

Amend Senate S2809, Assembly A4009, A BUDGET BILL, AN ACT to amend the elder law, in relation to Medicare part D; to amend the public health law and the insurance law, in relation to early intervention services...

Page	Line	Amendment
Page 5,	Lines 52 and 53,	After "paragraph (f) as" strike out "added by section 3 of part B of chapter 58 of the laws of 2007" and insert "amended by section 1 of this act"
Page 6,	Line 27,	After "dependent." insert "]"
Page 6,	Lines 27 through 52,	<p>After "dependent." strike out "The elderly pharmaceutical insurance coverage program shall provide premium assistance for all participants enrolled in Medicare part D as follows:</p> <p>(i) for participants with comprehensive coverage under section two hundred forty-seven of this title, the elderly pharmaceutical insurance coverage program shall pay for the portion of the part D monthly premium that is the responsibility of the participant. Such payment shall be limited to the low-income benchmark premium amount established by the federal centers for Medicare and Medicaid services and any other amount which such agency establishes under its de minimus premium policy, except that such payments made on behalf of participants enrolled in a Medicare advantage plan may exceed the low-income benchmark premium amount if determined to be cost effective to the program.</p> <p>(ii) for participants with catastrophic coverage under section two hundred forty-eight of this title, the elderly pharmaceutical insurance coverage program shall credit the participant's annual personal covered drug expenditure amount required under this title by an amount equal to the annual low-income benchmark premium amount established by the centers for Medicare and Medicaid services, prorated for the remaining portion of the participant's elderly pharmaceutical insurance coverage program coverage period. The elderly pharmaceutical insurance coverage program shall, at appropriate times, notify participants with catastrophic coverage under section two hundred forty-seven of this title of their right to coordinate the annual coverage period with that of Medicare part D, along with the possible advantages and disadvantages of doing so.]"</p>
Page 14,	Lines 39 through 43,	After "\$ 12." strike out "Subdivisions 4 and 5 of section 2545 of the public health

		<p>law are REPEALED and subdivisions 6, 7, 8 and 9 are renumbered subdivisions 4, 5, 6 and 7.</p> <p>§ 13. Paragraph (b) of subdivision 2 of section 605 of the public health law is REPEALED.” and insert</p> <p>“Subdivisions 4 and 5 of section 2545 of the public health law, as added by section 2 of chapter 428 of the laws of 1992, are amended to read as follows:</p> <p>4. If the <u>IFSP team members, including the</u> early intervention official and the parent agree on the IFSP, the IFSP shall be deemed final and the service coordinator shall be authorized to implement the plan.</p> <p>5. If the <u>IFSP team members, including the</u> early intervention official and the parent do not agree on an IFSP, the service coordinator shall implement the sections of the proposed IFSP that are not in dispute, and the parent shall have the due process rights set forth in section twenty-five hundred forty-nine of this title.</p> <p>§ 13. Subdivision 2 of section 605 of the public health law, as amended by section 7 of part B of chapter 57 of the laws of 2006, is amended as follows:</p> <p>2. State aid reimbursement for public health services provided by a municipality under this title, shall be made [as follows:</p> <p>(a)] if the municipality is providing some or all of the basic public health services identified in paragraph (b) of</p>
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		<p>subdivision three of section six hundred two of this title, pursuant to an approved plan, at a rate of no less than thirty-six per centum of the difference between the amount of moneys expended by the municipality for public health services required by paragraph (b) of subdivision three of section six hundred two of this title during the fiscal year and the base grant provided pursuant to subdivision one of this section. No such reimbursement shall be provided for services if they are not approved in a plan or if no plan is submitted for such services.</p> <p>[(b) if the municipality is providing other public health services within limits to be prescribed by regulation by the commissioner in addition to some or all of the public health services required in paragraph (b) of subdivision three of section six hundred two of this title, pursuant to an approved plan, at a rate of not less than thirty-six per centum of the moneys expended by the municipality for such other services. No such reimbursement shall be provided for services if they are not approved in a plan or if no plan is submitted for such services.]”</p>
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