NYS drug treatment and public education fund	N/A	Rejects
Licensed Creative Arts Therapists	N/A	Assembly One House PPGG Article VII Proposal  Assembly Health/MH Aid to Localities, OASAS	N/A	Includes language to require commercial insurance coverage of services provided by Licensed Creative Arts Therapists and provides \$2 million to authorize outpatient Licensed Creative Arts Therapist services in Medicaid.	Rejects

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
Substance Abuse Prevention and Intervention Specialists (SAPIS)	N/A	Assembly One House Health/MH Aid to Localities, OASAS	N/A	Provides \$1 million in funding for SAPIS	Rejects
Crisis Intervention Teams	N/A	Aid to Localities, OMH Senate & Assembly	Includes \$15 million	Includes \$2 million	Rejects
Children's Services Non Residential	N/A	Assembly One House Health/MH Aid to Localities, OMH	N/A	Includes \$20 million	Rejects
Healthy Steps Program	N/A	Assembly One House Health/MH Aid to Localities, OMH	N/A	Includes \$2 million	Rejects
BH Crisis Response Pilot (Daniels Law)	N/A	Senate One House Aid to Localities	Includes \$15 million	N/A	Rejects
Assertive Community Treatment Teams	N/A	Senate One House Aid to Localities, OMH	Includes \$10 million	N/A	Rejects
Transition to FFS Exploration	N/A	Senate Resolution	Urges DOH to explore the effectiveness of	N/A	Rejects

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
			Medicaid managed care and the viability of transitioning programs like managed long-term care, outpatient mental health services, and others to fee for service.		
<i>DEVELOPMENTAL DISABILITIES/ EARLY INTERVENTION</i>					
All Funds Aid to Localities Budget OPWDD	All funds spending for OPWDD is \$7.848 Billion, an increase of 4.6% or \$342 million from the SFY 2026 budget	Budget Briefing Book	Increased	Increased	Increased from the Executive funding level by approx. \$56 million
Minimum Wage Funding	Includes \$39.33 million to support minimum wage funding increases (up from \$38.05 million in SFY 2026)	Aid to Localities, OPWDD	Accepts	Accepts	Accepts
Targeted Inflationary Rates Support-OPWDD	Includes \$95.127 million to support the 1.7% targeted inflation rates proposal	Aid to Localities, OPWDD	Adds \$255 million State-share to support increasing the TII to 4%, providing a total of \$431 million overall	Estimates the cost for increasing the TII to 4% at \$128.7 million for OPWDD	Includes \$151.29 million for OPWDD to support the 2.7% TII
Medicaid Funding for Individuals with Developmenta	Increase in funding of approximately \$300 million from the SFY 2026 budget	Aid to Localities, OPWDD	Accepts	Accepts	Accepts

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
1 Disabilities (DD)					
DD Residential Services	Increase in funding of approximately \$73 million from the SFY 2026 budget	Aid to Localities, OPWDD	Accepts	Accepts	Accepts
DD Workshop, Day Training, and Employment Services	Increase in funding of approximately \$40 million from the SFY 2026 budget	Aid to Localities, OPWDD	Accepts	Accepts	Accepts
Family Support Services to People With DD	Includes \$63.4 million (down from \$97.033 million in SFY 2026)	Aid to Localities, OPWDD	Accepts	Accepts	Accepts
Standardize Applied Behavioral Analysis (ABA)	Would implement a Center of Excellence model to certify healthcare professionals who provide referrals for Applied Behavior Analysis services and adjust reimbursement methodologies for ABA providers	Budget Briefing Book  Public Health Scorecard	N/A	N/A	Accepts
Reading and Language Acquisition Equality for Deaf Children (LEAD-K)	Proposes \$100,000 in additional operating support to alleviate barriers to hearing loss screenings and language acquisition services for children who are potentially deaf, deafblind, or hard of hearing through DOH's Early Intervention (EI) and Early Hearing Detection and Intervention (EHDI) programs	Budget Briefing Book  Public Health Scorecard	N/A	N/A	N/A

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
Adult Home Advocacy & Adult Home Resident Council	Eliminates the Adult Home Advocacy and Adult Home Resident Council programs at the Justice Center for the Protection of People with Special Needs	Health/MH Article VII, Part S	Rejects	Rejects	Rejects
New Service Opportunities Investment	Provides \$30 million this fiscal year and \$60 million annually to enable individuals who are entering the OPWDD service system for the first time and individuals already receiving services, but whose needs have changed, to receive the support they need. These State funds leverage Federal resources for a gross increase of \$120 million annually	Budget Briefing Book	N/A	N/A	N/A
Modernize Research in DD	Continues the five-year capital investment of \$75 million that began in FY 2026 to renovate the Institute for Basic Research in Developmental Disabilities (IBR) campus, including the development of a Genomics Core facility to allow for the customized identification of genetic imperfections underlying an individual's developmental disability and creation of space for a Willowbrook learning center	Budget Briefing Book	N/A	N/A	N/A
Regional Disability Clinics	Continues the capital investment of \$25 million that began in FY 2026 to support the development of these clinics which will increase access to	Budget Briefing Book	N/A	N/A	N/A

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	care and improve coordination and integration of services				
Preschool and Summer School Special Education Programs	Fully funds the State share of costs for these programs, providing \$1.27 billion to reimburse counties for the cost of preschool special education services, a \$173 million (15.8 percent) year-to-year increase, and \$437 million to reimburse school districts for the cost of summer school services, a \$24 million (5.8 percent) year-to-year increase.	Budget Briefing Book	N/A	N/A	N/A
Two-Year Extension of IRA Closure Notification	N/A	Senate One House Health/MH Article VII New Part Z; Assembly New Part W  Final Budget Health/MH Article VII, Part V	Advances language consistent with S4845 extending the requirement for OPWDD to provide notice to the Legislature and impacted labor organizations of state-operated individualized residential alternative (IRA) closures or transfers for two years, through March 31, 2028	Includes same language as the Senate proposal	Includes
Two-Year Extension of OPWDD Care Demonstration Program	N/A	Senate One House Health/MH Article VII	Advances language consistent with S4848 extending the OPWDD Care Demonstration	Includes same language as the Senate proposal	Includes

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
		New Part AA; Assembly New Part X  Final Budget Health/MH Article VII, Part W	Program for an additional two years, through March 31, 2028		
Licensed Creative Arts Therapists	N/A	Assembly One House PPGG Article VII Proposal  Assembly Health/MH Aid to Localities, OASAS	N/A	Includes language to require commercial insurance coverage of services provided by Licensed Creative Arts Therapists and provides \$2 million to authorize outpatient Licensed Creative Arts Therapist services in Medicaid.	Rejects
Early Intervention Reimbursement	N/A	Senate and Assembly One Houses, Aid to Localities, Department of Health	Provides \$13 million to increase EI provider reimbursement	Provides \$11.5 million to increase EI provider reimbursement	Does not include additional funding
<b>PUBLIC HEALTH</b>					
Area Health Education Centers	Includes level funding of \$2.2 million	Aid to Localities, Department of Health	Adds \$500,000, providing a total of \$2.7 million through lump sum	Accepts Executive funding level	Includes \$2.2 million in Executive funding and the additional \$500,00

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					legislative add, totaling \$2.7 million
Public Health Programs Discontinued	Discontinues funding for the Enhanced Quality of Adult Living (EQUAL) program, the Tick-Borne Disease program and the Enriched Housing program. Also, would eliminate a requirement for the State Department of Health to audit the number of working hours for hospital residents	Health/MH Article VII, Part E  Public Health Scorecard	Rejects	Rejects	Rejects
School-Based Health Centers (SBHCs)	Provides level funding of \$20,233,000	Aid to Localities, Department of Health	Accepts Executive funding and provides an additional \$3.8 million.	Accepts Executive funding and provides an additional \$3.8 million as well as a separate allocation of \$2.8 million to support SBHCs under Fee For Service	Accepts Executive funding and the additional \$3.8 million legislative add
Permanent Carve out of SBHCs from Medicaid Managed Care	N/A	Senate One House Health/MH Article VII, Part BB; Assembly Part V  Final Budget Health/MH Article VII, Part Z	Advances language consistent with S8902 to permanently carve school-based health centers out of Medicaid managed care	Advances language consistent with A9577 to permanently carve school-based health centers out of Medicaid managed care	Includes permanent carve-out

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Cardiac Readiness	Removes requirement for public access defibrillator (PAD) providers to enter into collaborative agreements with emergency healthcare providers prior to purchasing an AED; Requires PAD providers to register AEDs with DOH with location so there is a centralized registry for where AEDs are located; DOH to partner with regional hubs, counties and experts to increase CPR and AED training opportunities throughout the state	Health/MH Article VII, Part G  Public Health Scorecard	Accepts; Provides \$1.6M	Rejects; Provides \$1.6M	Provides \$3.2 million for SFY27  Accepts the Executive Proposal with the following modifications: <ul style="list-style-type: none"> <li>● Adds AED implementation plan requirements, cardiac emergency protocols and equipment checklists for camps and certain youth sports programs;</li> <li>● Adds conforming AED requirement amendments for public and nonpublic schools;</li> <li>● Expand statewide cardiac arrest surveillance and quality improvement reporting requirements;</li> <li>● Require additional reporting on patient outcomes, response times, bystander CPR, and bystander AED use;</li> <li>● Clarifies participation in statewide and nationally recognized cardiac arrest registries</li> </ul>

<b>Proposal</b>	<b>Description of Executive Proposal</b>	<b>Location in Budget</b>	<b>Senate One House</b>	<b>Assembly One House</b>	<b>Final Budget</b>
Tax on Alternative Nicotine Products	Amends Tax Law Article 20 to include alternative nicotine products as a tobacco product, which would include any noncombustible product, other than vapor products, that contain nicotine, but not tobacco, and are intended for human consumption.	Revenue Article VII, Part K	Modifies by including language to also cover products containing nicotine analogs	Accepts	Accepts Executive proposal
Amend Vapor Products Taxation and Enhance Flavor Ban Enforcement	Amends Tax Law to add a \$0.55 per-unit tax on vapor products at the distributor level and authorizes the Tax Department to create a registry of vapor products that can be sold in New York State. These changes would create a taxing structure that would allow for Tax Department enforcement against contraband vapor products.	Revenue Article VII, Part L  Public Health Scorecard	Rejects	Accepts	Rejects
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	State Operations, Department of Health	Accepts	Accepts	Accepts
Tobacco Enforcement and Education	\$2,175,000 appropriation, up from \$2,174,000 from SFY 2026	Aid to Localities and State Operations,	Accepts	Accepts	Accepts

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		Department of Health			
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 \$506,000	Aid to Localities, Department of Health	Accepts	Accepts	Accepts
Radiological Health Protection Investment	Includes \$1.3 million to strengthen compliance activities within the Radiological Health Protection program and support the radon public health information program, assist in nuclear power plant emergency response drills, environmental sampling, radiologic technologist licensure and registration, inspecting ionizing radiation installations, and maintaining radiation detection equipment.	Budget Briefing Book  Public Health Scorecard	N/A	N/A	N/A
Food Security Survey & Report	N/A	Senate One House Health/MH Article VII, New Part II	Advances language consistent with S8553, requiring DOH to conduct a food security survey and publicly report the findings	N/A	Rejects
Nonpublic School Immunization	N/A	Senate One House ELFA Article VII, New Part A-1,	Expands reimbursement for nonpublic school immunization	N/A	Rejects

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Recordkeeping		State Education Department	record keeping statewide and provides \$1.5 million for this		
Nonpublic School Immunization	N/A	Assembly One House ELFA,  Final Aid to Localities, State Education Department	N/A	Restores \$1 million for Nonpublic Immunization	Rejects
<i>INSURANCE</i>					
Gambling Addiction Insurance	Makes technical amendments to replace "substance use disorder" with "substance-related and addictive disorder"; Aligns the insurance law with the mental hygiene law and recent changes to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to ensure individuals with gambling disorders receive the same coverage and protections as substance use disorders to prevent delays or denials for treatment	Health/MH Article VII, Part R	Accepts	Rejects	Accepts
Exclusion of Medicaid from IDR	Excludes medical services from the independent dispute resolution (IDR) process when the services are covered under Medicaid. At the same time, the bill adds the Empire Plan (self-insured health insurance plan available to NYS	Public Protection/General Government Article VII, Part T	Rejects	Rejects	Accepts

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	employees/retirees) to the IDR process, as it was previously excluded, subjecting it to the Federal No Surprises Act.	Final Budget Health/MH Article VII, Part BB			
IDR Reforms	Amends the criteria used by IDR entities by removing the usual and customary charges from consideration, requiring arbitrators to select the payment offer closest to the median in-network rate to the 50th percentile of FAIR Health’s allowed amount for services, absent extraordinary circumstances. The bill also caps payments under the IDR process at the 80th percentile of FAIR Health allowed amounts. The bill also makes administrative changes to make it more difficult for private equity firms and out-of-network providers to flood the system with claims. The Governor’s narrative notes that billing disputes have increased dramatically since FY 2023, resulting in significant costs to the State’s Medicaid program. Enactment of these measures would reduce costs by \$28.8 million in FY 2027 and FY 2028.	Public Protection/General Government Article VII, Part T	Rejects	Rejects	<p>Modifies as follows:</p> <ul style="list-style-type: none"> <li>● Preserves the existing IDR framework for commercial market disputes. NYSHIP/state employee plan disputes will instead be subject to the “allowed benchmark” framework, which sunsets after five years.</li> <li>● Commercial disputes will continue to allow IDR entities to consider existing factors (provider’s usual charge, usual and customary cost, gross disparity factors, and existing reimbursement comparisons).</li> <li>● Includes an exception for hospital-employed physicians, requiring those disputes to continue to be evaluated under the existing IDR methodology, including for NYSHIP disputes.</li> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
					<ul style="list-style-type: none"> <li>Prohibits awards where the plan can demonstrate it already has a contract covering the same services at the same location, or where prior authorization disclosures identified the services as out-of-network.</li> <li>Requires DFS to issue a report after four years regarding NYSHIP/state employee plan disputes, including aggregate outcomes by region and provider specialty</li> </ul>
Biomarker Reforms	Clarifies that biomarker precision tests covered by Medicaid meet required medical necessity criteria as determined by NYS DOH	Health/MH Article VII, Part M	Rejects; Provides \$50M	Modifies to remove two criteria for coverage in Medicaid (clinical practice guidelines and peer review literature); Provides \$30M	Modifies the Executive proposal to: <ul style="list-style-type: none"> <li>Remove one criterion related to "peer reviewed literature or peer-reviewed scientific studies...;" and</li> <li>Adds language reinforcing that coverage does not require deviating from NY Medicaid's existing process for determining medical necessity per federal and state rules for Medicaid.</li> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
Lookback Period Definition Change	Makes a technical amendment to align NY's definition of a "lookback period" in statute regarding retroactive coverage for medical expenses with federal law	Health/MH Article VII, Part F	Modifies to require the use of the maximum allowable period under federal law	Rejects	Accepts Senate proposal
Prior Authorization Reforms	<ul style="list-style-type: none"> <li>Subpart A would require state-regulated insurance companies to annually provide utilization review information to the Department of Financial Services including: the number of pre-authorization requests received, the number of requests which were authorized, the number of requests for which an adverse determination was issued; the number of requests for which an adverse determination was appealed; the number of requests for which an adverse determination was reversed on appeal in whole or part, the number of requests for which an adverse determination was upheld; the 25 current procedural terminology codes with the highest number of pre-authorization requests and the percentage of authorizations for each of these, the 25 current codes with the highest number of pre-authorization requests for which an authorization was issued, the 25 current codes with</li> </ul>	<p>TED Article VII, Part HH</p> <p>Final Budget TED Article VII, Part HH</p>	Accepts	<p>Modifies by allowing prior authorization for patients undergoing treatment for a chronic health condition under the following circumstances: When nationally recognized clinical practice guidelines (1) recommend follow up care to assess possible negative side effects of a treatment, (2) change substantially, or (3) recommend a change in treatment based on a change to the chronic health condition.</p>	<p>Accepts Executive proposal with modifications made to Subpart D specifying for outpatient course of treatments for a chronic health condition that:</p> <ul style="list-style-type: none"> <li>A utilization review shall not be conducted more than once per year unless the attending provider recommends a change to the course of treatment</li> <li>Any new treatment, testing, or procedures related to the specific medical problem, condition, or illness being managed but not already included in the approved course of treatment may be subject to a separate pre-authorization</li> </ul>

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>the highest number of pre-authorization requests for which an adverse determination was issued in whole or part but was reversed by an appeal in whole or part, and the 25 current codes with the highest number of pre-authorization requests for which an adverse determination was issued. This information would be used to produce an annual health insurance consumer guide.</p> <ul style="list-style-type: none"> <li>● Subpart B would establish new requirements that will expand “continuity of care” - the period state regulated commercial insurers must cover out-of-network treatment - for individuals enrolling in a new health insurance company from 60 to 90 days for people with a life-threatening disease or condition or a regenerative and disabling disease or condition. For individuals that are pregnant at the time of enrollment, care shall be covered for the duration of the pregnancy and postpartum care.</li> <li>● Subpart C would also require state regulated insurers to publish formulary prescription drug lists on their public websites to ensure ease of accessibility for health</li> </ul>				

Proposal	Description of Executive Proposal	Location in Budget	Senate One House	Assembly One House	Final Budget
	<p>care providers and other interested parties, and</p> <ul style="list-style-type: none"> <li>• Subpart D limits the number of utilization reviews that can be conducted against an insured individual when experiencing a chronic health condition to no more than once per year for a course of treatment starting from the date of a pre-authorization approval in state regulated insurance.</li> </ul>				