

**Amendments to Senate S2606-A; Assembly A3006-A
(Health and Mental Hygiene Article VII Bill)**

Part A, relating to Medicaid is amended to:

- Add language to conform the New York State False Claims Act to Federal requirements for the False Claims Act and ensure continued benefits from qui tam cases.
- Add language clarifying the use of health home infrastructure grants.
- Add language to allow for the adjustment of graduate medical education funding for inpatient rates as a result of newly established teaching programs at teaching hospitals or as a result of residents that are displaced or transferred because of closures.
- Revise language to clarify the gross value of up to thirty-two million dollars in upper payment limit funding is made available to compensate nursing facilities for prior year funding losses due to Federal disallowance.
- Remove language limiting the expansion of Assisted Living Program beds to New York City.

Part C, relating to Indigent Care is amended to:

- Add language clarifying that certain grant payments made to major academic medical centers shall not be impacted by indigent care reform.
- Add language to allow for the distribution of an additional twenty-five million dollars as upper payment limit (UPL) payments, rather than disproportionate share payments for inpatient hospitals.

Part D, relating to The Affordable Care Act is amended to:

- Remove language in the Modified Adjusted Gross Income (MAGI) definition of household income that refers to a discount of five percentage points of the poverty level to conform with revised Federal regulations.
- Add language regarding MAGI eligibility groups to apply a five percentage points income disregard based on the Federal poverty level for the applicable family size.
- Add language regarding the MAGI eligibility of children living with their parents for standard coverage to comply with maintenance of effort requirements under the Affordable Care Act.

- Remove language to clarify that the receipt of additional income from child support payments will not trigger Medicaid ineligibility for Transitional Medical Assistance.
- Remove language allowing children nineteen or twenty years of age living with parents to be eligible for supplemental benefits associated with cost-sharing, as this population will be eligible for standard coverage under Medicaid, consistent with the maintenance of effort requirements under the Affordable Care Act.
- Change the repeal the Family Health Plus Buy-in program from January 1, 2015 to January 1, 2014 to coincide with the implementation of the New York State Health Benefit Exchange.
- Add language regarding additional rules for student accident and health insurance.
- Add language to make conforming changes to individual discontinuances.
- Amend language to change the dates and to clarify what contracts must be offered outside the Exchange to individuals who are not eligible for coverage within the Exchange; make technical changes to the dates.
- Amend language to change the time to elect conversion from 45 days for individuals to 60 days for both, consistent with enrollment periods required in Federal regulation for the Exchange.
- Amend language to clarify that essential health benefit package requirements also apply to association groups, as required by the affordable care act; add language to provide a definition of association groups.
- Amend language to change the MLR reporting date from August 31 to July 31, consistent with Federal regulations.
- Clarify that, for calendar year 2014 only, insurers can discontinue products without having to comply with notice and benefit continuation provisions of Ian's Law. This provision will facilitate compliance with ACA essential health benefits requirements, and allow a more smooth transition to standardized subscriber contract language. This standardized subscriber contract language will (1) help consumers and providers understand their benefits, (2) improve administrative efficiency in administration of benefits, (3) allow consumers to more effectively comparison shop, and (4) encourage insurers to compete based on price and quality rather than risk selection.
- Amend language to add in an effective date for changes to open enrollment, edit group size after January 1, 2016, and keep definition of "community rating" for Medicare supplement insurance.
- Make changes in section 76 to correct the numbering of the bill sections in the effective date section.

Part E, relating to various public health initiatives, is amended to:

- Require providers to use an approved instrument when conducting partial evaluations within the EI program.
- Clarify General Public Health Work (GPHW) support for chronic disease "prevention" rather than "services".
- Clarify that construction projects related to facility replacements do not need to go through public need assessment.
- Authorize EMS recertification without completing a practical skills or written examination. Also clarify the Commissioner's authority to promulgate regulations for the entire Article 30 rather than only Public Health Law sections 3030 and 3031.
- Clarify several technical pieces related to scope of practice (primary care) including: only an agency or program that is approved by SED may participate in the demonstration program; not all tasks within the scope of nursing are assignable to an advanced home health aide; accommodate the addition of collaborative arrangements between dentists and dental hygienists; and authorize all registered dental hygienists to sign a dental health certificate.
- Clarify the Dormitory Authority of the State of New York's authority to provide financing for the pilot program for increased capital investment in health care facilities.
- Provide the mechanism for granting priority for the allocation of monies to pay excess medical malpractice insurance policy premiums at actuarially sound rates, and within the limits of the appropriation.
- Change the effective dates from April 1, 2013 to 180 days after becoming law for the Certificate of Need process, 90 days for physician assistant scope of practice changes, and to April 1, 2014 for the scope of practice (primary care) and retail clinics provisions.

Part O, relating to the Mental Hygiene Stabilization Fund is added to:

- Authorize the actions necessary to manage the loss of Federal revenue associated with recent actions by the United State Center for Medicare and Medicaid Services impacting the stability of New York State's mental hygiene system and create the Mental Hygiene Stabilization Fund supported by Department of Health resources.
- Add language to allow the Commissioner of Health, in consultation with the Director of the Budget, to annul implementation of two percent across the board Medicaid reimbursement reductions.
- Add language to delay investments authorized in Part A of the Bill relating to allowing certified social workers to bill Medicaid, establishing health home infrastructure governance support grants, and rate increases for Article 28, 31 and 32 integration.