

2014-15 NEW YORK STATE EXECUTIVE BUDGET

**HEALTH AND MENTAL HYGIENE
ARTICLE VII LEGISLATION**

2014-15 NEW YORK STATE EXECUTIVE BUDGET

HEALTH AND MENTAL HYGIENE ARTICLE VII LEGISLATION

CONTENTS

PART	DESCRIPTION	STARTING PAGE NUMBER
A	Changes the General Public Health Work program, improves HIV testing, restructures certain health research and education programs, promotes capital access to strengthen health care infrastructure and promote transformative health care projects, provides relief from unnecessary State requirements to expand primary care access and health care integration, and authorizes new health care service delivery models	8
B	This bill would reauthorize provisions of the Health Care Reform Act (HCRA) for three years	67
C	Make statutory changes necessary to continue implementing Medicaid Redesign Team recommendations	216
D	Expand existing exemption in the Nurse Practice Act to direct care staff in non-certified settings funded, authorized or approved by OPWDD	274
E	Extend for three years the clarification that Office of Mental Health and the Office for People with Developmental Disabilities facility directors who act as representative payees may use a person's funds for their care and treatment consistent with federal law and regulations	275
F	Authorize the Office of Mental Health to continue to recover Medicaid exempt income from providers of community residences	275
G	One-year deferral of the human services "Cost-of-Living Adjustment"	276

Legislative Bill Drafting Commission
12671-01-4

S. -----
 Senate

IN SENATE--Introduced by Sen

--read twice and ordered printed,
and when printed to be committed
to the Committee on

----- A.
Assembly

IN ASSEMBLY--Introduced by M. of A.

with M. of A. as co-sponsors

--read once and referred to the
Committee on

BUDGBI

(Enacts into law major components of
legislation necessary to implement
the state health mental hygiene
budget for the 2014-2015 state
fiscal year)

HMH governor

AN ACT

to amend the public health law, in
relation to state aid to counties
and New York City for provision of
prenatal health care services to
uninsured women; to amend the public
health law, in relation to simplify-
ing consent for HIV testing; to
amend the public health law, in
relation to authorization for data
sharing with providers for purposes
of patient linkage and retention in

IN SENATE

Senate introducer's signature

The senators whose names are circled below wish to join me in the sponsorship
of this proposal:

s15 Addabbo	s02 Flanagan	s28 Krueger	s55 O'Brien	s51 Seward
s11 Avella	s59 Gallivan	s24 Lanza	s58 O'Mara	s09 Skelos
s40 Ball	s12 Gianaris	s39 Larkin	s21 Parker	s14 Smith
s42 Bonacic	s41 Gipson	s37 Latimer	s13 Peralta	s26 Squadron
s04 Boyle	s22 Golden	s01 LaValle	s30 Perkins	s16 Stavisky
s44 Breslin	s47 Griffo	s52 Libous	s61 Ranzzenhofer	s35 Stewart-
s38 Carlucci	s60 Grisanti	s45 Little	s48 Ritchie	Cousins
s50 DeFrancisco	s06 Hannon	s05 Marcellino	s33 Rivera	s46 Tkaczyk
s32 Diaz	s36 Hassell-	s43 Marchione	s56 Robach	s53 Valesky
s18 Dilan	Thompson	s07 Martins	s19 Sampson	s57 Young
s31 Espaillat	s27 Hoylman	s62 Maziarz	s10 Sanders	s03 Zeldin
s49 Farley	s63 Kennedy	s25 Montgomery	s23 Savino	s08
s17 Felder	s34 Klein	s54 Nozzolio	s29 Serrano	s20

IN ASSEMBLY

Assembly introducer's signature

The Members of the Assembly whose names are circled below wish to join me in the
multi-sponsorship of this proposal:

a049 Abbate	a081 Dinowitz	a074 Kavanagh	a051 Ortiz	a036 Simotas
a092 Abinanti	a147 DiPietro	a142 Kearns	a091 Otis	a104 Skartados
a084 Arroyo	a115 Duprey	a076 Kellner	a132 Palmesano	a099 Skoufis
a035 Aubry	a004 Englebright	a040 Kim	a002 Palumbo	a022 Solages
a120 Barclay	a109 Fahy	a131 Kolb	a088 Paulin	a114 Stec
a106 Barrett	a071 Farrell	a105 Lalor	a141 Peoples-	a110 Steck
a082 Benedetto	a126 Finch	a013 Lavine	Stokes	a127 Stirpe
a117 Blankenbush	a008 Fitzpatrick	a050 Lentol	a058 Perry	a011 Sweeney
a062 Borelli	a124 Friend	a125 Lifton	a086 Pichardo	a112 Tedisco
a055 Boyland	a143 Gabryszak	a102 Lopez, P.	a089 Pretlow	a101 Tenney
a026 Braunstein	a095 Galef	a123 Lupardo	a073 Quart	a001 Thiele
a044 Brennan	a137 Gantt	a010 Lupinacci	a019 Ra	a061 Titone
a119 Brindisi	a007 Garbarino	a121 Magee	a012 Raia	a031 Titus
a138 Bronson	a148 Giglio	a129 Magnarelli	a006 Ramos	a146 Walter
a046 Brook-Krasny	a080 Gjonaj	a064 Malliotakis	a078 Rivera	a041 Weinstein
a093 Buchwald	a066 Glick	a030 Markey	a128 Roberts	a020 Weisenberg
a118 Butler	a023 Goldfeder	a090 Mayer	a056 Robinson	a024 Weprin
a103 Cahill	a150 Goodell	a108 McDonald	a068 Rodriguez	a070 Wright
a043 Camara	a075 Gottfried	a014 McDonough	a072 Rosa	a096 Zebrowski
a145 Ceretto	a005 Graf	a017 McKeivitt	a067 Rosenthal	a054
a033 Clark	a100 Gunther	a107 McLaughlin	a025 Rozic	a059
a047 Colton	a139 Hawley	a038 Miller	a116 Russell	a060
a032 Cook	a083 Heastie	a052 Millman	a149 Ryan	a077
a144 Corwin	a003 Hennessey	a015 Montesano	a009 Saladino	a079
a085 Crespo	a028 Hevesi	a136 Morelle	a111 Santabarbara	a098
a122 Crouch	a048 Hikind	a057 Mosley	a029 Scarborough	a113
a021 Curran	a018 Hooper	a039 Moya	a016 Schimel	a134
a063 Cusick	a042 Jacobs	a133 Nojay	a140 Schimminger	
a045 Cymbrowitz	a097 Jaffee	a037 Nolan	a087 Sepulveda	
a053 Davila	a135 Johns	a130 Oaks	a065 Silver	
a034 DenDekker	a094 Katz	a069 O'Donnell	a027 Simanowitz	

1) Single House Bill (introduced and printed separately in either or
both houses). Uni-Bill (introduced simultaneously in both houses and printed
as one bill. Senate and Assembly introducer sign the same copy of the bill).

2) Circle names of co-sponsors and return to introduction clerk with 2
signed copies of bill and 4 copies of memorandum in support (single house);
or 4 signed copies of bill and 8 copies of memorandum
in support (uni-bill).

care; to amend the public health law, in relation to the board member composition for the health research science board; to amend the public health law, in relation to the health research science board meeting requirements; to amend the state finance law, in relation to the New York state prostate cancer research, detection and education fund; to amend the public health law and the public authorities law, in relation to a capital restructuring finance program; to amend the public health law, in relation to the health care restructuring loan pool; to amend the public health law and the public authorities law, in relation to establishing a private equity pilot program; to amend the public health law, in relation to streamlining the certificate of need process for hospitals and diagnostic and treatment clinics providing primary care; to amend the public health law, in relation to the establishment and operation of limited services clinics; to amend the public health law, in relation to standardizing urgent care centers; to amend the public health law, in relation to enhanced oversight of office-based surgery; to amend the public health law, in relation to the statutory authority of updated diagnostic and treatment centers; to amend the public health law and the state finance law, in relation to the operation of the New York State donate life registry; to amend chapter 465 of the laws of 2012 amending the public health law and the vehicle and traffic law relating to establishing Lauren's law, in relation to the effectiveness thereof; to amend the social services law and the public health law, in relation to streamlining the application process for adult care facilities and assisted living residences; to amend the public health law, in relation to the long term home health care program; to amend the public health law, in relation to resident working audits; to amend chapter 58 of the laws of 2008 amending the elder law and other

laws relating to reimbursement to particular provider pharmacies and prescription drug coverage, in relation to the effectiveness thereof; to repeal certain provisions of the public health law relating thereto; and to repeal subdivision 9 of section 2803 of the public health law, relating to reports to the commissioner by general hospitals regarding working conditions and limits on working hours for certain members of the hospital's staff (Part A); to amend the New York Health Care Reform Act of 1996, in relation to extending certain provisions relating thereto; to amend the New York Health Care Reform Act of 2000, in relation to extending the effectiveness of provisions thereof; to amend the public health law, in relation to the distribution of pool allocations and graduate medical education; to amend chapter 62 of the laws of 2003 amending the general business law and other laws relating to enacting major components necessary to implement the state fiscal plan for the 2003-04 state fiscal year, in relation to the deposit of certain funds; to amend the public health law, in relation to health care initiative pool distributions; to amend the social services law, in relation to extending payment provisions for general hospitals; to amend chapter 600 of the laws of 1986 amending the public health law relating to the development of pilot reimbursement programs for ambulatory care services, in relation to the effectiveness of such chapter; to amend chapter 520 of the laws of 1978 relating to providing for a comprehensive survey of health care financing, education and illness prevention and creating councils for the conduct thereof, in relation to extending the effectiveness of portions thereof; to amend the public health law, in relation to extending access to community health care services in rural areas; to amend the public health law, in relation to rates of payment for

personal care service providers; to amend the public health law, in relation to the assessment on covered lives; to amend the public health law, in relation to the comprehensive diagnostic and treatment centers indigent care program; to amend the public health law, in relation to general hospital indigent pool and general hospital inpatient reimbursement rates; to amend chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to extending the applicability of certain provisions thereof; and to amend chapter 63 of the laws of 2001 amending chapter 20 of the laws of 2001 amending the military law and other laws relating to making appropriations for the support of government, in relation to extending the applicability of certain provisions thereof (Part B); to amend the social services law, in relation to eliminating prescriber prevails for brand name drugs with generic equivalents; to amend the public health law, in relation to minimum supplemental rebates for pharmaceutical manufacturers; to amend the social services law, in relation to early refill of prescriptions; to amend the public health law, in relation to eliminating the financial incentive for e-prescribing; to amend the public health law, in relation to expanding prior authorization under the clinic drug review program; to amend the public health law, in relation to the expansion of prior authorization under the clinical drug review program; to amend the social services law, in relation to requiring prior authorization for non-medically acceptable indicators for prescription drugs; to amend the social services law, in relation to the integration of behavioral and physical health clinic services; to amend part A of chapter 56 of the laws of 2013 amending chapter 59 of the laws of 2011 amending the public health law and other laws relating

to general hospital reimbursement for annual rates relating to the cap on local Medicaid expenditures, in relation to establishing rate protections for behavioral health essential providers and the effectiveness thereof; to amend section 1 of part H of chapter 111 of the laws of 2010, relating to increasing Medicaid payments to providers through managed care organizations and providing equivalent fees through an ambulatory patient group methodology, in relation to transfer of funds and the effectiveness thereof; to amend the social services law, in relation to spousal support for the costs of community-based long term care; to amend the social services law, in relation to fair hearings within the Fully Integrated Duals Advantage program; to amend the public health law, in relation to the establishment of a default rate for nursing homes under managed care; to amend the public health law, in relation to rates of payment for certified home health agencies and long term home health care programs; to amend the public health law, in relation to rate setting methodologies for the ICD-10; to amend the public health law, in relation to inpatient psych base years; to amend the public health law, in relation to specialty inpatient base years; to amend the public health law, in relation to inpatient psych base years; to amend the public health law, in relation to hospital inpatient base years; to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to known and projected department of health state fund medicaid expenditures, in relation to the determination of rates of payments by certain state governmental agencies; to amend the social services law and the public health law, in relation to requiring the use of an enrollment broker for counties that are mandated Medicaid managed care and managed long term care; to amend the public health law, in relation to

establishing vital access pools for licensed home care service agencies; to amend the social services law, in relation to the expansion of the Medicaid managed care advisory review panel; to amend part H of chapter 59 of the laws of 2011 amending the public health law relating to general hospital inpatient reimbursement for annual rates, in relation to the across the board reduction of 2011; to amend the social services law, in relation to establishing a health homes criminal justice initiative; to amend the social services law, in relation to the transition of children in foster care to managed care; to amend the social services law and the state finance law, in relation to the establishment of a basic health plan; to amend the social services law, in relation to hospital presumptive eligibility under the affordable care act; to amend the social services law, in relation to spending down procedures under the MAGI system of eligibility determination; to amend the public health law, in relation to moving rate setting for child health plus to the department of health; to amend the public health law, in relation to eliminating the existing child health plus waiting period; to amend chapter 2 of the laws of 1998, amending the public health law and other laws relating to expanding the child health insurance plan, in relation to allowing for the permanent expansion of child health plus income and benefit provisions; to amend part C of chapter 58 of the laws of 2009, amending the public health law relating to the ADIRONDACK MEDICAL HOME MULTIPAYOR DEMONSTRATION PROGRAM, in relation to extending the adirondack medical home demo through the year 2017; to amend chapter 779 of the laws of 1986, amending the social services law relating to authorizing services for non-residents in adult homes, residences for adults and enriched housing programs, in relation to extending the authorization of non-

resident services within adult homes; to amend part C of chapter 58 of the laws of 2008, amending the social services law and the public health law relating to adjustments of rates, in relation to extending the utilization threshold exemption; to amend chapter 19 of the laws of 1998, amending the social services law relating to limiting the method of payment for prescription drugs under the medical assistance program, in relation to extending provisions related to dispensing fees; to amend the public health law, in relation to rates of payment to residential health care facilities; providing for the repeal of certain provisions relating to the availability of funds upon expiration thereof; and to repeal certain provisions of the social services law and the public health law relating thereto (Part C); to amend the education law, in relation to the exemption of the nurse practice act for direct care staff in non-certified settings funded, authorized or approved by the office for people with developmental disabilities (Part D); to amend part A of chapter 111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, in relation to the effectiveness thereof (Part E); to amend the mental hygiene law, in relation to the recovery of exempt income by the office of mental health for community residential programs (Part F); and to amend chapter 57 of the laws of 2006, relating to establishing a cost of living adjustment for designated human services programs, in relation to foregoing such adjustment during the 2014-2015 state fiscal year (Part G)

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. This act enacts into law major components of legislation
2 which are necessary to implement the state fiscal plan for the 2014-2015
3 state fiscal year. Each component is wholly contained within a Part
4 identified as Parts A through G. The effective date for each particular
5 provision contained within such Part is set forth in the last section of
6 such Part. Any provision in any section contained within a Part, includ-
7 ing the effective date of the Part, which makes a reference to a section
8 "of this act", when used in connection with that particular component,
9 shall be deemed to mean and refer to the corresponding section of the
10 Part in which it is found. Section three of this act sets forth the
11 general effective date of this act.

12 PART A

13 Section 1. Paragraph (a) of subdivision 1 of section 602 of the public
14 health law, as added by section 16 of part E of chapter 56 of the laws
15 of 2013, is amended to read as follows:

(a) Family health, which shall include activities designed to reduce perinatal, infant and maternal mortality and morbidity and to promote the health of infants, children, adolescents, and people of childbearing age. Such activities shall include family centered perinatal services and other services appropriate to promote the birth of a healthy baby to a healthy mother, and services to assure that infants, young children, and school age children are enrolled in appropriate health insurance programs and other health benefit programs for which they are eligible, and that the parents or guardians of such children are provided with information concerning health care providers in their area that are willing and able to provide health services to such children. Provision

1 of primary and preventive clinical health care services shall be eligi-
2 ble for state aid for uninsured persons under the age of twenty-one,
3 provided that the municipality makes good faith efforts to assist such
4 persons with insurance enrollment and only until such time as enrollment
5 becomes effective. Provision of prenatal clinical health care services
6 shall be eligible for state aid for uninsured women of any age, provided
7 that the municipality makes good faith efforts to assist such women with
8 insurance enrollment and only until such time as enrollment becomes
9 effective.

10 § 2. Subdivisions 1, 2, 2-a, 2-b, 2-c, 3 and 4 of section 2781 of the
11 public health law, subdivisions 1, 2, 3 and 4 as amended and subdivi-
12 sions 2-a, 2-b and 2-c as added by chapter 308 of the laws of 2010, are
13 amended to read as follows:

14 1. Except as provided in section three thousand one hundred twenty-one
15 of the civil practice law and rules, or unless otherwise specifically
16 authorized or required by a state or federal law, no person shall order
17 the performance of an HIV related test without first having received
18 [the written or, where authorized by this subdivision, oral,] informed
19 consent of the subject of the test who has capacity to consent or, when
20 the subject lacks capacity to consent, of a person authorized pursuant
21 to law to consent to health care for such individual. [When the test
22 being ordered is a rapid HIV test, such informed consent may be obtained
23 orally and shall be documented in the subject of the test's medical
24 record by the person ordering the performance of the test.] In order for
25 there to be informed consent, the person ordering the test shall at a
26 minimum advise the protected individual that an HIV-related test is
27 being performed.

1 2. [Except where subdivision one of this section permits informed
2 consent to be obtained orally, informed consent to HIV related testing
3 shall consist of a statement consenting to HIV related testing signed by
4 the subject of the test who has capacity to consent or, when the subject
5 lacks capacity to consent, by a person authorized pursuant to law to
6 consent to health care for the subject after the subject or such other
7 person has received the information described in subdivision three of
8 this section.

9 2-a. Where a written consent to HIV related testing is included in a
10 signed general consent to medical care for the subject of the test or in
11 a signed consent to any health care service for the subject of the test,
12 the consent form shall have a clearly marked place adjacent to the
13 signature where the subject of the test, or, when the subject lacks
14 capacity to consent, a person authorized pursuant to law to consent to
15 health care for such individual, shall be given an opportunity to
16 specifically decline in writing HIV related testing on such general
17 consent.

18 2-b. A written or oral informed] Informed consent for HIV related
19 testing pursuant to this section shall be valid for such testing until
20 such consent is revoked [or expires by its terms]. Each time that an HIV
21 related test is ordered pursuant to informed consent in accordance with
22 this section, the physician or other person authorized pursuant to law
23 to order the performance of the HIV related test, or such person's
24 representative, shall orally notify the subject of the test or, when the
25 subject lacks capacity to consent, a person authorized pursuant to law
26 to consent to health care for such individual, that an HIV related test
27 will be conducted at such time, and shall note the notification in the
28 patient's record.

1 [2-c.] 2-a. The provisions of this section regarding [oral] informed
2 consent [for a rapid HIV test] shall not apply to tests performed in a
3 facility operated under the correction law. For tests conducted in a
4 facility under the correction law, individual consent for HIV related
5 testing must be in writing.

6 3. [Prior to the execution of written, or obtaining and documenting
7 oral, informed consent, a] A person ordering the performance of an HIV
8 related test shall provide either directly or through a representative
9 to the subject of an HIV related test or, if the subject lacks capacity
10 to consent, to a person authorized pursuant to law to consent to health
11 care for the subject, an explanation that:

12 (a) HIV causes AIDS and can be transmitted through sexual activities
13 and needle-sharing, by pregnant women to their fetuses, and through
14 breastfeeding infants;

15 (b) there is treatment for HIV that can help an individual stay heal-
16 thy;

17 (c) individuals with HIV or AIDS can adopt safe practices to protect
18 uninfected and infected people in their lives from becoming infected or
19 multiply infected with HIV;

20 (d) testing is voluntary and can be done anonymously at a public test-
21 ing center;

22 (e) the law protects the confidentiality of HIV related test results;

23 (f) the law prohibits discrimination based on an individual's HIV
24 status and services are available to help with such consequences; and

25 (g) the law allows an individual's informed consent for HIV related
26 testing to be valid for such testing until such consent is revoked by
27 the subject of the HIV related test [or expires by its terms].

28 Protocols shall be in place to ensure compliance with this section.

1 4. A person authorized pursuant to law to order the performance of an
2 HIV related test shall provide directly or through a representative to
3 the person seeking such test, an opportunity to remain anonymous [and to
4 provide written, informed consent or authorize documentation of oral
5 informed consent,] through use of a coded system with no linking of
6 individual identity to the test request or results. A health care
7 provider who is not authorized by the commissioner to provide HIV
8 related tests on an anonymous basis shall refer a person who requests an
9 anonymous test to a test site which does provide anonymous testing. The
10 provisions of this subdivision shall not apply to a health care provider
11 ordering the performance of an HIV related test on an individual
12 proposed for insurance coverage.

13 § 3. Section 2135 of the public health law, as amended by chapter 308
14 of the laws of 2010, is amended to read as follows:

15 § 2135. Confidentiality. All reports or information secured by the
16 department, municipal health commissioner or district health officer
17 under the provisions of this title shall be confidential except: (a) in
18 so far as is necessary to carry out the provisions of this title; (b)
19 when used in the aggregate, without patient specific identifying infor-
20 mation, in programs approved by the commissioner for the improvement of
21 the quality of medical care provided to persons with HIV/AIDS; [or] (c)
22 when used within the state or local health department by public health
23 disease programs to assess co-morbidity or completeness of reporting and
24 to direct program needs, in which case patient specific identifying
25 information shall not be disclosed outside the state or local health
26 department; or (d) when used for purposes of patient linkage and
27 retention in care, patient specific identified information may be shared

1 between local and state health departments and health care providers as
2 approved by the commissioner.

3 § 4. Section 2410 of the public health law, as added by chapter 279 of
4 the laws of 1996, subdivisions 1 and 2 as amended by chapter 32 of the
5 laws of 2008, and subdivision 7 as added by chapter 621 of the laws of
6 2007, is amended to read as follows:

7 § 2410. Health research science board. 1. There is hereby established
8 in the department the health research science board. The board shall be
9 comprised of [seventeen] sixteen voting members[, three non-voting
10 regional members] and three non-voting ex-officio members as follows:

11 (a) twelve voting members shall be scientists each of whom shall have
12 either an M.D., D.O., Ph.D., or Dr.P.H. in one of the following fields:
13 biochemistry, biology, biostatistics, chemistry, epidemiology, genetics,
14 immunology, medicine, microbiology, molecular biology, nutrition, oncol-
15 ogy, reproductive endocrinology, or toxicology and must currently be
16 engaged in treating patients or conducting health research. Such
17 members shall be appointed in the following manner: two shall be
18 appointed by the temporary president of the senate and one by the minor-
19 ity leader of the senate; two shall be appointed by the speaker of the
20 assembly and one by the minority leader of the assembly; six shall be
21 appointed by the governor;

22 (b) the governor shall appoint [six regional] four additional members,
23 [three] each of whom shall serve as full voting members [and three of
24 whom shall serve as alternative members without voting rights]. Such
25 [regional] members shall be persons who have or have had breast cancer,
26 [and] or shall be actively involved with a community-based, grass-roots
27 breast cancer organization. [Two] One of such appointments shall be
28 made upon the recommendation of the temporary president of the senate

1 and [two] one shall be made upon the recommendation of the speaker of
2 the assembly [. One regional member shall be appointed from each of the
3 following geographic areas of the state: Long Island, New York City,
4 the Hudson Valley, Northern New York, Central New York and Western New
5 York. The order of appointments and recommendations for appointments and
6 voting rights shall rotate as follows:

7 (i) The governor shall appoint regional members for three year terms
8 in the following order:

- 9 (A) Long Island, which member shall have voting rights,
- 10 (B) Central New York, which member shall not have voting rights,
- 11 (C) Hudson Valley, which member shall have voting rights,
- 12 (D) Northern New York, which member shall not have voting rights,
- 13 (E) Western New York, which member shall have voting rights, and
- 14 (F) New York City, which member shall not have voting rights;

15 (ii) The governor, upon the recommendation of the temporary president
16 of the senate, shall appoint regional members for three year terms in
17 the following order:

- 18 (A) Hudson Valley, which member shall not have voting rights,
- 19 (B) Northern New York, which member shall have voting rights,
- 20 (C) Western New York, which member shall not have voting rights,
- 21 (D) New York City, which member shall have voting rights,
- 22 (E) Long Island, which member shall have voting rights, and
- 23 (F) Central New York, which member shall not have voting rights; and

24 (iii) The governor, upon the recommendation of the speaker of the
25 assembly, shall appoint regional members for three year terms in the
26 following order:

- 27 (A) Western New York, which member shall have voting rights,
- 28 (B) New York City, which member shall not have voting rights,

1 (C) Long Island, which member shall not have voting rights,

2 (D) Central New York, which member shall have voting rights,

3 (E) Hudson Valley, which member shall not have voting rights, and

4 (F) Northern New York, which member shall have voting rights];

5 (c) the governor shall appoint three non-voting ex officio members to
6 the board, one of whom shall be the commissioner, or his or her desig-
7 nee, one of whom shall be the commissioner of environmental conserva-
8 tion, or his or her designee, and one of whom shall be the director of
9 the Cornell University Institute for Comparative and Environmental Toxi-
10 cology, or his or her designee[; and

11 (d) the governor shall appoint one voting member who shall be a person
12 who has or has survived breast cancer and one voting member who shall be
13 a person who has or has survived prostate or testicular cancer].

14 The governor shall designate the chair of the board. The governor,
15 temporary president of the senate, minority leader of the senate, speak-
16 er of the assembly, and minority leader of the assembly may solicit
17 recommendations from the Centers for Disease Control and Prevention, the
18 National Institutes of Health, the Federal Agency For Health Care Policy
19 and Research, and the National Academy of Sciences for appointments or
20 recommendations for appointments to the board.

21 2. All members shall serve for terms of three years and may be reap-
22 pointed, such terms to commence July first and expire June thirtieth;
23 provided, however, that of the scientific members first appointed, three
24 such members, one appointed by the governor, one appointed by the tempo-
25 rary president of the senate and one appointed by the speaker of the
26 assembly, shall be appointed for terms of one year, and three such
27 members, one appointed by the governor, one appointed by the temporary

1 president of the senate, and one appointed by the speaker of the assem-
2 bly shall be appointed for a term of two years.

3 The board shall convene on or before September first, nineteen hundred
4 ninety-seven.

5 3. Any member, after notice and an opportunity to be heard, may be
6 removed by the governor for neglect of duty or malfeasance in office.
7 Any member who fails to attend three consecutive meetings of the board,
8 unless excused by formal vote of the board, shall be deemed to have
9 vacated his or her position.

10 4. Any vacancy in the board shall be filled for the unexpired term in
11 the same manner as the original appointment.

12 5. A majority of the voting members of the board shall constitute a
13 quorum for the transaction of any business or the exercise of any power
14 or function of the board.

15 6. Members of the board shall not receive compensation for their
16 services as members, but shall be allowed their actual and necessary
17 expenses incurred in the performance of their duties.

18 [7. For the purposes of this section the following counties shall
19 constitute the following geographic areas:

20 (a) Long Island: the counties of Nassau and Suffolk.

21 (b) New York City: the counties of Kings, Queens, Richmond, New York
22 and Bronx.

23 (c) Hudson Valley: the counties of Westchester, Rockland, Putnam,
24 Orange, Dutchess, Ulster, Greene, Columbia, Sullivan and Delaware.

25 (d) Northern New York: the counties of Albany, Clinton, Essex, Frank-
26 lin, Fulton, Herkimer, Hamilton, Montgomery, Otsego, Rensselaer, Sarato-
27 ga, Schenectady, Schoharie, Warren and Washington.

1 (e) Central New York: the counties of Broome, Cayuga, Chemung, Chenan-
2 go, Cortland, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Sene-
3 ca, Schuyler, St. Lawrence, Tioga, Tompkins and Wayne.

4 (f) Western New York: the counties of Allegany, Cattaraugus, Chautau-
5 qua, Erie, Genesee, Niagara, Orleans, Wyoming, Livingston, Monroe,
6 Ontario, Steuben and Yates.]

7 § 5. Subdivision 1 of section 2411 of the public health law, as
8 amended by chapter 219 of the laws of 1997, paragraph (e) as amended by
9 chapter 106 of the laws of 2013, and paragraph (h) as amended by chapter
10 638 of the laws of 2008, is amended to read as follows:

11 1. The board shall:

12 (a) Survey state agencies, boards, programs and other state govern-
13 mental entities to assess what, if any, relevant data has been or is
14 being collected which may be of use to researchers engaged in breast[,
15 prostate or testicular] cancer research;

16 (b) Consistent with the survey conducted pursuant to paragraph (a) of
17 this subdivision, compile a list of data collected by state agencies
18 which may be of assistance to researchers engaged in breast[, prostate
19 or testicular] cancer research as established in section twenty-four
20 hundred twelve of this title;

21 (c) Consult with the Centers for Disease Control and Prevention, the
22 National Institutes of Health, the Federal Agency For Health Care Policy
23 and Research, the National Academy of Sciences and other organizations
24 or entities which may be involved in cancer research to solicit both
25 information regarding breast[, prostate and testicular] cancer research
26 projects that are currently being conducted and recommendations for
27 future research projects;

1 (d) Review requests made to the commissioner for access to information
2 pursuant to paragraph b of subdivision one of section 33-1203 and para-
3 graph c of subdivision two of section 33-1205 of the environmental
4 conservation law for use in human health related research projects. Such
5 data shall only be provided to researchers engaged in human health
6 related research. The request made by such researchers shall include a
7 copy of the research proposal or the research protocol approved by their
8 institution and copies of their institution's Institutional Review Board
9 (IRB) or equivalent review board approval of such proposal or protocol.
10 In the case of research conducted outside the auspices of an institution
11 by a researcher previously published in a peer-reviewed scientific jour-
12 nal, the board shall request copies of the research proposal and shall
13 deny access to the site-specific and nine-digit zip code pesticide data
14 if the board determines that such proposal does not follow accepted
15 scientific practice for the design of a research project. The board
16 shall establish guidelines to restrict the dissemination by researchers
17 of the name, address or other information that would otherwise identify
18 a commercial applicator or private applicator or any person who receives
19 the services of a commercial applicator;

20 (e) Solicit, receive, and review applications from public and private
21 agencies and organizations and qualified research institutions for
22 grants from the breast cancer research and education fund, created
23 pursuant to section ninety-seven-yy of the state finance law, to conduct
24 research or educational programs which focus on the causes, prevention,
25 screening, treatment and cure of breast cancer and may include, but are
26 not limited to mapping of breast cancer, and basic, behavioral, clin-
27 ical, demographic, environmental, epidemiologic and psychosocial
28 research. The board shall make recommendations to the commissioner, and

1 the commissioner shall, in his or her discretion, grant approval of
2 applications for grants from those applications recommended by the
3 board. The board shall consult with the Centers for Disease Control and
4 Prevention, the National Institutes of Health, the Federal Agency For
5 Health Care Policy and Research, the National Academy of Sciences,
6 breast cancer advocacy groups, and other organizations or entities which
7 may be involved in breast cancer research to solicit both information
8 regarding breast cancer research projects that are currently being
9 conducted and recommendations for future research projects. As used in
10 this section, "qualified research institution" may include academic
11 medical institutions, state or local government agencies, public or
12 private organizations within this state, and any other institution
13 approved by the department, which is conducting a breast cancer research
14 project or educational program. If a board member submits an application
15 for a grant from the breast cancer research and education fund, he or
16 she shall be prohibited from reviewing and making a recommendation on
17 the application;

18 (f) Consider, based on evolving scientific evidence, whether a corre-
19 lation exists between pesticide use and pesticide exposure. As part of
20 such consideration the board shall make recommendations as to methodol-
21 ogies which may be utilized to establish such correlation;

22 (g) After two years of implementation of pesticide reporting pursuant
23 to section 33-1205 of the environmental conservation law, the board
24 shall compare the percentage of agricultural crop production general use
25 pesticides being reported to the total amount of such pesticides being
26 used in this state as estimated by Cornell University, Cornell Cooper-
27 ative Extension, the department of environmental conservation, and the
28 Environmental Protection Agency;

1 (h) Meet at least six times in the first year, at the request of the
2 chair and at any other time as the chair deems necessary. The board
3 shall meet [at least four times a year] as needed thereafter. Provided,
4 however, that at least one such meeting a year shall be a public hear-
5 ing, at which the general public may question and present information
6 and comments to the board with respect to the operation of the health
7 research science board, the breast cancer research and education fund[,
8 the prostate and testicular cancer research and education fund] and
9 pesticide reporting established pursuant to sections 33-1205 and 33-1207
10 of the environmental conservation law. At such hearing, the commissioner
11 of the department of environmental conservation or his or her designee
12 shall make a report to the board with respect to the efficiency and
13 utility of pesticide reporting established pursuant to sections 33-1205
14 and 33-1207 of the environmental conservation law. Should the existing
15 bylaws be amended by the board, any such amendments shall be consistent
16 with the revisions of this paragraph;

17 § 6. Section 2409-a of the public health law, as added by section 73
18 of part D of chapter 60 of the laws of 2012, is amended to read as
19 follows:

20 § 2409-a. Advisory council. 1. There is hereby established in the
21 department the [breast, cervical and ovarian] cancer detection and
22 education program advisory council, for the purpose of advising the
23 commissioner with regards to providing information to consumers,
24 patients, and health care providers relating, but not limited to,
25 breast, cervical, prostate, testicular and ovarian cancer, including
26 signs and symptoms, risk factors, the benefits of prevention and early
27 detection, guideline concordant cancer screening and disease management,

1 options for diagnostic testing and treatment, new technologies, and
2 survivorship.

3 2. The advisory council shall make recommendations to the department
4 regarding the promotion and implementation of programs under sections
5 twenty-four hundred six and twenty-four hundred nine of this title.

6 3. The commissioner shall appoint twenty-one voting members, which
7 shall include representation of health care professionals, consumers,
8 patients, one voting member who shall be a person who has or has had
9 prostate or testicular cancer and other appropriate interest reflective
10 of the diversity of the state, with expertise in breast, cervical,
11 prostate, testicular and/or ovarian cancer. The commissioner shall
12 appoint one member as a chairperson. The members of the council shall
13 receive no compensation for their services, but shall be allowed their
14 actual and necessary expenses incurred in performance of their duties.

15 4. A majority of the appointed voting membership of the board shall
16 constitute quorum.

17 5. The advisory council shall meet at least twice a year, at the
18 request of the department.

19 § 7. Section 95-e of the state finance law, as added by chapter 273 of
20 the laws of 2004, subdivision 2 as amended by section 1 of part A of
21 chapter 58 of the laws of 2004, is amended to read as follows:

22 § 95-e. New York state prostate cancer research, detection and educa-
23 tion fund. 1. There is hereby established in the joint custody of the
24 commissioner of taxation and finance and the comptroller, a special fund
25 to be known as the "New York [state] State prostate cancer research,
26 detection and education fund".

27 2. Such fund shall consist of all revenues received pursuant to the
28 provisions of sections two hundred nine-E and six hundred thirty of the

1 tax law, all revenues received pursuant to appropriations by the legis-
2 lature, and all moneys appropriated, credited, or transferred thereto
3 from any other fund or source pursuant to law. For each state fiscal
4 year, there shall be appropriated to the fund by the state, in addition
5 to all other moneys required to be deposited into such fund, an amount
6 equal to the amounts of monies collected and deposited into the fund
7 pursuant to sections two hundred [nine-e] nine-E and six hundred thirty
8 of the tax law during the preceding calendar year, as certified by the
9 comptroller. Nothing contained herein shall prevent the state from
10 receiving grants, gifts or bequests for the purposes of the fund as
11 defined in this section and depositing them into the fund according to
12 law. Any interest received by the comptroller on moneys on deposit in
13 such fund shall be retained in and become part of such fund.

14 3. Moneys of the fund [shall be expended only to provide grants to the
15 New York State Coalition to Cure Prostate Cancer, a not-for-profit
16 corporation established in this state which is incorporated], following
17 appropriation by the legislature and allocation by the director of the
18 budget, shall be made available to the commissioner of health to provide
19 grants for the purpose of advancing and financing prostate cancer
20 research, detection and support programs and education projects. [To the
21 extent practicable, the New York State Coalition to Cure Prostate Cancer
22 shall cooperate and coordinate its efforts with the prostate and testi-
23 cular cancer detection and education advisory council established pursu-
24 ant to section twenty-four hundred sixteen of the public health law]
25 Funds may be distributed by the commissioner without a competitive bid
26 or request for proposal process.

27 4. On or before the first day of February each year, the comptroller
28 shall certify to the governor, temporary president of the senate, speak-

er of the assembly, chair of the senate finance committee and chair of the assembly ways and means committee, the amount of money deposited by source in the New York [state] State prostate cancer research, detection and education fund during the preceding calendar year as the result of revenue derived pursuant to sections two hundred nine-E and six hundred thirty of the tax law and from all other sources.

5. [As a condition of receiving grants from the fund, the New York State Coalition To Cure Prostate Cancer shall agree to issue and shall issue, on or before the first day of February each year, a report including, but not limited to, financial statements, financial reports and reports on the issuance of grants. Such reports shall be delivered to the governor and the chairs of the senate finance committee and the assembly ways and means committee and shall also be made available to the public. Such financial statements and reports shall be audited by a nationally recognized accounting firm.

6.] Moneys shall be payable from the fund [to the New York State Coalition to Cure Prostate Cancer] on the audit and warrant of the comptroller on vouchers approved by the comptroller.

§ 8. The public health law is amended by adding a new section 2825 to read as follows:

§ 2825. Capital restructuring financing program. 1. A capital restructuring financing program is hereby established under the joint administration of the commissioner and the president of the dormitory authority of the state of New York for the purpose of enhancing the quality, financial viability and efficiency of New York's health care delivery system by transforming the system into a more rational patient-centered care system that promotes population health and improved well-being for all New Yorkers.

1 2. For the period April first, two thousand fourteen through March
2 thirty-first, two thousand twenty-one, funds made available for expendi-
3 ture pursuant to this section may be distributed by the commissioner and
4 the president of the authority, without a competitive bid or request for
5 proposal process, for capital grants to general hospitals, residential
6 health care facilities, diagnostic and treatment centers, and clinics
7 licensed pursuant to the public health law or the mental hygiene law
8 (collectively, "grantees"), for capital works or purposes that support
9 the purposes set forth in this section. Such capital works or purposes
10 may include but are not limited to closures, mergers, restructuring,
11 improvements to infrastructure, development of primary care service
12 capacity, and promotion of integrated delivery systems that strengthen
13 and protect continued access to essential health care services.

14 3. The commissioner and the president of the authority shall enter
15 into an agreement, subject to approval by the director of the budget,
16 for the purposes of awarding, distributing, and administering the funds
17 made available pursuant to this section. Such agreement shall include
18 criteria pertaining to the evaluation of applications and determination
19 of awards for funds made available for the purposes of this section,
20 including, but not limited to:

21 (a) eligibility requirements for applicants;

22 (b) statewide geographic distribution of funds;

23 (c) minimum and maximum amounts of funding to be awarded under the
24 program;

25 (d) the relationship between the project proposed by an applicant and
26 identified community need;

27 (e) the extent to which the applicant has access to alternative
28 financing; and

1 (f) the extent to which the proposed project furthers the purposes set
2 forth in this section.

3 In evaluating such applications and making award determinations, pref-
4 erence will be given to: (i) those applicants that have been deemed
5 eligible for New York's Medicaid redesign team waiver delivery system
6 reform incentive payment program (DSRIP), in which case such application
7 shall be coordinated with the applicant's DSRIP application, and (ii)
8 other transformational programs as determined by the commissioner.

9 § 9. Intentionally omitted.

10 § 10. Paragraph (c) of subdivision 1 of section 2815 of the public
11 health law, as added by chapter 639 of the laws of 1996, is amended to
12 read as follows:

13 (c) "Participating [general hospital] borrower" shall mean a not-for-
14 profit general hospital, a not-for-profit diagnostic center, a not-for-
15 profit treatment center, a not-for-profit residential health care facil-
16 ity or any other not-for-profit entity in possession of a valid
17 operating certificate issued pursuant to this article, each organized
18 under the laws of this state, which has been approved for participation
19 in this program by the commissioner.

20 § 11. Paragraphs (b), (c), and (d) of subdivision 3 and subdivisions
21 3-a, 4, 5, and 6 of section 2815 of the public health law, as added by
22 chapter 639 of the laws of 1996, subdivision 3-a as added by chapter 1
23 of the laws of 1999, are amended to read as follows:

24 (b) for the development and implementation of business plans for
25 participating [general hospitals] borrowers, addressing the development
26 of service delivery strategies, including strategies for the formation
27 or strengthening of networks, affiliations or other business combina-

1 tions, designed to provide long-term financial stability within and
2 among participating [general hospitals] borrowers;

3 (c) for the expenditure or loan of funds by the authority from the
4 restructuring pool to reimburse the authority or the agency, where
5 appropriate, for the costs of engaging management, legal or accounting
6 consultants to identify, develop and implement improved strategies for
7 one or more participating [general hospitals] borrowers for implementing
8 the recommendations of such consultants, where appropriate, and for the
9 payment of debt service on bonds, notes or other obligations issued or
10 incurred by the authority or the agency to fund loans to one or more
11 participating [general hospitals] borrowers;

12 (d) for assurances that participating [general hospitals] borrowers
13 will address the recommendations of such consultants and furnish the
14 commissioner, the authority, and where applicable, the agency, with such
15 additional financial, management, legal and operational information as
16 each may deem necessary to monitor the performance of a participating
17 [general hospital] borrower; and

18 3-a. Any participating [general hospital] borrower may apply for
19 restructuring pool funds to the extent such funds are derived from
20 deposits made pursuant to paragraph (d) of subdivision one of section
21 twenty-eight hundred seven-1 of this article, provided, however, that,
22 in reviewing such applications, the commissioner and the authority shall
23 consider the extent to which the applicant hospital has alternative
24 available sources of funds, including, but not limited to, funds avail-
25 able through affiliation agreements with other hospitals or entities.

26 4. To the extent funds are available from a participating [general
27 hospital] borrower therefor, expenditures from the restructuring pool
28 shall be repaid to the restructuring pool from repayments received by

1 the authority, or the agency where applicable, from a participating
2 [general hospital] borrower pursuant to the terms of any financing
3 agreement, mortgage or loan document permitting the recovery from the
4 participating [general hospital] borrower of such expenditures. The
5 authority shall record and account for all such payments, which shall be
6 deposited in the restructuring pool.

7 5. Loans from the restructuring pool shall be made pursuant to an
8 agreement with the participating [general hospital] borrower specifying
9 the terms thereof, including repayment terms. The authority shall record
10 and account for all such repayments, which shall be deposited in the
11 restructuring pool. The authority shall notify the chair of the senate
12 finance committee, the director of the division of budget, the chair of
13 the assembly ways and means committee, five days prior to the making of
14 a loan from the restructuring pool. The authority shall also report
15 quarterly to such chairpersons on the transactions in the pool, includ-
16 ing but not limited to deposits to the pool, loans made from the pool,
17 investment income, and the balance on hand as of the end of the month
18 for each such quarter.

19 6. The commissioner is authorized, with the assistance and cooperation
20 of the authority, to provide a program of technical assistance to
21 participating [general hospitals] borrowers.

22 § 12. Section 2801-a of the public health law is amended by adding a
23 new subdivision 17 to read as follows:

24 17. (a) The commissioner is authorized to establish a pilot program to
25 assist in restructuring health care delivery systems by allowing for
26 increased capital investment in health care facilities. Pursuant to the
27 pilot program, the public health and health planning council shall
28 approve the establishment, in accordance with the provisions of subdivi-

1 sion three of this section, of no more than five business corporations
2 formed under the business corporation law. Such business corporations
3 shall affiliate, the extent of the affiliation to be determined by the
4 commissioner, with at least one academic medical institution or teaching
5 hospital approved by the commissioner. A business corporation shall not
6 be eligible to participate in this program if the number of its stock
7 holders exceeds thirty-five, or if any of its stock, or that of any of
8 its direct or indirect owners, is or will be traded on a public stock
9 exchange or on an over-the-counter market.

10 (b) Notwithstanding any provision of law to the contrary, business
11 corporations established pursuant to this subdivision shall be deemed
12 eligible to participate in debt financing provided by the dormitory
13 authority of the state of New York, local development corporations and
14 economic development corporations.

15 (c) The following provisions of this chapter shall not apply to busi-
16 ness corporations established pursuant to this subdivision: (i) para-
17 graph (b) of subdivision three of this section, relating to stockhold-
18 ers, other than principal stockholders; (ii) paragraph (c) of
19 subdivision four of this section, relating to the disposition of stock
20 or voting rights; (iii) paragraphs (d) and (e) of subdivision four of
21 this section, relating to the ownership of stock; and (iv) paragraph (a)
22 of subdivision three of section four thousand four of this chapter,
23 relating to the ownership of stock. Notwithstanding the foregoing, the
24 public health and health planning council may require the disclosure of
25 the identity of stockholders.

26 (d) The corporate powers and purposes of a business corporation estab-
27 lished as an operator pursuant to this subdivision shall be limited to
28 the ownership and operation, or operation, of a hospital or hospitals

1 specifically named and the location or locations of which are specif-
2 ically designated by street address, city, town, village or locality and
3 county; provided, however, that the corporate powers and purposes may
4 also include the ownership and operation, or operation, of a certified
5 home health agency or licensed home care services agency or agencies as
6 defined in article thirty-six of this chapter or a hospice or hospices
7 as defined in article forty of this chapter, if the corporation has
8 received all approvals required under such law to own and operate, or
9 operate, such home care services agency or agencies or hospice or
10 hospices. Such corporate powers and purposes shall not be modified,
11 amended or deleted without the prior approval of the commissioner.

12 (e) (1) In discharging the duties of their respective positions, the
13 board of directors, committees of the board and individual directors and
14 officers of a business corporation established pursuant to this subdivi-
15 sion shall consider the effects of any action upon:

16 (A) the ability of the business corporation to accomplish its purpose;

17 (B) the shareholders of the business corporation;

18 (C) the employees and workforce of the business;

19 (D) the interests of patients of the hospital or hospitals;

20 (E) community and societal considerations, including those of any
21 community in which facilities of the corporation are located;

22 (F) the local and global environment; and

23 (G) the short-term and long-term interests of the corporation, includ-
24 ing benefits that may accrue to the corporation from its long-term
25 plans.

26 (2) The consideration of interests and factors in the manner required
27 by paragraph one of this paragraph:

1 (A) shall not constitute a violation of the provisions of section
2 seven hundred fifteen or seven hundred seventeen of the business corpo-
3 ration law; and

4 (B) is in addition to the ability of directors to consider interests
5 and factors as provided in section seven hundred seventeen of the busi-
6 ness corporation law.

7 (f) A sale, lease, conveyance, exchange, transfer, or other disposi-
8 tion of all or substantially all of the assets of the corporation shall
9 not be effective unless the transaction is approved by the commissioner.

10 (g) No later than two years after the establishment of a business
11 corporation under this subdivision, the commissioner shall provide the
12 governor, the majority leader of the senate and the speaker of the
13 assembly with a written evaluation of the pilot program. Such evaluation
14 shall address the overall effectiveness of the program in allowing for
15 access to capital investment in health care facilities and the impact
16 such access may have on the quality of care provided by hospitals oper-
17 ated by business corporations established under this subdivision.

18 § 13. Paragraph (b) of subdivision 2 of section 1676 of the public
19 authorities law is amended by adding a new undesignated paragraph to
20 read as follows:

21 Such business corporations as are established pursuant to subdivision
22 seventeen of section twenty-eight hundred one-a of the public health law
23 for the acquisition, construction, reconstruction, rehabilitation and
24 improvement, or otherwise providing, furnishing and equipping of a
25 hospital or hospitals.

26 § 14. Subdivision 1 of section 1680 of the public authorities law is
27 amended by adding a new undesignated paragraph to read as follows:

1 Such business corporations as are established pursuant to subdivision
2 seventeen of section twenty-eight hundred one-a of the public health law
3 for the acquisition, construction, reconstruction, rehabilitation and
4 improvement, or otherwise providing, furnishing and equipping of a
5 hospital or hospitals.

6 § 15. Subdivisions 1, 2 and 3 of section 2802 of the public health
7 law, subdivisions 1 and 2 as amended by section 58 of part A of chapter
8 58 of the laws of 2010, subdivision 3 as amended by chapter 609 of the
9 laws of 1982 and paragraph (e) of subdivision 3 as amended by chapter
10 731 of the laws of 1993, are amended to read as follows:

11 1. An application for such construction shall be filed with the
12 department, together with such other forms and information as shall be
13 prescribed by, or acceptable to, the department. Thereafter the depart-
14 ment shall forward a copy of the application and accompanying documents
15 to the public health and health planning council, and the health systems
16 agency, if any, having geographical jurisdiction of the area where the
17 hospital is located.

18 2. The commissioner shall not act upon an application for construction
19 of a hospital until the public health and health planning council and
20 the health systems agency have had a reasonable time to submit their
21 recommendations, and unless (a) the applicant has obtained all approvals
22 and consents required by law for its incorporation or establishment
23 (including the approval of the public health and health planning council
24 pursuant to the provisions of this article) provided, however, that the
25 commissioner may act upon an application for construction by an appli-
26 cant possessing a valid operating certificate when the application qual-
27 ifies for review without the recommendation of the council pursuant to
28 regulations adopted by the council and approved by the commissioner; and

1 (b) the commissioner is satisfied as to the public need for the
2 construction, at the time and place and under the circumstances
3 proposed, provided however that[,] in the case of an application by a
4 hospital established or operated by an organization defined in subdivi-
5 sion one of section four hundred eighty-two-b of the social services
6 law, the needs of the members of the religious denomination concerned,
7 for care or treatment in accordance with their religious or ethical
8 convictions, shall be deemed to be public need[.]; and further provided
9 that: (i) an application by a general hospital or diagnostic and treat-
10 ment center, established under this article, to construct a facility to
11 provide primary care services, as defined in regulation, may be approved
12 without regard for public need; or (ii) an application by a general
13 hospital or a diagnostic and treatment center, established under this
14 article, to undertake construction that does not involve a change in
15 capacity, the types of services provided, major medical equipment,
16 facility replacement, or the geographic location of services, may be
17 approved without regard for public need.

18 3. Subject to the provisions of paragraph (b) of subdivision two of
19 this section, the commissioner in approving the construction of a hospi-
20 tal shall take into consideration and be empowered to request informa-
21 tion and advice as to (a) the availability of facilities or services
22 such as preadmission, ambulatory or home care services which may serve
23 as alternatives or substitutes for the whole or any part of the proposed
24 hospital construction;

25 (b) the need for special equipment in view of existing utilization of
26 comparable equipment at the time and place and under the circumstances
27 proposed;

1 (c) the possible economies and improvements in service to be antic-
2 ipated from the operation of joint central services including, but not
3 limited to laboratory, research, radiology, pharmacy, laundry and
4 purchasing;

5 (d) the adequacy of financial resources and sources of future revenue,
6 provided that the commissioner may, but is not required to, consider the
7 adequacy of financial resources and sources of future revenue in
8 relation to applications under subparagraphs (i) and (ii) of paragraph
9 (b) of subdivision two of this section; and

10 (e) whether the facility is currently in substantial compliance with
11 all applicable codes, rules and regulations, provided, however, that the
12 commissioner shall not disapprove an application solely on the basis
13 that the facility is not currently in substantial compliance, if the
14 application is specifically:

15 (i) to correct life safety code or patient care deficiencies;

16 (ii) to correct deficiencies which are necessary to protect the life,
17 health, safety and welfare of facility patients, residents or staff;

18 (iii) for replacement of equipment that no longer meets the generally
19 accepted operational standards existing for such equipment at the time
20 it was acquired; and

21 (iv) for decertification of beds and services.

22 § 16. Subdivisions 1, 2 and 3 of section 2807-z of the public health
23 law, as amended by chapter 400 of the laws of 2012, are amended to read
24 as follows:

25 1. Notwithstanding any provision of this chapter or regulations or any
26 other state law or regulation, for any eligible capital project as
27 defined in subdivision six of this section, the department shall have
28 thirty days [of] after receipt of the certificate of need or

1 construction application, pursuant to section twenty-eight hundred two
2 of this article, for a limited or administrative review to deem such
3 application complete. If the department determines the application is
4 incomplete or that more information is required, the department shall
5 notify the applicant in writing within thirty days of the date of the
6 application's submission, and the applicant shall have twenty business
7 days to provide additional information or otherwise correct the defi-
8 ciency in the application.

9 2. For an eligible capital project requiring a limited or administra-
10 tive review, within ninety days of the department deeming the applica-
11 tion complete, the department shall make a decision to approve or disap-
12 prove the certificate of need or construction application for such
13 project. If the department determines to disapprove the project, the
14 basis for such disapproval shall be provided in writing; however, disap-
15 proval shall not be based on the incompleteness of the application. If
16 the department fails to take action to approve or disapprove the appli-
17 cation within ninety days of the certificate of need application being
18 deemed complete, the application will be deemed approved.

19 3. For an eligible capital project requiring full review by the coun-
20 cil, the certificate of need or construction application shall be placed
21 on the next council agenda following the department deeming the applica-
22 tion complete.

23 § 17. Section 2801-a of the public health law is amended by adding a
24 new subdivision 3-b to read as follows:

25 3-b. Notwithstanding any other provisions of this chapter to the
26 contrary, the public health and health planning council may approve the
27 establishment of diagnostic or treatment centers to be issued operating
28 certificates for the purpose of providing primary care, as defined by

1 the commissioner in regulations, without regard to the requirements of
2 public need and financial resources as set forth in subdivision three of
3 this section.

4 § 18. Subdivision 3 of section 2801-a of the public health law, as
5 amended by section 57 of part A of chapter 58 of the laws of 2010, is
6 amended to read as follows:

7 3. The public health and health planning council shall not approve a
8 certificate of incorporation, articles of organization or application
9 for establishment unless it is satisfied, insofar as applicable, as to
10 (a) the public need for the existence of the institution at the time and
11 place and under the circumstances proposed, provided, however, that in
12 the case of an institution proposed to be established or operated by an
13 organization defined in subdivision one of section one hundred seventy-
14 two-a of the executive law, the needs of the members of the religious
15 denomination concerned, for care or treatment in accordance with their
16 religious or ethical convictions, shall be deemed to be public need; (b)
17 the character, competence, and standing in the community, of the
18 proposed incorporators, directors, sponsors, members, principal members,
19 stockholders, [members] principal stockholders or operators; with
20 respect to any proposed incorporator, director, sponsor, member, princi-
21 pal member, stockholder, [member] principal stockholder or operator who
22 is already or within the past [ten] seven years has been an incorpora-
23 tor, director, sponsor, member, principal stockholder, principal member,
24 or operator of any hospital, private proprietary home for adults, resi-
25 dence for adults, or non-profit home for the aged or blind which has
26 been issued an operating certificate by the state department of social
27 services, or a halfway house, hostel or other residential facility or
28 institution for the care, custody or treatment of the mentally disabled

1 which is subject to approval by the department of mental hygiene, no
2 approval shall be granted unless the public health and health planning
3 council, having afforded an adequate opportunity to members of health
4 systems agencies, if any, having geographical jurisdiction of the area
5 where the institution is to be located to be heard, shall affirmatively
6 find by substantial evidence as to each such incorporator, director,
7 sponsor, member, principal member, principal stockholder or operator
8 that a substantially consistent high level of care is being or was being
9 rendered in each such hospital, home, residence, halfway house, hostel,
10 or other residential facility or institution with which such person is
11 or was affiliated; for the purposes of this paragraph, the public health
12 and health planning council shall adopt rules and regulations, subject
13 to the approval of the commissioner, to establish the criteria to be
14 used to determine whether a substantially consistent high level of care
15 has been rendered, provided, however, that there shall not be a finding
16 that a substantially consistent high level of care has been rendered
17 where there have been violations of the state hospital code, or other
18 applicable rules and regulations, that (i) threatened to directly affect
19 the health, safety or welfare of any patient or resident, and (ii) were
20 recurrent or were not promptly corrected, unless the proposed incorpora-
21 tor, director, sponsor, member, principal member, stockholder, principal
22 stockholder, or operator demonstrates, and the public health and health
23 planning council finds, that the violations cannot be attributed to the
24 action or inaction of such proposed incorporator, director, sponsor,
25 member, principal member, stockholder, principal stockholder, or opera-
26 tor due to the timing, extent or manner of the affiliation; (c) the
27 financial resources of the proposed institution and its sources of
28 future revenues; and (d) such other matters as it shall deem pertinent.

§ 19. Paragraphs (b) and (c) of subdivision 4 of section 2801-a of the public health law, as amended by section 57 of part A of chapter 58 of the laws of 2010, are amended to read as follows:

(b) [(i)] Any transfer, assignment or other disposition of ten percent or more of [an] direct or indirect interest or voting rights in [a partnership or limited liability company, which is the] an operator of a hospital to a new stockholder, partner or member, or any transfer, assignment or other disposition of a direct or indirect interest or voting rights of such an operator which results in the ownership or control of more than ten percent of the interest or voting rights of such operator by any person not previously approved by the public health and health planning council, or its predecessor, for that operator shall be approved by the public health and health planning council, in accordance with the provisions of subdivisions two and three of this section, except that: (A) any such change shall be subject to the approval by the public health and health planning council in accordance with paragraph (b) of subdivision three of this section only with respect to the new stockholder, partner or member, and any remaining stockholders, partners or members who have not been previously approved for that facility in accordance with such paragraph, and (B) such change shall not be subject to paragraph (a) of subdivision three of this section. In the absence of such approval, the operating certificate of such hospital shall be subject to revocation or suspension.

[(ii)] (c) (i) With respect to a transfer, assignment or disposition involving less than ten percent of [an] a direct or indirect interest or voting rights in [such partnership or limited liability company] an operator of a hospital to a new stockholder, partner or member, no prior approval of the public health and health planning council shall be

1 required. However, no such transaction shall be effective unless at
2 least ninety days prior to the intended effective date thereof, the
3 [partnership or limited liability company] operator fully completes and
4 files with the public health and health planning council notice on a
5 form, to be developed by the public health and health planning council,
6 which shall disclose such information as may reasonably be necessary for
7 the public health and health planning council to determine whether it
8 should bar the transaction for any of the reasons set forth in item (A),
9 (B), (C) or (D) below. Within ninety days from the date of receipt of
10 such notice, the public health and health planning council may bar any
11 transaction under this subparagraph: (A) if the equity position of the
12 [partnership or limited liability company,] operator, determined in
13 accordance with generally accepted accounting principles, would be
14 reduced as a result of the transfer, assignment or disposition; (B) if
15 the transaction would result in the ownership of a [partnership or
16 membership] direct or indirect interest or voting rights by any persons
17 who have been convicted of a felony described in subdivision five of
18 section twenty-eight hundred six of this article; (C) if there are
19 reasonable grounds to believe that the proposed transaction does not
20 satisfy the character and competence criteria set forth in subdivision
21 three of this section; or (D) upon the recommendation of the commission-
22 er, if the transaction, together with all transactions under this
23 subparagraph for the [partnership] operator, or successor, during any
24 five year period would, in the aggregate, involve twenty-five percent or
25 more of the interest in the [partnership] operator. The public health
26 and health planning council shall state specific reasons for barring any
27 transaction under this subparagraph and shall so notify each party to
28 the proposed transaction.

1 [(iii) With respect to a transfer, assignment or disposition of an
2 interest or voting rights in such partnership or limited liability
3 company to any remaining partner or member, which transaction involves
4 the withdrawal of the transferor from the partnership or limited liabil-
5 ity company, no prior approval of the public health and health planning
6 council shall be required. However, no such transaction shall be effec-
7 tive unless at least ninety days prior to the intended effective date
8 thereof, the partnership or limited liability company fully completes
9 and files with the public health and health planning council notice on a
10 form, to be developed by the public health and health planning council,
11 which shall disclose such information as may reasonably be necessary for
12 the public health and health planning council to determine whether it
13 should bar the transaction for the reason set forth below. Within ninety
14 days from the date of receipt of such notice, the public health and
15 health planning council may bar any transaction under this subparagraph
16 if the equity position of the partnership or limited liability company,
17 determined in accordance with generally accepted accounting principles,
18 would be reduced as a result of the transfer, assignment or disposition.
19 The public health and health planning council shall state specific
20 reasons for barring any transaction under this subparagraph and shall so
21 notify each party to the proposed transaction.

22 (c) Any transfer, assignment or other disposition of ten percent or
23 more of the stock or voting rights thereunder of a corporation which is
24 the operator of a hospital or which is a member of a limited liability
25 company which is the operator of a hospital to a new stockholder, or any
26 transfer, assignment or other disposition of the stock or voting rights
27 thereunder of such a corporation which results in the ownership or
28 control of more than ten percent of the stock or voting rights there-

1 under of such corporation by any person not previously approved by the
2 public health and health planning council, or its predecessor, for that
3 corporation shall be subject to approval by the public health and health
4 planning council, in accordance with the provisions of subdivisions two
5 and three of this section and rules and regulations pursuant thereto;
6 except that: any such transaction shall be subject to the approval by
7 the public health and health planning council in accordance with para-
8 graph (b) of subdivision three of this section only with respect to a
9 new stockholder or a new principal stockholder; and shall not be subject
10 to paragraph (a) of subdivision three of this section. In the absence of
11 such approval, the operating certificate of such hospital shall be
12 subject to revocation or suspension.] (ii) No prior approval of the
13 public health and health planning council shall be required with respect
14 to a transfer, assignment or disposition of ten percent or more of [the
15 stock] a direct or indirect interest or voting rights [thereunder of a
16 corporation which is the] in an operator of a hospital [or which is a
17 member of a limited liability company which is the owner of a hospital]
18 to any person previously approved by the public health and health plan-
19 ning council, or its predecessor, for that [corporation] operator.
20 However, no such transaction shall be effective unless at least ninety
21 days prior to the intended effective date thereof, the [stockholder]
22 operator fully completes and files with the public health and health
23 planning council notice on forms to be developed by the public health
24 and health planning council, which shall disclose such information as
25 may reasonably be necessary for the public health and health planning
26 council to determine whether it should bar the transaction. Such trans-
27 action will be final as of the intended effective date unless, prior
28 thereto, the public health and health planning council shall state

1 specific reasons for barring such transactions under this paragraph and
2 shall notify each party to the proposed transaction. Nothing in this
3 paragraph shall be construed as permitting a person not previously
4 approved by the public health and health planning council for that
5 [corporation] operator to become the owner of ten percent or more of the
6 [stock of a corporation which is] interest or voting rights, directly or
7 indirectly, in the operator of a hospital [or which is a member of a
8 limited liability company which is the owner of a hospital] without
9 first obtaining the approval of the public health and health planning
10 council.

11 § 20. Subdivision 1 of section 3611-a of the public health law, as
12 amended by section 67 of part A of chapter 58 of the laws of 2010, is
13 amended to read as follows:

14 1. Any change in the person who, or any transfer, assignment, or other
15 disposition of an interest or voting rights of ten percent or more, or
16 any transfer, assignment or other disposition which results in the
17 ownership or control of an interest or voting rights of ten percent or
18 more, in a limited liability company or a partnership which is the oper-
19 ator of a licensed home care services agency or a certified home health
20 agency shall be approved by the public health and health planning coun-
21 cil, in accordance with the provisions of subdivision four of section
22 thirty-six hundred five of this article relative to licensure or subdi-
23 vision two of section thirty-six hundred six of this article relative to
24 certificate of approval, except that:

25 (a) Public health and health planning council approval shall be
26 required only with respect to the person, or the member or partner that
27 is acquiring the interest or voting rights; and

1 (b) With respect to certified home health agencies, such change shall
2 not be subject to the public need assessment described in paragraph (a)
3 of subdivision two of section thirty-six hundred six of this article.

4 (c) In the absence of such approval, the license or certificate of
5 approval shall be subject to revocation or suspension.

6 (d) (i) No prior approval of the public health and health planning
7 council shall be required with respect to a transfer, assignment or
8 disposition of:

9 [(i)] (A) an interest or voting rights to any person previously
10 approved by the public health and health planning council, or its prede-
11 cessor, for that operator; or

12 [(ii)] (B) an interest or voting rights of less than ten percent in
13 the operator. [However, no]

14 (ii) No such transaction under subparagraph (i) of this paragraph
15 shall be effective unless at least ninety days prior to the intended
16 effective date thereof, the [partner or member] operator completes and
17 files with the public health and health planning council notice on forms
18 to be developed by the public health council, which shall disclose such
19 information as may reasonably be necessary for the public health and
20 health planning council to determine whether it should bar the trans-
21 action. Such transaction will be final as of the intended effective date
22 unless, prior thereto, the public health and health planning council
23 shall state specific reasons for barring such transactions under this
24 paragraph and shall notify each party to the proposed transaction.

25 § 21. Section 2801-a of the public health law is amended by adding a
26 new subdivision 17 to read as follows:

27 17. (a) Diagnostic or treatment centers established to provide health
28 care services within the space of a retail business operation, such as a

1 pharmacy, a store open to the general public or a shopping mall, or
2 within space used by an employer for providing health care services to
3 its employees, may be operated by legal entities formed under the laws
4 of New York whose stockholders or members, as applicable, are not
5 natural persons and whose principal stockholders and members, as appli-
6 cable, and controlling persons comply with all applicable requirements
7 of this section and demonstrate, to the satisfaction of the public
8 health and health planning council, sufficient experience and expertise
9 in delivering high quality health care services. Such diagnostic and
10 treatment centers shall be referred to in this section as "limited
11 services clinics". For purposes of this subdivision, the public health
12 and health planning council shall adopt and amend rules and regulations,
13 notwithstanding any inconsistent provision of this section, to address
14 any matter it deems pertinent to the establishment of limited services
15 clinics; provided that such rules and regulations shall include, but not
16 be limited to, provisions governing or relating to: (i) any direct or
17 indirect changes or transfers of ownership interests or voting rights in
18 such entities or their stockholders or members, as applicable, and
19 provide for public health and health planning council approval of any
20 change in controlling interests, principal stockholders, controlling
21 persons, parent company or sponsors; (ii) oversight of the operator and
22 its shareholders or members, as applicable, including local governance
23 of the limited services clinics; and (iii) relating to the character and
24 competence and qualifications of, and changes relating to, the directors
25 and officers of the operator and its principal stockholders, controlling
26 persons, parent company or sponsors.

27 (b) The following provisions of this section shall not apply to limit-
28 ed services clinics operated pursuant to this subdivision: (i) paragraph

1 (a) of subdivision three of this section; (ii) paragraph (b) of subdivi-
2 sion three of this section, relating to stockholders and members other
3 than principal stockholders and principal members; (iii) paragraph (c)
4 of subdivision four of this section, relating to the disposition of
5 stock or voting rights; and (iv) paragraph (e) of subdivision four of
6 this section, relating to the ownership of stock or membership.

7 (c) A limited services clinic shall be deemed to be a "health care
8 provider" for the purposes of title two-D of article two of this chap-
9 ter. A prescriber practicing in a limited services clinic shall not be
10 deemed to be in the employ of a pharmacy or practicing in a hospital for
11 purposes of subdivision two of section sixty-eight hundred seven of the
12 education law.

13 (d) The commissioner shall promulgate regulations setting forth opera-
14 tional and physical plant standards for limited services clinics, which
15 may be different from the regulations otherwise applicable to diagnostic
16 or treatment centers, including, but not limited to: requiring accredi-
17 tation; designating or limiting the treatments and services that may be
18 provided; prohibiting the provision of services to patients twenty-four
19 months of age or younger; the provision of specific immunizations to
20 patients younger than eighteen years of age; and requirements or guide-
21 lines for advertising and signage, disclosure of ownership interests,
22 informed consent, record keeping, referral for treatment and continuity
23 of care, case reporting to the patient's primary care or other health
24 care providers, design, construction, fixtures, and equipment. Such
25 regulations also shall promote and strengthen primary care through: (i)
26 the integration of services provided by limited services clinics with
27 the services provided by the patient's other health care providers; and

1 (ii) the referral of patients to appropriate health care providers,
2 including appropriate transmission of patient health records.

3 § 22. The public health law is amended by adding a new section 230-e
4 to read as follows:

5 § 230-e. Urgent care. 1. Definitions. As used in this section:

6 (a) "Accredited status" means the full accreditation by such national-
7 ly-recognized accrediting agencies as determined by the commissioner.

8 (b) "Emergency medical care" shall mean the provision of treatment for
9 life-threatening or potentially disabling trauma, burns, respiratory,
10 circulatory or obstetrical conditions.

11 (c) "Licensee" shall mean an individual licensed or otherwise author-
12 ized under articles one hundred thirty-one or one hundred thirty-one-B
13 of the education law.

14 (d) "Urgent care" shall mean the provision of treatment on an unsched-
15 uled basis to patients for acute episodic illness or minor traumas that
16 are not life-threatening or potentially disabling or for monitoring or
17 treatment over prolonged periods.

18 (e) "Urgent care provider" shall mean a licensee practice that adver-
19 tises or holds itself out as a provider of urgent care.

20 2. No licensee practice shall, within this state, display signage,
21 advertise or hold itself out as a provider of urgent care through the
22 use of the term urgent care, or through any other term or symbol that
23 implies that it is a provider of urgent care, unless it obtains and
24 maintains full accredited status and otherwise complies with the
25 provisions of this section and regulations promulgated hereunder.

26 3. No licensee practice shall, within this state, display signage,
27 advertise or hold itself out as a provider of emergency medical care
28 through the use of the term emergency, or through any other term or

1 symbol that implies that it is a provider of emergency medical care,
2 regardless of whether it is an urgent care provider accredited under
3 this section.

4 4. Nothing in this section shall be construed to prohibit a hospital
5 established under article twenty-eight of this chapter from providing
6 urgent care or emergency medical care or from displaying signage, adver-
7 tising or holding itself out as a provider of urgent or emergency care
8 pursuant to regulations promulgated under that article.

9 5. The public health and health planning council, by a majority vote
10 of its members, shall adopt and amend rules and regulations, subject to
11 the approval of the commissioner, to effectuate the purposes and
12 provisions of this section, including, but not limited to defining the
13 scope of services to be provided by urgent care providers; requiring
14 urgent care providers to disclose to patients the scope of services
15 provided; and establishing standards for appropriate referral and conti-
16 nunity of care, staffing, equipment, and maintenance and transmission of
17 patient records. Such regulations also shall promote and strengthen
18 primary care through: (i) the integration of services provided by urgent
19 care providers with the services provided by the patient's other health
20 care providers; and (ii) the referral of patients to appropriate health
21 care providers, including appropriate transmission of patient health
22 records. The commissioner shall enforce such rules and regulations as
23 he or she may deem appropriate, to effectuate the purposes of this
24 section.

25 § 23. Section 230-d of the public health law, as added by chapter 365
26 of the laws of 2007, paragraph (i) of subdivision 1 as amended by chap-
27 ter 438 of the laws of 2012, and subdivision 4 as amended by chapter 477
28 of the laws of 2008, is amended to read as follows:

1 § 230-d. Office-based surgery and office-based anesthesia. 1. The
2 following words or phrases, as used in this section shall have the
3 following meanings:

4 (a) "Accredited status" means the full accreditation by nationally-re-
5 cognized accrediting agency(ies) determined by the commissioner.

6 (b) "Adverse event" means (i) patient death within thirty days; (ii)
7 unplanned transfer to a hospital or emergency department visit within
8 seventy-two hours of office-based surgery; (iii) unscheduled hospital
9 admission or assignment to observation services, within seventy-two
10 hours of the office-based surgery, for longer than twenty-four hours; or
11 (iv) any other serious or life-threatening event.

12 (c) "Deep sedation" means a drug-induced depression of consciousness
13 during which (i) the patient cannot be easily aroused but responds
14 purposefully following repeated painful stimulation; (ii) the patient's
15 ability to maintain independent ventilatory function may be impaired;
16 (iii) the patient may require assistance in maintaining a patent airway
17 and spontaneous ventilation may be inadequate; and (iv) the patient's
18 cardiovascular function is usually maintained without assistance.

19 (d) "General anesthesia" means a drug-induced depression of conscious-
20 ness during which (i) the patient is not arousable, even by painful
21 stimulation; (ii) the patient's ability to maintain independent ventila-
22 tory function is often impaired; (iii) the patient, in many cases, often
23 requires assistance in maintaining a patent airway and positive pressure
24 ventilation may be required because of depressed spontaneous ventilation
25 or drug-induced depression of neuromuscular function; and (iv) the
26 patient's cardiovascular function may be impaired.

27 (e) "Moderate sedation" means a drug-induced depression of conscious-
28 ness during which (i) the patient responds purposefully to verbal

1 commands, either alone or accompanied by light tactile stimulation; (ii)
2 no interventions are required to maintain a patent airway; (iii) sponta-
3 neous ventilation is adequate; and (iv) the patient's cardiovascular
4 function is usually maintained without assistance.

5 (f) "Minimal sedation" means a drug-induced state during which (i)
6 patients respond normally to verbal commands; (ii) cognitive function
7 and coordination may be impaired; and (iii) ventilatory and cardiovascu-
8 lar functions are unaffected.

9 (g) "Minor procedures" means (i) procedures that can be performed
10 safely with a minimum of discomfort where the likelihood of compli-
11 cations requiring hospitalization is minimal; (ii) procedures performed
12 with local or topical anesthesia; or (iii) liposuction with removal of
13 less than 500 cc of fat under unsupplemented local anesthesia.

14 (h) "Office-based surgery" means any surgical or other invasive proce-
15 dure, requiring general anesthesia, neuraxial anesthesia, major upper or
16 lower extremity regional nerve blocks, moderate sedation, or deep
17 sedation, and any liposuction procedure, where such surgical or other
18 invasive procedure or liposuction is performed by a licensee in a
19 location other than a hospital, as such term is defined in article twen-
20 ty-eight of this chapter, excluding minor procedures and procedures
21 requiring minimal sedation.

22 (i) "Licensee" shall mean an individual licensed or otherwise author-
23 ized under article one hundred thirty-one, one hundred thirty-one-B[,
24 individuals who have obtained an issuance of a privilege to perform
25 podiatric standard or advanced ankle surgery pursuant to subdivisions
26 one and two of section seven thousand nine] or one hundred forty-one of
27 the education law.

(j) "Major upper or lower extremity regional nerve blocks" means types of regional anesthesia in which pain sensation is modified or blocked to a large area of the extremity by administration of medication around the nerves supplying that region of the extremity.

(k) "Neuraxial anesthesia" means a form of regional anesthesia in which pain sensation is modified or blocked by administration of medication into the epidural space or spinal canal.

(l) "Office-based anesthesia" means general anesthesia, neuraxial anesthesia, major upper or lower extremity regional nerve blocks, moderate sedation or deep sedation where such anesthesia is administered by a licensee in a location other than a hospital, as such term is defined in article twenty-eight of this chapter.

2. Licensee practices in which office-based surgery or office-based anesthesia is performed shall obtain and maintain full accredited status and register with the department.

3. A licensee may only perform office-based surgery or office-based anesthesia in a setting that has obtained and maintains full accredited status and is registered with the department.

4. Licensees shall report adverse events to the department's patient safety center within [one] three business [day] days of the occurrence of such adverse event. Licensees shall also report any suspected health care disease transmission originating in their practices to the patient safety center within [one] three business [day] days of becoming aware of such suspected transmission. For purposes of this section, health care disease transmission shall mean the transmission of a reportable communicable disease that is blood borne from a health care professional to a patient or between patients as a result of improper infection control practices by the health care professional. Licensees shall

1 report to the department data as defined by the department. The reported
2 data shall be subject to all confidentiality provisions provided by
3 section twenty-nine hundred ninety-eight-e of this chapter.

4 4-a. Office-based surgery or office-based anesthesia shall be limited
5 to operations and procedures with an expected duration of no more than
6 six hours and expected appropriate and safe discharge within six hours.

7 5. The commissioner shall make, adopt, promulgate and enforce such
8 rules and regulations, as he or she may deem appropriate, to effectuate
9 the purposes of this section. Where any rule or regulation under this
10 section would affect the scope of practice of a health care practitioner
11 licensed, registered or certified under title eight of the education law
12 other than those licensed under articles one hundred thirty-one or one
13 hundred thirty-one-B of the education law, the rule or regulation shall
14 be made with the concurrence of the commissioner of education.

15 § 24. Subdivision 1 of section 2998-e of the public health law, as
16 added by chapter 365 of the laws of 2007, is amended to read as follows:

17 1. The commissioner shall enter into agreements with accrediting agen-
18 cies pursuant to which the accrediting agencies shall utilize American
19 Board of Medical Specialties (ABMS) certification, hospital privileging
20 or other equivalent methods to determine competency of practitioners to
21 perform office-based surgery and office-based anesthesia, carry out
22 surveys or complaint/incident investigations upon department request and
23 shall report, at a minimum, [aggregate data on adverse events] findings
24 of surveys and complaint/incident investigations, and data for all
25 office-based surgical and office-based anesthesia practices accredited
26 by the accrediting agencies to the department. The department may
27 disclose reports of aggregate data to the public.

1 § 25. Subdivision 4 of section 2951 of the public health law is
2 REPEALED.

3 § 26. Section 2956 of the public health law is REPEALED.

4 § 27. Section 4310 of the public health law, as amended by chapter 639
5 of the laws of 2006, the section heading as separately amended by chap-
6 ter 640 of the laws of 2006, subdivisions 1 and 3 as amended by chapter
7 158 of the laws of 2012, subdivision 2 as separately amended by chapters
8 158 and 465 of the laws of 2012, is amended to read as follows:

9 § 4310. New York state donate life registry for organ, eye and tissue
10 donations. 1. The department shall establish an organ, eye, and tissue
11 donor registry, which shall be called and be referred to as the "donate
12 life registry", which shall provide a means to make and register a gift
13 of organs, eyes and tissues to take place after death pursuant to
14 section forty-three hundred one of this chapter and other applicable
15 provisions of this article. [Such] The donate life registry shall
16 contain a listing of all donors who have declared their consent to make
17 an anatomical gift.

18 2. Notwithstanding any inconsistent provisions of sections one hundred
19 twelve or one hundred sixty-three of the state finance law, the commis-
20 sioner may enter into a contract for the operation and promotion of the
21 donate life registry subject to such terms and conditions as may be
22 contained within such contract with a not-for-profit organization that
23 has experience working with organ, eye and tissue procurement organiza-
24 tions, has expertise in conducting organ, eye and tissue donor promo-
25 tional campaigns, and is affiliated with the organ, eye and tissue
26 donation community throughout the state. The contractor may subcontract
27 as needed for the effective performance of the contract. All such
28 subcontractors and the terms of such subcontracts shall be subject to

approval by the commissioner. Any applicable state agency shall cooperate in the collection and transfer of registrant data to the donate life registry.

3. The duties of the contractor shall include, but not be limited to, the following:

(a) the development, implementation and maintenance of the donate life registry that includes online, mailed and other forms of organ, eye and tissue donor registration, verification, amendment and revocation;

(b) preparation and submission of a plan to encourage organ donation through education and marketing efforts and other recommendations that would streamline and enhance the cost-effective operation of the donate life registry; and

(c) provision of written or electronic notification of registration in the donate life registry to an individual enrolling in the donate life registry; and

(d) preparation and submission of an annual written report to the department. Such report shall include:

(i) a performance matrix including the number of registrants on the donate life registry and an analysis of the registration rates, including but not limited to, location, method of registration, demographic, and state comparisons;

(ii) the characteristics of registrants as determined from the donate life registry information;

(iii) the annual dollar amount of voluntary contributions received by the contractor for the purposes of maintaining the donate life registry and/or educational and promotional campaigns and initiatives;

(iv) a description of the promotional campaigns and initiatives implemented during the year; and

1 (v) accounting statements of expenditures for the purposes of main-
2 taining the donate life registry and promotional campaigns and initi-
3 atives.

4 4. Payments to the contractor for the operation of the donate life
5 registry shall be paid by the department from funds available for these
6 purposes, including, but not limited to, the funds deposited into the
7 life pass it on trust fund pursuant to section ninety-five-d of the
8 state finance law, as added by chapter four hundred fifteen of the laws
9 of two thousand three, which are designated for maintaining and operat-
10 ing the donate life registry as deemed appropriate by the commissioner.
11 In addition, the contractor may receive and use voluntary contributions.

12 5. (a) Such organ, eye and tissue registration [of consent to make an
13 anatomical gift] can be made through [(a)]: (i) indication made on the
14 application or renewal form of a driver's license, [(b)] (ii) indication
15 made on a non-driver identification card application or renewal form,
16 [(c) enrolling in the registry website maintained by the department,
17 which may include using an electronic signature subject to article three
18 of the state technology law, (d)] (iii) indication made on a voter
19 registration form pursuant to subdivision five of section 5-210 of the
20 election law, (iv) enrollment through the donate life registry website,
21 (v) paper enrollment submitted to the donate life registry, or [(e)]
22 (vi) through any other method identified by the commissioner. Where
23 required by law for consent forms described in [paragraphs (a) and (b)]
24 subparagraphs (i) and (ii) of this [subdivision] paragraph, the commis-
25 sioner shall ensure that space is provided on any consent form so that
26 the applicant shall register or decline registration in the donate life
27 registry for organ, eye and tissue donations under this section and that
28 the following is stated on the form in clear and conspicuous type:

1 "You must fill out the following section: Would you like to be added
2 to the Donate Life Registry? Check box for 'yes' or 'skip this ques-
3 tion'."

4 The commissioner shall not maintain records of any person who checks
5 "skip this question". Failure to check a box shall not impair the valid-
6 ity of an application, and failure to check "yes" or checking "skip this
7 question" shall not be construed to imply a wish not to donate. In the
8 case of an applicant under eighteen years of age, checking "yes" shall
9 not constitute consent to make an anatomical gift or registration in the
10 donate life registry. Where an applicant has previously consented to
11 make an anatomical gift or registered in the donate life registry,
12 checking "skip this question" or failing to check a box shall not impair
13 that consent or registration. Enrollment through the donate life regis-
14 try website through any of the means listed above may be signed by elec-
15 tronic signature, in accordance with the provisions of article three of
16 the state technology law, supported by the use of suitable mechanisms to
17 provide confidence in the identity of the person providing the electron-
18 ic signature. The registration shall take effect upon the provision of
19 written or electronic notice of the registration to the [person] indi-
20 vidual enrolling in the donate life registry.

21 [3. (a) Information contained in the registry shall be accessible to
22 (i) federally designated organ procurement organizations, (ii) eye and
23 tissue banks licensed by the department pursuant to article
24 forty-three-B of this chapter, and (iii) any other entity formally
25 approved by the commissioner.

26 (b) The information contained in the registry shall not be released to
27 any person except as expressly authorized by this section solely for the

1 purpose of identifying potential organ and tissue donors at or near the
2 time of death.

3 4. If the department had an established registry prior to the effec-
4 tive date of this section, it shall be deemed to meet the requirements
5 of this section.

6 5. The registry shall provide persons enrolled the opportunity to
7 specify which organs and tissues they want to donate and if the donation
8 can be used for transplantation, research, or both.] (b) Amendments or
9 revocations from the donate life registry may be made by the following,
10 subject to the requirements of the commissioner:

11 (i) registrants submitting a request in writing to the donate life
12 registry; or

13 (ii) registrants submitting a request electronically through the
14 donate life registry website.

15 (c) Removal from the donate life registry shall not be deemed a
16 refusal of any other or future anatomical gift.

17 (d) The donate life registry shall provide individuals enrolled the
18 opportunity to specify which organs and tissues they want to donate and
19 if the donation may be used for transplantation, research, or both.

20 6. [A person] An individual registered in the [organ and tissue]
21 donate life registry before the effective date of this subdivision shall
22 be deemed to have expressed intent to donate, until and unless he or she
23 files an amendment to his or her registration or a new registration
24 expressing consent to donate.

25 7. [The commissioner shall contact each person registered before the
26 effective date of this subdivision in the organ and tissue registry in
27 writing to inform him or her that at the time he or she registered, the
28 registry was that of intent and that the registry is now one of consent,

1 to explain in clear and understandable terms the difference between
2 intent and consent, and to provide opportunity for the person to change
3 his or her registration to provide consent by amending his or her
4 current registration or executing a new registration.] (a) The donate
5 life registry shall be maintained in a manner that allows immediate
6 access to organ, eye and tissue donation records twenty-four hours a
7 day, seven days a week to the contractor, the department, federally
8 designated organ procurement organizations, licensed eye and tissue
9 banks, and such other entities which may be approved by the department
10 for access. Access shall be available, to the extent practicable, to
11 registrants to confirm the accuracy and validity of their registration
12 and to amend or revoke their registration, subject to reasonable proce-
13 dures to verify identity.

14 (b) Access to the donate life registry shall have security measures
15 set forth in the contract to protect the integrity of the identifiable
16 data in the donate life registry, which may only be accessed by the
17 parties described in paragraph (a) of this subdivision and only for the
18 purposes of determining donor status at or near the time of death of an
19 individual, by the department for any purpose, by the contractor only
20 for purposes of quality assessment and improvement, technical support
21 and donor services, or by individual registrants for the purposes of
22 confirming the accuracy and validity of their registration or making,
23 amending or revoking their registration.

24 (c) De-identified information may be accessed by the entities listed
25 in paragraph (a) of this subdivision or their designees for purposes of
26 analysis, promotion, education, quality improvement and technical
27 support.

1 8. The commissioner is authorized to promulgate rules and regulations
2 necessary to implement the provisions of this section.

3 9. Notwithstanding any other provision of law, the commissioner, the
4 department, and its employees or agents, other than those of the
5 contractor, shall not be subject to any liability whatsoever for any
6 damages or other harm arising from the actions or inaction of the
7 contractor.

8 § 28. Section 6 of chapter 465 of the laws of 2012, amending the
9 public health law and the vehicle and traffic law relating to establish-
10 ing Lauren's law, is amended to read as follows:

11 § 6. This act shall take effect one year after it shall have become a
12 law; provided that the commissioners of health and motor vehicles may
13 implement sections two, four and five of this act within their respec-
14 tive jurisdictions before that date[; and provided, further, that the
15 provisions of this act shall expire and be deemed repealed three years
16 after such effective date].

17 § 29. Subdivision 3 of section 95-d of the state finance law, as added
18 by chapter 415 of the laws of 2003, is amended to read as follows:

19 3. Monies of the fund shall be expended [only for organ transplant
20 research and education projects approved by the commissioner of health,
21 or to provide grants to not-for-profit corporations in this state which
22 are incorporated for the purpose of increasing and promoting organ and
23 tissue donation awareness] to support the maintenance and operation of
24 the donate life registry, in accordance with the provisions of section
25 forty-three hundred ten of the public health law.

26 § 30. Section 461-b of the social services law is amended by adding
27 two new subdivisions 9 and 10 to read as follows:

1 9. (a) The prior written approval of the department is required for:
2 (i) any transfer, assignment or other disposition of ten percent or more
3 of an interest or voting rights in a partnership, business corporation
4 or limited liability company which is the operator of an adult care
5 facility to a new partner, shareholder or member; or (ii) any transfer,
6 assignment or other disposition of interest or voting rights in a part-
7 nership, business corporation or limited liability company which is the
8 operator of an adult care facility which results in the ownership or
9 control of more than ten percent of the interest or voting rights there-
10 under by any person who has not been previously approved by the depart-
11 ment for that operator.

12 (b) With respect to a transfer, assignment or disposition involving
13 less than ten percent of an interest or voting rights in such partner-
14 ship, business corporation or limited liability company to a new part-
15 ner, shareholder or member, no prior approval of the department shall be
16 required. However, no such transaction shall be effective unless at
17 least ninety days prior to the intended effective date thereof, the
18 partnership, business corporation or limited liability company fully
19 completes and files with the department notice on a form, to be devel-
20 oped by the department, which shall disclose such information as may
21 reasonably be necessary for the department to determine whether it
22 should prohibit the transaction. Within ninety days from the date of
23 receipt of such notice, the department may prohibit any such transaction
24 under this subparagraph if it finds: (i) there are reasonable grounds
25 to believe the proposed transaction does not satisfy the character and
26 competence review, as may be appropriate; or (ii) if the transaction,
27 together with all other such transactions during any five year period,
28 would in the aggregate, involve twenty-five percent or more of the

1 interest in the entity that constitutes the operator. The department
2 shall state the specific reasons for prohibiting any transaction under
3 this subparagraph and shall so notify each party to the proposed trans-
4 action.

5 (c) With respect to a transfer, assignment or disposition of an inter-
6 est or voting rights in a partnership, business corporation or limited
7 liability company to any existing partner, shareholder or member, no
8 prior approval of the department shall be required. However, if the
9 transaction involves the withdrawal of the transferor from the partner-
10 ship, business corporation or limited liability company, no such trans-
11 action shall be effective unless at least ninety days prior to the
12 intended effective date thereof, the partnership, business corporation
13 or limited liability company fully completes and files with the depart-
14 ment notice of such transaction. Within ninety days from the date of
15 receipt of such notice, the department may prohibit any such transaction
16 under this paragraph if the equity position of the partnership, business
17 corporation or limited liability company, determined in accordance with
18 generally accepted accounting principles, would be reduced as a result
19 of the transfer, assignment or disposition. The department shall state
20 the specific reason for prohibiting any transaction under this paragraph
21 and shall so notify each party to the proposed transaction.

22 10. Notwithstanding any provision of law to the contrary, the depart-
23 ment is authorized to approve a certificate of incorporation or articles
24 of organization for establishment of an adult care facility on an expe-
25 dited basis where: (a) the certificate of incorporation or articles of
26 organization reflects solely a change in the form of the business organ-
27 ization of an existing entity which had been approved by the department
28 to operate an adult care facility; (b) every incorporator, stockholder,

1 member and director of the new entity shall have been an owner, partner,
2 incorporator, stockholder, member or director of the existing entity;
3 (c) the distribution of ownership interests and voting rights in the new
4 entity shall be the same as in the existing entity; and (d) there shall
5 be no change in the operator of the adult care facility other than the
6 form of its business organization, as a result of the approval of such
7 certificate of incorporation or articles of organization. Upon
8 submission, if the department does not object to the proposal within
9 ninety days of the receipt of a complete application, the proposal will
10 be deemed acceptable to the department and an amended operating certif-
11 icate shall be issued.

12 § 31. Subdivisions 1 and 2 of section 461-k of the social services
13 law, as added by chapter 779 of the laws of 1986, are amended to read as
14 follows:

15 1. (a) "Services for non-residents in adult homes, residences for
16 adults and enriched housing programs" shall mean an organized program of
17 services which the facility is authorized to provide to residents of
18 such facility but which are provided to non-residents for the purpose of
19 restoring, maintaining or developing the capacity of aged or disabled
20 persons to remain in or return to the community. Such services may
21 include but shall not be limited to day programs and temporary residen-
22 tial care as defined herein. A person participating in a program of
23 services for non-residents in an adult care facility shall be considered
24 a resident of the facility and shall be afforded all the rights and
25 protections afforded residents of the facility under this chapter except
26 that the provisions of sections four hundred sixty-one-g and four
27 hundred sixty-one-h of this title relating to termination of admission
28 agreements shall not apply and that persons receiving services pursuant

1 to this section shall not be considered to be receiving residential care
2 as defined in section two hundred nine of this chapter for purposes of
3 determining eligibility for and the amount of supplemental security
4 income benefits and additional state payments.

5 (b) "Day programs" shall mean an organized program for non-residents
6 which shall include personal care, supervision and other adult services
7 which the facility is authorized to provide to residents of such facili-
8 ty which may include but are not limited to, activities, meals, informa-
9 tion and referral, and transportation services, provided in an adult
10 home, residence for adults or enriched housing program.

11 (c) "Temporary residential care" shall mean the provision of temporary
12 residential care of frail or disabled adults on behalf of or in the
13 absence of the caregiver for up to [six weeks] one hundred twenty days
14 in any twelve month period, provided in an adult home, residence for
15 adults or enriched housing program.

16 2. A program to provide services for non-residents in an adult care
17 facility may be established and operated in an adult home, residence for
18 adults or enriched housing program provided that such facility has a
19 current operating certificate issued in accordance with section four
20 hundred sixty-one-b of this title. No operator may establish and operate
21 a day program to provide services for non-residents, as defined in
22 subparagraph (b) of subdivision one of this section, unless the operator
23 has received the prior written approval of the department. The depart-
24 ment shall grant such approval to operate a day program only to those
25 operators that are operating in compliance with applicable law and regu-
26 lations. No operator may provide temporary residential care as defined
27 in subparagraph (c) of subdivision one of this section, unless the oper-
28 ator has notified the department of its intent to do so.

1 § 32. Paragraph (a) of subdivision 3 of section 461-b of the social
2 services law, as amended by chapter 591 of the laws of 1999, is amended
3 to read as follows:

4 (a) The department shall not approve an application for establishment
5 of an adult care facility unless it is satisfied insofar as applicable,
6 as to (i) the character, competence and standing in the community, of
7 the applicant; provided, however, with respect to any such applicant who
8 is already or within the past [ten] seven years has been an incorpora-
9 tor, director, sponsor, stockholder, operator, administrator, member or
10 owner of any adult care facility which has been issued an operating
11 certificate by the board or the department, or of a halfway house,
12 hostel or other residential facility or of a program or facility
13 licensed or operated by a health, mental hygiene, social services or
14 education agency or department of this or any state, or a program serv-
15 ing persons with mental disabilities, or other persons with disabilities
16 as defined in subdivision twenty-one of section two hundred ninety-two
17 of the executive law, the aged, children or other persons receiving
18 health, mental hygiene, residential, social or educational services, no
19 approval of such application shall be granted unless the department
20 shall affirmatively find by substantial evidence as to each such appli-
21 cant that a substantially consistent high level of care is being or was
22 being rendered in each such facility or institution with which such
23 person is or was affiliated; for the purposes of this paragraph, there
24 may be a finding that a substantially consistent high level of care has
25 been rendered where there have been violations of applicable rules and
26 regulations, that (1) did not threaten to directly affect the health,
27 safety or welfare of any patient or resident, and (2) were promptly
28 corrected and not recurrent; (ii) the financial resources of the

1 proposed facility and its sources of future revenue; and (iii) such
2 other matters as it shall deem pertinent.

3 § 33. Subdivision 4 of section 4656 of the public health law, as added
4 by chapter 2 of the laws of 2004, is amended to read as follows:

5 4. The department shall develop an expedited review and approval proc-
6 ess for applications for up to nine additional beds to an existing
7 enhanced or special needs assisted living certificate.

8 § 34. Paragraph (b) of subdivision 5 of section 3610 of the public
9 health law is REPEALED.

10 § 35. Subdivision 2 of section 3610 of the public health law, as
11 amended by section 65 of part A of chapter 58 of the laws of 2010, is
12 amended to read as follows:

13 2. A hospital, residential health care facility, or certified home
14 health agency seeking authorization to provide a long term home health
15 care program shall transmit to the commissioner an application setting
16 forth the scope of the proposed program. Such application shall be in a
17 format and shall be submitted in a quantity determined by the commis-
18 sioner. The commissioner shall transmit the application to the public
19 health and health planning council and to the health systems agency, if
20 any, having geographic jurisdiction of the area where the proposed
21 program is to be located. The application shall include a detailed
22 description of the proposed program including, but not limited to, the
23 following:

24 (a) an outline of the institution's or agency's plans for the program;

25 (b) the need for the proposed program;

26 (c) the number and types of personnel to be employed;

27 (d) the ability of the agency, hospital, or facility to provide the
28 program;

1 (e) the estimated number of visits to be provided;

2 (f) the geographic area in which the proposed programs will be
3 provided;

4 (g) any special or unusual services, programs, or equipment to be
5 provided;

6 (h) a demonstration that the proposed program is feasible and adequate
7 in terms of both short range and long range goals;

8 (i) such other information as the commissioner may require.

9 The health systems agency and the public health and health planning
10 council shall review the application and submit their recommendations to
11 the commissioner. At the time members of the public health and health
12 planning council are notified that an application is scheduled for
13 consideration, the applicant and the health systems agency shall be so
14 notified in writing. The health systems agency or the public health and
15 health planning council shall not recommend approval of the application
16 unless it is satisfied as to:

17 (a) the public need for the program at the time and place and under
18 the circumstances proposed;

19 (b) the financial resources of the provider of the proposed program
20 and its sources of future revenues;

21 (c) the ability of the proposed program to meet those standards estab-
22 lished for participation as a home health agency under title XVIII of
23 the federal Social Security Act; and

24 (d) such other matters as it shall deem pertinent.

25 After receiving and considering the recommendations of the public
26 health and health planning council and the health systems agency, the
27 commissioner shall make his or her determination. The commissioner shall
28 act upon an application after the public health and health planning

1 council and the health systems agency have had a reasonable time to
2 submit their recommendations. The commissioner shall not take any action
3 contrary to the advice of either until he or she affords to either an
4 opportunity to request a public hearing and, if so requested, a public
5 hearing shall be held. The commissioner shall not approve the applica-
6 tion unless he or she is satisfied as to the detailed description of the
7 proposed program and

8 (a) the public need for the existence of the program at the time and
9 place and under the circumstances proposed;

10 (b) the financial resources of the provider of the proposed program
11 and its sources of future revenues;

12 (c) the ability of the proposed program to meet those standards estab-
13 lished for participation as a home health agency under title XVIII of
14 the federal Social Security Act; and

15 (d) such other matters as he or she shall deem pertinent.

16 If the application is approved, the applicant shall be so notified in
17 writing. The commissioner's written approval of the application shall
18 constitute authorization to provide a long term home health care
19 program. [In making his or her authorization, the commissioner shall
20 stipulate the maximum number of persons which a provider of a long term
21 home health care program may serve.] If the commissioner proposes to
22 disapprove the application, he or she shall notify the applicant in
23 writing, stating his or her reasons for disapproval, and afford the
24 applicant an opportunity for a public hearing.

25 § 36. Subdivision 9 of section 2803 of the public health law is
26 REPEALED.

27 § 37. Section 32 of part A of chapter 58 of the laws of 2008, amending
28 the elder law and other laws relating to reimbursement to particular

1 provider pharmacies and prescription drug coverage, as amended by
2 section 26 of part A of chapter 59 of the laws of 2011, is amended to
3 read as follows:

4 § 32. This act shall take effect immediately and shall be deemed to
5 have been in full force and effect on and after April 1, 2008; provided
6 however, that sections one, six-a, nineteen, twenty, twenty-four, and
7 twenty-five of this act shall take effect July 1, 2008; provided however
8 that sections sixteen, seventeen and eighteen of this act shall expire
9 April 1, [2014] 2017; provided, however, that the amendments made by
10 section twenty-eight of this act shall take effect on the same date as
11 section 1 of chapter 281 of the laws of 2007 takes effect; provided
12 further, that sections twenty-nine, thirty, and thirty-one of this act
13 shall take effect October 1, 2008; provided further, that section twen-
14 ty-seven of this act shall take effect January 1, 2009; and provided
15 further, that section twenty-seven of this act shall expire and be
16 deemed repealed March 31, 2014; and provided, further, however, that the
17 amendments to subdivision 1 of section 241 of the education law made by
18 section twenty-nine of this act shall not affect the expiration of such
19 subdivision and shall be deemed to expire therewith and provided that
20 the amendments to section 272 of the public health law made by section
21 thirty of this act shall not affect the repeal of such section and shall
22 be deemed repealed therewith.

23 § 38. This act shall take effect immediately; provided, however, that:

24 (a) section one of this act shall take effect July 1, 2014;

25 (b) section twenty-two of this act shall take effect July 1, 2014;
26 provided, however, that subdivisions 2 and 3 of section 230-e of the
27 public health law, as added by section twenty-two of this act, shall
28 take effect January 1, 2016;

1 (c) sections twenty-three and twenty-four of this act shall take
2 effect one year after it shall have become a law; provided, however,
3 that if chapter 438 of the laws of 2012 shall not have taken effect on
4 or before such date then the amendments to paragraph (i) of subdivision
5 1 of section 230-d of the public health law made by section twenty-three
6 of this act shall take effect on the same date and in the same manner as
7 such chapter of the laws of 2012 takes effect; and

8 (d) the amendments to subdivisions 1 and 2 of section 461-k of the
9 social services law made by section thirty-one of this act shall not
10 affect the expiration of such section and shall be deemed to expire
11 therewith.

12 PART B

13 Section 1. Subdivision 5 of section 168 of chapter 639 of the laws of
14 1996, constituting the New York Health Care Reform Act of 1996, as
15 amended by section 1 of part C of chapter 59 of the laws of 2011, is
16 amended to read as follows:

17 5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health
18 law, as amended or as added by this act, shall expire on December 31,
19 [2014] 2017, and shall be thereafter effective only in respect to any
20 act done on or before such date or action or proceeding arising out of
21 such act including continued collections of funds from assessments and
22 allowances and surcharges established pursuant to sections 2807-c,
23 2807-j, 2807-s and 2807-t of the public health law, and administration
24 and distributions of funds from pools established pursuant to sections
25 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s and 2807-t of the public
26 health law related to patient services provided before December 31,

1 [2014] 2017, and continued expenditure of funds authorized for programs
2 and grants until the exhaustion of funds therefor;

3 § 2. Subdivision 1 of section 138 of chapter 1 of the laws of 1999,
4 constituting the New York Health Care Reform Act of 2000, as amended by
5 section 2 of part C of chapter 59 of the laws of 2011, is amended to
6 read as follows:

7 1. sections 2807-c, 2807-j, 2807-s, and 2807-t of the public health
8 law, as amended by this act, shall expire on December 31, [2014] 2017,
9 and shall be thereafter effective only in respect to any act done before
10 such date or action or proceeding arising out of such act including
11 continued collections of funds from assessments and allowances and
12 surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and
13 2807-t of the public health law, and administration and distributions of
14 funds from pools established pursuant to sections 2807-c, 2807-j,
15 2807-k, 2807-l, 2807-m, 2807-s, 2807-t, 2807-v and 2807-w of the public
16 health law, as amended or added by this act, related to patient services
17 provided before December 31, [2014] 2017, and continued expenditure of
18 funds authorized for programs and grants until the exhaustion of funds
19 therefor;

20 § 3. The opening paragraph, subparagraph (xiv) and (xv) of paragraph
21 (a), subparagraph (v) of paragraph (c) and paragraph (e) of subdivision
22 6 of section 2807-s of the public health law, the opening paragraph as
23 amended by section 4 of part A3 of chapter 62 of the laws of 2003,
24 subparagraphs (xiv) and (xv) of paragraph (a) as amended by section 5 of
25 part C of chapter 59 of the laws of 2011, subparagraph (v) of paragraph
26 (c) as amended by section 5-a of part C of chapter 59 of the laws of
27 2011 and paragraph (e) as amended by section 6 of part A3 of chapter 62
28 of the laws of 2003, subparagraphs (i) and (ii) of paragraph (e) as

1 amended by section 5-b of part C of chapter 59 of the laws of 2011, are
2 amended to read as follows:

3 The amount allocated to each region for purposes of calculating the
4 regional allowance percentage pursuant to this section for each year
5 during the period January first, nineteen hundred ninety-seven through
6 December thirty-first, nineteen hundred ninety-nine and the regional
7 assessments pursuant to section twenty-eight hundred seven-t of this
8 article for each year during the period January first, nineteen hundred
9 ninety-seven through December thirty-first, nineteen hundred ninety-nine
10 and for each year on and after January first, two thousand, shall be the
11 sum of the factors computed in paragraphs (b), (d) and (f) of this
12 subdivision, if such factors are applicable to a given year, as follows:

13 (xiv) A gross annual statewide amount for the period January first,
14 two thousand nine through December thirty-first, two thousand [thirteen]
15 fourteen, shall be nine hundred forty-four million dollars.

16 (xv) A gross annual statewide amount for the period January first, two
17 thousand [fourteen] fifteen through [March] December thirty-first, two
18 thousand [fourteen] seventeen, shall be [two hundred thirty-six] one
19 billion forty-five million dollars.

20 (v) A further gross annual statewide amount for the period January
21 first, two thousand fourteen through [March] December thirty-first, two
22 thousand fourteen, shall be [twenty-two] eighty-nine million [two
23 hundred fifty thousand] dollars.

24 (e) [(i)] A further gross annual statewide amount shall be twelve
25 million dollars for each period prior to January first, two thousand
26 [fourteen] fifteen.

1 [(ii) A further gross statewide amount for the period January first,
2 two thousand fourteen through March thirty-first, two thousand fourteen
3 shall be three million dollars.]

4 § 4. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section
5 2807-s of the public health law, as added by section 30 of part H of
6 chapter 59 of the laws of 2011, is amended to read as follows:

7 (xiii) twenty-three million eight hundred thirty-six thousand dollars
8 each state fiscal year for the period April first, two thousand twelve
9 through March thirty-first, two thousand [fourteen] seventeen;

10 § 5. Subparagraphs (iv) and (v) of paragraph (a) of subdivision 9 of
11 section 2807-j of the public health law, as amended by section 3 of part
12 C of chapter 59 of the laws of 2011, are amended to read as follows:

13 (iv) seven hundred sixty-five million dollars annually of the funds
14 accumulated for the periods January first, two thousand through December
15 thirty-first, two thousand [thirteen] sixteen, and

16 (v) one hundred ninety-one million two hundred fifty thousand dollars
17 of the funds accumulated for the period January first, two thousand
18 [fourteen] seventeen through March thirty-first, two thousand [fourteen]
19 seventeen.

20 § 6. Section 34 of part A3 of chapter 62 of the laws of 2003 amending
21 the general business law and other laws relating to enacting major
22 components necessary to implement the state fiscal plan for the 2003-04
23 state fiscal year, as amended by section 4 of part C of chapter 59 of
24 the laws of 2011, is amended to read as follows:

25 § 34. (1) Notwithstanding any inconsistent provision of law, rule or
26 regulation and effective April 1, 2008 through March 31, [2014] 2017,
27 the commissioner of health is authorized to transfer and the state comp-
28 troller is authorized and directed to receive for deposit to the credit

1 of the department of health's special revenue fund - other, health care
2 reform act (HCRA) resources fund - 061, provider collection monitoring
3 account, within amounts appropriated each year, those funds collected
4 and accumulated pursuant to section 2807-v of the public health law,
5 including income from invested funds, for the purpose of payment for
6 administrative costs of the department of health related to adminis-
7 tration of statutory duties for the collections and distributions
8 authorized by section 2807-v of the public health law.

9 (2) Notwithstanding any inconsistent provision of law, rule or regu-
10 lation and effective April 1, 2008 through March 31, [2014] 2017, the
11 commissioner of health is authorized to transfer and the state comp-
12 troller is authorized and directed to receive for deposit to the credit
13 of the department of health's special revenue fund - other, health care
14 reform act (HCRA) resources fund - 061, provider collection monitoring
15 account, within amounts appropriated each year, those funds collected
16 and accumulated and interest earned through surcharges on payments for
17 health care services pursuant to section 2807-s of the public health law
18 and from assessments pursuant to section 2807-t of the public health law
19 for the purpose of payment for administrative costs of the department of
20 health related to administration of statutory duties for the collections
21 and distributions authorized by sections 2807-s, 2807-t, and 2807-m of
22 the public health law.

23 (3) Notwithstanding any inconsistent provision of law, rule or regu-
24 lation and effective April 1, 2008 through March 31, [2014] 2017, the
25 commissioner of health is authorized to transfer and the comptroller is
26 authorized to deposit, within amounts appropriated each year, those
27 funds authorized for distribution in accordance with the provisions of
28 paragraph (a) of subdivision 1 of section 2807-1 of the public health

1 law for the purposes of payment for administrative costs of the depart-
2 ment of health related to the child health insurance plan program
3 authorized pursuant to title 1-A of article 25 of the public health law
4 into the special revenue funds - other, health care reform act (HCRA)
5 resources fund - 061, child health insurance account, established within
6 the department of health.

7 (4) Notwithstanding any inconsistent provision of law, rule or regu-
8 lation and effective April 1, 2008 through March 31, [2014] 2017, the
9 commissioner of health is authorized to transfer and the comptroller is
10 authorized to deposit, within amounts appropriated each year, those
11 funds authorized for distribution in accordance with the provisions of
12 paragraph (e) of subdivision 1 of section 2807-1 of the public health
13 law for the purpose of payment for administrative costs of the depart-
14 ment of health related to the health occupation development and work-
15 place demonstration program established pursuant to section 2807-h and
16 the health workforce retraining program established pursuant to section
17 2807-g of the public health law into the special revenue funds - other,
18 health care reform act (HCRA) resources fund - 061, health occupation
19 development and workplace demonstration program account, established
20 within the department of health.

21 (5) Notwithstanding any inconsistent provision of law, rule or regu-
22 lation and effective April 1, 2008 through March 31, [2014] 2017, the
23 commissioner of health is authorized to transfer and the comptroller is
24 authorized to deposit, within amounts appropriated each year, those
25 funds allocated pursuant to paragraph (j) of subdivision 1 of section
26 2807-v of the public health law for the purpose of payment for adminis-
27 trative costs of the department of health related to administration of
28 the state's tobacco control programs and cancer services provided pursu-

1 ant to sections 2807-r and 1399-ii of the public health law into such
2 accounts established within the department of health for such purposes.

3 (6) Notwithstanding any inconsistent provision of law, rule or regu-
4 lation and effective April 1, 2008 through March 31, [2014] 2017, the
5 commissioner of health is authorized to transfer and the comptroller is
6 authorized to deposit, within amounts appropriated each year, the funds
7 authorized for distribution in accordance with the provisions of section
8 2807-1 of the public health law for the purposes of payment for adminis-
9 trative costs of the department of health related to the programs funded
10 pursuant to section 2807-1 of the public health law into the special
11 revenue funds - other, health care reform act (HCRA) resources fund -
12 061, pilot health insurance account, established within the department
13 of health.

14 (7) Notwithstanding any inconsistent provision of law, rule or regu-
15 lation and effective April 1, 2008 through March 31, [2014] 2017, the
16 commissioner of health is authorized to transfer and the comptroller is
17 authorized to deposit, within amounts appropriated each year, those
18 funds authorized for distribution in accordance with the provisions of
19 subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c
20 of the public health law from monies accumulated and interest earned in
21 the bad debt and charity care and capital statewide pools through an
22 assessment charged to general hospitals pursuant to the provisions of
23 subdivision 18 of section 2807-c of the public health law and those
24 funds authorized for distribution in accordance with the provisions of
25 section 2807-1 of the public health law for the purposes of payment for
26 administrative costs of the department of health related to programs
27 funded under section 2807-1 of the public health law into the special
28 revenue funds - other, health care reform act (HCRA) resources fund -

1 061, primary care initiatives account, established within the department
2 of health.

3 (8) Notwithstanding any inconsistent provision of law, rule or regu-
4 lation and effective April 1, 2008 through March 31, [2014] 2017, the
5 commissioner of health is authorized to transfer and the comptroller is
6 authorized to deposit, within amounts appropriated each year, those
7 funds authorized for distribution in accordance with section 2807-1 of
8 the public health law for the purposes of payment for administrative
9 costs of the department of health related to programs funded under
10 section 2807-1 of the public health law into the special revenue funds -
11 other, health care reform act (HCRA) resources fund - 061, health care
12 delivery administration account, established within the department of
13 health.

14 (9) Notwithstanding any inconsistent provision of law, rule or regu-
15 lation and effective April 1, 2008 through March 31, [2014] 2017, the
16 commissioner of health is authorized to transfer and the comptroller is
17 authorized to deposit, within amounts appropriated each year, those
18 funds authorized pursuant to sections 2807-d, 3614-a and 3614-b of the
19 public health law and section 367-i of the social services law and for
20 distribution in accordance with the provisions of subdivision 9 of
21 section 2807-j of the public health law for the purpose of payment for
22 administration of statutory duties for the collections and distributions
23 authorized by sections 2807-c, 2807-d, 2807-j, 2807-k, 2807-l, 3614-a
24 and 3614-b of the public health law and section 367-i of the social
25 services law into the special revenue funds - other, health care reform
26 act (HCRA) resources fund - 061, provider collection monitoring account,
27 established within the department of health.

1 § 7. Section 2807-1 of the public health law, as amended by section 7
2 of part C of chapter 59 of the laws of 2011, is amended to read as
3 follows:

4 § 2807-1. Health care initiatives pool distributions. 1. Funds accumu-
5 lated in the health care initiatives pools pursuant to paragraph (b) of
6 subdivision nine of section twenty-eight hundred seven-j of this arti-
7 cle, or the health care reform act (HCRA) resources fund established
8 pursuant to section ninety-two-dd of the state finance law, whichever is
9 applicable, including income from invested funds, shall be distributed
10 or retained by the commissioner or by the state comptroller, as applica-
11 ble, in accordance with the following.

12 (a) Funds shall be reserved and accumulated from year to year and
13 shall be available, including income from invested funds, for purposes
14 of distributions to programs to provide health care coverage for unin-
15 sured or underinsured children pursuant to sections twenty-five hundred
16 ten and twenty-five hundred eleven of this chapter from the respective
17 health care initiatives pools established for the following periods in
18 the following amounts:

19 (i) from the pool for the period January first, nineteen hundred nine-
20 ty-seven through December thirty-first, nineteen hundred ninety-seven,
21 up to one hundred twenty million six hundred thousand dollars;

22 (ii) from the pool for the period January first, nineteen hundred
23 ninety-eight through December thirty-first, nineteen hundred ninety-
24 eight, up to one hundred sixty-four million five hundred thousand
25 dollars;

26 (iii) from the pool for the period January first, nineteen hundred
27 ninety-nine through December thirty-first, nineteen hundred ninety-nine,
28 up to one hundred eighty-one million dollars;

1 (iv) from the pool for the period January first, two thousand through
2 December thirty-first, two thousand, two hundred seven million dollars;

3 (v) from the pool for the period January first, two thousand one
4 through December thirty-first, two thousand one, two hundred thirty-five
5 million dollars;

6 (vi) from the pool for the period January first, two thousand two
7 through December thirty-first, two thousand two, three hundred twenty-
8 four million dollars;

9 (vii) from the pool for the period January first, two thousand three
10 through December thirty-first, two thousand three, up to four hundred
11 fifty million three hundred thousand dollars;

12 (viii) from the pool for the period January first, two thousand four
13 through December thirty-first, two thousand four, up to four hundred
14 sixty million nine hundred thousand dollars;

15 (ix) from the pool or the health care reform act (HCRA) resources
16 fund, whichever is applicable, for the period January first, two thou-
17 sand five through December thirty-first, two thousand five, up to one
18 hundred fifty-three million eight hundred thousand dollars;

19 (x) from the health care reform act (HCRA) resources fund for the
20 period January first, two thousand six through December thirty-first,
21 two thousand six, up to three hundred twenty-five million four hundred
22 thousand dollars;

23 (xi) from the health care reform act (HCRA) resources fund for the
24 period January first, two thousand seven through December thirty-first,
25 two thousand seven, up to four hundred twenty-eight million fifty-nine
26 thousand dollars;

27 (xii) from the health care reform act (HCRA) resources fund for the
28 period January first, two thousand eight through December thirty-first,

1 two thousand ten, up to four hundred fifty-three million six hundred
2 seventy-four thousand dollars annually;

3 (xiii) from the health care reform act (HCRA) resources fund for the
4 period January first, two thousand eleven, through March thirty-first,
5 two thousand eleven, up to one hundred thirteen million four hundred
6 eighteen thousand dollars;

7 (xiv) from the health care reform act (HCRA) resources fund for the
8 period April first, two thousand eleven, through March thirty-first, two
9 thousand twelve, up to three hundred twenty-four million seven hundred
10 forty-four thousand dollars;

11 (xv) from the health care reform act (HCRA) resources fund for the
12 period April first, two thousand twelve, through March thirty-first, two
13 thousand thirteen, up to three hundred forty-six million four hundred
14 forty-four thousand dollars; [and]

15 (xvi) from the health care reform act (HCRA) resources fund for the
16 period April first, two thousand thirteen, through March thirty-first,
17 two thousand fourteen, up to three hundred seventy million six hundred
18 ninety-five thousand dollars[.]; and

19 (xvii) from the health care reform act (HCRA) resources fund for each
20 state fiscal year for periods on and after April first, two thousand
21 fourteen, within amounts appropriated.

22 (b) Funds shall be reserved and accumulated from year to year and
23 shall be available, including income from invested funds, for purposes
24 of distributions for health insurance programs under the individual
25 subsidy programs established pursuant to the expanded health care cover-
26 age act of nineteen hundred eighty-eight as amended, and for evaluation
27 of such programs from the respective health care initiatives pools or

1 the health care reform act (HCRA) resources fund, whichever is applica-
2 ble, established for the following periods in the following amounts:

3 (i) (A) an amount not to exceed six million dollars on an annualized
4 basis for the periods January first, nineteen hundred ninety-seven
5 through December thirty-first, nineteen hundred ninety-nine; up to six
6 million dollars for the period January first, two thousand through
7 December thirty-first, two thousand; up to five million dollars for the
8 period January first, two thousand one through December thirty-first,
9 two thousand one; up to four million dollars for the period January
10 first, two thousand two through December thirty-first, two thousand two;
11 up to two million six hundred thousand dollars for the period January
12 first, two thousand three through December thirty-first, two thousand
13 three; up to one million three hundred thousand dollars for the period
14 January first, two thousand four through December thirty-first, two
15 thousand four; up to six hundred seventy thousand dollars for the period
16 January first, two thousand five through June thirtieth, two thousand
17 five; up to one million three hundred thousand dollars for the period
18 April first, two thousand six through March thirty-first, two thousand
19 seven; and up to one million three hundred thousand dollars annually for
20 the period April first, two thousand seven through March thirty-first,
21 two thousand nine, shall be allocated to individual subsidy programs;
22 and

23 (B) an amount not to exceed seven million dollars on an annualized
24 basis for the periods during the period January first, nineteen hundred
25 ninety-seven through December thirty-first, nineteen hundred ninety-nine
26 and four million dollars annually for the periods January first, two
27 thousand through December thirty-first, two thousand two, and three
28 million dollars for the period January first, two thousand three through

1 December thirty-first, two thousand three, and two million dollars for
2 the period January first, two thousand four through December thirty-
3 first, two thousand four, and two million dollars for the period January
4 first, two thousand five through June thirtieth, two thousand five shall
5 be allocated to the catastrophic health care expense program.

6 (ii) Notwithstanding any law to the contrary, the characterizations of
7 the New York state small business health insurance partnership program
8 as in effect prior to June thirtieth, two thousand three, voucher
9 program as in effect prior to December thirty-first, two thousand one,
10 individual subsidy program as in effect prior to June thirtieth, two
11 thousand five, and catastrophic health care expense program, as in
12 effect prior to June thirtieth, two thousand five, may, for the purposes
13 of identifying matching funds for the community health care conversion
14 demonstration project described in a waiver of the provisions of title
15 XIX of the federal social security act granted to the state of New York
16 and dated July fifteenth, nineteen hundred ninety-seven, may continue to
17 be used to characterize the insurance programs in sections four thousand
18 three hundred twenty-one-a, four thousand three hundred twenty-two-a,
19 four thousand three hundred twenty-six and four thousand three hundred
20 twenty-seven of the insurance law, which are successor programs to these
21 programs.

22 (c) Up to seventy-eight million dollars shall be reserved and accumu-
23 lated from year to year from the pool for the period January first,
24 nineteen hundred ninety-seven through December thirty-first, nineteen
25 hundred ninety-seven, for purposes of public health programs, up to
26 seventy-six million dollars shall be reserved and accumulated from year
27 to year from the pools for the periods January first, nineteen hundred
28 ninety-eight through December thirty-first, nineteen hundred ninety-

1 eight and January first, nineteen hundred ninety-nine through December
2 thirty-first, nineteen hundred ninety-nine, up to eighty-four million
3 dollars shall be reserved and accumulated from year to year from the
4 pools for the period January first, two thousand through December thir-
5 ty-first, two thousand, up to eighty-five million dollars shall be
6 reserved and accumulated from year to year from the pools for the period
7 January first, two thousand one through December thirty-first, two thou-
8 sand one, up to eighty-six million dollars shall be reserved and accumu-
9 lated from year to year from the pools for the period January first, two
10 thousand two through December thirty-first, two thousand two, up to
11 eighty-six million one hundred fifty thousand dollars shall be reserved
12 and accumulated from year to year from the pools for the period January
13 first, two thousand three through December thirty-first, two thousand
14 three, up to fifty-eight million seven hundred eighty thousand dollars
15 shall be reserved and accumulated from year to year from the pools for
16 the period January first, two thousand four through December thirty-
17 first, two thousand four, up to sixty-eight million seven hundred thirty
18 thousand dollars shall be reserved and accumulated from year to year
19 from the pools or the health care reform act (HCRA) resources fund,
20 whichever is applicable, for the period January first, two thousand five
21 through December thirty-first, two thousand five, up to ninety-four
22 million three hundred fifty thousand dollars shall be reserved and accu-
23 mulated from year to year from the health care reform act (HCRA)
24 resources fund for the period January first, two thousand six through
25 December thirty-first, two thousand six, up to seventy million nine
26 hundred thirty-nine thousand dollars shall be reserved and accumulated
27 from year to year from the health care reform act (HCRA) resources fund
28 for the period January first, two thousand seven through December thir-

1 ty-first, two thousand seven, up to fifty-five million six hundred
2 eighty-nine thousand dollars annually shall be reserved and accumulated
3 from year to year from the health care reform act (HCRA) resources fund
4 for the period January first, two thousand eight through December thir-
5 ty-first, two thousand ten, up to thirteen million nine hundred twenty-
6 two thousand dollars shall be reserved and accumulated from year to year
7 from the health care reform act (HCRA) resources fund for the period
8 January first, two thousand eleven through March thirty-first, two thou-
9 sand eleven, and for periods on and after April first, two thousand
10 eleven [through March thirty-first, two thousand fourteen], up to fund-
11 ing amounts specified below and shall be available, including income
12 from invested funds, for:

13 (i) deposit by the commissioner, within amounts appropriated, and the
14 state comptroller is hereby authorized and directed to receive for
15 deposit to, to the credit of the department of health's special revenue
16 fund - other, hospital based grants program account or the health care
17 reform act (HCRA) resources fund, whichever is applicable, for purposes
18 of services and expenses related to general hospital based grant
19 programs, up to twenty-two million dollars annually from the nineteen
20 hundred ninety-seven pool, nineteen hundred ninety-eight pool, nineteen
21 hundred ninety-nine pool, two thousand pool, two thousand one pool and
22 two thousand two pool, respectively, up to twenty-two million dollars
23 from the two thousand three pool, up to ten million dollars for the
24 period January first, two thousand four through December thirty-first,
25 two thousand four, up to eleven million dollars for the period January
26 first, two thousand five through December thirty-first, two thousand
27 five, up to twenty-two million dollars for the period January first, two
28 thousand six through December thirty-first, two thousand six, up to

1 twenty-two million ninety-seven thousand dollars annually for the period
2 January first, two thousand seven through December thirty-first, two
3 thousand ten, up to five million five hundred twenty-four thousand
4 dollars for the period January first, two thousand eleven through March
5 thirty-first, two thousand eleven, up to thirteen million four hundred
6 forty-five thousand dollars for the period April first, two thousand
7 eleven through March thirty-first, two thousand twelve, and up to thir-
8 teen million three hundred seventy-five thousand dollars each state
9 fiscal year for the period April first, two thousand twelve through
10 March thirty-first, two thousand fourteen;

11 (ii) deposit by the commissioner, within amounts appropriated, and the
12 state comptroller is hereby authorized and directed to receive for
13 deposit to, to the credit of the emergency medical services training
14 account established in section ninety-seven-q of the state finance law
15 or the health care reform act (HCRA) resources fund, whichever is appli-
16 cable, up to sixteen million dollars on an annualized basis for the
17 periods January first, nineteen hundred ninety-seven through December
18 thirty-first, nineteen hundred ninety-nine, up to twenty million dollars
19 for the period January first, two thousand through December thirty-
20 first, two thousand, up to twenty-one million dollars for the period
21 January first, two thousand one through December thirty-first, two thou-
22 sand one, up to twenty-two million dollars for the period January first,
23 two thousand two through December thirty-first, two thousand two, up to
24 twenty-two million five hundred fifty thousand dollars for the period
25 January first, two thousand three through December thirty-first, two
26 thousand three, up to nine million six hundred eighty thousand dollars
27 for the period January first, two thousand four through December thir-
28 ty-first, two thousand four, up to twelve million one hundred thirty

1 thousand dollars for the period January first, two thousand five through
2 December thirty-first, two thousand five, up to twenty-four million two
3 hundred fifty thousand dollars for the period January first, two thou-
4 sand six through December thirty-first, two thousand six, up to twenty
5 million four hundred ninety-two thousand dollars annually for the period
6 January first, two thousand seven through December thirty-first, two
7 thousand ten, up to five million one hundred twenty-three thousand
8 dollars for the period January first, two thousand eleven through March
9 thirty-first, two thousand eleven, up to eighteen million three hundred
10 fifty thousand dollars for the period April first, two thousand eleven
11 through March thirty-first, two thousand twelve, up to eighteen million
12 nine hundred fifty thousand dollars for the period April first, two
13 thousand twelve through March thirty-first, two thousand thirteen, [and]
14 up to nineteen million four hundred nineteen thousand dollars for the
15 period April first, two thousand thirteen through March thirty-first,
16 two thousand fourteen, and within amounts appropriated each state fiscal
17 year for periods on and after April first, two thousand fourteen;

18 (iii) priority distributions by the commissioner up to thirty-two
19 million dollars on an annualized basis for the period January first, two
20 thousand through December thirty-first, two thousand four, up to thir-
21 ty-eight million dollars on an annualized basis for the period January
22 first, two thousand five through December thirty-first, two thousand
23 six, up to eighteen million two hundred fifty thousand dollars for the
24 period January first, two thousand seven through December thirty-first,
25 two thousand seven, up to three million dollars annually for the period
26 January first, two thousand eight through December thirty-first, two
27 thousand ten, up to seven hundred fifty thousand dollars for the period
28 January first, two thousand eleven through March thirty-first, two thou-

1 sand eleven, [and] up to two million nine hundred thousand dollars each
2 state fiscal year for the period April first, two thousand eleven
3 through March thirty-first, two thousand fourteen, and within amounts
4 appropriated each state fiscal year for periods on and after April
5 first, two thousand fourteen to be allocated (A) for the purposes estab-
6 lished pursuant to subparagraph (ii) of paragraph (f) of subdivision
7 nineteen of section twenty-eight hundred seven-c of this article as in
8 effect on December thirty-first, nineteen hundred ninety-six and as may
9 thereafter be amended, up to fifteen million dollars annually for the
10 periods January first, two thousand through December thirty-first, two
11 thousand four, up to twenty-one million dollars annually for the period
12 January first, two thousand five through December thirty-first, two
13 thousand six, and up to seven million five hundred thousand dollars for
14 the period January first, two thousand seven through March thirty-first,
15 two thousand seven;

16 (B) pursuant to a memorandum of understanding entered into by the
17 commissioner, the majority leader of the senate and the speaker of the
18 assembly, for the purposes outlined in such memorandum upon the recom-
19 mendation of the majority leader of the senate, up to eight million
20 five hundred thousand dollars annually for the period January first, two
21 thousand through December thirty-first, two thousand six, and up to four
22 million two hundred fifty thousand dollars for the period January first,
23 two thousand seven through June thirtieth, two thousand seven, and for
24 the purposes outlined in such memorandum upon the recommendation of the
25 speaker of the assembly, up to eight million five hundred thousand
26 dollars annually for the periods January first, two thousand through
27 December thirty-first, two thousand six, and up to four million two

1 hundred fifty thousand dollars for the period January first, two thou-
2 sand seven through June thirtieth, two thousand seven; and

3 (C) for services and expenses, including grants, related to emergency
4 assistance distributions as designated by the commissioner. Notwith-
5 standing section one hundred twelve or one hundred sixty-three of the
6 state finance law or any other contrary provision of law, such distrib-
7 utions shall be limited to providers or programs where, as determined by
8 the commissioner, emergency assistance is vital to protect the life or
9 safety of patients, to ensure the retention of facility caregivers or
10 other staff, or in instances where health facility operations are jeop-
11 ardized, or where the public health is jeopardized or other emergency
12 situations exist, up to three million dollars annually for the period
13 April first, two thousand seven through March thirty-first, two thousand
14 eleven, [and] up to two million nine hundred thousand dollars each state
15 fiscal year for the period April first, two thousand eleven through
16 March thirty-first, two thousand fourteen, and within amounts appropri-
17 ated each state fiscal year for periods on and after April first, two
18 thousand fourteen. Upon any distribution of such funds, the commission-
19 er shall immediately notify the chair and ranking minority member of the
20 senate finance committee, the assembly ways and means committee, the
21 senate committee on health, and the assembly committee on health;

22 (iv) distributions by the commissioner related to poison control
23 centers pursuant to subdivision seven of section twenty-five hundred-d
24 of this chapter, up to five million dollars for the period January
25 first, nineteen hundred ninety-seven through December thirty-first,
26 nineteen hundred ninety-seven, up to three million dollars on an annual-
27 ized basis for the periods during the period January first, nineteen
28 hundred ninety-eight through December thirty-first, nineteen hundred

1 ninety-nine, up to five million dollars annually for the periods January
2 first, two thousand through December thirty-first, two thousand two, up
3 to four million six hundred thousand dollars annually for the periods
4 January first, two thousand three through December thirty-first, two
5 thousand four, up to five million one hundred thousand dollars for the
6 period January first, two thousand five through December thirty-first,
7 two thousand six annually, up to five million one hundred thousand
8 dollars annually for the period January first, two thousand seven
9 through December thirty-first, two thousand nine, up to three million
10 six hundred thousand dollars for the period January first, two thousand
11 ten through December thirty-first, two thousand ten, up to seven hundred
12 seventy-five thousand dollars for the period January first, two thousand
13 eleven through March thirty-first, two thousand eleven, [and] up to two
14 million five hundred thousand dollars each state fiscal year for the
15 period April first, two thousand eleven through March thirty-first, two
16 thousand fourteen, and within amounts appropriated each state fiscal
17 year for periods on and after April first, two thousand fourteen; and

18 (v) deposit by the commissioner, within amounts appropriated, and the
19 state comptroller is hereby authorized and directed to receive for
20 deposit to, to the credit of the department of health's special revenue
21 fund - other, miscellaneous special revenue fund - 339 maternal and
22 child HIV services account or the health care reform act (HCRA)
23 resources fund, whichever is applicable, for purposes of a special
24 program for HIV services for women and children, including adolescents
25 pursuant to section twenty-five hundred-f-one of [the public health law]
26 this chapter, up to five million dollars annually for the periods Janu-
27 ary first, two thousand through December thirty-first, two thousand two,
28 up to five million dollars for the period January first, two thousand

1 three through December thirty-first, two thousand three, up to two
2 million five hundred thousand dollars for the period January first, two
3 thousand four through December thirty-first, two thousand four, up to
4 two million five hundred thousand dollars for the period January first,
5 two thousand five through December thirty-first, two thousand five, up
6 to five million dollars for the period January first, two thousand six
7 through December thirty-first, two thousand six, up to five million
8 dollars annually for the period January first, two thousand seven
9 through December thirty-first, two thousand ten, up to one million two
10 hundred fifty thousand dollars for the period January first, two thou-
11 sand eleven through March thirty-first, two thousand eleven, and up to
12 five million dollars each state fiscal year for the period April first,
13 two thousand eleven through March thirty-first, two thousand fourteen;

14 (d) (i) An amount of up to twenty million dollars annually for the
15 period January first, two thousand through December thirty-first, two
16 thousand six, up to ten million dollars for the period January first,
17 two thousand seven through June thirtieth, two thousand seven, up to
18 twenty million dollars annually for the period January first, two thou-
19 sand eight through December thirty-first, two thousand ten, up to five
20 million dollars for the period January first, two thousand eleven
21 through March thirty-first, two thousand eleven, [and] up to nineteen
22 million six hundred thousand dollars each state fiscal year for the
23 period April first, two thousand eleven through March thirty-first, two
24 thousand fourteen, and within amounts appropriated each state fiscal
25 year for periods on and after April first, two thousand fourteen, shall
26 be transferred to the health facility restructuring pool established
27 pursuant to section twenty-eight hundred fifteen of this article;

(ii) provided, however, amounts transferred pursuant to subparagraph (i) of this paragraph may be reduced in an amount to be approved by the director of the budget to reflect the amount received from the federal government under the state's 1115 waiver which is directed under its terms and conditions to the health facility restructuring program.

(e) Funds shall be reserved and accumulated from year to year and shall be available, including income from invested funds, for purposes of distributions to organizations to support the health workforce retraining program established pursuant to section twenty-eight hundred seven-g of this article from the respective health care initiatives pools established for the following periods in the following amounts from the pools or the health care reform act (HCRA) resources fund, whichever is applicable, during the period January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-nine, up to fifty million dollars on an annualized basis, up to thirty million dollars for the period January first, two thousand through December thirty-first, two thousand, up to forty million dollars for the period January first, two thousand one through December thirty-first, two thousand one, up to fifty million dollars for the period January first, two thousand two through December thirty-first, two thousand two, up to forty-one million one hundred fifty thousand dollars for the period January first, two thousand three through December thirty-first, two thousand three, up to forty-one million one hundred fifty thousand dollars for the period January first, two thousand four through December thirty-first, two thousand four, up to fifty-eight million three hundred sixty thousand dollars for the period January first, two thousand five through December thirty-first, two thousand five, up to fifty-two million three hundred sixty thousand dollars for the period

1 January first, two thousand six through December thirty-first, two thou-
2 sand six, up to thirty-five million four hundred thousand dollars annu-
3 ally for the period January first, two thousand seven through December
4 thirty-first, two thousand ten, up to eight million eight hundred fifty
5 thousand dollars for the period January first, two thousand eleven
6 through March thirty-first, two thousand eleven, [and] up to twenty-
7 eight million four hundred thousand dollars each state fiscal year for
8 the period April first, two thousand eleven through March thirty-first,
9 two thousand fourteen, and up to twenty-six million eight hundred seven-
10 teen thousand dollars each state fiscal year for the period April first,
11 two thousand fourteen through March thirty-first, two thousand seven-
12 teen, less the amount of funds available for allocations for rate
13 adjustments for workforce training programs for payments by state
14 governmental agencies for inpatient hospital services.

15 (f) Funds shall be accumulated and transferred from as follows:

16 (i) from the pool for the period January first, nineteen hundred nine-
17 ty-seven through December thirty-first, nineteen hundred ninety-seven,

18 (A) thirty-four million six hundred thousand dollars shall be trans-
19 ferred to funds reserved and accumulated pursuant to paragraph (b) of
20 subdivision nineteen of section twenty-eight hundred seven-c of this
21 article, and (B) eighty-two million dollars shall be transferred and
22 deposited and credited to the credit of the state general fund medical
23 assistance local assistance account;

24 (ii) from the pool for the period January first, nineteen hundred
25 ninety-eight through December thirty-first, nineteen hundred ninety-
26 eight, eighty-two million dollars shall be transferred and deposited and
27 credited to the credit of the state general fund medical assistance
28 local assistance account;

1 (iii) from the pool for the period January first, nineteen hundred
2 ninety-nine through December thirty-first, nineteen hundred ninety-nine,
3 eighty-two million dollars shall be transferred and deposited and cred-
4 ited to the credit of the state general fund medical assistance local
5 assistance account;

6 (iv) from the pool or the health care reform act (HCRA) resources
7 fund, whichever is applicable, for the period January first, two thou-
8 sand through December thirty-first, two thousand four, eighty-two
9 million dollars annually, and for the period January first, two thousand
10 five through December thirty-first, two thousand five, eighty-two
11 million dollars, and for the period January first, two thousand six
12 through December thirty-first, two thousand six, eighty-two million
13 dollars, and for the period January first, two thousand seven through
14 December thirty-first, two thousand seven, eighty-two million dollars,
15 and for the period January first, two thousand eight through December
16 thirty-first, two thousand eight, ninety million seven hundred thousand
17 dollars shall be deposited by the commissioner, and the state comp-
18 troller is hereby authorized and directed to receive for deposit to the
19 credit of the state special revenue fund - other, HCRA transfer fund,
20 medical assistance account;

21 (v) from the health care reform act (HCRA) resources fund for the
22 period January first, two thousand nine through December thirty-first,
23 two thousand nine, one hundred eight million nine hundred seventy-five
24 thousand dollars, and for the period January first, two thousand ten
25 through December thirty-first, two thousand ten, one hundred twenty-six
26 million one hundred thousand dollars, for the period January first, two
27 thousand eleven through March thirty-first, two thousand eleven, twenty
28 million five hundred thousand dollars, and for each state fiscal year

1 for the period April first, two thousand eleven through March thirty-
2 first, two thousand fourteen, one hundred forty-six million four hundred
3 thousand dollars, shall be deposited by the commissioner, and the state
4 comptroller is hereby authorized and directed to receive for deposit, to
5 the credit of the state special revenue fund - other, HCRA transfer
6 fund, medical assistance account.

7 (g) Funds shall be transferred to primary health care services pools
8 created by the commissioner, and shall be available, including income
9 from invested funds, for distributions in accordance with former section
10 twenty-eight hundred seven-bb of this article from the respective health
11 care initiatives pools for the following periods in the following
12 percentage amounts of funds remaining after allocations in accordance
13 with paragraphs (a) through (f) of this subdivision:

14 (i) from the pool for the period January first, nineteen hundred nine-
15 ty-seven through December thirty-first, nineteen hundred ninety-seven,
16 fifteen and eighty-seven-hundredths percent;

17 (ii) from the pool for the period January first, nineteen hundred
18 ninety-eight through December thirty-first, nineteen hundred ninety-
19 eight, fifteen and eighty-seven-hundredths percent; and

20 (iii) from the pool for the period January first, nineteen hundred
21 ninety-nine through December thirty-first, nineteen hundred ninety-nine,
22 sixteen and thirteen-hundredths percent.

23 (h) Funds shall be reserved and accumulated from year to year by the
24 commissioner and shall be available, including income from invested
25 funds, for purposes of primary care education and training pursuant to
26 article nine of this chapter from the respective health care initiatives
27 pools established for the following periods in the following percentage
28 amounts of funds remaining after allocations in accordance with para-

1 graphs (a) through (f) of this subdivision and shall be available for
2 distributions as follows:

3 (i) funds shall be reserved and accumulated:

4 (A) from the pool for the period January first, nineteen hundred nine-
5 ty-seven through December thirty-first, nineteen hundred ninety-seven,
6 six and thirty-five-hundredths percent;

7 (B) from the pool for the period January first, nineteen hundred nine-
8 ty-eight through December thirty-first, nineteen hundred ninety-eight,
9 six and thirty-five-hundredths percent; and

10 (C) from the pool for the period January first, nineteen hundred nine-
11 ty-nine through December thirty-first, nineteen hundred ninety-nine, six
12 and forty-five-hundredths percent;

13 (ii) funds shall be available for distributions including income from
14 invested funds as follows:

15 (A) for purposes of the primary care physician loan repayment program
16 in accordance with section nine hundred three of this chapter, up to
17 five million dollars on an annualized basis;

18 (B) for purposes of the primary care practitioner scholarship program
19 in accordance with section nine hundred four of this chapter, up to two
20 million dollars on an annualized basis;

21 (C) for purposes of minority participation in medical education grants
22 in accordance with section nine hundred six of this chapter, up to one
23 million dollars on an annualized basis; and

24 (D) provided, however, that the commissioner may reallocate any funds
25 remaining or unallocated for distributions for the primary care practi-
26 tioner scholarship program in accordance with section nine hundred four
27 of this chapter.

1 (i) Funds shall be reserved and accumulated from year to year and
2 shall be available, including income from invested funds, for distrib-
3 utions in accordance with section twenty-nine hundred fifty-two and
4 section twenty-nine hundred fifty-eight of this chapter for rural health
5 care delivery development and rural health care access development,
6 respectively, from the respective health care initiatives pools or the
7 health care reform act (HCRA) resources fund, whichever is applicable,
8 for the following periods in the following percentage amounts of funds
9 remaining after allocations in accordance with paragraphs (a) through
10 (f) of this subdivision, and for periods on and after January first, two
11 thousand, in the following amounts:

12 (i) from the pool for the period January first, nineteen hundred nine-
13 ty-seven through December thirty-first, nineteen hundred ninety-seven,
14 thirteen and forty-nine-hundredths percent;

15 (ii) from the pool for the period January first, nineteen hundred
16 ninety-eight through December thirty-first, nineteen hundred ninety-
17 eight, thirteen and forty-nine-hundredths percent;

18 (iii) from the pool for the period January first, nineteen hundred
19 ninety-nine through December thirty-first, nineteen hundred ninety-nine,
20 thirteen and seventy-one-hundredths percent;

21 (iv) from the pool for the periods January first, two thousand through
22 December thirty-first, two thousand two, seventeen million dollars annu-
23 ally, and for the period January first, two thousand three through
24 December thirty-first, two thousand three, up to fifteen million eight
25 hundred fifty thousand dollars;

26 (v) from the pool or the health care reform act (HCRA) resources fund,
27 whichever is applicable, for the period January first, two thousand four
28 through December thirty-first, two thousand four, up to fifteen million

1 eight hundred fifty thousand dollars, [and] for the period January
2 first, two thousand five through December thirty-first, two thousand
3 five, up to nineteen million two hundred thousand dollars, [and] for the
4 period January first, two thousand six through December thirty-first,
5 two thousand six, up to nineteen million two hundred thousand dollars,
6 for the period January first, two thousand seven through December thir-
7 ty-first, two thousand ten, up to eighteen million one hundred fifty
8 thousand dollars annually, for the period January first, two thousand
9 eleven through March thirty-first, two thousand eleven, up to four
10 million five hundred thirty-eight thousand dollars, [and] for each state
11 fiscal year for the period April first, two thousand eleven through
12 March thirty-first, two thousand fourteen, up to sixteen million two
13 hundred thousand dollars, and each state fiscal year for periods on and
14 after April first, two thousand fourteen, within amounts appropriated.

15 (j) Funds shall be reserved and accumulated from year to year and
16 shall be available, including income from invested funds, for purposes
17 of distributions related to health information and health care quality
18 improvement pursuant to former section twenty-eight hundred seven-n of
19 this article from the respective health care initiatives pools estab-
20 lished for the following periods in the following percentage amounts of
21 funds remaining after allocations in accordance with paragraphs (a)
22 through (f) of this subdivision:

23 (i) from the pool for the period January first, nineteen hundred nine-
24 ty-seven through December thirty-first, nineteen hundred ninety-seven,
25 six and thirty-five-hundredths percent;

26 (ii) from the pool for the period January first, nineteen hundred
27 ninety-eight through December thirty-first, nineteen hundred ninety-
28 eight, six and thirty-five-hundredths percent; and

1 (iii) from the pool for the period January first, nineteen hundred
2 ninety-nine through December thirty-first, nineteen hundred ninety-nine,
3 six and forty-five-hundredths percent.

4 (k) Funds shall be reserved and accumulated from year to year and
5 shall be available, including income from invested funds, for allo-
6 cations and distributions in accordance with section twenty-eight
7 hundred seven-p of this article for diagnostic and treatment center
8 uncompensated care from the respective health care initiatives pools or
9 the health care reform act (HCRA) resources fund, whichever is applica-
10 ble, for the following periods in the following percentage amounts of
11 funds remaining after allocations in accordance with paragraphs (a)
12 through (f) of this subdivision, and for periods on and after January
13 first, two thousand, in the following amounts:

14 (i) from the pool for the period January first, nineteen hundred nine-
15 ty-seven through December thirty-first, nineteen hundred ninety-seven,
16 thirty-eight and one-tenth percent;

17 (ii) from the pool for the period January first, nineteen hundred
18 ninety-eight through December thirty-first, nineteen hundred ninety-
19 eight, thirty-eight and one-tenth percent;

20 (iii) from the pool for the period January first, nineteen hundred
21 ninety-nine through December thirty-first, nineteen hundred ninety-nine,
22 thirty-eight and seventy-one-hundredths percent;

23 (iv) from the pool for the periods January first, two thousand through
24 December thirty-first, two thousand two, forty-eight million dollars
25 annually, and for the period January first, two thousand three through
26 June thirtieth, two thousand three, twenty-four million dollars;

27 (v) (A) from the pool or the health care reform act (HCRA) resources
28 fund, whichever is applicable, for the period July first, two thousand

1 three through December thirty-first, two thousand three, up to six
2 million dollars, for the period January first, two thousand four through
3 December thirty-first, two thousand six, up to twelve million dollars
4 annually, for the period January first, two thousand seven through
5 December thirty-first, two thousand thirteen, up to forty-eight million
6 dollars annually, [and] for the period January first, two thousand four-
7 teen through March thirty-first, two thousand fourteen, up to twelve
8 million dollars and for the period April first, two thousand fourteen
9 through March thirty-first, two thousand seventeen, up to forty-eight
10 million dollars annually;

11 (B) from the health care reform act (HCRA) resources fund for the
12 period January first, two thousand six through December thirty-first,
13 two thousand six, an additional seven million five hundred thousand
14 dollars, for the period January first, two thousand seven through Decem-
15 ber thirty-first, two thousand thirteen, an additional seven million
16 five hundred thousand dollars annually, [and] for the period January
17 first, two thousand fourteen through March thirty-first, two thousand
18 fourteen, an additional one million eight hundred seventy-five thousand
19 dollars, and for the period April first, two thousand fourteen through
20 March thirty-first, two thousand seventeen, an additional seven million
21 five hundred thousand dollars annually for voluntary non-profit diagnos-
22 tic and treatment center uncompensated care in accordance with subdivi-
23 sion four-c of section twenty-eight hundred seven-p of this article; and
24 (vi) funds reserved and accumulated pursuant to this paragraph for
25 periods on and after July first, two thousand three, shall be deposited
26 by the commissioner, within amounts appropriated, and the state comp-
27 troller is hereby authorized and directed to receive for deposit to the
28 credit of the state special revenue funds - other, HCRA transfer fund,

1 medical assistance account, for purposes of funding the state share of
2 rate adjustments made pursuant to section twenty-eight hundred seven-p
3 of this article, provided, however, that in the event federal financial
4 participation is not available for rate adjustments made pursuant to
5 paragraph (b) of subdivision one of section twenty-eight hundred seven-p
6 of this article, funds shall be distributed pursuant to paragraph (a) of
7 subdivision one of section twenty-eight hundred seven-p of this article
8 from the respective health care initiatives pools or the health care
9 reform act (HCRA) resources fund, whichever is applicable.

10 (1) Funds shall be reserved and accumulated from year to year by the
11 commissioner and shall be available, including income from invested
12 funds, for transfer to and allocation for services and expenses for the
13 payment of benefits to recipients of drugs under the AIDS drug assist-
14 ance program (ADAP) - HIV uninsured care program as administered by
15 Health Research Incorporated from the respective health care initi-
16 atives pools or the health care reform act (HCRA) resources fund, which-
17 ever is applicable, established for the following periods in the follow-
18 ing percentage amounts of funds remaining after allocations in
19 accordance with paragraphs (a) through (f) of this subdivision, and for
20 periods on and after January first, two thousand, in the following
21 amounts:

22 (i) from the pool for the period January first, nineteen hundred nine-
23 ty-seven through December thirty-first, nineteen hundred ninety-seven,
24 nine and fifty-two-hundredths percent;

25 (ii) from the pool for the period January first, nineteen hundred
26 ninety-eight through December thirty-first, nineteen hundred ninety-
27 eight, nine and fifty-two-hundredths percent;

1 (iii) from the pool for the period January first, nineteen hundred
2 ninety-nine and December thirty-first, nineteen hundred ninety-nine,
3 nine and sixty-eight-hundredths percent;

4 (iv) from the pool for the periods January first, two thousand through
5 December thirty-first, two thousand two, up to twelve million dollars
6 annually, and for the period January first, two thousand three through
7 December thirty-first, two thousand three, up to forty million dollars;
8 and

9 (v) from the pool or the health care reform act (HCRA) resources fund,
10 whichever is applicable, for the periods January first, two thousand
11 four through December thirty-first, two thousand four, up to fifty-six
12 million dollars, for the period January first, two thousand five through
13 December thirty-first, two thousand six, up to sixty million dollars
14 annually, for the period January first, two thousand seven through
15 December thirty-first, two thousand ten, up to sixty million dollars
16 annually, for the period January first, two thousand eleven through
17 March thirty-first, two thousand eleven, up to fifteen million dollars,
18 [and] each state fiscal year for the period April first, two thousand
19 eleven through March thirty-first, two thousand fourteen, up to forty-
20 two million three hundred thousand dollars and each state fiscal year
21 for periods on and after April first, two thousand fourteen, within
22 amounts appropriated.

23 (m) Funds shall be reserved and accumulated from year to year and
24 shall be available, including income from invested funds, for purposes
25 of distributions pursuant to section twenty-eight hundred seven-r of
26 this article for cancer related services from the respective health care
27 initiatives pools or the health care reform act (HCRA) resources fund,
28 whichever is applicable, established for the following periods in the

1 following percentage amounts of funds remaining after allocations in
2 accordance with paragraphs (a) through (f) of this subdivision, and for
3 periods on and after January first, two thousand, in the following
4 amounts:

5 (i) from the pool for the period January first, nineteen hundred nine-
6 ty-seven through December thirty-first, nineteen hundred ninety-seven,
7 seven and ninety-four-hundredths percent;

8 (ii) from the pool for the period January first, nineteen hundred
9 ninety-eight through December thirty-first, nineteen hundred ninety-
10 eight, seven and ninety-four-hundredths percent;

11 (iii) from the pool for the period January first, nineteen hundred
12 ninety-nine and December thirty-first, nineteen hundred ninety-nine, six
13 and forty-five-hundredths percent;

14 (iv) from the pool for the period January first, two thousand through
15 December thirty-first, two thousand two, up to ten million dollars on an
16 annual basis;

17 (v) from the pool for the period January first, two thousand three
18 through December thirty-first, two thousand four, up to eight million
19 nine hundred fifty thousand dollars on an annual basis;

20 (vi) from the pool or the health care reform act (HCRA) resources
21 fund, whichever is applicable, for the period January first, two thou-
22 sand five through December thirty-first, two thousand six, up to ten
23 million fifty thousand dollars on an annual basis, for the period Janu-
24 ary first, two thousand seven through December thirty-first, two thou-
25 sand ten, up to nineteen million dollars annually, and for the period
26 January first, two thousand eleven through March thirty-first, two thou-
27 sand eleven, up to four million seven hundred fifty thousand dollars.

1 (n) Funds shall be accumulated and transferred from the health care
2 reform act (HCRA) resources fund as follows: for the period April first,
3 two thousand seven through March thirty-first, two thousand eight, and
4 on an annual basis for the periods April first, two thousand eight
5 through November thirtieth, two thousand nine, funds within amounts
6 appropriated shall be transferred and deposited and credited to the
7 credit of the state special revenue funds - other, HCRA transfer fund,
8 medical assistance account, for purposes of funding the state share of
9 rate adjustments made to public and voluntary hospitals in accordance
10 with paragraphs (i) and (j) of subdivision one of section twenty-eight
11 hundred seven-c of this article.

12 2. Notwithstanding any inconsistent provision of law, rule or regu-
13 lation, any funds accumulated in the health care initiatives pools
14 pursuant to paragraph (b) of subdivision nine of section twenty-eight
15 hundred seven-j of this article, as a result of surcharges, assessments
16 or other obligations during the periods January first, nineteen hundred
17 ninety-seven through December thirty-first, nineteen hundred ninety-
18 nine, which are unused or uncommitted for distributions pursuant to this
19 section shall be reserved and accumulated from year to year by the
20 commissioner and, within amounts appropriated, transferred and deposited
21 into the special revenue funds - other, miscellaneous special revenue
22 fund - 339, child health insurance account or any successor fund or
23 account, for purposes of distributions to implement the child health
24 insurance program established pursuant to sections twenty-five hundred
25 ten and twenty-five hundred eleven of this chapter for periods on and
26 after January first, two thousand one; provided, however, funds reserved
27 and accumulated for priority distributions pursuant to subparagraph
28 (iii) of paragraph (c) of subdivision one of this section shall not be

1 transferred and deposited into such account pursuant to this subdivi-
2 sion; and provided further, however, that any unused or uncommitted pool
3 funds accumulated and allocated pursuant to paragraph (j) of subdivision
4 one of this section shall be distributed for purposes of the health
5 information and quality improvement act of 2000.

6 3. Revenue from distributions pursuant to this section shall not be
7 included in gross revenue received for purposes of the assessments
8 pursuant to subdivision eighteen of section twenty-eight hundred seven-c
9 of this article, subject to the provisions of paragraph (e) of subdivi-
10 sion eighteen of section twenty-eight hundred seven-c of this article,
11 and shall not be included in gross revenue received for purposes of the
12 assessments pursuant to section twenty-eight hundred seven-d of this
13 article, subject to the provisions of subdivision twelve of section
14 twenty-eight hundred seven-d of this article.

15 § 8. Section 2807-v of the public health law, as amended by section 5
16 of part B of chapter 58 of the laws of 2008, subdivision 1 as amended by
17 section 8 of part C of chapter 59 of the laws of 2011, clause (K) of
18 subparagraph (i) of paragraph (bb) of subdivision 1 as amended by
19 section 35-a, subparagraph (xi) of paragraph (cc) of subdivision 1 as
20 amended by section 35-b and subparagraph (vii) of paragraph (ccc) of
21 subdivision 1 as amended by section 35-c of part D of chapter 56 of the
22 laws of 2012, paragraph (fff) of subdivision 1 as separately amended by
23 section 16 of part A of chapter 59 of the laws of 2011, and paragraph
24 (iii) of subdivision 1 as added by section 52-b of part H of chapter 59
25 of the laws of 2011, is amended to read as follows:

26 § 2807-v. Tobacco control and insurance initiatives pool distrib-
27 utions. 1. Funds accumulated in the tobacco control and insurance
28 initiatives pool or in the health care reform act (HCRA) resources fund

1 established pursuant to section ninety-two-dd of the state finance law,
2 whichever is applicable, including income from invested funds, shall be
3 distributed or retained by the commissioner or by the state comptroller,
4 as applicable, in accordance with the following:

5 (a) Funds shall be deposited by the commissioner, within amounts
6 appropriated, and the state comptroller is hereby authorized and
7 directed to receive for deposit to the credit of the state special
8 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and
9 medicaid administration account, or any successor fund or account, for
10 purposes of services and expenses related to the toll-free medicaid
11 fraud hotline established pursuant to section one hundred eight of chap-
12 ter one of the laws of nineteen hundred ninety-nine from the tobacco
13 control and insurance initiatives pool established for the following
14 periods in the following amounts: four hundred thousand dollars annually
15 for the periods January first, two thousand through December thirty-
16 first, two thousand two, up to four hundred thousand dollars for the
17 period January first, two thousand three through December thirty-first,
18 two thousand three, up to four hundred thousand dollars for the period
19 January first, two thousand four through December thirty-first, two
20 thousand four, up to four hundred thousand dollars for the period Janu-
21 ary first, two thousand five through December thirty-first, two thousand
22 five, up to four hundred thousand dollars for the period January first,
23 two thousand six through December thirty-first, two thousand six, up to
24 four hundred thousand dollars for the period January first, two thousand
25 seven through December thirty-first, two thousand seven, up to four
26 hundred thousand dollars for the period January first, two thousand
27 eight through December thirty-first, two thousand eight, up to four
28 hundred thousand dollars for the period January first, two thousand nine

1 through December thirty-first, two thousand nine, up to four hundred
2 thousand dollars for the period January first, two thousand ten through
3 December thirty-first, two thousand ten, up to one hundred thousand
4 dollars for the period January first, two thousand eleven through March
5 thirty-first, two thousand eleven and within amounts appropriated on and
6 after April first, two thousand eleven.

7 (b) Funds shall be reserved and accumulated from year to year and
8 shall be available, including income from invested funds, for purposes
9 of payment of audits or audit contracts necessary to determine payor and
10 provider compliance with requirements set forth in sections twenty-eight
11 hundred seven-j, twenty-eight hundred seven-s and twenty-eight hundred
12 seven-t of this article from the tobacco control and insurance initi-
13 atives pool established for the following periods in the following
14 amounts: five million six hundred thousand dollars annually for the
15 periods January first, two thousand through December thirty-first, two
16 thousand two, up to five million dollars for the period January first,
17 two thousand three through December thirty-first, two thousand three, up
18 to five million dollars for the period January first, two thousand four
19 through December thirty-first, two thousand four, up to five million
20 dollars for the period January first, two thousand five through December
21 thirty first, two thousand five, up to five million dollars for the
22 period January first, two thousand six through December thirty-first,
23 two thousand six, up to seven million eight hundred thousand dollars for
24 the period January first, two thousand seven through December thirty-
25 first, two thousand seven, and up to eight million three hundred twen-
26 ty-five thousand dollars for the period January first, two thousand
27 eight through December thirty-first, two thousand eight, up to eight
28 million five hundred thousand dollars for the period January first, two

1 thousand nine through December thirty-first, two thousand nine, up to
2 eight million five hundred thousand dollars for the period January
3 first, two thousand ten through December thirty-first, two thousand ten,
4 up to two million one hundred twenty-five thousand dollars for the peri-
5 od January first, two thousand eleven through March thirty-first, two
6 thousand eleven, [and] up to fourteen million seven hundred thousand
7 dollars each state fiscal year for the period April first, two thousand
8 eleven through March thirty-first, two thousand fourteen, and within
9 amounts appropriated each state fiscal year for periods on and after
10 April first, two thousand fourteen.

11 (c) Funds shall be deposited by the commissioner, within amounts
12 appropriated, and the state comptroller is hereby authorized and
13 directed to receive for deposit to the credit of the state special
14 revenue funds - other, HCRA transfer fund, enhanced community services
15 account, or any successor fund or account, for mental health services
16 programs for case management services for adults and children; supported
17 housing; home and community based waiver services; family based treat-
18 ment; family support services; mobile mental health teams; transitional
19 housing; and community oversight, established pursuant to articles seven
20 and forty-one of the mental hygiene law and subdivision nine of section
21 three hundred sixty-six of the social services law; and for comprehen-
22 sive care centers for eating disorders pursuant to the former section
23 twenty-seven hundred ninety-nine-1 of this chapter, provided however
24 that, for such centers, funds in the amount of five hundred thousand
25 dollars on an annualized basis shall be transferred from the enhanced
26 community services account, or any successor fund or account, and depos-
27 ited into the fund established by section ninety-five-e of the state

1 finance law; from the tobacco control and insurance initiatives pool
2 established for the following periods in the following amounts:

3 (i) forty-eight million dollars to be reserved, to be retained or for
4 distribution pursuant to a chapter of the laws of two thousand, for the
5 period January first, two thousand through December thirty-first, two
6 thousand;

7 (ii) eighty-seven million dollars to be reserved, to be retained or
8 for distribution pursuant to a chapter of the laws of two thousand one,
9 for the period January first, two thousand one through December thirty-
10 first, two thousand one;

11 (iii) eighty-seven million dollars to be reserved, to be retained or
12 for distribution pursuant to a chapter of the laws of two thousand two,
13 for the period January first, two thousand two through December thirty-
14 first, two thousand two;

15 (iv) eighty-eight million dollars to be reserved, to be retained or
16 for distribution pursuant to a chapter of the laws of two thousand
17 three, for the period January first, two thousand three through December
18 thirty-first, two thousand three;

19 (v) eighty-eight million dollars, plus five hundred thousand dollars,
20 to be reserved, to be retained or for distribution pursuant to a chapter
21 of the laws of two thousand four, and pursuant to the former section
22 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
23 ary first, two thousand four through December thirty-first, two thousand
24 four;

25 (vi) eighty-eight million dollars, plus five hundred thousand dollars,
26 to be reserved, to be retained or for distribution pursuant to a chapter
27 of the laws of two thousand five, and pursuant to the former section
28 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-

1 ary first, two thousand five through December thirty-first, two thousand
2 five;

3 (vii) eighty-eight million dollars, plus five hundred thousand
4 dollars, to be reserved, to be retained or for distribution pursuant to
5 a chapter of the laws of two thousand six, and pursuant to former
6 section twenty-seven hundred ninety-nine-1 of this chapter, for the
7 period January first, two thousand six through December thirty-first,
8 two thousand six;

9 (viii) eighty-six million four hundred thousand dollars, plus five
10 hundred thousand dollars, to be reserved, to be retained or for distrib-
11 ution pursuant to a chapter of the laws of two thousand seven and pursu-
12 ant to the former section twenty-seven hundred ninety-nine-1 of this
13 chapter, for the period January first, two thousand seven through Decem-
14 ber thirty-first, two thousand seven; and

15 (ix) twenty-two million nine hundred thirteen thousand dollars, plus
16 one hundred twenty-five thousand dollars, to be reserved, to be retained
17 or for distribution pursuant to a chapter of the laws of two thousand
18 eight and pursuant to the former section twenty-seven hundred ninety-
19 nine-1 of this chapter, for the period January first, two thousand eight
20 through March thirty-first, two thousand eight.

21 (d) Funds shall be deposited by the commissioner, within amounts
22 appropriated, and the state comptroller is hereby authorized and
23 directed to receive for deposit to the credit of the state special
24 revenue funds - other, HCRA transfer fund, medical assistance account,
25 or any successor fund or account, for purposes of funding the state
26 share of services and expenses related to the family health plus program
27 including up to two and one-half million dollars annually for the period
28 January first, two thousand through December thirty-first, two thousand

1 two, for administration and marketing costs associated with such program
2 established pursuant to clause (A) of subparagraph (v) of paragraph (a)
3 of subdivision two of section three hundred sixty-nine-ee of the social
4 services law from the tobacco control and insurance initiatives pool
5 established for the following periods in the following amounts:

6 (i) three million five hundred thousand dollars for the period January
7 first, two thousand through December thirty-first, two thousand;

8 (ii) twenty-seven million dollars for the period January first, two
9 thousand one through December thirty-first, two thousand one; and

10 (iii) fifty-seven million dollars for the period January first, two
11 thousand two through December thirty-first, two thousand two.

12 (e) Funds shall be deposited by the commissioner, within amounts
13 appropriated, and the state comptroller is hereby authorized and
14 directed to receive for deposit to the credit of the state special
15 revenue funds - other, HCRA transfer fund, medical assistance account,
16 or any successor fund or account, for purposes of funding the state
17 share of services and expenses related to the family health plus program
18 including up to two and one-half million dollars annually for the period
19 January first, two thousand through December thirty-first, two thousand
20 two for administration and marketing costs associated with such program
21 established pursuant to clause (B) of subparagraph (v) of paragraph (a)
22 of subdivision two of section three hundred sixty-nine-ee of the social
23 services law from the tobacco control and insurance initiatives pool
24 established for the following periods in the following amounts:

25 (i) two million five hundred thousand dollars for the period January
26 first, two thousand through December thirty-first, two thousand;

1 (ii) thirty million five hundred thousand dollars for the period Janu-
2 ary first, two thousand one through December thirty-first, two thousand
3 one; and

4 (iii) sixty-six million dollars for the period January first, two
5 thousand two through December thirty-first, two thousand two.

6 (f) Funds shall be deposited by the commissioner, within amounts
7 appropriated, and the state comptroller is hereby authorized and
8 directed to receive for deposit to the credit of the state special
9 revenue funds - other, HCRA transfer fund, medicaid fraud hotline and
10 medicaid administration account, or any successor fund or account, for
11 purposes of payment of administrative expenses of the department related
12 to the family health plus program established pursuant to section three
13 hundred sixty-nine-ee of the social services law from the tobacco
14 control and insurance initiatives pool established for the following
15 periods in the following amounts: five hundred thousand dollars on an
16 annual basis for the periods January first, two thousand through Decem-
17 ber thirty-first, two thousand six, five hundred thousand dollars for
18 the period January first, two thousand seven through December thirty-
19 first, two thousand seven, and five hundred thousand dollars for the
20 period January first, two thousand eight through December thirty-first,
21 two thousand eight, five hundred thousand dollars for the period January
22 first, two thousand nine through December thirty-first, two thousand
23 nine, five hundred thousand dollars for the period January first, two
24 thousand ten through December thirty-first, two thousand ten, one
25 hundred twenty-five thousand dollars for the period January first, two
26 thousand eleven through March thirty-first, two thousand eleven and
27 within amounts appropriated on and after April first, two thousand elev-
28 en.

1 (g) Funds shall be reserved and accumulated from year to year and
2 shall be available, including income from invested funds, for purposes
3 of services and expenses related to the health maintenance organization
4 direct pay market program established pursuant to sections forty-three
5 hundred twenty-one-a and forty-three hundred twenty-two-a of the insur-
6 ance law from the tobacco control and insurance initiatives pool estab-
7 lished for the following periods in the following amounts:

8 (i) up to thirty-five million dollars for the period January first,
9 two thousand through December thirty-first, two thousand of which fifty
10 percentum shall be allocated to the program pursuant to section four
11 thousand three hundred twenty-one-a of the insurance law and fifty
12 percentum to the program pursuant to section four thousand three hundred
13 twenty-two-a of the insurance law;

14 (ii) up to thirty-six million dollars for the period January first,
15 two thousand one through December thirty-first, two thousand one of
16 which fifty percentum shall be allocated to the program pursuant to
17 section four thousand three hundred twenty-one-a of the insurance law
18 and fifty percentum to the program pursuant to section four thousand
19 three hundred twenty-two-a of the insurance law;

20 (iii) up to thirty-nine million dollars for the period January first,
21 two thousand two through December thirty-first, two thousand two of
22 which fifty percentum shall be allocated to the program pursuant to
23 section four thousand three hundred twenty-one-a of the insurance law
24 and fifty percentum to the program pursuant to section four thousand
25 three hundred twenty-two-a of the insurance law;

26 (iv) up to forty million dollars for the period January first, two
27 thousand three through December thirty-first, two thousand three of
28 which fifty percentum shall be allocated to the program pursuant to

1 section four thousand three hundred twenty-one-a of the insurance law
2 and fifty percentum to the program pursuant to section four thousand
3 three hundred twenty-two-a of the insurance law;

4 (v) up to forty million dollars for the period January first, two
5 thousand four through December thirty-first, two thousand four of which
6 fifty percentum shall be allocated to the program pursuant to section
7 four thousand three hundred twenty-one-a of the insurance law and fifty
8 percentum to the program pursuant to section four thousand three hundred
9 twenty-two-a of the insurance law;

10 (vi) up to forty million dollars for the period January first, two
11 thousand five through December thirty-first, two thousand five of which
12 fifty percentum shall be allocated to the program pursuant to section
13 four thousand three hundred twenty-one-a of the insurance law and fifty
14 percentum to the program pursuant to section four thousand three hundred
15 twenty-two-a of the insurance law;

16 (vii) up to forty million dollars for the period January first, two
17 thousand six through December thirty-first, two thousand six of which
18 fifty percentum shall be allocated to the program pursuant to section
19 four thousand three hundred twenty-one-a of the insurance law and fifty
20 percentum shall be allocated to the program pursuant to section four
21 thousand three hundred twenty-two-a of the insurance law;

22 (viii) up to forty million dollars for the period January first, two
23 thousand seven through December thirty-first, two thousand seven of
24 which fifty percentum shall be allocated to the program pursuant to
25 section four thousand three hundred twenty-one-a of the insurance law
26 and fifty percentum shall be allocated to the program pursuant to
27 section four thousand three hundred twenty-two-a of the insurance law;
28 and

1 (ix) up to forty million dollars for the period January first, two
2 thousand eight through December thirty-first, two thousand eight of
3 which fifty per centum shall be allocated to the program pursuant to
4 section four thousand three hundred twenty-one-a of the insurance law
5 and fifty per centum shall be allocated to the program pursuant to
6 section four thousand three hundred twenty-two-a of the insurance law.

7 (h) Funds shall be reserved and accumulated from year to year and
8 shall be available, including income from invested funds, for purposes
9 of services and expenses related to the healthy New York individual
10 program established pursuant to sections four thousand three hundred
11 twenty-six and four thousand three hundred twenty-seven of the insurance
12 law from the tobacco control and insurance initiatives pool established
13 for the following periods in the following amounts:

14 (i) up to six million dollars for the period January first, two thou-
15 sand one through December thirty-first, two thousand one;

16 (ii) up to twenty-nine million dollars for the period January first,
17 two thousand two through December thirty-first, two thousand two;

18 (iii) up to five million one hundred thousand dollars for the period
19 January first, two thousand three through December thirty-first, two
20 thousand three;

21 (iv) up to twenty-four million six hundred thousand dollars for the
22 period January first, two thousand four through December thirty-first,
23 two thousand four;

24 (v) up to thirty-four million six hundred thousand dollars for the
25 period January first, two thousand five through December thirty-first,
26 two thousand five;

1 (vi) up to fifty-four million eight hundred thousand dollars for the
2 period January first, two thousand six through December thirty-first,
3 two thousand six;

4 (vii) up to sixty-one million seven hundred thousand dollars for the
5 period January first, two thousand seven through December thirty-first,
6 two thousand seven; and

7 (viii) up to one hundred three million seven hundred fifty thousand
8 dollars for the period January first, two thousand eight through Decem-
9 ber thirty-first, two thousand eight.

10 (i) Funds shall be reserved and accumulated from year to year and
11 shall be available, including income from invested funds, for purposes
12 of services and expenses related to the healthy New York group program
13 established pursuant to sections four thousand three hundred twenty-six
14 and four thousand three hundred twenty-seven of the insurance law from
15 the tobacco control and insurance initiatives pool established for the
16 following periods in the following amounts:

17 (i) up to thirty-four million dollars for the period January first,
18 two thousand one through December thirty-first, two thousand one;

19 (ii) up to seventy-seven million dollars for the period January first,
20 two thousand two through December thirty-first, two thousand two;

21 (iii) up to ten million five hundred thousand dollars for the period
22 January first, two thousand three through December thirty-first, two
23 thousand three;

24 (iv) up to twenty-four million six hundred thousand dollars for the
25 period January first, two thousand four through December thirty-first,
26 two thousand four;

1 (v) up to thirty-four million six hundred thousand dollars for the
2 period January first, two thousand five through December thirty-first,
3 two thousand five;

4 (vi) up to fifty-four million eight hundred thousand dollars for the
5 period January first, two thousand six through December thirty-first,
6 two thousand six;

7 (vii) up to sixty-one million seven hundred thousand dollars for the
8 period January first, two thousand seven through December thirty-first,
9 two thousand seven; and

10 (viii) up to one hundred three million seven hundred fifty thousand
11 dollars for the period January first, two thousand eight through Decem-
12 ber thirty-first, two thousand eight.

13 (i-1) Notwithstanding the provisions of paragraphs (h) and (i) of this
14 subdivision, the commissioner shall reserve and accumulate up to two
15 million five hundred thousand dollars annually for the periods January
16 first, two thousand four through December thirty-first, two thousand
17 six, one million four hundred thousand dollars for the period January
18 first, two thousand seven through December thirty-first, two thousand
19 seven, two million dollars for the period January first, two thousand
20 eight through December thirty-first, two thousand eight, from funds
21 otherwise available for distribution under such paragraphs for the
22 services and expenses related to the pilot program for entertainment
23 industry employees included in subsection (b) of section one thousand
24 one hundred twenty-two of the insurance law, and an additional seven
25 hundred thousand dollars annually for the periods January first, two
26 thousand four through December thirty-first, two thousand six, an addi-
27 tional three hundred thousand dollars for the period January first, two
28 thousand seven through June thirtieth, two thousand seven for services

1 and expenses related to the pilot program for displaced workers included
2 in subsection (c) of section one thousand one hundred twenty-two of the
3 insurance law.

4 (j) Funds shall be reserved and accumulated from year to year and
5 shall be available, including income from invested funds, for purposes
6 of services and expenses related to the tobacco use prevention and
7 control program established pursuant to sections thirteen hundred nine-
8 ty-nine-ii and thirteen hundred ninety-nine-jj of this chapter, from the
9 tobacco control and insurance initiatives pool established for the
10 following periods in the following amounts:

11 (i) up to thirty million dollars for the period January first, two
12 thousand through December thirty-first, two thousand;

13 (ii) up to forty million dollars for the period January first, two
14 thousand one through December thirty-first, two thousand one;

15 (iii) up to forty million dollars for the period January first, two
16 thousand two through December thirty-first, two thousand two;

17 (iv) up to thirty-six million nine hundred fifty thousand dollars for
18 the period January first, two thousand three through December thirty-
19 first, two thousand three;

20 (v) up to thirty-six million nine hundred fifty thousand dollars for
21 the period January first, two thousand four through December thirty-
22 first, two thousand four;

23 (vi) up to forty million six hundred thousand dollars for the period
24 January first, two thousand five through December thirty-first, two
25 thousand five;

26 (vii) up to eighty-one million nine hundred thousand dollars for the
27 period January first, two thousand six through December thirty-first,
28 two thousand six, provided, however, that within amounts appropriated, a

1 portion of such funds may be transferred to the Roswell Park Cancer
2 Institute Corporation to support costs associated with cancer research;

3 (viii) up to ninety-four million one hundred fifty thousand dollars
4 for the period January first, two thousand seven through December thir-
5 ty-first, two thousand seven, provided, however, that within amounts
6 appropriated, a portion of such funds may be transferred to the Roswell
7 Park Cancer Institute Corporation to support costs associated with
8 cancer research;

9 (ix) up to ninety-four million one hundred fifty thousand dollars for
10 the period January first, two thousand eight through December thirty-
11 first, two thousand eight;

12 (x) up to ninety-four million one hundred fifty thousand dollars for
13 the period January first, two thousand nine through December thirty-
14 first, two thousand nine;

15 (xi) up to eighty-seven million seven hundred seventy-five thousand
16 dollars for the period January first, two thousand ten through December
17 thirty-first, two thousand ten;

18 (xii) up to twenty-one million four hundred twelve thousand dollars
19 for the period January first, two thousand eleven through March thirty-
20 first, two thousand eleven; [and]

21 (xiii) up to fifty-two million one hundred thousand dollars each state
22 fiscal year for the period April first, two thousand eleven through
23 March thirty-first, two thousand fourteen; and

24 (xiv) within amounts appropriated each state fiscal year for periods
25 on and after April first, two thousand fourteen.

26 (k) Funds shall be deposited by the commissioner, within amounts
27 appropriated, and the state comptroller is hereby authorized and
28 directed to receive for deposit to the credit of the state special

1 revenue fund - other, HCRA transfer fund, health care services account,
2 or any successor fund or account, for purposes of services and expenses
3 related to public health programs, including comprehensive care centers
4 for eating disorders pursuant to the former section twenty-seven hundred
5 ninety-nine-1 of this chapter, provided however that, for such centers,
6 funds in the amount of five hundred thousand dollars on an annualized
7 basis shall be transferred from the health care services account, or any
8 successor fund or account, and deposited into the fund established by
9 section ninety-five-e of the state finance law for periods prior to
10 March thirty-first, two thousand eleven, from the tobacco control and
11 insurance initiatives pool established for the following periods in the
12 following amounts:

13 (i) up to thirty-one million dollars for the period January first, two
14 thousand through December thirty-first, two thousand;

15 (ii) up to forty-one million dollars for the period January first, two
16 thousand one through December thirty-first, two thousand one;

17 (iii) up to eighty-one million dollars for the period January first,
18 two thousand two through December thirty-first, two thousand two;

19 (iv) one hundred twenty-two million five hundred thousand dollars for
20 the period January first, two thousand three through December thirty-
21 first, two thousand three;

22 (v) one hundred eight million five hundred seventy-five thousand
23 dollars, plus an additional five hundred thousand dollars, for the peri-
24 od January first, two thousand four through December thirty-first, two
25 thousand four;

26 (vi) ninety-one million eight hundred thousand dollars, plus an addi-
27 tional five hundred thousand dollars, for the period January first, two
28 thousand five through December thirty-first, two thousand five;

1 (vii) one hundred fifty-six million six hundred thousand dollars, plus
2 an additional five hundred thousand dollars, for the period January
3 first, two thousand six through December thirty-first, two thousand six;

4 (viii) one hundred fifty-one million four hundred thousand dollars,
5 plus an additional five hundred thousand dollars, for the period January
6 first, two thousand seven through December thirty-first, two thousand
7 seven;

8 (ix) one hundred sixteen million nine hundred forty-nine thousand
9 dollars, plus an additional five hundred thousand dollars, for the peri-
10 od January first, two thousand eight through December thirty-first, two
11 thousand eight;

12 (x) one hundred sixteen million nine hundred forty-nine thousand
13 dollars, plus an additional five hundred thousand dollars, for the peri-
14 od January first, two thousand nine through December thirty-first, two
15 thousand nine;

16 (xi) one hundred sixteen million nine hundred forty-nine thousand
17 dollars, plus an additional five hundred thousand dollars, for the peri-
18 od January first, two thousand ten through December thirty-first, two
19 thousand ten;

20 (xii) twenty-nine million two hundred thirty-seven thousand two
21 hundred fifty dollars, plus an additional one hundred twenty-five thou-
22 sand dollars, for the period January first, two thousand eleven through
23 March thirty-first, two thousand eleven;

24 (xiii) one hundred twenty million thirty-eight thousand dollars for
25 the period April first, two thousand eleven through March thirty-first,
26 two thousand twelve; and

1 (xiv) one hundred nineteen million four hundred seven thousand dollars
2 each state fiscal year for the period April first, two thousand twelve
3 through March thirty-first, two thousand fourteen.

4 (1) Funds shall be deposited by the commissioner, within amounts
5 appropriated, and the state comptroller is hereby authorized and
6 directed to receive for deposit to the credit of the state special
7 revenue funds - other, HCRA transfer fund, medical assistance account,
8 or any successor fund or account, for purposes of funding the state
9 share of the personal care and certified home health agency rate or fee
10 increases established pursuant to subdivision three of section three
11 hundred sixty-seven-o of the social services law from the tobacco
12 control and insurance initiatives pool established for the following
13 periods in the following amounts:

14 (i) twenty-three million two hundred thousand dollars for the period
15 January first, two thousand through December thirty-first, two thousand;

16 (ii) twenty-three million two hundred thousand dollars for the period
17 January first, two thousand one through December thirty-first, two thou-
18 sand one;

19 (iii) twenty-three million two hundred thousand dollars for the period
20 January first, two thousand two through December thirty-first, two thou-
21 sand two;

22 (iv) up to sixty-five million two hundred thousand dollars for the
23 period January first, two thousand three through December thirty-first,
24 two thousand three;

25 (v) up to sixty-five million two hundred thousand dollars for the
26 period January first, two thousand four through December thirty-first,
27 two thousand four;

1 (vi) up to sixty-five million two hundred thousand dollars for the
2 period January first, two thousand five through December thirty-first,
3 two thousand five;

4 (vii) up to sixty-five million two hundred thousand dollars for the
5 period January first, two thousand six through December thirty-first,
6 two thousand six;

7 (viii) up to sixty-five million two hundred thousand dollars for the
8 period January first, two thousand seven through December thirty-first,
9 two thousand seven; and

10 (ix) up to sixteen million three hundred thousand dollars for the
11 period January first, two thousand eight through March thirty-first, two
12 thousand eight.

13 (m) Funds shall be deposited by the commissioner, within amounts
14 appropriated, and the state comptroller is hereby authorized and
15 directed to receive for deposit to the credit of the state special
16 revenue funds - other, HCRA transfer fund, medical assistance account,
17 or any successor fund or account, for purposes of funding the state
18 share of services and expenses related to home care workers insurance
19 pilot demonstration programs established pursuant to subdivision two of
20 section three hundred sixty-seven-o of the social services law from the
21 tobacco control and insurance initiatives pool established for the
22 following periods in the following amounts:

23 (i) three million eight hundred thousand dollars for the period Janu-
24 ary first, two thousand through December thirty-first, two thousand;

25 (ii) three million eight hundred thousand dollars for the period Janu-
26 ary first, two thousand one through December thirty-first, two thousand
27 one;

1 (iii) three million eight hundred thousand dollars for the period
2 January first, two thousand two through December thirty-first, two thou-
3 sand two;

4 (iv) up to three million eight hundred thousand dollars for the period
5 January first, two thousand three through December thirty-first, two
6 thousand three;

7 (v) up to three million eight hundred thousand dollars for the period
8 January first, two thousand four through December thirty-first, two
9 thousand four;

10 (vi) up to three million eight hundred thousand dollars for the period
11 January first, two thousand five through December thirty-first, two
12 thousand five;

13 (vii) up to three million eight hundred thousand dollars for the peri-
14 od January first, two thousand six through December thirty-first, two
15 thousand six;

16 (viii) up to three million eight hundred thousand dollars for the
17 period January first, two thousand seven through December thirty-first,
18 two thousand seven; and

19 (ix) up to nine hundred fifty thousand dollars for the period January
20 first, two thousand eight through March thirty-first, two thousand
21 eight.

22 (n) Funds shall be transferred by the commissioner and shall be depos-
23 ited to the credit of the special revenue funds - other, miscellaneous
24 special revenue fund - 339, elderly pharmaceutical insurance coverage
25 program premium account authorized pursuant to the provisions of title
26 three of article two of the elder law, or any successor fund or account,
27 for funding state expenses relating to the program from the tobacco

1 control and insurance initiatives pool established for the following
2 periods in the following amounts:

3 (i) one hundred seven million dollars for the period January first,
4 two thousand through December thirty-first, two thousand;

5 (ii) one hundred sixty-four million dollars for the period January
6 first, two thousand one through December thirty-first, two thousand one;

7 (iii) three hundred twenty-two million seven hundred thousand dollars
8 for the period January first, two thousand two through December thirty-
9 first, two thousand two;

10 (iv) four hundred thirty-three million three hundred thousand dollars
11 for the period January first, two thousand three through December thir-
12 ty-first, two thousand three;

13 (v) five hundred four million one hundred fifty thousand dollars for
14 the period January first, two thousand four through December thirty-
15 first, two thousand four;

16 (vi) five hundred sixty-six million eight hundred thousand dollars for
17 the period January first, two thousand five through December thirty-
18 first, two thousand five;

19 (vii) six hundred three million one hundred fifty thousand dollars for
20 the period January first, two thousand six through December thirty-
21 first, two thousand six;

22 (viii) six hundred sixty million eight hundred thousand dollars for
23 the period January first, two thousand seven through December thirty-
24 first, two thousand seven;

25 (ix) three hundred sixty-seven million four hundred sixty-three thou-
26 sand dollars for the period January first, two thousand eight through
27 December thirty-first, two thousand eight;

1 (x) three hundred thirty-four million eight hundred twenty-five thou-
2 sand dollars for the period January first, two thousand nine through
3 December thirty-first, two thousand nine;

4 (xi) three hundred forty-four million nine hundred thousand dollars
5 for the period January first, two thousand ten through December thirty-
6 first, two thousand ten;

7 (xii) eighty-seven million seven hundred eighty-eight thousand dollars
8 for the period January first, two thousand eleven through March thirty-
9 first, two thousand eleven;

10 (xiii) one hundred forty-three million one hundred fifty thousand
11 dollars for the period April first, two thousand eleven through March
12 thirty-first, two thousand twelve;

13 (xiv) one hundred twenty million nine hundred fifty thousand dollars
14 for the period April first, two thousand twelve through March thirty-
15 first, two thousand thirteen; [and]

16 (xv) one hundred twenty-eight million eight hundred fifty thousand
17 dollars for the period April first, two thousand thirteen through March
18 thirty-first, two thousand fourteen[.]; and

19 (xvi) within amounts appropriated each state fiscal year for periods
20 on and after April first, two thousand fourteen.

21 (o) Funds shall be reserved and accumulated and shall be transferred
22 to the Roswell Park Cancer Institute Corporation, from the tobacco
23 control and insurance initiatives pool established for the following
24 periods in the following amounts:

25 (i) up to ninety million dollars for the period January first, two
26 thousand through December thirty-first, two thousand;

27 (ii) up to sixty million dollars for the period January first, two
28 thousand one through December thirty-first, two thousand one;

1 (iii) up to eighty-five million dollars for the period January first,
2 two thousand two through December thirty-first, two thousand two;

3 (iv) eighty-five million two hundred fifty thousand dollars for the
4 period January first, two thousand three through December thirty-first,
5 two thousand three;

6 (v) seventy-eight million dollars for the period January first, two
7 thousand four through December thirty-first, two thousand four;

8 (vi) seventy-eight million dollars for the period January first, two
9 thousand five through December thirty-first, two thousand five;

10 (vii) ninety-one million dollars for the period January first, two
11 thousand six through December thirty-first, two thousand six;

12 (viii) seventy-eight million dollars for the period January first, two
13 thousand seven through December thirty-first, two thousand seven;

14 (ix) seventy-eight million dollars for the period January first, two
15 thousand eight through December thirty-first, two thousand eight;

16 (x) seventy-eight million dollars for the period January first, two
17 thousand nine through December thirty-first, two thousand nine;

18 (xi) seventy-eight million dollars for the period January first, two
19 thousand ten through December thirty-first, two thousand ten;

20 (xii) nineteen million five hundred thousand dollars for the period
21 January first, two thousand eleven through March thirty-first, two thou-
22 sand eleven; [and]

23 (xiii) sixty-nine million eight hundred forty thousand dollars each
24 state fiscal year for the period April first, two thousand eleven
25 through March thirty-first, two thousand fourteen[.]; and

26 (xiv) within amounts appropriated each state fiscal year for periods
27 on and after April first, two thousand fourteen.

1 (p) Funds shall be deposited by the commissioner, within amounts
2 appropriated, and the state comptroller is hereby authorized and
3 directed to receive for deposit to the credit of the state special
4 revenue funds - other, indigent care fund - 068, indigent care account,
5 or any successor fund or account, for purposes of providing a medicaid
6 disproportionate share payment from the high need indigent care adjust-
7 ment pool established pursuant to section twenty-eight hundred seven-w
8 of this article, from the tobacco control and insurance initiatives pool
9 established for the following periods in the following amounts:

10 (i) eighty-two million dollars annually for the periods January first,
11 two thousand through December thirty-first, two thousand two;

12 (ii) up to eighty-two million dollars for the period January first,
13 two thousand three through December thirty-first, two thousand three;

14 (iii) up to eighty-two million dollars for the period January first,
15 two thousand four through December thirty-first, two thousand four;

16 (iv) up to eighty-two million dollars for the period January first,
17 two thousand five through December thirty-first, two thousand five;

18 (v) up to eighty-two million dollars for the period January first, two
19 thousand six through December thirty-first, two thousand six;

20 (vi) up to eighty-two million dollars for the period January first,
21 two thousand seven through December thirty-first, two thousand seven;

22 (vii) up to eighty-two million dollars for the period January first,
23 two thousand eight through December thirty-first, two thousand eight;

24 (viii) up to eighty-two million dollars for the period January first,
25 two thousand nine through December thirty-first, two thousand nine;

26 (ix) up to eighty-two million dollars for the period January first,
27 two thousand ten through December thirty-first, two thousand ten;

1 (x) up to twenty million five hundred thousand dollars for the period
2 January first, two thousand eleven through March thirty-first, two thou-
3 sand eleven; and

4 (xi) up to eighty-two million dollars each state fiscal year for the
5 period April first, two thousand eleven through March thirty-first, two
6 thousand fourteen.

7 (q) Funds shall be reserved and accumulated from year to year and
8 shall be available, including income from invested funds, for purposes
9 of providing distributions to eligible school based health centers
10 established pursuant to section eighty-eight of chapter one of the laws
11 of nineteen hundred ninety-nine, from the tobacco control and insurance
12 initiatives pool established for the following periods in the following
13 amounts:

14 (i) seven million dollars annually for the period January first, two
15 thousand through December thirty-first, two thousand two;

16 (ii) up to seven million dollars for the period January first, two
17 thousand three through December thirty-first, two thousand three;

18 (iii) up to seven million dollars for the period January first, two
19 thousand four through December thirty-first, two thousand four;

20 (iv) up to seven million dollars for the period January first, two
21 thousand five through December thirty-first, two thousand five;

22 (v) up to seven million dollars for the period January first, two
23 thousand six through December thirty-first, two thousand six;

24 (vi) up to seven million dollars for the period January first, two
25 thousand seven through December thirty-first, two thousand seven;

26 (vii) up to seven million dollars for the period January first, two
27 thousand eight through December thirty-first, two thousand eight;

1 (viii) up to seven million dollars for the period January first, two
2 thousand nine through December thirty-first, two thousand nine;

3 (ix) up to seven million dollars for the period January first, two
4 thousand ten through December thirty-first, two thousand ten;

5 (x) up to one million seven hundred fifty thousand dollars for the
6 period January first, two thousand eleven through March thirty-first,
7 two thousand eleven; [and]

8 (xi) up to five million six hundred thousand dollars each state fiscal
9 year for the period April first, two thousand eleven through March thir-
10 ty-first, two thousand fourteen[.]; and

11 (xii) within amounts appropriated each state fiscal year for periods
12 on and after April first, two thousand fourteen.

13 (r) Funds shall be deposited by the commissioner within amounts appro-
14 priated, and the state comptroller is hereby authorized and directed to
15 receive for deposit to the credit of the state special revenue funds -
16 other, HCRA transfer fund, medical assistance account, or any successor
17 fund or account, for purposes of providing distributions for supplemen-
18 tary medical insurance for Medicare part B premiums, physicians
19 services, outpatient services, medical equipment, supplies and other
20 health services, from the tobacco control and insurance initiatives pool
21 established for the following periods in the following amounts:

22 (i) forty-three million dollars for the period January first, two
23 thousand through December thirty-first, two thousand;

24 (ii) sixty-one million dollars for the period January first, two thou-
25 sand one through December thirty-first, two thousand one;

26 (iii) sixty-five million dollars for the period January first, two
27 thousand two through December thirty-first, two thousand two;

1 (iv) sixty-seven million five hundred thousand dollars for the period
2 January first, two thousand three through December thirty-first, two
3 thousand three;

4 (v) sixty-eight million dollars for the period January first, two
5 thousand four through December thirty-first, two thousand four;

6 (vi) sixty-eight million dollars for the period January first, two
7 thousand five through December thirty-first, two thousand five;

8 (vii) sixty-eight million dollars for the period January first, two
9 thousand six through December thirty-first, two thousand six;

10 (viii) seventeen million five hundred thousand dollars for the period
11 January first, two thousand seven through December thirty-first, two
12 thousand seven;

13 (ix) sixty-eight million dollars for the period January first, two
14 thousand eight through December thirty-first, two thousand eight;

15 (x) sixty-eight million dollars for the period January first, two
16 thousand nine through December thirty-first, two thousand nine;

17 (xi) sixty-eight million dollars for the period January first, two
18 thousand ten through December thirty-first, two thousand ten;

19 (xii) seventeen million dollars for the period January first, two
20 thousand eleven through March thirty-first, two thousand eleven; and

21 (xiii) sixty-eight million dollars each state fiscal year for the
22 period April first, two thousand eleven through March thirty-first, two
23 thousand fourteen.

24 (s) Funds shall be deposited by the commissioner within amounts appro-
25 priated, and the state comptroller is hereby authorized and directed to
26 receive for deposit to the credit of the state special revenue funds -
27 other, HCRA transfer fund, medical assistance account, or any successor
28 fund or account, for purposes of providing distributions pursuant to

1 paragraphs (s-5), (s-6), (s-7) and (s-8) of subdivision eleven of
2 section twenty-eight hundred seven-c of this article from the tobacco
3 control and insurance initiatives pool established for the following
4 periods in the following amounts:

5 (i) eighteen million dollars for the period January first, two thou-
6 sand through December thirty-first, two thousand;

7 (ii) twenty-four million dollars annually for the periods January
8 first, two thousand one through December thirty-first, two thousand two;

9 (iii) up to twenty-four million dollars for the period January first,
10 two thousand three through December thirty-first, two thousand three;

11 (iv) up to twenty-four million dollars for the period January first,
12 two thousand four through December thirty-first, two thousand four;

13 (v) up to twenty-four million dollars for the period January first,
14 two thousand five through December thirty-first, two thousand five;

15 (vi) up to twenty-four million dollars for the period January first,
16 two thousand six through December thirty-first, two thousand six;

17 (vii) up to twenty-four million dollars for the period January first,
18 two thousand seven through December thirty-first, two thousand seven;

19 (viii) up to twenty-four million dollars for the period January first,
20 two thousand eight through December thirty-first, two thousand eight;

21 and

22 (ix) up to twenty-two million dollars for the period January first,
23 two thousand nine through November thirtieth, two thousand nine.

24 (t) Funds shall be reserved and accumulated from year to year by the
25 commissioner and shall be made available, including income from invested
26 funds:

27 (i) For the purpose of making grants to a state owned and operated
28 medical school which does not have a state owned and operated hospital

1 on site and available for teaching purposes. Notwithstanding sections
2 one hundred twelve and one hundred sixty-three of the state finance law,
3 such grants shall be made in the amount of up to five hundred thousand
4 dollars for the period January first, two thousand through December
5 thirty-first, two thousand;

6 (ii) For the purpose of making grants to medical schools pursuant to
7 section eighty-six-a of chapter one of the laws of nineteen hundred
8 ninety-nine in the sum of up to four million dollars for the period
9 January first, two thousand through December thirty-first, two thousand;
10 and

11 (iii) The funds disbursed pursuant to subparagraphs (i) and (ii) of
12 this paragraph from the tobacco control and insurance initiatives pool
13 are contingent upon meeting all funding amounts established pursuant to
14 paragraphs (a), (b), (c), (d), (e), (f), (l), (m), (n), (p), (q), (r)
15 and (s) of this subdivision, paragraph (a) of subdivision nine of
16 section twenty-eight hundred seven-j of this article, and paragraphs
17 (a), (i) and (k) of subdivision one of section twenty-eight hundred
18 seven-l of this article.

19 (u) Funds shall be deposited by the commissioner, within amounts
20 appropriated, and the state comptroller is hereby authorized and
21 directed to receive for deposit to the credit of the state special
22 revenue funds - other, HCRA transfer fund, medical assistance account,
23 or any successor fund or account, for purposes of funding the state
24 share of services and expenses related to the nursing home quality
25 improvement demonstration program established pursuant to section twen-
26 ty-eight hundred eight-d of this article from the tobacco control and
27 insurance initiatives pool established for the following periods in the
28 following amounts:

1 (i) up to twenty-five million dollars for the period beginning April
2 first, two thousand two and ending December thirty-first, two thousand
3 two, and on an annualized basis, for each annual period thereafter
4 beginning January first, two thousand three and ending December thirty-
5 first, two thousand four;

6 (ii) up to eighteen million seven hundred fifty thousand dollars for
7 the period January first, two thousand five through December thirty-
8 first, two thousand five; and

9 (iii) up to fifty-six million five hundred thousand dollars for the
10 period January first, two thousand six through December thirty-first,
11 two thousand six.

12 (v) Funds shall be transferred by the commissioner and shall be depos-
13 ited to the credit of the hospital excess liability pool created pursu-
14 ant to section eighteen of chapter two hundred sixty-six of the laws of
15 nineteen hundred eighty-six, or any successor fund or account, for
16 purposes of expenses related to the purchase of excess medical malprac-
17 tice insurance and the cost of administrating the pool, including costs
18 associated with the risk management program established pursuant to
19 section forty-two of part A of chapter one of the laws of two thousand
20 two required by paragraph (a) of subdivision one of section eighteen of
21 chapter two hundred sixty-six of the laws of nineteen hundred eighty-six
22 as may be amended from time to time, from the tobacco control and insur-
23 ance initiatives pool established for the following periods in the
24 following amounts:

25 (i) up to fifty million dollars or so much as is needed for the period
26 January first, two thousand two through December thirty-first, two thou-
27 sand two;

1 (ii) up to seventy-six million seven hundred thousand dollars for the
2 period January first, two thousand three through December thirty-first,
3 two thousand three;

4 (iii) up to sixty-five million dollars for the period January first,
5 two thousand four through December thirty-first, two thousand four;

6 (iv) up to sixty-five million dollars for the period January first,
7 two thousand five through December thirty-first, two thousand five;

8 (v) up to one hundred thirteen million eight hundred thousand dollars
9 for the period January first, two thousand six through December thirty-
10 first, two thousand six;

11 (vi) up to one hundred thirty million dollars for the period January
12 first, two thousand seven through December thirty-first, two thousand
13 seven;

14 (vii) up to one hundred thirty million dollars for the period January
15 first, two thousand eight through December thirty-first, two thousand
16 eight;

17 (viii) up to one hundred thirty million dollars for the period January
18 first, two thousand nine through December thirty-first, two thousand
19 nine;

20 (ix) up to one hundred thirty million dollars for the period January
21 first, two thousand ten through December thirty-first, two thousand ten;

22 (x) up to thirty-two million five hundred thousand dollars for the
23 period January first, two thousand eleven through March thirty-first,
24 two thousand eleven; [and]

25 (xi) up to one hundred twenty-seven million four hundred thousand
26 dollars each state fiscal year for the period April first, two thousand
27 eleven through March thirty-first, two thousand fourteen[.]; and

1 (xii) within amounts appropriated each state fiscal year for periods
2 on and after April first, two thousand fourteen.

3 (w) Funds shall be deposited by the commissioner, within amounts
4 appropriated, and the state comptroller is hereby authorized and
5 directed to receive for deposit to the credit of the state special
6 revenue funds - other, HCRA transfer fund, medical assistance account,
7 or any successor fund or account, for purposes of funding the state
8 share of the treatment of breast and cervical cancer pursuant to para-
9 graph (v) of subdivision four of section three hundred sixty-six of the
10 social services law, from the tobacco control and insurance initiatives
11 pool established for the following periods in the following amounts:

12 (i) up to four hundred fifty thousand dollars for the period January
13 first, two thousand two through December thirty-first, two thousand two;

14 (ii) up to two million one hundred thousand dollars for the period
15 January first, two thousand three through December thirty-first, two
16 thousand three;

17 (iii) up to two million one hundred thousand dollars for the period
18 January first, two thousand four through December thirty-first, two
19 thousand four;

20 (iv) up to two million one hundred thousand dollars for the period
21 January first, two thousand five through December thirty-first, two
22 thousand five;

23 (v) up to two million one hundred thousand dollars for the period
24 January first, two thousand six through December thirty-first, two thou-
25 sand six;

26 (vi) up to two million one hundred thousand dollars for the period
27 January first, two thousand seven through December thirty-first, two
28 thousand seven;

1 (vii) up to two million one hundred thousand dollars for the period
2 January first, two thousand eight through December thirty-first, two
3 thousand eight;

4 (viii) up to two million one hundred thousand dollars for the period
5 January first, two thousand nine through December thirty-first, two
6 thousand nine;

7 (ix) up to two million one hundred thousand dollars for the period
8 January first, two thousand ten through December thirty-first, two thou-
9 sand ten;

10 (x) up to five hundred twenty-five thousand dollars for the period
11 January first, two thousand eleven through March thirty-first, two thou-
12 sand eleven; [and]

13 (xi) up to two million one hundred thousand dollars each state fiscal
14 year for the period April first, two thousand eleven through March thir-
15 ty-first, two thousand fourteen[.]; and

16 (xii) within amounts appropriated each state fiscal year for periods
17 on and after April first, two thousand fourteen.

18 (x) Funds shall be deposited by the commissioner, within amounts
19 appropriated, and the state comptroller is hereby authorized and
20 directed to receive for deposit to the credit of the state special
21 revenue funds - other, HCRA transfer fund, medical assistance account,
22 or any successor fund or account, for purposes of funding the state
23 share of the non-public general hospital rates increases for recruitment
24 and retention of health care workers from the tobacco control and insur-
25 ance initiatives pool established for the following periods in the
26 following amounts:

1 (i) twenty-seven million one hundred thousand dollars on an annualized
2 basis for the period January first, two thousand two through December
3 thirty-first, two thousand two;

4 (ii) fifty million eight hundred thousand dollars on an annualized
5 basis for the period January first, two thousand three through December
6 thirty-first, two thousand three;

7 (iii) sixty-nine million three hundred thousand dollars on an annual-
8 ized basis for the period January first, two thousand four through
9 December thirty-first, two thousand four;

10 (iv) sixty-nine million three hundred thousand dollars for the period
11 January first, two thousand five through December thirty-first, two
12 thousand five;

13 (v) sixty-nine million three hundred thousand dollars for the period
14 January first, two thousand six through December thirty-first, two thou-
15 sand six;

16 (vi) sixty-five million three hundred thousand dollars for the period
17 January first, two thousand seven through December thirty-first, two
18 thousand seven;

19 (vii) sixty-one million one hundred fifty thousand dollars for the
20 period January first, two thousand eight through December thirty-first,
21 two thousand eight; and

22 (viii) forty-eight million seven hundred twenty-one thousand dollars
23 for the period January first, two thousand nine through November thirti-
24 eth, two thousand nine.

25 (y) Funds shall be reserved and accumulated from year to year and
26 shall be available, including income from invested funds, for purposes
27 of grants to public general hospitals for recruitment and retention of
28 health care workers pursuant to paragraph (b) of subdivision thirty of

1 section twenty-eight hundred seven-c of this article from the tobacco
2 control and insurance initiatives pool established for the following
3 periods in the following amounts:

4 (i) eighteen million five hundred thousand dollars on an annualized
5 basis for the period January first, two thousand two through December
6 thirty-first, two thousand two;

7 (ii) thirty-seven million four hundred thousand dollars on an annual-
8 ized basis for the period January first, two thousand three through
9 December thirty-first, two thousand three;

10 (iii) fifty-two million two hundred thousand dollars on an annualized
11 basis for the period January first, two thousand four through December
12 thirty-first, two thousand four;

13 (iv) fifty-two million two hundred thousand dollars for the period
14 January first, two thousand five through December thirty-first, two
15 thousand five;

16 (v) fifty-two million two hundred thousand dollars for the period
17 January first, two thousand six through December thirty-first, two thou-
18 sand six;

19 (vi) forty-nine million dollars for the period January first, two
20 thousand seven through December thirty-first, two thousand seven;

21 (vii) forty-nine million dollars for the period January first, two
22 thousand eight through December thirty-first, two thousand eight; and

23 (viii) twelve million two hundred fifty thousand dollars for the peri-
24 od January first, two thousand nine through March thirty-first, two
25 thousand nine.

26 Provided, however, amounts pursuant to this paragraph may be reduced
27 in an amount to be approved by the director of the budget to reflect
28 amounts received from the federal government under the state's 1115

1 waiver which are directed under its terms and conditions to the health
2 workforce recruitment and retention program.

3 (z) Funds shall be deposited by the commissioner, within amounts
4 appropriated, and the state comptroller is hereby authorized and
5 directed to receive for deposit to the credit of the state special
6 revenue funds - other, HCRA transfer fund, medical assistance account,
7 or any successor fund or account, for purposes of funding the state
8 share of the non-public residential health care facility rate increases
9 for recruitment and retention of health care workers pursuant to para-
10 graph (a) of subdivision eighteen of section twenty-eight hundred eight
11 of this article from the tobacco control and insurance initiatives pool
12 established for the following periods in the following amounts:

13 (i) twenty-one million five hundred thousand dollars on an annualized
14 basis for the period January first, two thousand two through December
15 thirty-first, two thousand two;

16 (ii) thirty-three million three hundred thousand dollars on an annual-
17 ized basis for the period January first, two thousand three through
18 December thirty-first, two thousand three;

19 (iii) forty-six million three hundred thousand dollars on an annual-
20 ized basis for the period January first, two thousand four through
21 December thirty-first, two thousand four;

22 (iv) forty-six million three hundred thousand dollars for the period
23 January first, two thousand five through December thirty-first, two
24 thousand five;

25 (v) forty-six million three hundred thousand dollars for the period
26 January first, two thousand six through December thirty-first, two thou-
27 sand six;

1 (vi) thirty million nine hundred thousand dollars for the period Janu-
2 ary first, two thousand seven through December thirty-first, two thou-
3 sand seven;

4 (vii) twenty-four million seven hundred thousand dollars for the peri-
5 od January first, two thousand eight through December thirty-first, two
6 thousand eight;

7 (viii) twelve million three hundred seventy-five thousand dollars for
8 the period January first, two thousand nine through December thirty-
9 first, two thousand nine;

10 (ix) nine million three hundred thousand dollars for the period Janu-
11 ary first, two thousand ten through December thirty-first, two thousand
12 ten; and

13 (x) two million three hundred twenty-five thousand dollars for the
14 period January first, two thousand eleven through March thirty-first,
15 two thousand eleven.

16 (aa) Funds shall be reserved and accumulated from year to year and
17 shall be available, including income from invested funds, for purposes
18 of grants to public residential health care facilities for recruitment
19 and retention of health care workers pursuant to paragraph (b) of subdi-
20 vision eighteen of section twenty-eight hundred eight of this article
21 from the tobacco control and insurance initiatives pool established for
22 the following periods in the following amounts:

23 (i) seven million five hundred thousand dollars on an annualized basis
24 for the period January first, two thousand two through December thirty-
25 first, two thousand two;

26 (ii) eleven million seven hundred thousand dollars on an annualized
27 basis for the period January first, two thousand three through December
28 thirty-first, two thousand three;

1 (iii) sixteen million two hundred thousand dollars on an annualized
2 basis for the period January first, two thousand four through December
3 thirty-first, two thousand four;

4 (iv) sixteen million two hundred thousand dollars for the period Janu-
5 ary first, two thousand five through December thirty-first, two thousand
6 five;

7 (v) sixteen million two hundred thousand dollars for the period Janu-
8 ary first, two thousand six through December thirty-first, two thousand
9 six;

10 (vi) ten million eight hundred thousand dollars for the period January
11 first, two thousand seven through December thirty-first, two thousand
12 seven;

13 (vii) six million seven hundred fifty thousand dollars for the period
14 January first, two thousand eight through December thirty-first, two
15 thousand eight; and

16 (viii) one million three hundred fifty thousand dollars for the period
17 January first, two thousand nine through December thirty-first, two
18 thousand nine.

19 (bb) (i) Funds shall be deposited by the commissioner, within amounts
20 appropriated, and subject to the availability of federal financial
21 participation, and the state comptroller is hereby authorized and
22 directed to receive for deposit to the credit of the state special
23 revenue funds - other, HCRA transfer fund, medical assistance account,
24 or any successor fund or account, for the purpose of supporting the
25 state share of adjustments to Medicaid rates of payment for personal
26 care services provided pursuant to paragraph (e) of subdivision two of
27 section three hundred sixty-five-a of the social services law, for local
28 social service districts which include a city with a population of over

1 one million persons and computed and distributed in accordance with
2 memorandums of understanding to be entered into between the state of New
3 York and such local social service districts for the purpose of support-
4 ing the recruitment and retention of personal care service workers or
5 any worker with direct patient care responsibility, from the tobacco
6 control and insurance initiatives pool established for the following
7 periods and the following amounts:

8 (A) forty-four million dollars, on an annualized basis, for the period
9 April first, two thousand two through December thirty-first, two thou-
10 sand two;

11 (B) seventy-four million dollars, on an annualized basis, for the
12 period January first, two thousand three through December thirty-first,
13 two thousand three;

14 (C) one hundred four million dollars, on an annualized basis, for the
15 period January first, two thousand four through December thirty-first,
16 two thousand four;

17 (D) one hundred thirty-six million dollars, on an annualized basis,
18 for the period January first, two thousand five through December thir-
19 ty-first, two thousand five;

20 (E) one hundred thirty-six million dollars, on an annualized basis,
21 for the period January first, two thousand six through December thirty-
22 first, two thousand six;

23 (F) one hundred thirty-six million dollars for the period January
24 first, two thousand seven through December thirty-first, two thousand
25 seven;

26 (G) one hundred thirty-six million dollars for the period January
27 first, two thousand eight through December thirty-first, two thousand
28 eight;

1 (H) one hundred thirty-six million dollars for the period January
2 first, two thousand nine through December thirty-first, two thousand
3 nine;

4 (I) one hundred thirty-six million dollars for the period January
5 first, two thousand ten through December thirty-first, two thousand ten;

6 (J) thirty-four million dollars for the period January first, two
7 thousand eleven through March thirty-first, two thousand eleven; [and]

8 (K) up to one hundred thirty-six million dollars each state fiscal
9 year for the period April first, two thousand eleven through March thir-
10 ty-first, two thousand fourteen[.]; and

11 (L) up to one hundred thirty-six million dollars each state fiscal
12 year for the period March thirty-first, two thousand fourteen through
13 April first, two thousand seventeen.

14 (ii) Adjustments to Medicaid rates made pursuant to this paragraph
15 shall not, in aggregate, exceed the following amounts for the following
16 periods:

17 (A) for the period April first, two thousand two through December
18 thirty-first, two thousand two, one hundred ten million dollars;

19 (B) for the period January first, two thousand three through December
20 thirty-first, two thousand three, one hundred eighty-five million
21 dollars;

22 (C) for the period January first, two thousand four through December
23 thirty-first, two thousand four, two hundred sixty million dollars;

24 (D) for the period January first, two thousand five through December
25 thirty-first, two thousand five, three hundred forty million dollars;

26 (E) for the period January first, two thousand six through December
27 thirty-first, two thousand six, three hundred forty million dollars;

1 (F) for the period January first, two thousand seven through December
2 thirty-first, two thousand seven, three hundred forty million dollars;

3 (G) for the period January first, two thousand eight through December
4 thirty-first, two thousand eight, three hundred forty million dollars;

5 (H) for the period January first, two thousand nine through December
6 thirty-first, two thousand nine, three hundred forty million dollars;

7 (I) for the period January first, two thousand ten through December
8 thirty-first, two thousand ten, three hundred forty million dollars;

9 (J) for the period January first, two thousand eleven through March
10 thirty-first, two thousand eleven, eighty-five million dollars; [and]

11 (K) for each state fiscal year within the period April first, two
12 thousand eleven through March thirty-first, two thousand fourteen, three
13 hundred forty million dollars[.]; and

14 (L) for each state fiscal year within the period April first, two
15 thousand fourteen through March thirty-first, two thousand seventeen,
16 three hundred forty million dollars.

17 (iii) Personal care service providers which have their rates adjusted
18 pursuant to this paragraph shall use such funds for the purpose of
19 recruitment and retention of non-supervisory personal care services
20 workers or any worker with direct patient care responsibility only and
21 are prohibited from using such funds for any other purpose. Each such
22 personal care services provider shall submit, at a time and in a manner
23 to be determined by the commissioner, a written certification attesting
24 that such funds will be used solely for the purpose of recruitment and
25 retention of non-supervisory personal care services workers or any work-
26 er with direct patient care responsibility. The commissioner is author-
27 ized to audit each such provider to ensure compliance with the written
28 certification required by this subdivision and shall recoup any funds

1 determined to have been used for purposes other than recruitment and
2 retention of non-supervisory personal care services workers or any work-
3 er with direct patient care responsibility. Such recoupment shall be in
4 addition to any other penalties provided by law.

5 (cc) Funds shall be deposited by the commissioner, within amounts
6 appropriated, and the state comptroller is hereby authorized and
7 directed to receive for deposit to the credit of the state special
8 revenue funds - other, HCRA transfer fund, medical assistance account,
9 or any successor fund or account, for the purpose of supporting the
10 state share of adjustments to Medicaid rates of payment for personal
11 care services provided pursuant to paragraph (e) of subdivision two of
12 section three hundred sixty-five-a of the social services law, for local
13 social service districts which shall not include a city with a popu-
14 lation of over one million persons for the purpose of supporting the
15 personal care services worker recruitment and retention program as
16 established pursuant to section three hundred sixty-seven-q of the
17 social services law, from the tobacco control and insurance initiatives
18 pool established for the following periods and the following amounts:

19 (i) two million eight hundred thousand dollars for the period April
20 first, two thousand two through December thirty-first, two thousand two;

21 (ii) five million six hundred thousand dollars, on an annualized
22 basis, for the period January first, two thousand three through December
23 thirty-first, two thousand three;

24 (iii) eight million four hundred thousand dollars, on an annualized
25 basis, for the period January first, two thousand four through December
26 thirty-first, two thousand four;

1 (iv) ten million eight hundred thousand dollars, on an annualized
2 basis, for the period January first, two thousand five through December
3 thirty-first, two thousand five;

4 (v) ten million eight hundred thousand dollars, on an annualized
5 basis, for the period January first, two thousand six through December
6 thirty-first, two thousand six;

7 (vi) eleven million two hundred thousand dollars for the period Janu-
8 ary first, two thousand seven through December thirty-first, two thou-
9 sand seven;

10 (vii) eleven million two hundred thousand dollars for the period Janu-
11 ary first, two thousand eight through December thirty-first, two thou-
12 sand eight;

13 (viii) eleven million two hundred thousand dollars for the period
14 January first, two thousand nine through December thirty-first, two
15 thousand nine;

16 (ix) eleven million two hundred thousand dollars for the period Janu-
17 ary first, two thousand ten through December thirty-first, two thousand
18 ten;

19 (x) two million eight hundred thousand dollars for the period January
20 first, two thousand eleven through March thirty-first, two thousand
21 eleven; [and]

22 (xi) up to eleven million two hundred thousand dollars each state
23 fiscal year for the period April first, two thousand eleven through
24 March thirty-first, two thousand fourteen[.]; and

25 (xii) up to eleven million two hundred thousand dollars each state
26 fiscal year for the period April first, two thousand fourteen through
27 March thirty-first, two thousand seventeen.

1 (dd) Funds shall be deposited by the commissioner, within amounts
2 appropriated, and the state comptroller is hereby authorized and
3 directed to receive for deposit to the credit of the state special
4 revenue fund - other, HCRA transfer fund, medical assistance account, or
5 any successor fund or account, for purposes of funding the state share
6 of Medicaid expenditures for physician services from the tobacco control
7 and insurance initiatives pool established for the following periods in
8 the following amounts:

9 (i) up to fifty-two million dollars for the period January first, two
10 thousand two through December thirty-first, two thousand two;

11 (ii) eighty-one million two hundred thousand dollars for the period
12 January first, two thousand three through December thirty-first, two
13 thousand three;

14 (iii) eighty-five million two hundred thousand dollars for the period
15 January first, two thousand four through December thirty-first, two
16 thousand four;

17 (iv) eighty-five million two hundred thousand dollars for the period
18 January first, two thousand five through December thirty-first, two
19 thousand five;

20 (v) eighty-five million two hundred thousand dollars for the period
21 January first, two thousand six through December thirty-first, two thou-
22 sand six;

23 (vi) eighty-five million two hundred thousand dollars for the period
24 January first, two thousand seven through December thirty-first, two
25 thousand seven;

26 (vii) eighty-five million two hundred thousand dollars for the period
27 January first, two thousand eight through December thirty-first, two
28 thousand eight;

1 (viii) eighty-five million two hundred thousand dollars for the period
2 January first, two thousand nine through December thirty-first, two
3 thousand nine;

4 (ix) eighty-five million two hundred thousand dollars for the period
5 January first, two thousand ten through December thirty-first, two thou-
6 sand ten;

7 (x) twenty-one million three hundred thousand dollars for the period
8 January first, two thousand eleven through March thirty-first, two thou-
9 sand eleven; and

10 (xi) eighty-five million two hundred thousand dollars each state
11 fiscal year for the period April first, two thousand eleven through
12 March thirty-first, two thousand fourteen.

13 (ee) Funds shall be deposited by the commissioner, within amounts
14 appropriated, and the state comptroller is hereby authorized and
15 directed to receive for deposit to the credit of the state special
16 revenue fund - other, HCRA transfer fund, medical assistance account, or
17 any successor fund or account, for purposes of funding the state share
18 of the free-standing diagnostic and treatment center rate increases for
19 recruitment and retention of health care workers pursuant to subdivision
20 seventeen of section twenty-eight hundred seven of this article from the
21 tobacco control and insurance initiatives pool established for the
22 following periods in the following amounts:

23 (i) three million two hundred fifty thousand dollars for the period
24 April first, two thousand two through December thirty-first, two thou-
25 sand two;

26 (ii) three million two hundred fifty thousand dollars on an annualized
27 basis for the period January first, two thousand three through December
28 thirty-first, two thousand three;

1 (iii) three million two hundred fifty thousand dollars on an annual-
2 ized basis for the period January first, two thousand four through
3 December thirty-first, two thousand four;

4 (iv) three million two hundred fifty thousand dollars for the period
5 January first, two thousand five through December thirty-first, two
6 thousand five;

7 (v) three million two hundred fifty thousand dollars for the period
8 January first, two thousand six through December thirty-first, two thou-
9 sand six;

10 (vi) three million two hundred fifty thousand dollars for the period
11 January first, two thousand seven through December thirty-first, two
12 thousand seven;

13 (vii) three million four hundred thirty-eight thousand dollars for the
14 period January first, two thousand eight through December thirty-first,
15 two thousand eight;

16 (viii) two million four hundred fifty thousand dollars for the period
17 January first, two thousand nine through December thirty-first, two
18 thousand nine;

19 (ix) one million five hundred thousand dollars for the period January
20 first, two thousand ten through December thirty-first, two thousand ten;
21 and

22 (x) three hundred twenty-five thousand dollars for the period January
23 first, two thousand eleven through March thirty-first, two thousand
24 eleven.

25 (ff) Funds shall be deposited by the commissioner, within amounts
26 appropriated, and the state comptroller is hereby authorized and
27 directed to receive for deposit to the credit of the state special
28 revenue fund - other, HCRA transfer fund, medical assistance account, or

1 any successor fund or account, for purposes of funding the state share
2 of Medicaid expenditures for disabled persons as authorized pursuant to
3 former subparagraphs twelve and thirteen of paragraph (a) of subdivision
4 one of section three hundred sixty-six of the social services law from
5 the tobacco control and insurance initiatives pool established for the
6 following periods in the following amounts:

7 (i) one million eight hundred thousand dollars for the period April
8 first, two thousand two through December thirty-first, two thousand two;

9 (ii) sixteen million four hundred thousand dollars on an annualized
10 basis for the period January first, two thousand three through December
11 thirty-first, two thousand three;

12 (iii) eighteen million seven hundred thousand dollars on an annualized
13 basis for the period January first, two thousand four through December
14 thirty-first, two thousand four;

15 (iv) thirty million six hundred thousand dollars for the period Janu-
16 ary first, two thousand five through December thirty-first, two thousand
17 five;

18 (v) thirty million six hundred thousand dollars for the period January
19 first, two thousand six through December thirty-first, two thousand six;

20 (vi) thirty million six hundred thousand dollars for the period Janu-
21 ary first, two thousand seven through December thirty-first, two thou-
22 sand seven;

23 (vii) fifteen million dollars for the period January first, two thou-
24 sand eight through December thirty-first, two thousand eight;

25 (viii) fifteen million dollars for the period January first, two thou-
26 sand nine through December thirty-first, two thousand nine;

27 (ix) fifteen million dollars for the period January first, two thou-
28 sand ten through December thirty-first, two thousand ten;

1 (x) three million seven hundred fifty thousand dollars for the period
2 January first, two thousand eleven through March thirty-first, two thou-
3 sand eleven; [and]

4 (xi) fifteen million dollars each state fiscal year for the period
5 April first, two thousand eleven through March thirty-first, two thou-
6 sand fourteen[.]; and

7 (xii) within amounts appropriated each state fiscal year for periods
8 on and after April first, two thousand fourteen.

9 (gg) Funds shall be reserved and accumulated from year to year and
10 shall be available, including income from invested funds, for purposes
11 of grants to non-public general hospitals pursuant to paragraph (c) of
12 subdivision thirty of section twenty-eight hundred seven-c of this arti-
13 cle from the tobacco control and insurance initiatives pool established
14 for the following periods in the following amounts:

15 (i) up to one million three hundred thousand dollars on an annualized
16 basis for the period January first, two thousand two through December
17 thirty-first, two thousand two;

18 (ii) up to three million two hundred thousand dollars on an annualized
19 basis for the period January first, two thousand three through December
20 thirty-first, two thousand three;

21 (iii) up to five million six hundred thousand dollars on an annualized
22 basis for the period January first, two thousand four through December
23 thirty-first, two thousand four;

24 (iv) up to eight million six hundred thousand dollars for the period
25 January first, two thousand five through December thirty-first, two
26 thousand five;

1 (v) up to eight million six hundred thousand dollars on an annualized
2 basis for the period January first, two thousand six through December
3 thirty-first, two thousand six;

4 (vi) up to two million six hundred thousand dollars for the period
5 January first, two thousand seven through December thirty-first, two
6 thousand seven;

7 (vii) up to two million six hundred thousand dollars for the period
8 January first, two thousand eight through December thirty-first, two
9 thousand eight;

10 (viii) up to two million six hundred thousand dollars for the period
11 January first, two thousand nine through December thirty-first, two
12 thousand nine;

13 (ix) up to two million six hundred thousand dollars for the period
14 January first, two thousand ten through December thirty-first, two thou-
15 sand ten; and

16 (x) up to six hundred fifty thousand dollars for the period January
17 first, two thousand eleven through March thirty-first, two thousand
18 eleven.

19 (hh) Funds shall be deposited by the commissioner, within amounts
20 appropriated, and the state comptroller is hereby authorized and
21 directed to receive for deposit to the credit of the special revenue
22 fund - other, HCRA transfer fund, medical assistance account for
23 purposes of providing financial assistance to residential health care
24 facilities pursuant to subdivisions nineteen and twenty-one of section
25 twenty-eight hundred eight of this article, from the tobacco control and
26 insurance initiatives pool established for the following periods in the
27 following amounts:

1 (i) for the period April first, two thousand two through December
2 thirty-first, two thousand two, ten million dollars;

3 (ii) for the period January first, two thousand three through December
4 thirty-first, two thousand three, nine million four hundred fifty thou-
5 sand dollars;

6 (iii) for the period January first, two thousand four through December
7 thirty-first, two thousand four, nine million three hundred fifty thou-
8 sand dollars;

9 (iv) up to fifteen million dollars for the period January first, two
10 thousand five through December thirty-first, two thousand five;

11 (v) up to fifteen million dollars for the period January first, two
12 thousand six through December thirty-first, two thousand six;

13 (vi) up to fifteen million dollars for the period January first, two
14 thousand seven through December thirty-first, two thousand seven;

15 (vii) up to fifteen million dollars for the period January first, two
16 thousand eight through December thirty-first, two thousand eight;

17 (viii) up to fifteen million dollars for the period January first, two
18 thousand nine through December thirty-first, two thousand nine;

19 (ix) up to fifteen million dollars for the period January first, two
20 thousand ten through December thirty-first, two thousand ten;

21 (x) up to three million seven hundred fifty thousand dollars for the
22 period January first, two thousand eleven through March thirty-first,
23 two thousand eleven; and

24 (xi) fifteen million dollars each state fiscal year for the period
25 April first, two thousand eleven through March thirty-first, two thou-
26 sand fourteen.

27 (ii) Funds shall be deposited by the commissioner, within amounts
28 appropriated, and the state comptroller is hereby authorized and

1 directed to receive for deposit to the credit of the state special
2 revenue funds - other, HCRA transfer fund, medical assistance account,
3 or any successor fund or account, for the purpose of supporting the
4 state share of Medicaid expenditures for disabled persons as authorized
5 by sections 1619 (a) and (b) of the federal social security act pursuant
6 to the tobacco control and insurance initiatives pool established for
7 the following periods in the following amounts:

8 (i) six million four hundred thousand dollars for the period April
9 first, two thousand two through December thirty-first, two thousand two;

10 (ii) eight million five hundred thousand dollars, for the period Janu-
11 ary first, two thousand three through December thirty-first, two thou-
12 sand three;

13 (iii) eight million five hundred thousand dollars for the period Janu-
14 ary first, two thousand four through December thirty-first, two thousand
15 four;

16 (iv) eight million five hundred thousand dollars for the period Janu-
17 ary first, two thousand five through December thirty-first, two thousand
18 five;

19 (v) eight million five hundred thousand dollars for the period January
20 first, two thousand six through December thirty-first, two thousand six;

21 (vi) eight million six hundred thousand dollars for the period January
22 first, two thousand seven through December thirty-first, two thousand
23 seven;

24 (vii) eight million five hundred thousand dollars for the period Janu-
25 ary first, two thousand eight through December thirty-first, two thou-
26 sand eight;

1 (viii) eight million five hundred thousand dollars for the period
2 January first, two thousand nine through December thirty-first, two
3 thousand nine;

4 (ix) eight million five hundred thousand dollars for the period Janu-
5 ary first, two thousand ten through December thirty-first, two thousand
6 ten;

7 (x) two million one hundred twenty-five thousand dollars for the peri-
8 od January first, two thousand eleven through March thirty-first, two
9 thousand eleven; [and]

10 (xi) eight million five hundred thousand dollars each state fiscal
11 year for the period April first, two thousand eleven through March thir-
12 ty-first, two thousand fourteen[.]; and

13 (xii) within amounts appropriated each state fiscal year for periods
14 on and after April first, two thousand fourteen.

15 (jj) Funds shall be reserved and accumulated from year to year and
16 shall be available, including income from invested funds, for the
17 purposes of a grant program to improve access to infertility services,
18 treatments and procedures, from the tobacco control and insurance initi-
19 atives pool established for the period January first, two thousand two
20 through December thirty-first, two thousand two in the amount of nine
21 million one hundred seventy-five thousand dollars, for the period April
22 first, two thousand six through March thirty-first, two thousand seven
23 in the amount of five million dollars, for the period April first, two
24 thousand seven through March thirty-first, two thousand eight in the
25 amount of five million dollars, for the period April first, two thousand
26 eight through March thirty-first, two thousand nine in the amount of
27 five million dollars, and for the period April first, two thousand nine
28 through March thirty-first, two thousand ten in the amount of five

1 million dollars, for the period April first, two thousand ten through
2 March thirty-first, two thousand eleven in the amount of two million two
3 hundred thousand dollars, and for the period April first, two thousand
4 eleven through March thirty-first, two thousand twelve up to one million
5 one hundred thousand dollars.

6 (kk) Funds shall be deposited by the commissioner, within amounts
7 appropriated, and the state comptroller is hereby authorized and
8 directed to receive for deposit to the credit of the state special
9 revenue funds -- other, HCRA transfer fund, medical assistance account,
10 or any successor fund or account, for purposes of funding the state
11 share of Medical Assistance Program expenditures from the tobacco
12 control and insurance initiatives pool established for the following
13 periods in the following amounts:

14 (i) thirty-eight million eight hundred thousand dollars for the period
15 January first, two thousand two through December thirty-first, two thou-
16 sand two;

17 (ii) up to two hundred ninety-five million dollars for the period
18 January first, two thousand three through December thirty-first, two
19 thousand three;

20 (iii) up to four hundred seventy-two million dollars for the period
21 January first, two thousand four through December thirty-first, two
22 thousand four;

23 (iv) up to nine hundred million dollars for the period January first,
24 two thousand five through December thirty-first, two thousand five;

25 (v) up to eight hundred sixty-six million three hundred thousand
26 dollars for the period January first, two thousand six through December
27 thirty-first, two thousand six;

1 (vi) up to six hundred sixteen million seven hundred thousand dollars
2 for the period January first, two thousand seven through December thir-
3 ty-first, two thousand seven;

4 (vii) up to five hundred seventy-eight million nine hundred twenty-
5 five thousand dollars for the period January first, two thousand eight
6 through December thirty-first, two thousand eight; and

7 (viii) within amounts appropriated on and after January first, two
8 thousand nine.

9 (11) Funds shall be deposited by the commissioner, within amounts
10 appropriated, and the state comptroller is hereby authorized and
11 directed to receive for deposit to the credit of the state special
12 revenue funds -- other, HCRA transfer fund, medical assistance account,
13 or any successor fund or account, for purposes of funding the state
14 share of Medicaid expenditures related to the city of New York from the
15 tobacco control and insurance initiatives pool established for the
16 following periods in the following amounts:

17 (i) eighty-two million seven hundred thousand dollars for the period
18 January first, two thousand two through December thirty-first, two thou-
19 sand two;

20 (ii) one hundred twenty-four million six hundred thousand dollars for
21 the period January first, two thousand three through December thirty-
22 first, two thousand three;

23 (iii) one hundred twenty-four million seven hundred thousand dollars
24 for the period January first, two thousand four through December thir-
25 ty-first, two thousand four;

26 (iv) one hundred twenty-four million seven hundred thousand dollars
27 for the period January first, two thousand five through December thir-
28 ty-first, two thousand five;

1 (v) one hundred twenty-four million seven hundred thousand dollars for
2 the period January first, two thousand six through December thirty-
3 first, two thousand six;

4 (vi) one hundred twenty-four million seven hundred thousand dollars
5 for the period January first, two thousand seven through December thir-
6 ty-first, two thousand seven;

7 (vii) one hundred twenty-four million seven hundred thousand dollars
8 for the period January first, two thousand eight through December thir-
9 ty-first, two thousand eight;

10 (viii) one hundred twenty-four million seven hundred thousand dollars
11 for the period January first, two thousand nine through December thir-
12 ty-first, two thousand nine;

13 (ix) one hundred twenty-four million seven hundred thousand dollars
14 for the period January first, two thousand ten through December thirty-
15 first, two thousand ten;

16 (x) thirty-one million one hundred seventy-five thousand dollars for
17 the period January first, two thousand eleven through March thirty-
18 first, two thousand eleven; and

19 (xi) one hundred twenty-four million seven hundred thousand dollars
20 each state fiscal year for the period April first, two thousand eleven
21 through March thirty-first, two thousand fourteen.

22 (mm) Funds shall be deposited by the commissioner, within amounts
23 appropriated, and the state comptroller is hereby authorized and
24 directed to receive for deposit to the credit of the state special
25 revenue funds - other, HCRA transfer fund, medical assistance account,
26 or any successor fund or account, for purposes of funding specified
27 percentages of the state share of services and expenses related to the
28 family health plus program in accordance with the following schedule:

1 (i) (A) for the period January first, two thousand three through
2 December thirty-first, two thousand four, one hundred percent of the
3 state share;

4 (B) for the period January first, two thousand five through December
5 thirty-first, two thousand five, seventy-five percent of the state
6 share; and,

7 (C) for periods beginning on and after January first, two thousand
8 six, fifty percent of the state share.

9 (ii) Funding for the family health plus program will include up to
10 five million dollars annually for the period January first, two thousand
11 three through December thirty-first, two thousand six, up to five
12 million dollars for the period January first, two thousand seven through
13 December thirty-first, two thousand seven, up to seven million two
14 hundred thousand dollars for the period January first, two thousand
15 eight through December thirty-first, two thousand eight, up to seven
16 million two hundred thousand dollars for the period January first, two
17 thousand nine through December thirty-first, two thousand nine, up to
18 seven million two hundred thousand dollars for the period January first,
19 two thousand ten through December thirty-first, two thousand ten, up to
20 one million eight hundred thousand dollars for the period January first,
21 two thousand eleven through March thirty-first, two thousand eleven, up
22 to six million forty-nine thousand dollars for the period April first,
23 two thousand eleven through March thirty-first, two thousand twelve, up
24 to six million two hundred eighty-nine thousand dollars for the period
25 April first, two thousand twelve through March thirty-first, two thou-
26 sand thirteen, and up to six million four hundred sixty-one thousand
27 dollars for the period April first, two thousand thirteen through March
28 thirty-first, two thousand fourteen, for administration and marketing

1 costs associated with such program established pursuant to clauses (A)
2 and (B) of subparagraph (v) of paragraph (a) of subdivision two of
3 section three hundred sixty-nine-ee of the social services law from the
4 tobacco control and insurance initiatives pool established for the
5 following periods in the following amounts:

6 (A) one hundred ninety million six hundred thousand dollars for the
7 period January first, two thousand three through December thirty-first,
8 two thousand three;

9 (B) three hundred seventy-four million dollars for the period January
10 first, two thousand four through December thirty-first, two thousand
11 four;

12 (C) five hundred thirty-eight million four hundred thousand dollars
13 for the period January first, two thousand five through December thir-
14 ty-first, two thousand five;

15 (D) three hundred eighteen million seven hundred seventy-five thousand
16 dollars for the period January first, two thousand six through December
17 thirty-first, two thousand six;

18 (E) four hundred eighty-two million eight hundred thousand dollars for
19 the period January first, two thousand seven through December thirty-
20 first, two thousand seven;

21 (F) five hundred seventy million twenty-five thousand dollars for the
22 period January first, two thousand eight through December thirty-first,
23 two thousand eight;

24 (G) six hundred ten million seven hundred twenty-five thousand dollars
25 for the period January first, two thousand nine through December thir-
26 ty-first, two thousand nine;

1 (H) six hundred twenty-seven million two hundred seventy-five thousand
2 dollars for the period January first, two thousand ten through December
3 thirty-first, two thousand ten;

4 (I) one hundred fifty-seven million eight hundred seventy-five thou-
5 sand dollars for the period January first, two thousand eleven through
6 March thirty-first, two thousand eleven;

7 (J) six hundred twenty-eight million four hundred thousand dollars for
8 the period April first, two thousand eleven through March thirty-first,
9 two thousand twelve;

10 (K) six hundred fifty million four hundred thousand dollars for the
11 period April first, two thousand twelve through March thirty-first, two
12 thousand thirteen; [and]

13 (L) six hundred fifty million four hundred thousand dollars for the
14 period April first, two thousand thirteen through March thirty-first,
15 two thousand fourteen[.]; and

16 (M) within amounts appropriated each state fiscal year for periods on
17 and after April first, two thousand fourteen.

18 (nn) Funds shall be deposited by the commissioner, within amounts
19 appropriated, and the state comptroller is hereby authorized and
20 directed to receive for deposit to the credit of the state special
21 revenue fund - other, HCRA transfer fund, health care services account,
22 or any successor fund or account, for purposes related to adult home
23 initiatives for medicaid eligible residents of residential facilities
24 licensed pursuant to section four hundred sixty-b of the social services
25 law from the tobacco control and insurance initiatives pool established
26 for the following periods in the following amounts:

27 (i) up to four million dollars for the period January first, two thou-
28 sand three through December thirty-first, two thousand three;

1 (ii) up to six million dollars for the period January first, two thou-
2 sand four through December thirty-first, two thousand four;

3 (iii) up to eight million dollars for the period January first, two
4 thousand five through December thirty-first, two thousand five,
5 provided, however, that up to five million two hundred fifty thousand
6 dollars of such funds shall be received by the comptroller and deposited
7 to the credit of the special revenue fund - other / aid to localities,
8 HCRA transfer fund - 061, enhanced community services account - 05, or
9 any successor fund or account, for the purposes set forth in this para-
10 graph;

11 (iv) up to eight million dollars for the period January first, two
12 thousand six through December thirty-first, two thousand six, provided,
13 however, that up to five million two hundred fifty thousand dollars of
14 such funds shall be received by the comptroller and deposited to the
15 credit of the special revenue fund - other / aid to localities, HCRA
16 transfer fund - 061, enhanced community services account - 05, or any
17 successor fund or account, for the purposes set forth in this paragraph;

18 (v) up to eight million dollars for the period January first, two
19 thousand seven through December thirty-first, two thousand seven,
20 provided, however, that up to five million two hundred fifty thousand
21 dollars of such funds shall be received by the comptroller and deposited
22 to the credit of the special revenue fund - other / aid to localities,
23 HCRA transfer fund - 061, enhanced community services account - 05, or
24 any successor fund or account, for the purposes set forth in this para-
25 graph;

26 (vi) up to two million seven hundred fifty thousand dollars for the
27 period January first, two thousand eight through December thirty-first,
28 two thousand eight;

1 (vii) up to two million seven hundred fifty thousand dollars for the
2 period January first, two thousand nine through December thirty-first,
3 two thousand nine;

4 (viii) up to two million seven hundred fifty thousand dollars for the
5 period January first, two thousand ten through December thirty-first,
6 two thousand ten; and

7 (ix) up to six hundred eighty-eight thousand dollars for the period
8 January first, two thousand eleven through March thirty-first, two thou-
9 sand eleven.

10 (oo) Funds shall be reserved and accumulated from year to year and
11 shall be available, including income from invested funds, for purposes
12 of grants to non-public general hospitals pursuant to paragraph (e) of
13 subdivision twenty-five of section twenty-eight hundred seven-c of this
14 article from the tobacco control and insurance initiatives pool estab-
15 lished for the following periods in the following amounts:

16 (i) up to five million dollars on an annualized basis for the period
17 January first, two thousand four through December thirty-first, two
18 thousand four;

19 (ii) up to five million dollars for the period January first, two
20 thousand five through December thirty-first, two thousand five;

21 (iii) up to five million dollars for the period January first, two
22 thousand six through December thirty-first, two thousand six;

23 (iv) up to five million dollars for the period January first, two
24 thousand seven through December thirty-first, two thousand seven; [and]

25 (v) up to five million dollars for the period January first, two thou-
26 sand eight through December thirty-first, two thousand eight;

27 (vi) up to five million dollars for the period January first, two
28 thousand nine through December thirty-first, two thousand nine;

1 (vii) up to five million dollars for the period January first, two
2 thousand ten through December thirty-first, two thousand ten; and

3 (viii) up to one million two hundred fifty thousand dollars for the
4 period January first, two thousand eleven through March thirty-first,
5 two thousand eleven.

6 (pp) Funds shall be reserved and accumulated from year to year and
7 shall be available, including income from invested funds, for the
8 purpose of supporting the provision of tax credits for long term care
9 insurance pursuant to subdivision one of section one hundred ninety of
10 the tax law, paragraph (a) of subdivision twenty-five-a of section two
11 hundred ten of such law, subsection (aa) of section six hundred six of
12 such law, paragraph one of subsection (k) of section fourteen hundred
13 fifty-six of such law and paragraph one of subdivision (m) of section
14 fifteen hundred eleven of such law, in the following amounts:

15 (i) ten million dollars for the period January first, two thousand
16 four through December thirty-first, two thousand four;

17 (ii) ten million dollars for the period January first, two thousand
18 five through December thirty-first, two thousand five;

19 (iii) ten million dollars for the period January first, two thousand
20 six through December thirty-first, two thousand six; and

21 (iv) five million dollars for the period January first, two thousand
22 seven through June thirtieth, two thousand seven.

23 (qq) Funds shall be reserved and accumulated from year to year and
24 shall be available, including income from invested funds, for the
25 purpose of supporting the long-term care insurance education and
26 outreach program established pursuant to section two hundred seventeen-a
27 of the elder law for the following periods in the following amounts:

1 (i) up to five million dollars for the period January first, two thou-
2 sand four through December thirty-first, two thousand four; of such
3 funds one million nine hundred fifty thousand dollars shall be made
4 available to the department for the purpose of developing, implementing
5 and administering the long-term care insurance education and outreach
6 program and three million fifty thousand dollars shall be deposited by
7 the commissioner, within amounts appropriated, and the comptroller is
8 hereby authorized and directed to receive for deposit to the credit of
9 the special revenue funds - other, HCRA transfer fund, long term care
10 insurance resource center account of the state office for the aging or
11 any future account designated for the purpose of implementing the long
12 term care insurance education and outreach program and providing the
13 long term care insurance resource centers with the necessary resources
14 to carry out their operations;

15 (ii) up to five million dollars for the period January first, two
16 thousand five through December thirty-first, two thousand five; of such
17 funds one million nine hundred fifty thousand dollars shall be made
18 available to the department for the purpose of developing, implementing
19 and administering the long-term care insurance education and outreach
20 program and three million fifty thousand dollars shall be deposited by
21 the commissioner, within amounts appropriated, and the comptroller is
22 hereby authorized and directed to receive for deposit to the credit of
23 the special revenue funds - other, HCRA transfer fund, long term care
24 insurance resource center account of the state office for the aging or
25 any future account designated for the purpose of implementing the long
26 term care insurance education and outreach program and providing the
27 long term care insurance resource centers with the necessary resources
28 to carry out their operations;

1 (iii) up to five million dollars for the period January first, two
2 thousand six through December thirty-first, two thousand six; of such
3 funds one million nine hundred fifty thousand dollars shall be made
4 available to the department for the purpose of developing, implementing
5 and administering the long-term care insurance education and outreach
6 program and three million fifty thousand dollars shall be made available
7 to the office for the aging for the purpose of providing the long term
8 care insurance resource centers with the necessary resources to carry
9 out their operations;

10 (iv) up to five million dollars for the period January first, two
11 thousand seven through December thirty-first, two thousand seven; of
12 such funds one million nine hundred fifty thousand dollars shall be made
13 available to the department for the purpose of developing, implementing
14 and administering the long-term care insurance education and outreach
15 program and three million fifty thousand dollars shall be made available
16 to the office for the aging for the purpose of providing the long term
17 care insurance resource centers with the necessary resources to carry
18 out their operations;

19 (v) up to five million dollars for the period January first, two thou-
20 sand eight through December thirty-first, two thousand eight; of such
21 funds one million nine hundred fifty thousand dollars shall be made
22 available to the department for the purpose of developing, implementing
23 and administering the long term care insurance education and outreach
24 program and three million fifty thousand dollars shall be made available
25 to the office for the aging for the purpose of providing the long term
26 care insurance resource centers with the necessary resources to carry
27 out their operations;

1 (vi) up to five million dollars for the period January first, two
2 thousand nine through December thirty-first, two thousand nine; of such
3 funds one million nine hundred fifty thousand dollars shall be made
4 available to the department for the purpose of developing, implementing
5 and administering the long-term care insurance education and outreach
6 program and three million fifty thousand dollars shall be made available
7 to the office for the aging for the purpose of providing the long-term
8 care insurance resource centers with the necessary resources to carry
9 out their operations;

10 (vii) up to four hundred eighty-eight thousand dollars for the period
11 January first, two thousand ten through March thirty-first, two thousand
12 ten; of such funds four hundred eighty-eight thousand dollars shall be
13 made available to the department for the purpose of developing, imple-
14 menting and administering the long-term care insurance education and
15 outreach program.

16 (rr) Funds shall be reserved and accumulated from the tobacco control
17 and insurance initiatives pool and shall be available, including income
18 from invested funds, for the purpose of supporting expenses related to
19 implementation of the provisions of title III of article twenty-nine-D
20 of this chapter, for the following periods and in the following amounts:

21 (i) up to ten million dollars for the period January first, two thou-
22 sand six through December thirty-first, two thousand six;

23 (ii) up to ten million dollars for the period January first, two thou-
24 sand seven through December thirty-first, two thousand seven;

25 (iii) up to ten million dollars for the period January first, two
26 thousand eight through December thirty-first, two thousand eight;

27 (iv) up to ten million dollars for the period January first, two thou-
28 sand nine through December thirty-first, two thousand nine;

1 (v) up to ten million dollars for the period January first, two thou-
2 sand ten through December thirty-first, two thousand ten; and

3 (vi) up to two million five hundred thousand dollars for the period
4 January first, two thousand eleven through March thirty-first, two thou-
5 sand eleven.

6 (ss) Funds shall be reserved and accumulated from the tobacco control
7 and insurance initiatives pool and used for a health care stabilization
8 program established by the commissioner for the purposes of stabilizing
9 critical health care providers and health care programs whose ability to
10 continue to provide appropriate services are threatened by financial or
11 other challenges, in the amount of up to twenty-eight million dollars
12 for the period July first, two thousand four through June thirtieth, two
13 thousand five. Notwithstanding the provisions of section one hundred
14 twelve of the state finance law or any other inconsistent provision of
15 the state finance law or any other law, funds available for distribution
16 pursuant to this paragraph may be allocated and distributed by the
17 commissioner, or the state comptroller as applicable without a compet-
18 itive bid or request for proposal process. Considerations relied upon by
19 the commissioner in determining the allocation and distribution of these
20 funds shall include, but not be limited to, the following: (i) the
21 importance of the provider or program in meeting critical health care
22 needs in the community in which it operates; (ii) the provider or
23 program provision of care to under-served populations; (iii) the quality
24 of the care or services the provider or program delivers; (iv) the abil-
25 ity of the provider or program to continue to deliver an appropriate
26 level of care or services if additional funding is made available; (v)
27 the ability of the provider or program to access, in a timely manner,
28 alternative sources of funding, including other sources of government

1 funding; (vi) the ability of other providers or programs in the communi-
2 ty to meet the community health care needs; (vii) whether the provider
3 or program has an appropriate plan to improve its financial condition;
4 and (viii) whether additional funding would permit the provider or
5 program to consolidate, relocate, or close programs or services where
6 such actions would result in greater stability and efficiency in the
7 delivery of needed health care services or programs.

8 (tt) Funds shall be reserved and accumulated from year to year and
9 shall be available, including income from invested funds, for purposes
10 of providing grants for two long term care demonstration projects
11 designed to test new models for the delivery of long term care services
12 established pursuant to section twenty-eight hundred seven-x of this
13 chapter, for the following periods and in the following amounts:

14 (i) up to five hundred thousand dollars for the period January first,
15 two thousand four through December thirty-first, two thousand four;

16 (ii) up to five hundred thousand dollars for the period January first,
17 two thousand five through December thirty-first, two thousand five;

18 (iii) up to five hundred thousand dollars for the period January
19 first, two thousand six through December thirty-first, two thousand six;

20 (iv) up to one million dollars for the period January first, two thou-
21 sand seven through December thirty-first, two thousand seven; and

22 (v) up to two hundred fifty thousand dollars for the period January
23 first, two thousand eight through March thirty-first, two thousand
24 eight.

25 (uu) Funds shall be reserved and accumulated from year to year and
26 shall be available, including income from invested funds, for the
27 purpose of supporting disease management and telemedicine demonstration

1 programs authorized pursuant to section twenty-one hundred eleven of
2 this chapter for the following periods in the following amounts:

3 (i) five million dollars for the period January first, two thousand
4 four through December thirty-first, two thousand four, of which three
5 million dollars shall be available for disease management demonstration
6 programs and two million dollars shall be available for telemedicine
7 demonstration programs;

8 (ii) five million dollars for the period January first, two thousand
9 five through December thirty-first, two thousand five, of which three
10 million dollars shall be available for disease management demonstration
11 programs and two million dollars shall be available for telemedicine
12 demonstration programs;

13 (iii) nine million five hundred thousand dollars for the period Janu-
14 ary first, two thousand six through December thirty-first, two thousand
15 six, of which seven million five hundred thousand dollars shall be
16 available for disease management demonstration programs and two million
17 dollars shall be available for telemedicine demonstration programs;

18 (iv) nine million five hundred thousand dollars for the period January
19 first, two thousand seven through December thirty-first, two thousand
20 seven, of which seven million five hundred thousand dollars shall be
21 available for disease management demonstration programs and one million
22 dollars shall be available for telemedicine demonstration programs;

23 (v) nine million five hundred thousand dollars for the period January
24 first, two thousand eight through December thirty-first, two thousand
25 eight, of which seven million five hundred thousand dollars shall be
26 available for disease management demonstration programs and two million
27 dollars shall be available for telemedicine demonstration programs;

1 (vi) seven million eight hundred thirty-three thousand three hundred
2 thirty-three dollars for the period January first, two thousand nine
3 through December thirty-first, two thousand nine, of which seven million
4 five hundred thousand dollars shall be available for disease management
5 demonstration programs and three hundred thirty-three thousand three
6 hundred thirty-three dollars shall be available for telemedicine demon-
7 stration programs for the period January first, two thousand nine
8 through March first, two thousand nine;

9 (vii) one million eight hundred seventy-five thousand dollars for the
10 period January first, two thousand ten through March thirty-first, two
11 thousand ten shall be available for disease management demonstration
12 programs.

13 (ww) Funds shall be deposited by the commissioner, within amounts
14 appropriated, and the state comptroller is hereby authorized and
15 directed to receive for the deposit to the credit of the state special
16 revenue funds - other, HCRA transfer fund, medical assistance account,
17 or any successor fund or account, for purposes of funding the state
18 share of the general hospital rates increases for recruitment and
19 retention of health care workers pursuant to paragraph (e) of subdivi-
20 sion thirty of section twenty-eight hundred seven-c of this article from
21 the tobacco control and insurance initiatives pool established for the
22 following periods in the following amounts:

23 (i) sixty million five hundred thousand dollars for the period January
24 first, two thousand five through December thirty-first, two thousand
25 five; and

26 (ii) sixty million five hundred thousand dollars for the period Janu-
27 ary first, two thousand six through December thirty-first, two thousand
28 six.

1 (xx) Funds shall be deposited by the commissioner, within amounts
2 appropriated, and the state comptroller is hereby authorized and
3 directed to receive for the deposit to the credit of the state special
4 revenue funds - other, HCRA transfer fund, medical assistance account,
5 or any successor fund or account, for purposes of funding the state
6 share of the general hospital rates increases for rural hospitals pursu-
7 ant to subdivision thirty-two of section twenty-eight hundred seven-c of
8 this article from the tobacco control and insurance initiatives pool
9 established for the following periods in the following amounts:

10 (i) three million five hundred thousand dollars for the period January
11 first, two thousand five through December thirty-first, two thousand
12 five;

13 (ii) three million five hundred thousand dollars for the period Janu-
14 ary first, two thousand six through December thirty-first, two thousand
15 six;

16 (iii) three million five hundred thousand dollars for the period Janu-
17 ary first, two thousand seven through December thirty-first, two thou-
18 sand seven;

19 (iv) three million five hundred thousand dollars for the period Janu-
20 ary first, two thousand eight through December thirty-first, two thou-
21 sand eight; and

22 (v) three million two hundred eight thousand dollars for the period
23 January first, two thousand nine through November thirtieth, two thou-
24 sand nine.

25 (yy) Funds shall be reserved and accumulated from year to year and
26 shall be available, within amounts appropriated and notwithstanding
27 section one hundred twelve of the state finance law and any other
28 contrary provision of law, for the purpose of supporting grants not to

1 exceed five million dollars to be made by the commissioner without a
2 competitive bid or request for proposal process, in support of the
3 delivery of critically needed health care services, to health care
4 providers located in the counties of Erie and Niagara which executed a
5 memorandum of closing and conducted a merger closing in escrow on Novem-
6 ber twenty-fourth, nineteen hundred ninety-seven and which entered into
7 a settlement dated December thirtieth, two thousand four for a loss on
8 disposal of assets under the provisions of title XVIII of the federal
9 social security act applicable to mergers occurring prior to December
10 first, nineteen hundred ninety-seven.

11 (zz) Funds shall be reserved and accumulated from year to year and
12 shall be available, within amounts appropriated, for the purpose of
13 supporting expenditures authorized pursuant to section twenty-eight
14 hundred eighteen of this article from the tobacco control and insurance
15 initiatives pool established for the following periods in the following
16 amounts:

17 (i) six million five hundred thousand dollars for the period January
18 first, two thousand five through December thirty-first, two thousand
19 five;

20 (ii) one hundred eight million three hundred thousand dollars for the
21 period January first, two thousand six through December thirty-first,
22 two thousand six, provided, however, that within amounts appropriated in
23 the two thousand six through two thousand seven state fiscal year, a
24 portion of such funds may be transferred to the Roswell Park Cancer
25 Institute Corporation to fund capital costs;

26 (iii) one hundred seventy-one million dollars for the period January
27 first, two thousand seven through December thirty-first, two thousand
28 seven, provided, however, that within amounts appropriated in the two

1 thousand six through two thousand seven state fiscal year, a portion of
2 such funds may be transferred to the Roswell Park Cancer Institute
3 Corporation to fund capital costs;

4 (iv) one hundred seventy-one million five hundred thousand dollars for
5 the period January first, two thousand eight through December thirty-
6 first, two thousand eight;

7 (v) one hundred twenty-eight million seven hundred fifty thousand
8 dollars for the period January first, two thousand nine through December
9 thirty-first, two thousand nine;

10 (vi) one hundred thirty-one million three hundred seventy-five thou-
11 sand dollars for the period January first, two thousand ten through
12 December thirty-first, two thousand ten;

13 (vii) thirty-four million two hundred fifty thousand dollars for the
14 period January first, two thousand eleven through March thirty-first,
15 two thousand eleven;

16 (viii) four hundred thirty-three million three hundred sixty-six thou-
17 sand dollars for the period April first, two thousand eleven through
18 March thirty-first, two thousand twelve;

19 (ix) one hundred fifty million eight hundred six thousand dollars for
20 the period April first, two thousand twelve through March thirty-first,
21 two thousand thirteen; [and]

22 (x) seventy-eight million seventy-one thousand dollars for the period
23 April first, two thousand thirteen through March thirty-first, two thou-
24 sand fourteen[.]; and

25 (xi) within amounts appropriated each state fiscal year for periods on
26 and after April first, two thousand fourteen.

27 (aaa) Funds shall be reserved and accumulated from year to year and
28 shall be available, including income from invested funds, for services

1 and expenses related to school based health centers, in an amount up to
2 three million five hundred thousand dollars for the period April first,
3 two thousand six through March thirty-first, two thousand seven, up to
4 three million five hundred thousand dollars for the period April first,
5 two thousand seven through March thirty-first, two thousand eight, up to
6 three million five hundred thousand dollars for the period April first,
7 two thousand eight through March thirty-first, two thousand nine, up to
8 three million five hundred thousand dollars for the period April first,
9 two thousand nine through March thirty-first, two thousand ten, up to
10 three million five hundred thousand dollars for the period April first,
11 two thousand ten through March thirty-first, two thousand eleven, [and]
12 up to two million eight hundred thousand dollars each state fiscal year
13 for the period April first, two thousand eleven through March thirty-
14 first, two thousand fourteen, and within amounts appropriated each state
15 fiscal year for periods on and after April first, two thousand fourteen.

16 The total amount of funds provided herein shall be distributed as grants
17 based on the ratio of each provider's total enrollment for all sites to
18 the total enrollment of all providers. This formula shall be applied to
19 the total amount provided herein.

20 (bbb) Funds shall be reserved and accumulated from year to year and
21 shall be available, including income from invested funds, for purposes
22 of awarding grants to operators of adult homes, enriched housing
23 programs and residences through the enhancing abilities and life experi-
24 ence (EnAbLe) program to provide for the installation, operation and
25 maintenance of air conditioning in resident rooms, consistent with this
26 paragraph, in an amount up to two million dollars for the period April
27 first, two thousand six through March thirty-first, two thousand seven,
28 up to three million eight hundred thousand dollars for the period April

1 first, two thousand seven through March thirty-first, two thousand
2 eight, up to three million eight hundred thousand dollars for the period
3 April first, two thousand eight through March thirty-first, two thousand
4 nine, up to three million eight hundred thousand dollars for the period
5 April first, two thousand nine through March thirty-first, two thousand
6 ten, and up to three million eight hundred thousand dollars for the
7 period April first, two thousand ten through March thirty-first, two
8 thousand eleven. Residents shall not be charged utility cost for the use
9 of air conditioners supplied under the EnAbLe program. All such air
10 conditioners must be operated in occupied resident rooms consistent with
11 requirements applicable to common areas.

12 (ccc) Funds shall be deposited by the commissioner, within amounts
13 appropriated, and the state comptroller is hereby authorized and
14 directed to receive for the deposit to the credit of the state special
15 revenue funds - other, HCRA transfer fund, medical assistance account,
16 or any successor fund or account, for purposes of funding the state
17 share of increases in the rates for certified home health agencies, long
18 term home health care programs, AIDS home care programs, hospice
19 programs and managed long term care plans and approved managed long term
20 care operating demonstrations as defined in section forty-four hundred
21 three-f of this chapter for recruitment and retention of health care
22 workers pursuant to subdivisions nine and ten of section thirty-six
23 hundred fourteen of this chapter from the tobacco control and insurance
24 initiatives pool established for the following periods in the following
25 amounts:

26 (i) twenty-five million dollars for the period June first, two thou-
27 sand six through December thirty-first, two thousand six;

1 (ii) fifty million dollars for the period January first, two thousand
2 seven through December thirty-first, two thousand seven;

3 (iii) fifty million dollars for the period January first, two thousand
4 eight through December thirty-first, two thousand eight;

5 (iv) fifty million dollars for the period January first, two thousand
6 nine through December thirty-first, two thousand nine;

7 (v) fifty million dollars for the period January first, two thousand
8 ten through December thirty-first, two thousand ten;

9 (vi) twelve million five hundred thousand dollars for the period Janu-
10 ary first, two thousand eleven through March thirty-first, two thousand
11 eleven; and

12 (vii) up to fifty million dollars each state fiscal year for the peri-
13 od April first, two thousand eleven through March thirty-first, two
14 thousand fourteen.

15 (ddd) Funds shall be deposited by the commissioner, within amounts
16 appropriated, and the state comptroller is hereby authorized and
17 directed to receive for the deposit to the credit of the state special
18 revenue funds - other, HCRA transfer fund, medical assistance account,
19 or any successor fund or account, for purposes of funding the state
20 share of increases in the medical assistance rates for providers for
21 purposes of enhancing the provision, quality and/or efficiency of home
22 care services pursuant to subdivision eleven of section thirty-six
23 hundred fourteen of this chapter from the tobacco control and insurance
24 initiatives pool established for the following period in the amount of
25 eight million dollars for the period April first, two thousand six
26 through December thirty-first, two thousand six.

27 (eee) Funds shall be reserved and accumulated from year to year and
28 shall be available, including income from invested funds, to the Center

1 for Functional Genomics at the State University of New York at Albany,
2 for the purposes of the Adirondack network for cancer education and
3 research in rural communities grant program to improve access to health
4 care and shall be made available from the tobacco control and insurance
5 initiatives pool established for the following period in the amount of
6 up to five million dollars for the period January first, two thousand
7 six through December thirty-first, two thousand six.

8 (fff) Funds shall be made available to the empire state stem cell fund
9 established by section ninety-nine-p of the state finance law within
10 amounts appropriated up to fifty million dollars annually and shall not
11 exceed five hundred million dollars in total.

12 (ggg) Funds shall be deposited by the commissioner, within amounts
13 appropriated, and the state comptroller is hereby authorized and
14 directed to receive for deposit to the credit of the state special
15 revenue fund - other, HCRA transfer fund, medical assistance account, or
16 any successor fund or account, for the purpose of supporting the state
17 share of Medicaid expenditures for hospital translation services as
18 authorized pursuant to paragraph (k) of subdivision one of section twen-
19 ty-eight hundred seven-c of this article from the tobacco control and
20 initiatives pool established for the following periods in the following
21 amounts:

22 (i) sixteen million dollars for the period July first, two thousand
23 eight through December thirty-first, two thousand eight; and

24 (ii) fourteen million seven hundred thousand dollars for the period
25 January first, two thousand nine through November thirtieth, two thou-
26 sand nine.

27 (hhh) Funds shall be deposited by the commissioner, within amounts
28 appropriated, and the state comptroller is hereby authorized and

1 directed to receive for deposit to the credit of the state special
2 revenue fund - other, HCRA transfer fund, medical assistance account, or
3 any successor fund or account, for the purpose of supporting the state
4 share of Medicaid expenditures for adjustments to inpatient rates of
5 payment for general hospitals located in the counties of Nassau and
6 Suffolk as authorized pursuant to paragraph (1) of subdivision one of
7 section twenty-eight hundred seven-c of this article from the tobacco
8 control and initiatives pool established for the following periods in
9 the following amounts:

10 (i) two million five hundred thousand dollars for the period April
11 first, two thousand eight through December thirty-first, two thousand
12 eight; and

13 (ii) two million two hundred ninety-two thousand dollars for the peri-
14 od January first, two thousand nine through November thirtieth, two
15 thousand nine.

16 (iii) Funds shall be reserved and set aside and accumulated from year
17 to year and shall be made available, including income from investment
18 funds, for the purpose of supporting the New York state medical indem-
19 nity fund as authorized pursuant to title four of article twenty-nine-D
20 of this chapter, for the following periods and in the following amounts,
21 provided, however, that the commissioner is authorized to seek waiver
22 authority from the federal centers for medicare and Medicaid for the
23 purpose of securing Medicaid federal financial participation for such
24 program, in which case the funding authorized pursuant to this paragraph
25 shall be utilized as the non-federal share for such payments:

26 Thirty million dollars for the period April first, two thousand eleven
27 through March thirty-first, two thousand twelve.

1 2. (a) For periods prior to January first, two thousand five, the
2 commissioner is authorized to contract with the article forty-three
3 insurance law plans, or such other contractors as the commissioner shall
4 designate, to receive and distribute funds from the tobacco control and
5 insurance initiatives pool established pursuant to this section. In the
6 event contracts with the article forty-three insurance law plans or
7 other commissioner's designees are effectuated, the commissioner shall
8 conduct annual audits of the receipt and distribution of such funds. The
9 reasonable costs and expenses of an administrator as approved by the
10 commissioner, not to exceed for personnel services on an annual basis
11 five hundred thousand dollars, for collection and distribution of funds
12 pursuant to this section shall be paid from such funds.

13 (b) Notwithstanding any inconsistent provision of section one hundred
14 twelve or one hundred sixty-three of the state finance law or any other
15 law, at the discretion of the commissioner without a competitive bid or
16 request for proposal process, contracts in effect for administration of
17 pools established pursuant to sections twenty-eight hundred seven-k,
18 twenty-eight hundred seven-l and twenty-eight hundred seven-m of this
19 article for the period January first, nineteen hundred ninety-nine
20 through December thirty-first, nineteen hundred ninety-nine may be
21 extended to provide for administration pursuant to this section and may
22 be amended as may be necessary.

23 § 9. Subdivisions 5-a and 7 of section 2807-m of the public health
24 law, as added by section 75-c of part C of chapter 58 of the laws of
25 2008, the paragraph heading of paragraph (b) and the second undesignated
26 paragraph of paragraph (b) of subdivision 5-a as amended by section 4 of
27 part B of chapter 109 of the laws of 2010, the opening paragraph of
28 paragraph (b), subparagraphs (C), (D) and (G) of paragraph (b), and

1 paragraphs (c), (f) and (g) of subdivision 5-a as amended by section 26
2 of part C of chapter 59 of the laws of 2011, subparagraph (H) of para-
3 graph (b) of subdivision 5-a as added by section 60 of part D of chapter
4 56 of the laws of 2012, paragraphs (d) and (e) of subdivision 5-a as
5 amended by section 53 of part D of chapter 56 of the laws of 2012 and
6 paragraph (e-1) of subdivision 5-a as added by section 54 of part D of
7 chapter 56 of the laws of 2012, and subdivision 7 as amended by section
8 26-a of part C of chapter 59 of the laws of 2011, are amended to read as
9 follows:

10 5-a. Graduate medical education innovations pool. (a) Supplemental
11 distributions. (i) Thirty-one million dollars for the period January
12 first, two thousand eight through December thirty-first, two thousand
13 eight, shall be set aside and reserved by the commissioner from the
14 regional pools established pursuant to subdivision two of this section
15 and shall be available for distributions pursuant to subdivision five of
16 this section and in accordance with section 86-1.89 of title 10 of the
17 codes, rules and regulations of the state of New York as in effect on
18 January first, two thousand eight; provided, however, for purposes of
19 funding the empire clinical research investigation program (ECRIP) in
20 accordance with paragraph eight of subdivision (e) and paragraph two of
21 subdivision (f) of section 86-1.89 of title 10 of the codes, rules and
22 regulations of the state of New York, distributions shall be made using
23 two regions defined as New York city and the rest of the state and the
24 dollar amount set forth in subparagraph (i) of paragraph two of subdivi-
25 sion (f) of section 86-1.89 of title 10 of the codes, rules and regu-
26 lations of the state of New York shall be increased from sixty thousand
27 dollars to seventy-five thousand dollars.

(ii) For periods on and after January first, two thousand nine, supplemental distributions pursuant to subdivision five of this section and in accordance with section 86-1.89 of title 10 of the codes, rules and regulations of the state of New York shall no longer be made and the provisions of section 86-1.89 of title 10 of the codes, rules and regulations of the state of New York shall be null and void.

(b) Empire clinical research investigator program (ECRIP). Nine million one hundred twenty thousand dollars annually for the period January first, two thousand nine through December thirty-first, two thousand ten, and two million two hundred eighty thousand dollars for the period January first, two thousand eleven, [and] through March thirty-first, two thousand eleven, nine million one hundred twenty thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, [through March thirty-first, two thousand eleven,] and within amounts appropriated each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section to be allocated regionally with two-thirds of the available funding going to New York city and one-third of the available funding going to the rest of the state and shall be available for distribution as follows:

Distributions shall first be made to consortia and teaching general hospitals for the empire clinical research investigator program (ECRIP) to help secure federal funding for biomedical research, train clinical researchers, recruit national leaders as faculty to act as mentors, and train residents and fellows in biomedical research skills based on hospital-specific data submitted to the commissioner by consortia and

1 teaching general hospitals in accordance with clause (G) of this subpar-
2 agraph. Such distributions shall be made in accordance with the follow-
3 ing methodology:

4 (A) The greatest number of clinical research positions for which a
5 consortium or teaching general hospital may be funded pursuant to this
6 subparagraph shall be one percent of the total number of residents
7 training at the consortium or teaching general hospital on July first,
8 two thousand eight for the period January first, two thousand nine
9 through December thirty-first, two thousand nine rounded up to the near-
10 est one position.

11 (B) Distributions made to a consortium or teaching general hospital
12 shall equal the product of the total number of clinical research posi-
13 tions submitted by a consortium or teaching general hospital and
14 accepted by the commissioner as meeting the criteria set forth in para-
15 graph (b) of subdivision one of this section, subject to the reduction
16 calculation set forth in clause (C) of this subparagraph, times one
17 hundred ten thousand dollars.

18 (C) If the dollar amount for the total number of clinical research
19 positions in the region calculated pursuant to clause (B) of this
20 subparagraph exceeds the total amount appropriated for purposes of this
21 paragraph, including clinical research positions that continue from and
22 were funded in prior distribution periods, the commissioner shall elimi-
23 nate one-half of the clinical research positions submitted by each
24 consortium or teaching general hospital rounded down to the nearest one
25 position. Such reduction shall be repeated until the dollar amount for
26 the total number of clinical research positions in the region does not
27 exceed the total amount appropriated for purposes of this paragraph. If
28 the repeated reduction of the total number of clinical research posi-

1 tions in the region by one-half does not render a total funding amount
2 that is equal to or less than the total amount reserved for that region
3 within the appropriation, the funding for each clinical research posi-
4 tion in that region shall be reduced proportionally in one thousand
5 dollar increments until the total dollar amount for the total number of
6 clinical research positions in that region does not exceed the total
7 amount reserved for that region within the appropriation. Any reduction
8 in funding will be effective for the duration of the award. No clinical
9 research positions that continue from and were funded in prior distrib-
10 ution periods shall be eliminated or reduced by such methodology.

11 (D) Each consortium or teaching general hospital shall receive its
12 annual distribution amount in accordance with the following:

13 (I) Each consortium or teaching general hospital with a one-year ECRIP
14 award shall receive its annual distribution amount in full upon
15 completion of the requirements set forth in items (I) and (II) of clause
16 (G) of this subparagraph. The requirements set forth in items (IV) and
17 (V) of clause (G) of this subparagraph must be completed by the consor-
18 tium or teaching general hospital in order for the consortium or teach-
19 ing general hospital to be eligible to apply for ECRIP funding in any
20 subsequent funding cycle.

21 (II) Each consortium or teaching general hospital with a two-year
22 ECRIP award shall receive its first annual distribution amount in full
23 upon completion of the requirements set forth in items (I) and (II) of
24 clause (G) of this subparagraph. Each consortium or teaching general
25 hospital will receive its second annual distribution amount in full upon
26 completion of the requirements set forth in item (III) of clause (G) of
27 this subparagraph. The requirements set forth in items (IV) and (V) of
28 clause (G) of this subparagraph must be completed by the consortium or

1 teaching general hospital in order for the consortium or teaching gener-
2 al hospital to be eligible to apply for ECRIP funding in any subsequent
3 funding cycle.

4 (E) Each consortium or teaching general hospital receiving distrib-
5 utions pursuant to this subparagraph shall reserve seventy-five thousand
6 dollars to primarily fund salary and fringe benefits of the clinical
7 research position with the remainder going to fund the development of
8 faculty who are involved in biomedical research, training and clinical
9 care.

10 (F) Undistributed or returned funds available to fund clinical
11 research positions pursuant to this paragraph for a distribution period
12 shall be available to fund clinical research positions in a subsequent
13 distribution period.

14 (G) In order to be eligible for distributions pursuant to this subpar-
15 agraph, each consortium and teaching general hospital shall provide to
16 the commissioner by July first of each distribution period, the follow-
17 ing data and information on a hospital-specific basis. Such data and
18 information shall be certified as to accuracy and completeness by the
19 chief executive officer, chief financial officer or chair of the consor-
20 tium governing body of each consortium or teaching general hospital and
21 shall be maintained by each consortium and teaching general hospital for
22 five years from the date of submission:

23 (I) For each clinical research position, information on the type,
24 scope, training objectives, institutional support, clinical research
25 experience of the sponsor-mentor, plans for submitting research outcomes
26 to peer reviewed journals and at scientific meetings, including a meet-
27 ing sponsored by the department, the name of a principal contact person
28 responsible for tracking the career development of researchers placed in

1 clinical research positions, as defined in paragraph (c) of subdivision
2 one of this section, and who is authorized to certify to the commission-
3 er that all the requirements of the clinical research training objec-
4 tives set forth in this subparagraph shall be met. Such certification
5 shall be provided by July first of each distribution period;

6 (II) For each clinical research position, information on the name,
7 citizenship status, medical education and training, and medical license
8 number of the researcher, if applicable, shall be provided by December
9 thirty-first of the calendar year following the distribution period;

10 (III) Information on the status of the clinical research plan, accom-
11 plishments, changes in research activities, progress, and performance of
12 the researcher shall be provided upon completion of one-half of the
13 award term;

14 (IV) A final report detailing training experiences, accomplishments,
15 activities and performance of the clinical researcher, and data, meth-
16 ods, results and analyses of the clinical research plan shall be
17 provided three months after the clinical research position ends; and

18 (V) Tracking information concerning past researchers, including but
19 not limited to (A) background information, (B) employment history, (C)
20 research status, (D) current research activities, (E) publications and
21 presentations, (F) research support, and (G) any other information
22 necessary to track the researcher; and

23 (VI) Any other data or information required by the commissioner to
24 implement this subparagraph.

25 (H) Notwithstanding any inconsistent provision of this subdivision,
26 for periods on and after April first, two thousand thirteen, ECRIP grant
27 awards shall be made in accordance with rules and regulations promulgat-
28 ed by the commissioner. Such regulations shall, at a minimum:

(1) provide that ECRIP grant awards shall be made with the objective of securing federal funding for biomedical research, training clinical researchers, recruiting national leaders as faculty to act as mentors, and training residents and fellows in biomedical research skills;

(2) provide that ECRIP grant applicants may include interdisciplinary research teams comprised of teaching general hospitals acting in collaboration with entities including but not limited to medical centers, hospitals, universities and local health departments;

(3) provide that applications for ECRIP grant awards shall be based on such information requested by the commissioner, which shall include but not be limited to hospital-specific data;

(4) establish the qualifications for investigators and other staff required for grant projects eligible for ECRIP grant awards; and

(5) establish a methodology for the distribution of funds under ECRIP grant awards.

(c) Ambulatory care training. Four million nine hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, four million nine hundred thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, four million nine hundred thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, one million two hundred twenty-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, [and] four million three hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, and within amounts appropriated each state fiscal year for the period April first, two thousand fourteen through March thirty-

1 first, two thousand seventeen, shall be set aside and reserved by the
2 commissioner from the regional pools established pursuant to subdivision
3 two of this section and shall be available for distributions to sponsor-
4 ing institutions to be directed to support clinical training of medical
5 students and residents in free-standing ambulatory care settings,
6 including community health centers and private practices. Such funding
7 shall be allocated regionally with two-thirds of the available funding
8 going to New York city and one-third of the available funding going to
9 the rest of the state and shall be distributed to sponsoring insti-
10 tutions in each region pursuant to a request for application or request
11 for proposal process with preference being given to sponsoring insti-
12 tutions which provide training in sites located in underserved rural or
13 inner-city areas and those that include medical students in such train-
14 ing.

15 (d) Physician loan repayment program. One million nine hundred sixty
16 thousand dollars for the period January first, two thousand eight
17 through December thirty-first, two thousand eight, one million nine
18 hundred sixty thousand dollars for the period January first, two thou-
19 sand nine through December thirty-first, two thousand nine, one million
20 nine hundred sixty thousand dollars for the period January first, two
21 thousand ten through December thirty-first, two thousand ten, four
22 hundred ninety thousand dollars for the period January first, two thou-
23 sand eleven through March thirty-first, two thousand eleven, [and] one
24 million seven hundred thousand dollars each state fiscal year for the
25 period April first, two thousand eleven through March thirty-first, two
26 thousand fourteen, and within amounts appropriated each state fiscal
27 year for the period April first, two thousand fourteen through March
28 thirty-first, two thousand seventeen, shall be set aside and reserved by

1 the commissioner from the regional pools established pursuant to subdi-
2 vision two of this section and shall be available for purposes of physi-
3 cian loan repayment in accordance with subdivision ten of this section.
4 Notwithstanding any contrary provision of this section, sections one
5 hundred twelve and one hundred sixty-three of the state finance law, or
6 any other contrary provision of law, such funding shall be allocated
7 regionally with one-third of available funds going to New York city and
8 two-thirds of available funds going to the rest of the state and shall
9 be distributed in a manner to be determined by the commissioner without
10 a competitive bid or request for proposal process as follows:

11 (i) Funding shall first be awarded to repay loans of up to twenty-five
12 physicians who train in primary care or specialty tracks in teaching
13 general hospitals, and who enter and remain in primary care or specialty
14 practices in underserved communities, as determined by the commissioner.

15 (ii) After distributions in accordance with subparagraph (i) of this
16 paragraph, all remaining funds shall be awarded to repay loans of physi-
17 cians who enter and remain in primary care or specialty practices in
18 underserved communities, as determined by the commissioner, including
19 but not limited to physicians working in general hospitals, or other
20 health care facilities.

21 (iii) In no case shall less than fifty percent of the funds available
22 pursuant to this paragraph be distributed in accordance with subpara-
23 graphs (i) and (ii) of this paragraph to physicians identified by gener-
24 al hospitals.

25 (e) Physician practice support. Four million nine hundred thousand
26 dollars for the period January first, two thousand eight through Decem-
27 ber thirty-first, two thousand eight, four million nine hundred thousand
28 dollars annually for the period January first, two thousand nine through

1 December thirty-first, two thousand ten, one million two hundred twen-
2 ty-five thousand dollars for the period January first, two thousand
3 eleven through March thirty-first, two thousand eleven, [and] four
4 million three hundred thousand dollars each state fiscal year for the
5 period April first, two thousand eleven through March thirty-first, two
6 thousand fourteen, and within amounts appropriated each state fiscal
7 year for the period April first, two thousand fourteen through March
8 thirty-first, two thousand seventeen, shall be set aside and reserved by
9 the commissioner from the regional pools established pursuant to subdi-
10 vision two of this section and shall be available for purposes of physi-
11 cian practice support. Notwithstanding any contrary provision of this
12 section, sections one hundred twelve and one hundred sixty-three of the
13 state finance law, or any other contrary provision of law, such funding
14 shall be allocated regionally with one-third of available funds going to
15 New York city and two-thirds of available funds going to the rest of the
16 state and shall be distributed in a manner to be determined by the
17 commissioner without a competitive bid or request for proposal process
18 as follows:

19 (i) Preference in funding shall first be accorded to teaching general
20 hospitals for up to twenty-five awards, to support costs incurred by
21 physicians trained in primary or specialty tracks who thereafter estab-
22 lish or join practices in underserved communities, as determined by the
23 commissioner.

24 (ii) After distributions in accordance with subparagraph (i) of this
25 paragraph, all remaining funds shall be awarded to physicians to support
26 the cost of establishing or joining practices in underserved communi-
27 ties, as determined by the commissioner, and to hospitals and other

1 health care providers to recruit new physicians to provide services in
2 underserved communities, as determined by the commissioner.

3 (iii) In no case shall less than fifty percent of the funds available
4 pursuant to this paragraph be distributed to general hospitals in
5 accordance with subparagraphs (i) and (ii) of this paragraph.

6 (e-1) Work group. For funding available pursuant to paragraphs (d) and
7 (e) of this subdivision:

8 (i) The department shall appoint a work group from recommendations
9 made by associations representing physicians, general hospitals and
10 other health care facilities to develop a streamlined application proc-
11 ess by June first, two thousand twelve.

12 (ii) Subject to available funding, applications shall be accepted on a
13 continuous basis. The department shall provide technical assistance to
14 applicants to facilitate their completion of applications. An applicant
15 shall be notified in writing by the department within ten days of
16 receipt of an application as to whether the application is complete and
17 if the application is incomplete, what information is outstanding. The
18 department shall act on an application within thirty days of receipt of
19 a complete application.

20 (f) Study on physician workforce. Five hundred ninety thousand dollars
21 annually for the period January first, two thousand eight through Decem-
22 ber thirty-first, two thousand ten, one hundred forty-eight thousand
23 dollars for the period January first, two thousand eleven through March
24 thirty-first, two thousand eleven, [and] five hundred sixteen thousand
25 dollars each state fiscal year for the period April first, two thousand
26 eleven through March thirty-first, two thousand fourteen, and within
27 amounts appropriated each state fiscal year for the period April first,
28 two thousand fourteen through March thirty-first, two thousand seven-

1 teen, shall be set aside and reserved by the commissioner from the
2 regional pools established pursuant to subdivision two of this section
3 and shall be available to fund a study of physician workforce needs and
4 solutions including, but not limited to, an analysis of residency
5 programs and projected physician workforce and community needs. The
6 commissioner shall enter into agreements with one or more organizations
7 to conduct such study based on a request for proposal process.

8 (g) Diversity in medicine/post-baccalaureate program. Notwithstanding
9 any inconsistent provision of section one hundred twelve or one hundred
10 sixty-three of the state finance law or any other law, one million nine
11 hundred sixty thousand dollars annually for the period January first,
12 two thousand eight through December thirty-first, two thousand ten, four
13 hundred ninety thousand dollars for the period January first, two thou-
14 sand eleven through March thirty-first, two thousand eleven, [and] one
15 million seven hundred thousand dollars each state fiscal year for the
16 period April first, two thousand eleven through March thirty-first, two
17 thousand fourteen, and within amounts appropriated each state fiscal
18 year for the period April first, two thousand fourteen through March
19 thirty-first, two thousand seventeen, shall be set aside and reserved by
20 the commissioner from the regional pools established pursuant to subdi-
21 vision two of this section and shall be available for distributions to
22 the Associated Medical Schools of New York to fund its diversity program
23 including existing and new post-baccalaureate programs for minority and
24 economically disadvantaged students and encourage participation from all
25 medical schools in New York. The associated medical schools of New York
26 shall report to the commissioner on an annual basis regarding the use of
27 funds for such purpose in such form and manner as specified by the
28 commissioner.

1 (h) In the event there are undistributed funds within amounts made
2 available for distributions pursuant to this subdivision, such funds may
3 be reallocated and distributed in current or subsequent distribution
4 periods in a manner determined by the commissioner for any purpose set
5 forth in this subdivision.

6 7. Notwithstanding any inconsistent provision of section one hundred
7 twelve or one hundred sixty-three of the state finance law or any other
8 law, up to one million dollars for the period January first, two thou-
9 sand through December thirty-first, two thousand, one million six
10 hundred thousand dollars annually for the periods January first, two
11 thousand one through December thirty-first, two thousand eight, one
12 million five hundred thousand dollars annually for the periods January
13 first, two thousand nine through December thirty-first, two thousand
14 ten, three hundred seventy-five thousand dollars for the period January
15 first, two thousand eleven through March thirty-first, two thousand
16 eleven, [and] one million three hundred twenty thousand dollars each
17 state fiscal year for the period April first, two thousand eleven
18 through March thirty-first, two thousand fourteen, and within amounts
19 appropriated each state fiscal year for the period April first, two
20 thousand fourteen through March thirty-first, two thousand seventeen,
21 shall be set aside and reserved by the commissioner from the regional
22 pools established pursuant to subdivision two of this section and shall
23 be available for distributions to the New York state area health educa-
24 tion center program for the purpose of expanding community-based train-
25 ing of medical students. In addition, one million dollars annually for
26 the period January first, two thousand eight through December thirty-
27 first, two thousand ten, two hundred fifty thousand dollars for the
28 period January first, two thousand eleven through March thirty-first,

1 two thousand eleven, and eight hundred eighty thousand dollars each
2 state fiscal year for the period April first, two thousand eleven
3 through March thirty-first, two thousand fourteen, shall be set aside
4 and reserved by the commissioner from the regional pools established
5 pursuant to subdivision two of this section and shall be available for
6 distributions to the New York state area health education center program
7 for the purpose of post-secondary training of health care professionals
8 who will achieve specific program outcomes within the New York state
9 area health education center program. The New York state area health
10 education center program shall report to the commissioner on an annual
11 basis regarding the use of funds for each purpose in such form and
12 manner as specified by the commissioner.

13 § 10. Paragraph (a) of subdivision 12 of section 367-b of the social
14 services law, as amended by section 10 of part C of chapter 59 of the
15 laws of 2011, is amended to read as follows:

16 (a) For the purpose of regulating cash flow for general hospitals, the
17 department shall develop and implement a payment methodology to provide
18 for timely payments for inpatient hospital services eligible for case
19 based payments per discharge based on diagnosis-related groups provided
20 during the period January first, nineteen hundred eighty-eight through
21 March thirty-first two thousand [fourteen] seventeen, by such hospitals
22 which elect to participate in the system.

23 § 11. Section 2 of chapter 600 of the laws of 1986 amending the public
24 health law relating to the development of pilot reimbursement programs
25 for ambulatory care services, as amended by section 11 of part C of
26 chapter 59 of the laws of 2011, is amended to read as follows:

27 § 2. This act shall take effect immediately, except that this act
28 shall expire and be of no further force and effect on and after April 1,

1 [2014] 2017; provided, however, that the commissioner of health shall
2 submit a report to the governor and the legislature detailing the objec-
3 tive, impact, design and computation of any pilot reimbursement program
4 established pursuant to this act, on or before March 31, 1994 and annu-
5 ally thereafter. Such report shall include an assessment of the finan-
6 cial impact of such payment system on providers, as well as the impact
7 of such system on access to care.

8 § 12. Paragraph (i) of subdivision (b) of section 1 of chapter 520 of
9 the laws of 1978, relating to providing for a comprehensive survey of
10 health care financing, education and illness prevention and creating
11 councils for the conduct thereof, as amended by section 12 of part C of
12 chapter 59 of the laws of 2011, is amended to read as follows:

13 (i) oversight and evaluation of the inpatient financing system in
14 place for 1988 through March 31, [2014] 2017, and the appropriateness
15 and effectiveness of the bad debt and charity care financing provisions;

16 § 13. Intentionally omitted.

17 § 14. Paragraphs (1) and (m) of subdivision 1 of section 367-q of the
18 social services law, as amended by section 35 of part D of chapter 56 of
19 the laws of 2012, are amended and three new paragraphs (n), (o) and (p)
20 are added to read as follows:

21 (1) for the period April first, two thousand twelve through March
22 thirty-first, two thousand thirteen, up to twenty-eight million five
23 hundred thousand dollars; [and]

24 (m) for the period April first, two thousand thirteen through March
25 thirty-first, two thousand fourteen, up to twenty-eight million five
26 hundred thousand dollars[.];

1 (n) for the period April first, two thousand fourteen through March
2 thirty-first, two thousand fifteen, up to twenty-eight million five
3 hundred thousand dollars;

4 (o) for the period April first, two thousand fifteen through March
5 thirty-first, two thousand sixteen, up to twenty-eight million five
6 hundred thousand dollars; and

7 (p) for the period April first, two thousand sixteen through March
8 thirty-first, two thousand seventeen, up to twenty-eight million five
9 hundred thousand dollars.

10 § 15. Subdivision 6 of section 2807-t of the public health law, as
11 added by chapter 639 of the laws of 1996, is amended to read as follows:

12 6. Prospective adjustments. (a) The commissioner shall annually recon-
13 cile the sum of the actual payments made to the commissioner or the
14 commissioner's designee for each region pursuant to section twenty-eight
15 hundred seven-s of this article and pursuant to this section for the
16 prior year with the regional allocation of the gross annual statewide
17 amount specified in subdivision six of section twenty-eight hundred
18 seven-s of this article for such prior year. The difference between the
19 actual amount raised for a region and the regional allocation of the
20 specified gross annual amount for such prior year shall be applied as a
21 prospective adjustment to the regional allocation of the specified gross
22 annual payment amount for such region for the year next following the
23 calculation of the reconciliation. The authorized dollar value of the
24 adjustments shall be the same as if calculated retrospectively.

25 (b) Notwithstanding the provisions of paragraph (a) of this subdivi-
26 sion, for covered lives assessment rate periods on and after January
27 first, two thousand fifteen through December thirty-first, two thousand
28 seventeen, for amounts collected in the aggregate in excess of one

1 billion forty-five million dollars on an annual basis, prospective
2 adjustments shall be suspended if the annual reconciliation calculation
3 from the prior year would otherwise result in a decrease to the regional
4 allocation of the specified gross annual payment amount for that region,
5 provided, however, that such suspension shall be lifted upon a determi-
6 nation by the commissioner, in consultation with the director of the
7 budget, that sixty-five million dollars in aggregate collections on an
8 annual basis over and above one billion forty-five million dollars on an
9 annual basis have been reserved and set aside for deposit in the HCRA
10 resources fund for the purpose of funding the state health information
11 network of New York and the all payer claims database. Any amounts
12 collected in the aggregate at or below one billion forty-five million
13 dollars on an annual basis, shall be subject to regional adjustments
14 reconciling any decreases or increases to the regional allocation in
15 accordance with paragraph (a) of this subdivision.

16 § 16. Subdivision 4-c of section 2807-p of the public health law, as
17 amended by section 27 of part C of chapter 59 of the laws of 2011, is
18 amended to read as follows:

19 4-c. Notwithstanding any provision of law to the contrary, the commis-
20 sioner shall make additional payments for uncompensated care to volun-
21 tary non-profit diagnostic and treatment centers that are eligible for
22 distributions under subdivision four of this section in the following
23 amounts: for the period June first, two thousand six through December
24 thirty-first, two thousand six, in the amount of seven million five
25 hundred thousand dollars, for the period January first, two thousand
26 seven through December thirty-first, two thousand seven, seven million
27 five hundred thousand dollars, for the period January first, two thou-
28 sand eight through December thirty-first, two thousand eight, seven

1 million five hundred thousand dollars, for the period January first, two
2 thousand nine through December thirty-first, two thousand nine, fifteen
3 million five hundred thousand dollars, for the period January first, two
4 thousand ten through December thirty-first, two thousand ten, seven
5 million five hundred thousand dollars, for the period January first, two
6 thousand eleven through December thirty-first, two thousand eleven, seven
7 million five hundred thousand dollars, for the period January first, two
8 thousand twelve through December thirty-first, two thousand twelve,
9 seven million five hundred thousand dollars, for the period January
10 first, two thousand thirteen through December thirty-first, two thousand
11 thirteen, seven million five hundred thousand dollars, for the period
12 January first, two thousand fourteen through December thirty-first, two
13 thousand fourteen, seven million five hundred thousand dollars, for the
14 period January first, two thousand fifteen through December thirty-
15 first, two thousand fifteen, seven million five hundred thousand
16 dollars, for the period January first two thousand sixteen through
17 December thirty-first, two thousand sixteen, seven million five hundred
18 thousand dollars, and for the period January first, two thousand [four-
19 teen] seventeen through March thirty-first, two thousand [fourteen]
20 seventeen, in the amount of one million [eight hundred seventy-five] six
21 hundred thousand dollars, provided, however, that for periods on and
22 after January first, two thousand eight, such additional payments shall
23 be distributed to voluntary, non-profit diagnostic and treatment centers
24 and to public diagnostic and treatment centers in accordance with para-
25 graph (g) of subdivision four of this section. In the event that federal
26 financial participation is available for rate adjustments pursuant to
27 this section, the commissioner shall make such payments as additional
28 adjustments to rates of payment for voluntary non-profit diagnostic and

1 treatment centers that are eligible for distributions under subdivision
2 four-a of this section in the following amounts: for the period June
3 first, two thousand six through December thirty-first, two thousand six,
4 fifteen million dollars in the aggregate, and for the period January
5 first, two thousand seven through June thirtieth, two thousand seven,
6 seven million five hundred thousand dollars in the aggregate. The
7 amounts allocated pursuant to this paragraph shall be aggregated with
8 and distributed pursuant to the same methodology applicable to the
9 amounts allocated to such diagnostic and treatment centers for such
10 periods pursuant to subdivision four of this section if federal finan-
11 cial participation is not available, or pursuant to subdivision four-a
12 of this section if federal financial participation is available.
13 Notwithstanding section three hundred sixty-eight-a of the social
14 services law, there shall be no local share in a medical assistance
15 payment adjustment under this subdivision.

16 § 17. Subdivision 9 of section 2807-k of the public health law, as
17 added by chapter 639 of the laws of 1996, is amended to read as follows:

18 9. In order for a general hospital to participate in the distribution
19 of funds from the pool, the general hospital must implement minimum
20 collection policies and procedures approved by the commissioner [and
21 must be in compliance with bad debt and charity care reporting require-
22 ments established pursuant to this article].

23 § 17-a. Paragraph (d) of subdivision 16 of section 2807-c of the
24 public health law, as amended by chapter 731 of the laws of 1993, is
25 amended to read as follows:

26 (d) In order for a general hospital to participate in the distribution
27 of funds from the pools, the general hospital must implement collection
28 policies and procedures approved by the commissioner [and must be in

1 compliance with bad debt and charity care reporting requirements estab-
2 lished pursuant to this article].

3 § 18. Paragraph (a) of subdivision 1 of section 18 of chapter 266 of
4 the laws of 1986, amending the civil practice law and rules and other
5 laws relating to malpractice and professional medical conduct, as
6 amended by section 15 of part C of chapter 59 of the laws of 2011, is
7 amended to read as follows:

8 (a) The superintendent of insurance and the commissioner of health or
9 their designee shall, from funds available in the hospital excess
10 liability pool created pursuant to subdivision 5 of this section,
11 purchase a policy or policies for excess insurance coverage, as author-
12 ized by paragraph 1 of subsection (e) of section 5502 of the insurance
13 law; or from an insurer, other than an insurer described in section 5502
14 of the insurance law, duly authorized to write such coverage and actual-
15 ly writing medical malpractice insurance in this state; or shall
16 purchase equivalent excess coverage in a form previously approved by the
17 superintendent of insurance for purposes of providing equivalent excess
18 coverage in accordance with section 19 of chapter 294 of the laws of
19 1985, for medical or dental malpractice occurrences between July 1, 1986
20 and June 30, 1987, between July 1, 1987 and June 30, 1988, between July
21 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990,
22 between July 1, 1990 and June 30, 1991, between July 1, 1991 and June
23 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993
24 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July
25 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997,
26 between July 1, 1997 and June 30, 1998, between July 1, 1998 and June
27 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000
28 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July

1 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004,
2 between July 1, 2004 and June 30, 2005, between July 1, 2005 and June
3 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007
4 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July
5 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011,
6 between July 1, 2011 and June 30, 2012, between July 1, 2012 and June
7 30, 2013 [and], between July 1, 2013 and June 30, 2014, and between July
8 1, 2014 and June 30, 2015 or reimburse the hospital where the hospital
9 purchases equivalent excess coverage as defined in subparagraph (i) of
10 paragraph (a) of subdivision 1-a of this section for medical or dental
11 malpractice occurrences between July 1, 1987 and June 30, 1988, between
12 July 1, 1988 and June 30, 1989, between July 1, 1989 and June 30, 1990,
13 between July 1, 1990 and June 30, 1991, between July 1, 1991 and June
14 30, 1992, between July 1, 1992 and June 30, 1993, between July 1, 1993
15 and June 30, 1994, between July 1, 1994 and June 30, 1995, between July
16 1, 1995 and June 30, 1996, between July 1, 1996 and June 30, 1997,
17 between July 1, 1997 and June 30, 1998, between July 1, 1998 and June
18 30, 1999, between July 1, 1999 and June 30, 2000, between July 1, 2000
19 and June 30, 2001, between July 1, 2001 and June 30, 2002, between July
20 1, 2002 and June 30, 2003, between July 1, 2003 and June 30, 2004,
21 between July 1, 2004 and June 30, 2005, between July 1, 2005 and June
22 30, 2006, between July 1, 2006 and June 30, 2007, between July 1, 2007
23 and June 30, 2008, between July 1, 2008 and June 30, 2009, between July
24 1, 2009 and June 30, 2010, between July 1, 2010 and June 30, 2011,
25 between July 1, 2011 and June 30, 2012, between July 1, 2012 and June
26 30, 2013 [and], between July 1, 2013 and June 30, 2014, and between July
27 1, 2014 and June 30, 2015 for physicians or dentists certified as eligi-
28 ble for each such period or periods pursuant to subdivision 2 of this

1 section by a general hospital licensed pursuant to article 28 of the
2 public health law; provided that no single insurer shall write more than
3 fifty percent of the total excess premium for a given policy year; and
4 provided, however, that such eligible physicians or dentists must have
5 in force an individual policy, from an insurer licensed in this state of
6 primary malpractice insurance coverage in amounts of no less than one
7 million three hundred thousand dollars for each claimant and three
8 million nine hundred thousand dollars for all claimants under that poli-
9 cy during the period of such excess coverage for such occurrences or be
10 endorsed as additional insureds under a hospital professional liability
11 policy which is offered through a voluntary attending physician ("chan-
12 neling") program previously permitted by the superintendent of insurance
13 during the period of such excess coverage for such occurrences. During
14 such period, such policy for excess coverage or such equivalent excess
15 coverage shall, when combined with the physician's or dentist's primary
16 malpractice insurance coverage or coverage provided through a voluntary
17 attending physician ("channeling") program, total an aggregate level of
18 two million three hundred thousand dollars for each claimant and six
19 million nine hundred thousand dollars for all claimants from all such
20 policies with respect to occurrences in each of such years provided,
21 however, if the cost of primary malpractice insurance coverage in excess
22 of one million dollars, but below the excess medical malpractice insur-
23 ance coverage provided pursuant to this act, exceeds the rate of nine
24 percent per annum, then the required level of primary malpractice insur-
25 ance coverage in excess of one million dollars for each claimant shall
26 be in an amount of not less than the dollar amount of such coverage
27 available at nine percent per annum; the required level of such coverage
28 for all claimants under that policy shall be in an amount not less than

1 three times the dollar amount of coverage for each claimant; and excess
2 coverage, when combined with such primary malpractice insurance cover-
3 age, shall increase the aggregate level for each claimant by one million
4 dollars and three million dollars for all claimants; and provided
5 further, that, with respect to policies of primary medical malpractice
6 coverage that include occurrences between April 1, 2002 and June 30,
7 2002, such requirement that coverage be in amounts no less than one
8 million three hundred thousand dollars for each claimant and three
9 million nine hundred thousand dollars for all claimants for such occur-
10 rences shall be effective April 1, 2002.

11 § 19. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,
12 amending the civil practice law and rules and other laws relating to
13 malpractice and professional medical conduct, as amended by section 16
14 of part C of chapter 59 of the laws of 2011, is amended to read as
15 follows:

16 (3) (a) The superintendent of insurance shall determine and certify to
17 each general hospital and to the commissioner of health the cost of
18 excess malpractice insurance for medical or dental malpractice occur-
19 rences between July 1, 1986 and June 30, 1987, between July 1, 1988 and
20 June 30, 1989, between July 1, 1989 and June 30, 1990, between July 1,
21 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992, between
22 July 1, 1992 and June 30, 1993, between July 1, 1993 and June 30, 1994,
23 between July 1, 1994 and June 30, 1995, between July 1, 1995 and June
24 30, 1996, between July 1, 1996 and June 30, 1997, between July 1, 1997
25 and June 30, 1998, between July 1, 1998 and June 30, 1999, between July
26 1, 1999 and June 30, 2000, between July 1, 2000 and June 30, 2001,
27 between July 1, 2001 and June 30, 2002, between July 1, 2002 and June
28 30, 2003, between July 1, 2003 and June 30, 2004, between July 1, 2004

1 and June 30, 2005, between July 1, 2005 and June 30, 2006, between July
2 1, 2006 and June 30, 2007, between July 1, 2007 and June 30, 2008,
3 between July 1, 2008 and June 30, 2009, between July 1, 2009 and June
4 30, 2010, between July 1, 2010 and June 30, 2011, between July 1, 2011
5 and June 30, 2012, between July 1, 2012 and June 30, 2013, and between
6 July 1, 2013 and June 30, 2014, and between July 1, 2014 and June 30,
7 2015 allocable to each general hospital for physicians or dentists
8 certified as eligible for purchase of a policy for excess insurance
9 coverage by such general hospital in accordance with subdivision 2 of
10 this section, and may amend such determination and certification as
11 necessary.

12 (b) The superintendent of insurance shall determine and certify to
13 each general hospital and to the commissioner of health the cost of
14 excess malpractice insurance or equivalent excess coverage for medical
15 or dental malpractice occurrences between July 1, 1987 and June 30,
16 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989 and
17 June 30, 1990, between July 1, 1990 and June 30, 1991, between July 1,
18 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993, between
19 July 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
20 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
21 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
22 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
23 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
24 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
25 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
26 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
27 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
28 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June

1 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
2 and June 30, 2013, [and] between July 1, 2013 and June 30, 2014, and
3 between July 1, 2014 and June 30, 2015 allocable to each general hospi-
4 tal for physicians or dentists certified as eligible for purchase of a
5 policy for excess insurance coverage or equivalent excess coverage by
6 such general hospital in accordance with subdivision 2 of this section,
7 and may amend such determination and certification as necessary. The
8 superintendent of insurance shall determine and certify to each general
9 hospital and to the commissioner of health the ratable share of such
10 cost allocable to the period July 1, 1987 to December 31, 1987, to the
11 period January 1, 1988 to June 30, 1988, to the period July 1, 1988 to
12 December 31, 1988, to the period January 1, 1989 to June 30, 1989, to
13 the period July 1, 1989 to December 31, 1989, to the period January 1,
14 1990 to June 30, 1990, to the period July 1, 1990 to December 31, 1990,
15 to the period January 1, 1991 to June 30, 1991, to the period July 1,
16 1991 to December 31, 1991, to the period January 1, 1992 to June 30,
17 1992, to the period July 1, 1992 to December 31, 1992, to the period
18 January 1, 1993 to June 30, 1993, to the period July 1, 1993 to December
19 31, 1993, to the period January 1, 1994 to June 30, 1994, to the period
20 July 1, 1994 to December 31, 1994, to the period January 1, 1995 to June
21 30, 1995, to the period July 1, 1995 to December 31, 1995, to the period
22 January 1, 1996 to June 30, 1996, to the period July 1, 1996 to December
23 31, 1996, to the period January 1, 1997 to June 30, 1997, to the period
24 July 1, 1997 to December 31, 1997, to the period January 1, 1998 to June
25 30, 1998, to the period July 1, 1998 to December 31, 1998, to the period
26 January 1, 1999 to June 30, 1999, to the period July 1, 1999 to December
27 31, 1999, to the period January 1, 2000 to June 30, 2000, to the period
28 July 1, 2000 to December 31, 2000, to the period January 1, 2001 to June

1 30, 2001, to the period July 1, 2001 to June 30, 2002, to the period
2 July 1, 2002 to June 30, 2003, to the period July 1, 2003 to June 30,
3 2004, to the period July 1, 2004 to June 30, 2005, to the period July 1,
4 2005 and June 30, 2006, to the period July 1, 2006 and June 30, 2007, to
5 the period July 1, 2007 and June 30, 2008, to the period July 1, 2008
6 and June 30, 2009, to the period July 1, 2009 and June 30, 2010, to the
7 period July 1, 2010 and June 30, 2011, to the period July 1, 2011 and
8 June 30, 2012, to the period July 1, 2012 and June 30, 2013, [and] to
9 the period July 1, 2013 and June 30, 2014, and to the period July 1,
10 2014 and June 30, 2015.

11 § 20. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of
12 section 18 of chapter 266 of the laws of 1986, amending the civil prac-
13 tice law and rules and other laws relating to malpractice and profes-
14 sional medical conduct, as amended by section 17 of part C of chapter 59
15 of the laws of 2011, are amended to read as follows:

16 (a) To the extent funds available to the hospital excess liability
17 pool pursuant to subdivision 5 of this section as amended, and pursuant
18 to section 6 of part J of chapter 63 of the laws of 2001, as may from
19 time to time be amended, which amended this subdivision, are insuffi-
20 cient to meet the costs of excess insurance coverage or equivalent
21 excess coverage for coverage periods during the period July 1, 1992 to
22 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during
23 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995
24 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,
25 during the period July 1, 1997 to June 30, 1998, during the period July
26 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,
27 2000, during the period July 1, 2000 to June 30, 2001, during the period
28 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to

1 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during
2 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004
3 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,
4 during the period July 1, 2006 to June 30, 2007, during the period July
5 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,
6 2009, during the period July 1, 2009 to June 30, 2010, during the period
7 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June
8 30, 2012, during the period July 1, 2012 to June 30, 2013, [and] during
9 the period July 1, 2013 to June 30, 2014, and during the period July 1,
10 2014 to June 30, 2015 allocated or reallocated in accordance with para-
11 graph (a) of subdivision 4-a of this section to rates of payment appli-
12 cable to state governmental agencies, each physician or dentist for whom
13 a policy for excess insurance coverage or equivalent excess coverage is
14 purchased for such period shall be responsible for payment to the
15 provider of excess insurance coverage or equivalent excess coverage of
16 an allocable share of such insufficiency, based on the ratio of the
17 total cost of such coverage for such physician to the sum of the total
18 cost of such coverage for all physicians applied to such insufficiency.

19 (b) Each provider of excess insurance coverage or equivalent excess
20 coverage covering the period July 1, 1992 to June 30, 1993, or covering
21 the period July 1, 1993 to June 30, 1994, or covering the period July 1,
22 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,
23 1996, or covering the period July 1, 1996 to June 30, 1997, or covering
24 the period July 1, 1997 to June 30, 1998, or covering the period July 1,
25 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,
26 2000, or covering the period July 1, 2000 to June 30, 2001, or covering
27 the period July 1, 2001 to October 29, 2001, or covering the period
28 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to

1 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or
2 covering the period July 1, 2004 to June 30, 2005, or covering the peri-
3 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to
4 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or
5 covering the period July 1, 2008 to June 30, 2009, or covering the peri-
6 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to
7 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or
8 covering the period July 1, 2012 to June 30, 2013, or covering the peri-
9 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to
10 June 30, 2015 shall notify a covered physician or dentist by mail,
11 mailed to the address shown on the last application for excess insurance
12 coverage or equivalent excess coverage, of the amount due to such
13 provider from such physician or dentist for such coverage period deter-
14 mined in accordance with paragraph (a) of this subdivision. Such amount
15 shall be due from such physician or dentist to such provider of excess
16 insurance coverage or equivalent excess coverage in a time and manner
17 determined by the superintendent of insurance.

18 (c) If a physician or dentist liable for payment of a portion of the
19 costs of excess insurance coverage or equivalent excess coverage cover-
20 ing the period July 1, 1992 to June 30, 1993, or covering the period
21 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to
22 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or
23 covering the period July 1, 1996 to June 30, 1997, or covering the peri-
24 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to
25 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or
26 covering the period July 1, 2000 to June 30, 2001, or covering the peri-
27 od July 1, 2001 to October 29, 2001, or covering the period April 1,
28 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,

1 2003, or covering the period July 1, 2003 to June 30, 2004, or covering
2 the period July 1, 2004 to June 30, 2005, or covering the period July 1,
3 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,
4 2007, or covering the period July 1, 2007 to June 30, 2008, or covering
5 the period July 1, 2008 to June 30, 2009, or covering the period July 1,
6 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,
7 2011, or covering the period July 1, 2011 to June 30, 2012, or covering
8 the period July 1, 2012 to June 30, 2013, or covering the period July 1,
9 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,
10 2015 determined in accordance with paragraph (a) of this subdivision
11 fails, refuses or neglects to make payment to the provider of excess
12 insurance coverage or equivalent excess coverage in such time and manner
13 as determined by the superintendent of insurance pursuant to paragraph
14 (b) of this subdivision, excess insurance coverage or equivalent excess
15 coverage purchased for such physician or dentist in accordance with this
16 section for such coverage period shall be cancelled and shall be null
17 and void as of the first day on or after the commencement of a policy
18 period where the liability for payment pursuant to this subdivision has
19 not been met.

20 (d) Each provider of excess insurance coverage or equivalent excess
21 coverage shall notify the superintendent of insurance and the commis-
22 sioner of health or their designee of each physician and dentist eligi-
23 ble for purchase of a policy for excess insurance coverage or equivalent
24 excess coverage covering the period July 1, 1992 to June 30, 1993, or
25 covering the period July 1, 1993 to June 30, 1994, or covering the peri-
26 od July 1, 1994 to June 30, 1995, or covering the period July 1, 1995 to
27 June 30, 1996, or covering the period July 1, 1996 to June 30, 1997, or
28 covering the period July 1, 1997 to June 30, 1998, or covering the peri-

1 od July 1, 1998 to June 30, 1999, or covering the period July 1, 1999 to
2 June 30, 2000, or covering the period July 1, 2000 to June 30, 2001, or
3 covering the period July 1, 2001 to October 29, 2001, or covering the
4 period April 1, 2002 to June 30, 2002, or covering the period July 1,
5 2002 to June 30, 2003, or covering the period July 1, 2003 to June 30,
6 2004, or covering the period July 1, 2004 to June 30, 2005, or covering
7 the period July 1, 2005 to June 30, 2006, or covering the period July 1,
8 2006 to June 30, 2007, or covering the period July 1, 2007 to June 30,
9 2008, or covering the period July 1, 2008 to June 30, 2009, or covering
10 the period July 1, 2009 to June 30, 2010, or covering the period July 1,
11 2010 to June 30, 2011, or covering the period July 1, 2011 to June 30,
12 2012, or covering the period July 1, 2012 to June 30, 2013, or covering
13 the period July 1, 2013 to June 30, 2014, or covering the period July 1,
14 2014 to June 30, 2015 that has made payment to such provider of excess
15 insurance coverage or equivalent excess coverage in accordance with
16 paragraph (b) of this subdivision and of each physician and dentist who
17 has failed, refused or neglected to make such payment.

18 (e) A provider of excess insurance coverage or equivalent excess
19 coverage shall refund to the hospital excess liability pool any amount
20 allocable to the period July 1, 1992 to June 30, 1993, and to the period
21 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June
22 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the
23 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to
24 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to
25 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000
26 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,
27 and to the period April 1, 2002 to June 30, 2002, and to the period July
28 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,

1 2004, and to the period July 1, 2004 to June 30, 2005, and to the period
2 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June
3 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the
4 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to
5 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to
6 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012
7 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and
8 to the period July 1, 2014 to June 30, 2015 received from the hospital
9 excess liability pool for purchase of excess insurance coverage or
10 equivalent excess coverage covering the period July 1, 1992 to June 30,
11 1993, and covering the period July 1, 1993 to June 30, 1994, and cover-
12 ing the period July 1, 1994 to June 30, 1995, and covering the period
13 July 1, 1995 to June 30, 1996, and covering the period July 1, 1996 to
14 June 30, 1997, and covering the period July 1, 1997 to June 30, 1998,
15 and covering the period July 1, 1998 to June 30, 1999, and covering the
16 period July 1, 1999 to June 30, 2000, and covering the period July 1,
17 2000 to June 30, 2001, and covering the period July 1, 2001 to October
18 29, 2001, and covering the period April 1, 2002 to June 30, 2002, and
19 covering the period July 1, 2002 to June 30, 2003, and covering the
20 period July 1, 2003 to June 30, 2004, and covering the period July 1,
21 2004 to June 30, 2005, and covering the period July 1, 2005 to June 30,
22 2006, and covering the period July 1, 2006 to June 30, 2007, and cover-
23 ing the period July 1, 2007 to June 30, 2008, and covering the period
24 July 1, 2008 to June 30, 2009, and covering the period July 1, 2009 to
25 June 30, 2010, and covering the period July 1, 2010 to June 30, 2011,
26 and covering the period July 1, 2011 to June 30, 2012, and covering the
27 period July 1, 2012 to June 30, 2013, and covering the period July 1,
28 2013 to June 30, 2014, and covering the period July 1, 2014 to June 30,

1 2015 for a physician or dentist where such excess insurance coverage or
2 equivalent excess coverage is cancelled in accordance with paragraph (c)
3 of this subdivision.

4 § 21. Section 40 of chapter 266 of the laws of 1986, amending the
5 civil practice law and rules and other laws relating to malpractice and
6 professional medical conduct, as amended by section 18 of part C of
7 chapter 59 of the laws of 2011, is amended to read as follows:

8 § 40. The superintendent of insurance shall establish rates for poli-
9 cies providing coverage for physicians and surgeons medical malpractice
10 for the periods commencing July 1, 1985 and ending June 30, [2014] 2015;
11 provided, however, that notwithstanding any other provision of law, the
12 superintendent shall not establish or approve any increase in rates for
13 the period commencing July 1, 2009 and ending June 30, 2010. The super-
14 intendent shall direct insurers to establish segregated accounts for
15 premiums, payments, reserves and investment income attributable to such
16 premium periods and shall require periodic reports by the insurers
17 regarding claims and expenses attributable to such periods to monitor
18 whether such accounts will be sufficient to meet incurred claims and
19 expenses. On or after July 1, 1989, the superintendent shall impose a
20 surcharge on premiums to satisfy a projected deficiency that is attrib-
21 utable to the premium levels established pursuant to this section for
22 such periods; provided, however, that such annual surcharge shall not
23 exceed eight percent of the established rate until July 1, [2014] 2015,
24 at which time and thereafter such surcharge shall not exceed twenty-five
25 percent of the approved adequate rate, and that such annual surcharges
26 shall continue for such period of time as shall be sufficient to satisfy
27 such deficiency. The superintendent shall not impose such surcharge
28 during the period commencing July 1, 2009 and ending June 30, 2010. On

1 and after July 1, 1989, the surcharge prescribed by this section shall
2 be retained by insurers to the extent that they insured physicians and
3 surgeons during the July 1, 1985 through June 30, [2014] 2015 policy
4 periods; in the event and to the extent physicians and surgeons were
5 insured by another insurer during such periods, all or a pro rata share
6 of the surcharge, as the case may be, shall be remitted to such other
7 insurer in accordance with rules and regulations to be promulgated by
8 the superintendent. Surcharges collected from physicians and surgeons
9 who were not insured during such policy periods shall be apportioned
10 among all insurers in proportion to the premium written by each insurer
11 during such policy periods; if a physician or surgeon was insured by an
12 insurer subject to rates established by the superintendent during such
13 policy periods, and at any time thereafter a hospital, health mainte-
14 nance organization, employer or institution is responsible for respond-
15 ing in damages for liability arising out of such physician's or
16 surgeon's practice of medicine, such responsible entity shall also remit
17 to such prior insurer the equivalent amount that would then be collected
18 as a surcharge if the physician or surgeon had continued to remain
19 insured by such prior insurer. In the event any insurer that provided
20 coverage during such policy periods is in liquidation, the
21 property/casualty insurance security fund shall receive the portion of
22 surcharges to which the insurer in liquidation would have been entitled.
23 The surcharges authorized herein shall be deemed to be income earned for
24 the purposes of section 2303 of the insurance law. The superintendent,
25 in establishing adequate rates and in determining any projected defi-
26 ciency pursuant to the requirements of this section and the insurance
27 law, shall give substantial weight, determined in his discretion and
28 judgment, to the prospective anticipated effect of any regulations

1 promulgated and laws enacted and the public benefit of stabilizing
2 malpractice rates and minimizing rate level fluctuation during the peri-
3 od of time necessary for the development of more reliable statistical
4 experience as to the efficacy of such laws and regulations affecting
5 medical, dental or podiatric malpractice enacted or promulgated in 1985,
6 1986, by this act and at any other time. Notwithstanding any provision
7 of the insurance law, rates already established and to be established by
8 the superintendent pursuant to this section are deemed adequate if such
9 rates would be adequate when taken together with the maximum authorized
10 annual surcharges to be imposed for a reasonable period of time whether
11 or not any such annual surcharge has been actually imposed as of the
12 establishment of such rates.

13 § 22. Section 5 and subdivisions (a) and (e) of section 6 of part J of
14 chapter 63 of the laws of 2001, amending chapter 20 of the laws of 2001
15 amending the military law and other laws relating to making appropri-
16 ations for the support of government, as amended by section 20 of part C
17 of chapter 59 of the laws of 2011, are amended to read as follows:

18 § 5. The superintendent of insurance and the commissioner of health
19 shall determine, no later than June 15, 2002, June 15, 2003, June 15,
20 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008, June
21 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15, 2013,
22 [and] June 15, 2014, and June 15, 2015 the amount of funds available in
23 the hospital excess liability pool, created pursuant to section 18 of
24 chapter 266 of the laws of 1986, and whether such funds are sufficient
25 for purposes of purchasing excess insurance coverage for eligible
26 participating physicians and dentists during the period July 1, 2001 to
27 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June
28 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,

1 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,
2 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,
3 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,
4 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
5 2014, or July 1, 2014 to June 30, 2015, as applicable.

6 (a) This section shall be effective only upon a determination, pursu-
7 ant to section five of this act, by the superintendent of insurance and
8 the commissioner of health, and a certification of such determination to
9 the state director of the budget, the chair of the senate committee on
10 finance and the chair of the assembly committee on ways and means, that
11 the amount of funds in the hospital excess liability pool, created
12 pursuant to section 18 of chapter 266 of the laws of 1986, is insuffi-
13 cient for purposes of purchasing excess insurance coverage for eligible
14 participating physicians and dentists during the period July 1, 2001 to
15 June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1, 2003 to June
16 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005 to June 30,
17 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007 to June 30,
18 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to June 30,
19 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June 30,
20 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
21 2014, or July 1, 2014 to June 30, 2015, as applicable.

22 (e) The commissioner of health shall transfer for deposit to the
23 hospital excess liability pool created pursuant to section 18 of chapter
24 266 of the laws of 1986 such amounts as directed by the superintendent
25 of insurance for the purchase of excess liability insurance coverage for
26 eligible participating physicians and dentists for the policy year July
27 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July 1,
28 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1, 2005

1 to June 30, 2006, or July 1, 2006 to June 30, 2007, as applicable, and
2 the cost of administering the hospital excess liability pool for such
3 applicable policy year, pursuant to the program established in chapter
4 266 of the laws of 1986, as amended, no later than June 15, 2002, June
5 15, 2003, June 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007,
6 June 15, 2008, June 15, 2009, June 15, 2010, June 15, 2011, June 15,
7 2012, June 15, 2013, [and] June 15, 2014, and June 15, 2015, as applica-
8 ble.

9 § 23. Notwithstanding any law, rule or regulation to the contrary,
10 only physicians or dentists who were eligible, and for whom the super-
11 intendent of financial services and the commissioner of health, or their
12 designee, purchased, with funds available in the hospital excess liabil-
13 ity pool, a full or partial policy for excess coverage or equivalent
14 excess coverage for the coverage period ending the thirtieth of June,
15 two thousand fourteen, shall be eligible to apply for such coverage for
16 the coverage period beginning the first of July, two thousand fourteen;
17 provided, however, if the total number of physicians or dentists for
18 whom such excess coverage or equivalent excess coverage was purchased
19 for the policy year ending the thirtieth of June, two thousand fourteen
20 exceeds the total number of physicians or dentists certified as eligible
21 for the coverage period beginning the first of July, two thousand four-
22 teen, then the general hospitals may certify additional eligible physi-
23 cians or dentists in a number equal to such general hospital's propor-
24 tional share of the total number of physicians or dentists for whom
25 excess coverage or equivalent excess coverage was purchased with funds
26 available in the hospital excess liability pool as of the thirtieth of
27 June, two thousand fourteen, as applied to the difference between the
28 number of eligible physicians or dentists for whom a policy for excess

1 coverage or equivalent excess coverage was purchased for the coverage
2 period ending the thirtieth of June, two thousand fourteen and the
3 number of such eligible physicians or dentists who have applied for
4 excess coverage or equivalent excess coverage for the coverage period
5 beginning the first of July, two thousand fourteen.

6 § 24. Notwithstanding any inconsistent provision of law, rule or regu-
7 lation, for purposes of implementing the provisions of the public health
8 law and the social services law, references to titles XIX and XXI of the
9 federal social security act in the public health law and the social
10 services law shall be deemed to include and also to mean any successor
11 titles thereto under the federal social security act.

12 § 25. Notwithstanding any inconsistent provision of law, rule or regu-
13 lation, the effectiveness of the provisions of sections 2807 and 3614 of
14 the public health law, section 18 of chapter 2 of the laws of 1988, and
15 18 NYCRR 505.14(h), as they relate to time frames for notice, approval
16 or certification of rates of payment, are hereby suspended and without
17 force or effect for purposes of implementing the provisions of this act.

18 § 26. Severability clause. If any clause, sentence, paragraph, subdi-
19 vision, section or part of this act shall be adjudged by any court of
20 competent jurisdiction to be invalid, such judgment shall not affect,
21 impair or invalidate the remainder thereof, but shall be confined in its
22 operation to the clause, sentence, paragraph, subdivision, section or
23 part thereof directly involved in the controversy in which such judgment
24 shall have been rendered. It is hereby declared to be the intent of the
25 legislature that this act would have been enacted even if such invalid
26 provisions had not been included herein.

1 § 27. This act shall take effect immediately and shall be deemed to
2 have been in full force and effect on and after April 1, 2014, provided
3 that:

4 (a) any rules or regulations necessary to implement the provisions of
5 this act may be promulgated and any procedures, forms, or instructions
6 necessary for such implementation may be adopted and issued on or after
7 the date this act shall have become a law;

8 (b) this act shall not be construed to alter, change, affect, impair
9 or defeat any right, obligations, duties or interests accrued, incurred
10 or conferred prior to the effective date of this act;

11 (c) the commissioner of health and the superintendent of financial
12 services and any appropriate council may take any steps necessary to
13 implement this act prior to its effective date;

14 (d) notwithstanding any inconsistent provision of the state adminis-
15 trative procedure act or any other provision of law, rule or regulation,
16 the commissioner of health and the superintendent of financial services
17 and any appropriate council is authorized to adopt or amend or promul-
18 gate on an emergency basis any regulation he or she or such council
19 determines necessary to implement any provision of this act on its
20 effective date;

21 (e) the provisions of this act shall become effective notwithstanding
22 the failure of the commissioner of health or the superintendent of
23 financial services or any council to adopt or amend or promulgate regu-
24 lations implementing this act;

25 (f) the amendments to sections 2807-s and 2807-j of the public health
26 law made by sections three, four and five, respectively, of this act
27 shall not affect the expiration of such sections and shall expire there-
28 with;

1 (g) the amendments to paragraph (i-1) of subdivision 1 of section
2 2807-v of the public health law made by section eight of this act shall
3 not affect the repeal of such paragraph and shall be deemed repealed
4 therewith; and

5 (h) the amendments to subdivision 6 of section 2807-t of the public
6 health law made by section fifteen of this act shall not affect the
7 expiration of such section and shall be deemed to expire therewith.

8 PART C

9 Section 1. Subdivision 25 of section 364-j of the social services
10 law, as added by section 55 of part D of chapter 56 of the laws of 2012,
11 is amended to read as follows:

12 25. Effective January first, two thousand thirteen, notwithstanding
13 any provision of law to the contrary, managed care providers shall cover
14 medically necessary prescription drugs in the atypical antipsychotic
15 therapeutic class, including non-formulary drugs, upon demonstration by
16 the prescriber, after consulting with the managed care provider, that
17 such drugs, in the prescriber's reasonable professional judgment, are
18 medically necessary and warranted, except that this subdivision shall
19 not apply to any brand name drug for which a multi-source therapeutical-
20 ly and generically equivalent drug, as determined by the federal food
21 and drug administration, is available.

22 § 2. Subdivision 25-a of section 364-j of the social services law, as
23 added by section 13 of part A of chapter 56 of the laws of 2013, is
24 amended to read as follows:

25 25-a. Effective July first, two thousand thirteen, notwithstanding any
26 provision of law to the contrary, managed care providers shall cover

1 medically necessary prescription drugs in the anti-depressant, anti-re-
2 troviral, anti-rejection, seizure, epilepsy, endocrine, hematologic and
3 immunologic therapeutic classes, including non-formulary drugs, upon
4 demonstration by the prescriber, after consulting with the managed care
5 provider, that such drugs, in the prescriber's reasonable professional
6 judgment, are medically necessary and warranted, except that this subdi-
7 vision shall not apply to any brand name drug for which a multi-source
8 therapeutically and generically equivalent drug, as determined by the
9 federal food and drug administration, is available.

10 § 3. Paragraph (b) of subdivision 3 of section 273 of the public
11 health law, as added by section 10 of part C of chapter 58 of the laws
12 of 2005, is amended to read as follows:

13 (b) In the event that the patient does not meet the criteria in para-
14 graph (a) of this subdivision, the prescriber may provide additional
15 information to the program to justify the use of a prescription drug
16 that is not on the preferred drug list. The program shall provide a
17 reasonable opportunity for a prescriber to reasonably present his or her
18 justification of prior authorization. If, after consultation with the
19 program, the prescriber, in his or her reasonable professional judgment,
20 determines that the use of a prescription drug that is not on the
21 preferred drug list is warranted, the prescriber's determination shall
22 be final except that, with respect to any brand name drug for which a
23 multi-source therapeutically and generically equivalent drug, as deter-
24 mined by the federal food and drug administration, is available, the
25 program will consider the additional information and the justification
26 presented to determine whether the use of such brand name drug that is
27 not on the preferred drug list is warranted.

1 § 4. Section 274 of the public health law is amended by adding a new
2 subdivision 15 to read as follows:

3 15. Notwithstanding any inconsistent provision of this section, the
4 commissioner may require prior authorization for any drug after evaluat-
5 ing the factors set forth in subdivision three of this section and prior
6 to obtaining the board's evaluation and recommendation required by
7 subdivision four of this section. The board may recommend to the commis-
8 sioner, pursuant to subdivision six of this section, that any such prior
9 authorization requirement be modified, continued or removed.

10 § 5. Paragraph (g-1) of subdivision 2 of section 365-a of the social
11 services law, as amended by section 23 of part H of chapter 59 of the
12 laws of 2011, is amended to read as follows:

13 (g-1) drugs provided on an in-patient basis, those drugs contained on
14 the list established by regulation of the commissioner of health pursu-
15 ant to subdivision four of this section, and those drugs which may not
16 be dispensed without a prescription as required by section sixty-eight
17 hundred ten of the education law and which the commissioner of health
18 shall determine to be reimbursable based upon such factors as the avail-
19 ability of such drugs or alternatives at low cost if purchased by a
20 medicaid recipient, or the essential nature of such drugs as described
21 by such commissioner in regulations, provided, however, that such drugs,
22 exclusive of long-term maintenance drugs, shall be dispensed in quanti-
23 ties no greater than a thirty day supply or one hundred doses, whichever
24 is greater; provided further that the commissioner of health is author-
25 ized to require prior authorization for any refill of a prescription
26 when [less than seventy-five percent of the previously dispensed amount
27 per fill should have been used] more than a six day supply of the previ-
28 ously dispensed amount should remain were the product used as normally

1 indicated; provided further that the commissioner of health is author-
2 ized to require prior authorization of prescriptions of opioid analges-
3 ics in excess of four prescriptions in a thirty-day period in accordance
4 with section two hundred seventy-three of the public health law; medical
5 assistance shall not include any drug provided on other than an in-pa-
6 tient basis for which a recipient is charged or a claim is made in the
7 case of a prescription drug, in excess of the maximum reimbursable
8 amounts to be established by department regulations in accordance with
9 standards established by the secretary of the United States department
10 of health and human services, or, in the case of a drug not requiring a
11 prescription, in excess of the maximum reimbursable amount established
12 by the commissioner of health pursuant to paragraph (a) of subdivision
13 four of this section;

14 § 6. Paragraph (i) of subdivision 9 of section 367-a of the social
15 services law is REPEALED.

16 § 7. Subdivision 11 of section 272 of the public health law is amended
17 by adding a new paragraph (a-1) to read as follows:

18 (a-1) The commissioner may require a pharmaceutical manufacturer to
19 provide a minimum supplemental rebate for drugs that are eligible for
20 state public health plan reimbursement, including such drugs as set
21 forth in paragraph (g-1) of subdivision two of section three hundred
22 sixty-five-a of the social services law. If such a minimum supplemental
23 rebate is not provided by the manufacturer, prior authorization may be
24 required by the commissioner.

25 § 8. Subdivision 4 of section 365-a of the social services law is
26 amended by adding a new paragraph (a-3) to read as follows:

27 (a-3) drugs that may not be dispensed without a prescription that are
28 prescribed for any indication other than a medically accepted indi-

1 cation, as defined by federal law. The commissioner of health, a managed
2 care provider operating pursuant to section three hundred sixty-four-j
3 of this title, or both, may require prior authorization for any covered
4 outpatient drug to determine whether such drug has been prescribed for a
5 medically accepted indication as defined by federal law, and may deny
6 prior authorization if, after giving the prescriber a reasonable oppor-
7 tunity to present a justification, it is determined that the drug has
8 been prescribed for other than a medically accepted indication, as
9 defined by federal law;

10 § 9. Subparagraph (iii) of paragraph (c) of subdivision 6 of section
11 367-a of the social services law, as amended by section 47 of part C of
12 chapter 58 of the laws of 2009, is amended to read as follows:

13 (iii) Notwithstanding any other provision of this paragraph, co-
14 payments charged for each generic prescription drug dispensed shall be
15 one dollar and for each brand name prescription drug dispensed shall be
16 three dollars; provided, however, that the co-payments charged for each
17 brand name prescription drug on the preferred drug list established
18 pursuant to section two hundred seventy-two of the public health law or,
19 for managed care providers operating pursuant to section three hundred
20 sixty-four-j of this title, for each brand name prescription drug on a
21 managed care provider's formulary that such provider has designated as a
22 preferred drug, and the co-payments charged for each brand name
23 prescription drug reimbursed pursuant to subparagraph (ii) of paragraph
24 (a-1) of subdivision four of section three hundred sixty-five-a of this
25 title shall be one dollar.

26 § 10. Notwithstanding any inconsistent provision of law to the contra-
27 ry, funds shall be made available to the commissioner of the office of
28 mental health or the commissioner of the office of alcoholism and

1 substance abuse services, in consultation with the commissioner of
2 health and approved by the director of the budget, and consistent with
3 appropriations made therefor, to implement allocation plans developed by
4 such commissioners which shall describe mental health or substance use
5 disorder services that are designed to meet service needs resulting from
6 the reduction of inpatient behavioral health services provided under the
7 Medicaid program by programs licensed pursuant to article 31 or 32 of
8 the mental hygiene law. Such programs may include programs that are
9 licensed pursuant to both article 31 of the mental hygiene law and arti-
10 cle 28 of the public health law, or certified under both article 32 of
11 the mental hygiene law and article 28 of the public health law.

12 § 11. Section 365-m of the social services law is amended by adding a
13 new subdivision 5 to read as follows:

14 5. The department of health is authorized to reinvest funds allocated
15 for behavioral health services, which are general fund savings directly
16 related to savings realized through the transition of populations
17 covered by this section from the applicable Medicaid fee-for-service
18 system to a managed care model, for the purpose of increasing investment
19 in community based behavioral health services, including residential
20 services certified by the office of alcoholism and substance abuse
21 services. Such program shall be known as the "community based behav-
22 ioral health services reinvestment program". The amount of community
23 based behavioral health services reinvestment funds for the department
24 shall be subject to annual appropriation. The methodologies used to
25 calculate the savings shall be developed by the commissioner of health
26 and the director of the budget in consultation with the commissioners of
27 the office of mental health and the office of alcoholism and substance
28 abuse services. In no event shall the full annual value of the community

1 based behavioral health services reinvestment program savings attribut-
2 able to the transition to managed care exceed the twelve month value of
3 the department of health general fund reductions resulting from such
4 transition. Within any fiscal year where appropriation increases are
5 recommended for the community based behavioral health services reinvest-
6 ment program, insofar as managed care transition savings do not occur as
7 estimated, and general fund savings do not result, then spending for the
8 community based behavioral health services reinvestment program may be
9 reduced in the next year's annual budget itemization. The commissioner
10 of health shall promulgate regulations, and may promulgate emergency
11 regulations to effectuate this subdivision.

12 § 12. Notwithstanding any law, rule, or regulation to the contrary,
13 the commissioner of the department of health, in consultation with the
14 commissioner of the office of mental health, is authorized to establish
15 an evidenced-based, collaborative care clinical delivery model in clin-
16 ics licensed under article 28 of the public health law, for the purpose
17 of improving the detection of depression and other diagnosed mental or
18 substance use disorders and the treatment of individuals with such
19 conditions in an integrated manner. Such commissioners shall be author-
20 ized to develop criteria for the designation of clinics to be providers
21 of collaborative care services. At a minimum, such designated clinics
22 shall provide screening for depression, medical diagnosis of patients
23 who screen positive, evidence-based depression care, ongoing tracking of
24 patient progress, care management, and a designated psychiatric practi-
25 tioner who consults with the care manager and primary care physician.
26 The rates of payment and billing rules for this service will be devel-
27 oped by the commissioner of the department of health, in consultation
28 with the commissioner of the office of mental health, and with the

1 approval of the director of the budget. Such commissioners are author-
2 ized to waive any regulatory requirements as may be necessary to allow
3 this service to function in a rational, effective and efficient manner.

4 § 12-a. Paragraph (c) of subdivision 2 of section 365-a of the social
5 services law, as amended by section 24 of Part A of chapter 56 of the
6 laws of 2013, is amended to read as follows:

7 (c) out-patient hospital or clinic services in facilities operated in
8 compliance with applicable provisions of this chapter, the public health
9 law, the mental hygiene law and other laws, including any provisions
10 thereof requiring an operating certificate or license, including facili-
11 ties authorized by the appropriate licensing authority to provide inte-
12 grated mental health services, and/or alcoholism and substance abuse
13 services, and/or physical health services, and/or services to persons
14 with developmental disabilities, when such services are provided at a
15 single location or service site, or where such facilities are not
16 conveniently accessible, in any hospital located without the state and
17 care and services in a day treatment program operated by the department
18 of mental hygiene or by a voluntary agency under an agreement with such
19 department in that part of a public institution operated and approved
20 pursuant to law as an intermediate care facility for persons with devel-
21 opmental disabilities; and provided, that the commissioners of health,
22 mental health, alcoholism and substance abuse services and the office
23 for people with developmental disabilities shall have the authority to
24 issue regulations, including emergency regulations, to effectuate the
25 provisions of this paragraph;

26 § 13. Section 48-a of part A of chapter 56 of the laws of 2013 amend-
27 ing chapter 59 of the laws of 2011 amending the public health law and
28 other laws relating to general hospital reimbursement for annual rates

1 relating to the cap on local Medicaid expenditures, is amended to read
2 as follows:

3 § 48-a. Notwithstanding any contrary provision of law, the [commis-
4 sioner] commissioners of the office of alcoholism and substance abuse
5 services [is] and office of mental health are authorized, subject to the
6 approval of the director of the budget, to transfer to the commissioner
7 of health state funds to be utilized as the state share for the purpose
8 of increasing payments under the medicaid program to managed care organ-
9 izations licensed under article 44 of the public health law or under
10 article 43 of the insurance law. Such managed care organizations shall
11 utilize such funds for the purpose of reimbursing [hospital-based and
12 free-standing chemical dependence outpatient and opioid treatment clin-
13 ics] providers licensed pursuant to article 28 of the public health law
14 or article 31 or 32 of the mental hygiene law for [chemical dependency]
15 ambulatory behavioral health services, as determined by the commissioner
16 of health, in consultation with the commissioner of alcoholism and
17 substance abuse services and the commissioner of the office of mental
18 health, provided to medicaid eligible outpatients. Such reimbursement
19 shall be in the form of fees for such services which are equivalent to
20 the payments established for such services under the ambulatory patient
21 group (APG) rate-setting methodology as utilized by the department of
22 health [or by], the office of alcoholism and substance abuse services,
23 or the office of mental health for rate-setting purposes; provided,
24 however, that the increase to such fees that shall result from the
25 provisions of this section shall not, in the aggregate and as determined
26 by the commissioner of health, in consultation with the commissioner of
27 alcoholism and substance abuse services and the commissioner of the
28 office of mental health, be greater than the increased funds made avail-

1 able pursuant to this section. The increase of such ambulatory behav-
2 ioral health fees to providers available under this section shall be for
3 all rate periods on and after the effective date of the amendments made
4 to this section by this chapter of the laws of 2014 through December 31,
5 2016 for patients in the city of New York, for all rate periods on and
6 after the effective date of the amendments made to this section by this
7 chapter of the laws of 2014 through June 30, 2017 for patients outside
8 the city of New York, and for all rate periods on and after the effec-
9 tive date of the amendments made to this section by this chapter of the
10 laws of 2014 through December 31, 2017 for all services provided to
11 persons under the age of twenty-one; provided, however, that managed
12 care organizations and providers may negotiate different rates and meth-
13 ods of payment during such periods described above, subject to the
14 approval of the department of health. The department of health shall
15 consult with the office of alcoholism and substance abuse services and
16 the office of mental health in determining whether such alternative
17 rates shall be approved. The commissioner of health may, in consultation
18 with the commissioner of alcoholism and substance abuse services and the
19 commissioner of the office of mental health, promulgate regulations,
20 including emergency regulations, as are necessary to implement the
21 provisions of this section.

22 § 14. Subdivision 8 of section 84 of part A of chapter 56 of the laws
23 of 2013, amending chapter 59 of the laws of 2011 amending the public
24 health law and other laws relating to general hospital reimbursement for
25 annual rates relating to the cap on local Medicaid expenditures, is
26 amended to read as follows:

27 8. section forty-eight-a of this act shall expire and be deemed
28 repealed [March 31, 2016] January 1, 2018;

1 § 15. Section 1 of part H of chapter 111 of the laws of 2010 relating
2 to increasing Medicaid payments to providers through managed care organ-
3 izations and providing equivalent fees through an ambulatory patient
4 group methodology, is amended to read as follows:

5 Section 1. Notwithstanding any contrary provision of law, the
6 [commissioner] commissioners of mental health [is] and alcoholism and
7 substance abuse services are authorized, subject to the approval of the
8 director of the budget, to transfer to the commissioner of health state
9 funds to be utilized as the state share for the purpose of increasing
10 payments under the medicaid program to managed care organizations
11 licensed under article 44 of the public health law or under article 43
12 of the insurance law. Such managed care organizations shall utilize such
13 funds for the purpose of reimbursing [hospital-based and free-standing
14 clinics] providers licensed pursuant to article 28 of the public health
15 law, or pursuant to article 31 or article 32 of the mental hygiene law
16 [or pursuant to both such provisions of law for outpatient mental health
17 services] for ambulatory behavioral health services, as determined by
18 the commissioner of health in consultation with the commissioner of
19 mental health and commissioner of alcoholism and substance abuse
20 services, provided to medicaid eligible outpatients. Such reimbursement
21 shall be in the form of fees for such services which are equivalent to
22 the payments established for such services under the ambulatory patient
23 group (APG) rate-setting methodology as utilized by the department of
24 health or by the office of mental health or office of alcoholism and
25 substance abuse services for rate-setting purposes; provided, however,
26 that the increase to such fees that shall result from the provisions of
27 this section shall not, in the aggregate and as determined by the
28 commissioner of health in consultation with the [commissioner] commis-

1 sioners of mental health and alcoholism and substance abuse services, be
2 greater than the increased funds made available pursuant to this
3 section. The increase of such behavioral health fees to providers
4 available under this section shall be for all rate periods on and after
5 the effective date of this section through December thirty-first, two
6 thousand sixteen for patients in the city of New York, for all rate
7 periods on and after the effective date of this section through June
8 thirtieth, two thousand seventeen for patients outside the city of New
9 York, and for all rate periods on and after the effective date of this
10 section through December thirty-first, two thousand seventeen for all
11 services provided to persons under the age of twenty-one; provided,
12 however, that managed care organizations and providers may negotiate
13 different rates and methods of payment during such periods described,
14 subject to the approval of the department of health. The department of
15 health shall consult with the office of alcoholism and substance abuse
16 services and the office of mental health in determining whether such
17 alternative rates shall be approved. The commissioner of health may, in
18 consultation with the [commissioner] commissioners of mental health and
19 alcoholism and substance abuse services, promulgate regulations, includ-
20 ing emergency regulations, as are necessary to implement the provisions
21 of this section.

22 § 16. Section 2 of part H of chapter 111 of the laws of 2010, relating
23 to increasing Medicaid payments to providers through managed care organ-
24 izations and providing equivalent fees through an ambulatory patient
25 group methodology, as amended by section 49 of part A of chapter 56 of
26 the laws of 2013, is amended to read as follows:

1 § 2. This act shall take effect immediately and shall be deemed to
2 have been in full force and effect on and after April 1, 2010, and shall
3 expire on [March 31, 2016] January 1, 2018.

4 § 17. Notwithstanding sections 112 and 163 of the state finance law
5 and any other inconsistent provision of law and subject to the avail-
6 ability of federal financial participation, the commissioner of health
7 is authorized, within amounts appropriated, to distribute funds to local
8 governmental units, as defined in section 41.03 of the mental hygiene
9 law, to Medicaid managed care plans certified by the department of
10 health, health homes designated by such department, and individual
11 behavioral health providers and consortiums of such providers licensed
12 or certified by the office of mental health or the office of alcoholism
13 and substance abuse services to prepare for the transition of adult and
14 children's behavioral health providers and services into managed care.
15 The use of such funds may include, but not be limited to, infrastructure
16 and organizational modifications and investments in health information
17 technology and training and technical assistance. Such funds shall be
18 distributed pursuant to a plan to be developed by the commissioner of
19 health, in consultation with the commissioners of the office of mental
20 health and the office of alcoholism and substance abuse services. In
21 developing such plan, such commissioners may take into account the size
22 and scope of a grantee's operations as a factor relevant to eligibility
23 for, and the amount of, such funds. The commissioner of health is
24 authorized to audit recipients of funds under this section to ensure
25 compliance and to recoup any funds determined to have been used for
26 purposes other than as described herein or otherwise approved by such
27 commissioners.

1 § 18. Paragraph (a) of subdivision 3 of section 366 of the social
2 services law is REPEALED and a new paragraph (a) is added to read as
3 follows:

4 (a) Medical assistance shall be furnished without consideration of the
5 income and resources of an applicant's legally responsible relative if
6 the applicant's eligibility would normally be determined by comparing
7 the amount of available income and/or resources of the applicant,
8 including amounts deemed available to the applicant from legally respon-
9 sible relatives, to an applicable eligibility standard, and:

10 (1) (i) the legally responsible relative is a community spouse, as
11 defined in section three hundred sixty-six-c of this title;

12 (ii) such relative is refusing to make his or her income and/or
13 resources available to meet the cost of necessary medical care,
14 services, and supplies; and

15 (iii) the applicant executes an assignment of support from the commu-
16 nity spouse in favor of the social services district and the department,
17 unless the applicant is unable to execute such assignment due to phys-
18 ical or mental impairment or to deny assistance would create an undue
19 hardship, as defined by the commissioner; or

20 (2) the legally responsible relative is absent from the applicant's
21 household, and fails or refuses to make his or her income and/or
22 resources available to meet the cost of necessary medical care,
23 services, and supplies.

24 In such cases, however, the furnishing of such assistance shall create
25 an implied contract with such relative, and the cost thereof may be
26 recovered from such relative in accordance with title six of article
27 three of this chapter and other applicable provisions of law.

1 § 19. Paragraph (i) of subdivision 38 of section 2 of the social
2 services law, as added by section 63 of part H of chapter 59 of the laws
3 of 2011, is amended to read as follows:

4 (i) "Participating provider" means a certified home health agency,
5 long term home health agency or personal care provider with total medi-
6 caid reimbursements, including reimbursements through the managed care
7 program established pursuant to section three hundred sixty-four-j of
8 this chapter, exceeding fifteen million dollars per calendar year.

9 § 20. The opening paragraph of section 363-e of the social services
10 law, as added by section 64 of part H of chapter 59 of the laws of 2011,
11 is amended to read as follows:

12 The department of health and the office of the Medicaid inspector
13 general shall jointly develop requirements for preclaim review. Every
14 service or item within a claim or encounter submitted by a participating
15 provider shall be reviewed and verified by a verification organization
16 prior to submission of a claim or encounter to the department of health
17 or to a managed care provider as defined in paragraph (b) of subdivision
18 one of section three hundred sixty-four-j of this title. The verifica-
19 tion organization shall declare each service or item to be verified or
20 unverified. Each participating provider shall receive and maintain
21 reports from the verification organization which shall contain data on:

22 § 21. The opening paragraph of subdivision 1 of section 20-c of the
23 social services law, as added by section 151 of part B of chapter 436 of
24 the laws of 1997, is amended to read as follows:

25 (a) Except as otherwise specified in the appropriation for system
26 support and information services program in the office of temporary
27 disability assistance within the department of family assistance, or as
28 authorized by subdivision two of section twenty-two of this article, the

1 department shall not enter into any contract with a private entity under
2 which that entity would perform any of the public assistance and care
3 eligibility determination functions, duties or obligations of the
4 department as set forth in this chapter.

5 § 22. Subdivision 2 of section 22 of the social services law, as added
6 by chapter 473 of the laws of 1978, is amended to read as follows:

7 2. In connection with any appeal pursuant to this section, with or
8 without a fair hearing, the commissioner may designate and authorize one
9 or more appropriate members of his or her staff to consider and decide
10 such appeals. Any staff member so designated and authorized shall have
11 authority to decide such appeals on behalf of the commissioner with the
12 same force and effect as if the commissioner had made the decisions.
13 Fair hearings held in connection with such appeals shall be held on
14 behalf of the commissioner by [members of his staff] individuals who are
15 employed or contracted for such purposes or who have been designated and
16 authorized by him or her therefor. The provisions of this subdivision
17 shall apply to fair hearings conducted pursuant to subdivision eight of
18 section four hundred twenty-two of this chapter, and to any hearing
19 required pursuant to this chapter concerning the denial, suspension or
20 revocation of any permit, certificate or license, and to any hearing
21 held pursuant to section four hundred fifty-five of this chapter.

22 § 23. Subdivision 2-c of section 2808 of the public health law is
23 amended by adding a new paragraph (e) to read as follows:

24 (e) With the exception of those enrollees covered under a payment rate
25 methodology agreement negotiated with a residential health care facili-
26 ty, payments for inpatient residential health care facility services
27 provided to patients eligible for medical assistance pursuant to title
28 eleven of article five of the social services law made by organizations

operating in accordance with the provisions of article forty-four of this chapter or by health maintenance organizations organized and operating in accordance with article forty-three of the insurance law, shall be the rates of payment that would be paid for such patients under the medical assistance program as determined pursuant to this subdivision and as in effect at the time such services were provided. The provisions of this paragraph shall not apply to payments for patients whose placement in a residential health care facility is for the purpose of receiving time-limited rehabilitation services, to be followed by discharge from the facility.

§ 24. Subdivision 2-c of section 2808 of the public health law is amended by adding a new paragraph (f) to read as follows:

(f) Notwithstanding any inconsistent provision of this section or any other contrary provision of law and subject to the availability of federal financial participation, adjustments to Medicaid rates of payment based on changes to a facility's case mix index shall not reflect any change in such case mix index in excess of two percent for any six month period prior to periods beginning January first, two thousand sixteen, or such earlier date as the commissioner may determine.

§ 25. Section 3605 of the public health law is amended by adding a new subdivision 14 to read as follows:

14. Notwithstanding any contrary provision of law and subject to the availability of federal financial participation, for periods on and after April first, two thousand fourteen, the commissioner is authorized to make temporary periodic lump-sum Medicaid payments to licensed home care service agencies ("LHCSA") principally engaged in providing home health services to Medicaid patients, in accordance with the following:

(a) Eligible LHCSA providers shall include:

1 (i) providers undergoing closure;

2 (ii) providers impacted by the closure of other health care providers;

3 (iii) providers subject to mergers, acquisitions, consolidations or
4 restructuring;

5 (iv) providers impacted by the merger, acquisition, consolidation or
6 restructuring of other health care providers; or

7 (v) providers seeking to ensure that access to care is maintained.

8 (b) Providers seeking Medicaid payments under this subdivision shall
9 demonstrate through submission of a written proposal to the commissioner
10 that the additional resources provided by such Medicaid payments will
11 achieve one or more of the following:

12 (i) protect or enhance access to care;

13 (ii) protect or enhance quality of care;

14 (iii) improve the cost effectiveness of the delivery of health care
15 services; or

16 (iv) otherwise protect or enhance the health care delivery system, as
17 determined by the commissioner.

18 (c) (i) Such written proposal shall be submitted to the commissioner
19 at least sixty days prior to the requested commencement of such Medicaid
20 payments and shall include a proposed budget to achieve the goals of the
21 proposal. Any Medicaid payments issued pursuant to this subdivision
22 shall be made over a specified period of time, as determined by the
23 commissioner, of up to three years. At the end of the specified time-
24 frame such payments shall cease. The commissioner may establish, as a
25 condition of receiving such Medicaid payments, benchmarks and goals to
26 be achieved in conformity with the provider's written proposal as
27 approved by the commissioner and may also require that the provider
28 submit such periodic reports concerning the achievement of such bench-

1 marks and goals as the commissioner deems necessary. Failure to achieve
2 satisfactory progress, as determined by the commissioner, in accomplish-
3 ing such benchmarks and goals shall be a basis for ending the provider's
4 Medicaid payments prior to the end of the specified timeframe.

5 (ii) The commissioner may require that applications submitted pursuant
6 to this subdivision be submitted in response to and in accordance with a
7 Request For Applications or a Request For Proposals issued by the
8 commissioner.

9 § 26. Section 3614 of the public health law is amended by adding a new
10 subdivision 14 to read as follows:

11 14. (a) Notwithstanding any contrary provision of law and subject to
12 the availability of federal financial participation, for periods on and
13 after March first, two thousand fourteen the commissioner shall adjust
14 Medicaid rates of payment for services provided by certified home health
15 agencies to address cost increases stemming from the wage increases
16 required by implementation of the provisions of section thirty-six
17 hundred fourteen-c of this article. Such rate adjustments shall be based
18 on a comparison, as determined by the commissioner, of the hourly
19 compensation levels for home health aides and personal care aides as
20 reflected in the existing Medicaid rates for certified home health agen-
21 cies to the hourly compensation levels incurred as a result of complying
22 with the provisions of section thirty-six hundred fourteen-c of this
23 article.

24 (b) Notwithstanding any contrary provision of law and subject to the
25 availability of federal financial participation, for periods on and
26 after March first, two thousand fourteen the commissioner shall adjust
27 Medicaid rates of payment for services provided by long term home health
28 care programs to address cost increases stemming from the wage increases

1 required by implementation of the provisions of section thirty-six
2 hundred fourteen-c of this article. Such rate adjustments shall be based
3 on a comparison, as determined by the commissioner, of the hourly
4 compensation levels for home health aides and personal care aides as
5 reflected in the existing Medicaid rates for long term home health care
6 programs to the hourly compensation levels incurred as a result of
7 complying with the provisions of section thirty-six hundred fourteen-c
8 of this article.

9 § 26-a. Section 4406-c of the public health law is amended by adding a
10 new subdivision 9 to read as follows:

11 9. (a) Notwithstanding any inconsistent provision of law, contracts
12 with nursing homes shall require that standard rates of compensation be
13 paid to employees who provide inpatient nursing home services, including
14 nurses, nursing aides, orderlies, attendants, therapists and, in addi-
15 tion, to any other occupations determined by the commissioner, in
16 consultation with the commissioner of labor, to provide inpatient nurs-
17 ing home services.

18 (b) Such standard rates of compensation shall include a basic hourly
19 cash rate of pay and a supplemental benefit rate, which may be paid or
20 provided; such rates shall be annually determined by the commissioner of
21 labor, in consultation with the commissioner, utilizing wage and fringe
22 benefit data from various sources, including but not limited to data and
23 determinations of federal, state or other governmental agencies.

24 (c) The commissioner shall distribute notice of such rates to all such
25 nursing homes, which shall be deemed to be a term of, and included as
26 part of, all contracts subject to this section.

27 (d) A failure to comply with these provisions of this subdivision or
28 with regulations promulgated thereunder shall subject non-compliant

employers to the sanctions and enforcement processes set forth in the labor law and regulations for a failure to pay wages or to pay or provide supplements, in addition to any penalties available under this title.

(e) In the event the commissioner determines, in consultation with the commissioner of labor, that a nursing home is materially out of compliance with the provisions of this subdivision the commissioner shall require that such nursing home not accept new admissions pending remediation of such non-compliance, provided, however, that the commissioner may waive such action if the commissioner determines that continued admissions to such nursing home is required to maintain sufficient access to nursing homes services in the relevant geographic area.

(f) This subdivision shall apply to contracts with nursing homes that are subject to review by the department under this article that are issued, renewed, modified, altered or amended on or after October first, two thousand fourteen.

(g) The commissioner and the commissioner of labor may each promulgate regulations, in consultation with each other, to implement the provisions of this subdivision.

§ 27. Subdivisions 9 and 10 of section 3614 of the public health law are REPEALED and subdivisions 11, 12 and 13 are renumbered subdivisions 9, 10 and 11.

§ 28. Subdivision 35 of section 2807-c of the public health law is amended by adding a new paragraph (j) to read as follows:

(j) Notwithstanding any contrary provision of law, with regard to inpatient and outpatient Medicaid rates of payment for general hospital services, the commissioner may make such adjustments to such rates and to the methodology for computing such rates as is necessary to achieve

1 no aggregate, net growth in overall Medicaid expenditures related to the
2 implementation of the International Classification of Diseases Version
3 10 (ICD-10) coding system on or about October first, two thousand four-
4 teen, as compared to such aggregate expenditures from the period imme-
5 diately prior to such implementation.

6 § 29. Subparagraph (i) of paragraph (e-1) of subdivision 4 of section
7 2807-c of the public health law, as amended by section 41 of part B of
8 chapter 58 of the laws of 2010, is amended to read as follows:

9 (i) For rate periods on and after April first, two thousand ten, the
10 commissioner, in consultation with the commissioner of the office of
11 mental health, shall promulgate regulations, and may promulgate emergen-
12 cy regulations, establishing methodologies for determining the operating
13 cost components of rates of payments for services described in this
14 paragraph. Such regulations shall utilize two thousand five operating
15 costs as submitted to the department prior to July first, two thousand
16 nine and shall provide for methodologies establishing per diem inpatient
17 rates that utilize case mix adjustment mechanisms. Such regulations
18 shall contain criteria for adjustments based on length of stay and may
19 also provide for periodic base year updates, provided, however, that the
20 first such base year update shall take effect no later than January
21 first, two thousand fifteen, and provided further, however, that the
22 commissioner may make such adjustments to such utilization and to the
23 methodology for computing such rates as is necessary to achieve no
24 aggregate, net growth in overall Medicaid expenditures related to such
25 rates, as compared to such aggregate expenditures from the prior year.
26 In determining the updated base years to be utilized pursuant to this
27 subparagraph, the commissioner shall take into account the base years

1 determined in accordance with paragraph (c) of subdivision thirty-five
2 of this section.

3 § 30. Subparagraph (vii) of paragraph (e-2) of subdivision 4 of
4 section 2807-c of the public health law, as added by section 13 of part
5 C of chapter 58 of the laws of 2009, is amended to read as follows:

6 (vii) The commissioner may promulgate regulations, including emergency
7 regulations, implementing the provisions of this paragraph, and,
8 further, such regulations may provide for the periodic updating of the
9 base year costs and statistics used to compute such rates, provided,
10 however, that the first such base year update shall take effect no later
11 than January first, two thousand fifteen, and provided further, however,
12 that the commissioner may make such adjustments to such utilization and
13 to the methodology for computing such rates as is necessary to achieve
14 no aggregate, net growth in overall Medicaid expenditures related to
15 such rates, as compared to such aggregate expenditures from the prior
16 year. In determining the updated base years to be utilized pursuant to
17 this subparagraph, the commissioner shall take into account the base
18 years determined in accordance with paragraph (c) of subdivision thir-
19 ty-five of this section.

20 § 31. Paragraph (1) of subdivision 4 of section 2807-c of the public
21 health law is amended by adding a new subparagraph (v) to read as
22 follows:

23 (v) the commissioner may promulgate regulations, including emergency
24 regulations, providing for the periodic updating of the base year costs
25 and statistics used to compute rates of payment pursuant to this para-
26 graph, provided, however, that the first such base year update shall
27 take effect no later than January first, two thousand fifteen, and
28 provided further, however, that the commissioner may make such adjust-

1 ments to such utilization and to the methodology for computing such
2 rates as is necessary to achieve no aggregate, net growth in overall
3 Medicaid expenditures related to such rates, as compared to such aggre-
4 gate expenditures from the prior year. In determining the updated base
5 years to be utilized pursuant to this subparagraph, the commissioner
6 shall take into account the base years determined in accordance with
7 paragraph (c) of subdivision thirty-five of this section.

8 § 32. Paragraph (c) of subdivision 35 of section 2807-c of the public
9 health law, as amended by section 26 of part A of chapter 56 of the laws
10 of 2013, is amended to read as follows:

11 (c) The base period reported costs and statistics used for rate-set-
12 ting for operating cost components, including the weights assigned to
13 diagnostic related groups, shall be updated no less frequently than
14 every four years and the new base period shall be no more than four
15 years prior to the first applicable rate period that utilizes such new
16 base period provided, however, that the first updated base period shall
17 begin on [January] or after April first, two thousand fourteen, but no
18 later than July first, two thousand fourteen.

19 § 33. Subdivision 1 of section 92 of part H of chapter 59 of the laws
20 of 2011, amending the public health law and other laws relating to known
21 and projected department of health state fund medicaid expenditures, as
22 amended by section 3 of part A of chapter 56 of the laws of 2013, is
23 amended to read as follows:

24 1. For state fiscal years 2011-12 through [2014-15] 2015-16, the
25 director of the budget, in consultation with the commissioner of health
26 referenced as "commissioner" for purposes of this section, shall assess
27 on a monthly basis, as reflected in monthly reports pursuant to subdivi-
28 sion five of this section known and projected department of health state

1 funds medicaid expenditures by category of service and by geographic
2 regions, as defined by the commissioner, and if the director of the
3 budget determines that such expenditures are expected to cause medicaid
4 disbursements for such period to exceed the projected department of
5 health medicaid state funds disbursements in the enacted budget finan-
6 cial plan pursuant to subdivision 3 of section 23 of the state finance
7 law, the commissioner of health, in consultation with the director of
8 the budget, shall develop a medicaid savings allocation plan to limit
9 such spending to the aggregate limit level specified in the enacted
10 budget financial plan, provided, however, such projections may be
11 adjusted by the director of the budget to account for any changes in the
12 New York state federal medical assistance percentage amount established
13 pursuant to the federal social security act, changes in provider reven-
14 ues, reductions to local social services district medical assistance
15 administration, and beginning April 1, 2012 the operational costs of the
16 New York state medical indemnity fund. Such projections may be adjusted
17 by the director of the budget to account for increased or expedited
18 department of health state funds medicaid expenditures as a result of a
19 natural or other type of disaster, including a governmental declaration
20 of emergency.

21 § 34. Notwithstanding any contrary provision of law and subject to
22 the availability of federal financial participation, for state fiscal
23 years beginning on and after April 1, 2014, the commissioner of health,
24 in consultation with the director of the budget, shall, prior to January
25 first of each year, determine the extent of savings that have been
26 achieved as a result of the application of the provisions of sections 91
27 and 92 of part H of chapter 59 of the laws of 2011, as amended, and
28 shall further determine the availability of such savings for distrib-

1 ution during the last quarter of such state fiscal year. In determining
2 such savings the commissioner of health, in consultation with the direc-
3 tor of the budget, may exempt the medical assistance administration
4 program from distributions under this section. The commissioner of
5 health, in consultation with the director of the budget, may distribute
6 funds up to an amount equal to such available savings in accordance with
7 an allocation plan that utilizes a methodology that distributes such
8 funds proportionately among providers and plans in New York's Medicaid
9 program. Such allocation plan shall utilize three years of the most
10 recently available system-wide expenditure data reflecting both MMIS and
11 managed care encounters. Distributions to managed care plans shall be
12 based on the administrative outlays stemming from participation in the
13 Medicaid program. The commissioner of health may impose minimum thresh-
14 old amounts in determining provider eligibility for distributions pursu-
15 ant to this section. No less than fifty percent of the amount available
16 for distribution shall be made available for the purpose of assisting
17 eligible providers utilizing the methodology outlined above. No greater
18 than fifty percent of the distributions pursuant to this section shall
19 be made available for the purposes of ensuring a minimum level of
20 assistance to financially distressed and critically needed providers as
21 identified by the commissioner. The commissioner of health is authorized
22 to seek such federal approvals as may be required to effectuate the
23 provisions of this section, including, but not limited to, to permit
24 payment of such distributions as lump sums and to secure waivers from
25 otherwise applicable federal upper payment limit restrictions on such
26 payments.

1 § 35. Subdivision 9 of section 365-1 of the social services law, as
2 added by section 6 of part A of chapter 56 of the laws of 2013, is
3 amended to read as follows:

4 9. Any contract or contracts entered into by the commissioner of
5 health prior to January first, two thousand thirteen pursuant to subdi-
6 vision eight of this section may be amended or modified without the need
7 for a competitive bid or request for proposal process, and without
8 regard to the provisions of sections one hundred twelve and one hundred
9 sixty-three of the state finance law, section one hundred forty-two of
10 the economic development law, or any other provision of law, to allow
11 the purchase of additional personnel and services, subject to available
12 funding, for the limited purpose of assisting the department of health
13 with implementing the Balancing Incentive Program, the Fully Integrated
14 Duals Advantage Program, the Vital Access Provider Program, the Medicaid
15 waiver amendment associated with the public hospital transformation, the
16 addition of behavioral health services as a managed care plan benefit,
17 the delivery system reform incentive payment plan, Medicaid redesign
18 team supportive housing initiatives, activities to facilitate the tran-
19 sition of vulnerable populations to managed care, and oversight, rates-
20 etting and other program operations activities related to managed care
21 plans, and/or any workgroups required to be established by the chapter
22 of the laws of two thousand thirteen that added this subdivision.

23 § 36. Subparagraph (ii) of paragraph (e) of subdivision 4 of section
24 364-j of the social services law, as amended by section 39 of part A of
25 chapter 56 of the laws of 2013, is amended to read as follows:

26 (ii) In any social services district which has implemented a mandatory
27 managed care program pursuant to this section, the requirements of this
28 subparagraph shall apply to the extent consistent with federal law and

1 regulations. The department of health[,] may contract with one or more
2 independent organizations to provide enrollment counseling and enroll-
3 ment services, for participants required to enroll in managed care
4 programs, for each social services district [requesting the services of
5 an enrollment broker] which has implemented a mandatory managed care
6 program. To select such organizations, the department of health shall
7 issue a request for proposals (RFP), shall evaluate proposals submitted
8 in response to such RFP and, pursuant to such RFP, shall award a
9 contract to one or more qualified and responsive organizations. Such
10 organizations shall not be owned, operated, or controlled by any govern-
11 mental agency, managed care provider, or medical services provider.

12 § 37. Subparagraph (vii) of paragraph (b) of subdivision 7 of section
13 4403-f of the public health law, as amended by section 40-a of part D of
14 chapter 56 of the laws of 2012, is amended to read as follows:

15 (vii) Managed long term care provided and plans certified or other
16 care coordination model established pursuant to this paragraph shall
17 comply with the provisions of paragraphs (d), (i), (t), and (u) and
18 subparagraph (iii) of paragraph (a) and [subparagraph] subparagraphs
19 (ii) and (iv) of paragraph (e) of subdivision four of section three
20 hundred sixty-four-j of the social services law.

21 § 38. Subdivision (a) of section 90 of part H of chapter 59 of the
22 laws of 2011, amending the public health law and other laws, relating to
23 general hospital inpatient reimbursement for annual rates, as amended by
24 section 1 of part A of chapter 56 of the laws of 2013, is amended to
25 read as follows:

26 (a) (1) Notwithstanding any other provision of law to the contrary,
27 for the state fiscal years beginning April 1, 2011 and ending on March
28 31, [2015] 2014, all Medicaid payments made for services provided on and

1 after April 1, 2011, shall, except as hereinafter provided, be subject
2 to a uniform two percent reduction and such reduction shall be applied,
3 to the extent practicable, in equal amounts during the fiscal year,
4 provided, however, that an alternative method may be considered at the
5 discretion of the commissioner of health and the director of the budget
6 based upon consultation with the health care industry including but not
7 limited to, a uniform reduction in Medicaid rates of payments or other
8 reductions provided that any method selected achieves up to \$345,000,000
9 in Medicaid state share savings in state fiscal year 2011-12 and up to
10 \$357,000,000 annually in state fiscal years 2012-13[,] and 2013-14 [and
11 2014-15] except as hereinafter provided, for services provided on and
12 after April 1, 2011 through March 31, [2015] 2014. Any alternative meth-
13 ods to achieve the reduction must be provided in writing and shall be
14 filed with the senate finance committee and the assembly ways and means
15 committee not less than thirty days before the date on which implementa-
16 tion is expected to begin. Nothing in this section shall be deemed to
17 prevent all or part of such alternative reduction plan from taking
18 effect retroactively, to the extent permitted by the federal centers for
19 medicare and medicaid services.

20 (2) Alternative methods of cost containment as authorized and imple-
21 mented pursuant to paragraph one of this subdivision shall continue to
22 be applied and maintained for periods on and after April 1, 2014,
23 provided, however, that the commissioner of health, in consultation with
24 the director of the budget, is authorized to terminate such alternative
25 methods upon a finding that they are no longer necessary to maintain
26 essential cost savings.

1 § 39. Subdivision (a) of section 364-jj of the social services law, as
2 amended by section 80-a of part A of chapter 56 of the laws of 2013, is
3 amended to read as follows:

4 (a) There is hereby established a special advisory review panel on
5 Medicaid managed care. The panel shall consist of [twelve] sixteen
6 members who shall be appointed as follows: [four] six by the governor,
7 one of which shall serve as the chair; [three] four each by the tempo-
8 rary president of the senate and the speaker of the assembly; and one
9 each by the minority leader of the senate and the minority leader of the
10 assembly. At least three members of such panel shall be members of the
11 joint advisory panel established under section 13.40 of the mental
12 hygiene law. The panel shall include a consumer representative for indi-
13 viduals with behavioral health needs, a consumer representative for
14 individuals who are dually eligible for medicare and Medicaid, a repre-
15 sentative of entities that provide or arrange for the provision of
16 services to individuals with behavioral health needs, and a represen-
17 tative of entities that provide or arrange for the provision of services
18 to individuals who are dually eligible for medicare and Medicaid.
19 Members shall serve without compensation but shall be reimbursed for
20 appropriate expenses. The department shall provide technical assistance
21 and access to data as is required for the panel to effectuate the
22 mission and purposes established herein.

23 § 40. Subdivision 6 of section 368-d of the social services law, as
24 amended by section 37 of part D of chapter 56 of the laws of 2012, is
25 amended to read as follows:

26 6. The commissioner shall evaluate the results of the study conducted
27 pursuant to subdivision four of this section to determine, after iden-
28 tification of actual direct and indirect costs incurred by public school

1 districts [and state operated and state supported schools for blind and
2 deaf students], whether it is advisable to claim federal reimbursement
3 for expenditures under this section as certified public expenditures. In
4 the event such claims are submitted, if federal reimbursement received
5 for certified public expenditures on behalf of medical assistance recip-
6 ients whose assistance and care are the responsibility of a social
7 services district results in a decrease in the state share of annual
8 expenditures pursuant to this section for such recipients, then to the
9 extent that the amount of any such decrease when combined with any
10 decrease in the state share of annual expenditures described in subdivi-
11 sion five of section three hundred sixty-eight-e of this title exceeds
12 one hundred fifty million dollars for the period April 1, 2011 through
13 March 31, 2013, or exceeds one hundred million dollars in state fiscal
14 [year 2012-13 or any fiscal year thereafter] years 2013-14 and 2014-15,
15 the excess amount shall be transferred to such public school districts
16 [and state operated and state supported schools for blind and deaf
17 students] in amounts proportional to their percentage contribution to
18 the statewide savings; an amount equal to thirteen and five hundredths
19 percent of any decrease in the state share of annual expenditures pursu-
20 ant to this section for such recipients in state fiscal year 2015-16 and
21 any fiscal year thereafter shall be transferred to such public school
22 districts in amounts proportional to their percentage contribution to
23 the statewide savings. Any [such excess] amount transferred pursuant to
24 this section shall not be considered a revenue received by such social
25 services district in determining the district's actual medical assist-
26 ance expenditures for purposes of paragraph (b) of section one of part C
27 of chapter fifty-eight of the laws of two thousand five.

1 § 41. Subdivision 5 of section 368-e of the social services law, as
2 amended by section 38 of part D of chapter 56 of the laws of 2012, is
3 amended to read as follows:

4 5. The commissioner shall evaluate the results of the study conducted
5 pursuant to subdivision three of this section to determine, after iden-
6 tification of actual direct and indirect costs incurred by counties for
7 medical care, services, and supplies furnished to pre-school children
8 with handicapping conditions, whether it is advisable to claim federal
9 reimbursement for expenditures under this section as certified public
10 expenditures. In the event such claims are submitted, if federal
11 reimbursement received for certified public expenditures on behalf of
12 medical assistance recipients whose assistance and care are the respon-
13 sibility of a social services district, results in a decrease in the
14 state share of annual expenditures pursuant to this section for such
15 recipients, then to the extent that the amount of any such decrease when
16 combined with any decrease in the state share of annual expenditures
17 described in subdivision six of section three hundred sixty-eight-d of
18 this title exceeds one hundred fifty million dollars for the period
19 April 1, 2011 through March 31, 2013, or exceeds one hundred million
20 dollars in state fiscal [year 2012-13 or any fiscal year thereafter]
21 years 2013-14 and 2014-15, the excess amount shall be transferred to
22 such counties in amounts proportional to their percentage contribution
23 to the statewide savings; an amount equal to thirteen and five
24 hundredths percent of any decrease in the state share of annual expendi-
25 tures pursuant to this section for such recipients in state fiscal year
26 2015-16 and any fiscal year thereafter shall be transferred to such
27 counties in amounts proportional to their percentage contribution to the
28 statewide savings. Any [such excess] amount transferred pursuant to

1 this section shall not be considered a revenue received by such social
2 services district in determining the district's actual medical assist-
3 ance expenditures for purposes of paragraph (b) of section one of part C
4 of chapter fifty-eight of the laws of two thousand five.

5 § 42. Section 365-1 of the social services law is amended by adding a
6 new subdivision 2-b to read as follows:

7 2-b. Notwithstanding sections one hundred twelve and one hundred
8 sixty-three of the state finance law or any inconsistent provision of
9 law and subject to the availability of federal financial participation,
10 the commissioner of health is authorized to distribute funds from a
11 gross amount of five million dollars, to establish coordination between
12 health homes and the criminal justice system. Such funds may be used for
13 the integration of information of health homes with state and local
14 correctional facilities, to the extent permitted by law; including, but
15 not limited to, the development of a liaison service between such homes
16 and facilities and the establishment of a criminal justice and health
17 home learning collaborative to provide training and facilitate best
18 practices. Health homes receiving such funds shall be required to docu-
19 ment and demonstrate the effective use of funds distributed herein.

20 § 43. Section 365-1 of the social services law is amended by adding a
21 new subdivision 2-c to read as follows:

22 2-c. Notwithstanding sections one hundred twelve and one hundred
23 sixty-three of the state finance law, and subject to federal financial
24 participation, and subject to amounts appropriated for purposes herein,
25 the department of health may distribute funds to providers under this
26 section for member engagement, staff training and retraining, health
27 information technology implementation, joint governance technical
28 assistance, and other such purposes as the commissioner of health, in

1 consultation with the commissioners of the office of mental health and
2 the office of alcoholism and substance abuse services, determines. The
3 commissioner of health, in consultation with the commissioners of the
4 office of mental health and the office of alcoholism and substance abuse
5 services, shall approve applications for such funds pursuant to criteria
6 developed by the department of health. Applications which address imple-
7 mentation challenges, leverage regional partnerships, link care coordi-
8 nation networks and do not otherwise duplicate funds available through
9 other programs may be prioritized. The commissioner of health may
10 promulgate regulations, including emergency regulations, to effectuate
11 the provisions of this subdivision.

12 § 44. The social services law is amended by adding a new section 398-b
13 to read as follows:

14 § 398-b. Transition to managed care. 1. Notwithstanding sections one
15 hundred twelve and one hundred sixty-three of the state finance law and
16 any other inconsistent provision of law and subject to the availability
17 of federal financial participation, the commissioner of health is
18 authorized to distribute funds from a gross amount of five million
19 dollars to facilitate the transition of foster care children placed with
20 voluntary foster care agencies to managed care. The use of such funds
21 may include providing training and consulting services to voluntary
22 agencies to assess readiness and make necessary infrastructure and
23 organizational modifications, collecting service utilization and other
24 data from voluntary agencies and other entities, and making investments
25 in health information technology, including the infrastructure necessary
26 to establish and maintain electronic health records. Such funds shall be
27 distributed pursuant to a formula to be developed by the commissioner of
28 health, in consultation with the commissioner of the office of children

1 and family services. In developing such formula the commissioners may
2 take into account size and scope of provider operations as a factor
3 relevant to eligibility for such funds. Each recipient of such funds
4 shall be required to document and demonstrate the effective use of funds
5 distributed herein.

6 2. Data provided by voluntary foster care agencies shall be compliant
7 with the health insurance portability and accountability act, and shall
8 be transmitted securely using eMEDS or other mechanisms to be determined
9 by the department of health. Such data may be used by the department of
10 health to establish rates of payment for managed care organizations for
11 services provided to children in foster care.

12 § 45. Subdivision 3 of section 365-n of the social services law, as
13 added by section 6 of part F of chapter 56 of the Laws of 2012, is
14 amended to read as follows:

15 3. Notwithstanding sections sixty-one, sixty-three, seventy, seventy-
16 eight, seventy-nine, eighty-one and [eight-one-a] eighty-one-a of the
17 civil service law or any provisions to the contrary contained in any
18 general, special, or local laws, all lawful appointees of a county
19 performing the functions established in subdivision two of this section
20 as of the effective date of this section or any such appointees who meet
21 the open competitive qualifications for positions established to perform
22 these functions will be eligible for voluntary transfer to appropriate
23 positions, in the department, that are classified to perform such func-
24 tions without further examination, qualification, or probationary peri-
25 od; and, upon such transfer, will have all the rights and privileges of
26 the jurisdictional classification to which such positions are allocated
27 in the classified service of the state.

1 § 46. Section 365-n of the social services law is amended by adding a
2 new subdivision 5-a to read as follows:

3 5-a. (a) The commissioner may take necessary action to review the
4 accuracy of determinations of initial and ongoing eligibility under the
5 medical assistance program, and to identify and eliminate inappropriate
6 instances of concurrent or duplicate benefits and authorizations. The
7 commissioner is authorized to contract with one or more entities to
8 assist the state in implementing the provisions of this subdivision.

9 (b) Notwithstanding the provisions of sections one hundred twelve and
10 one hundred sixty-three of the state finance law, or section one hundred
11 forty-two of the economic development law, or any contrary provision of
12 law, the commissioner is authorized to enter into a contract or
13 contracts under paragraph (a) of this subdivision without a competitive
14 bid or request for proposal process, provided, however, that:

15 (i) The department of health shall post on its website, for a period
16 of no less than thirty days:

17 (1) A description of the proposed services to be provided pursuant to
18 the contract or contracts;

19 (2) The criteria for selection of a contractor or contractors;

20 (3) The period of time during which a prospective contractor may seek
21 selection, which shall be no less than thirty days after such informa-
22 tion is first posted on the website; and

23 (4) The manner by which a prospective contractor may seek such
24 selection, which may include submission by electronic means;

25 (ii) All reasonable and responsive submissions that are received from
26 prospective contractors in timely fashion shall be reviewed by the
27 commissioner; and

1 (iii) The commissioner shall select such contractor or contractors
2 that, in his or her discretion, are best suited to serve the purposes of
3 this section.

4 § 47. Section 206 of the public health law is amended by adding a new
5 subdivision 29 to read as follows:

6 29. Notwithstanding any provision of law to the contrary, the commis-
7 sioners of the department of health, the office of mental health, the
8 office for people with developmental disabilities, and the office of
9 alcoholism and substance abuse services are authorized to waive any
10 regulatory requirements as are necessary to allow providers participat-
11 ing in joint projects under the delivery system reform incentive
12 payments program to avoid duplication of requirements and to allow the
13 integrated delivery of services in a rational and efficient manner.

14 § 48. Notwithstanding the provisions of sections 112 and 163 of the
15 state finance law, or any other contrary provision of law, the commis-
16 sioner of health is authorized to negotiate the extension of contract
17 number C025673 with Mercer Health and Benefits, LLC, as currently in
18 effect through October of 2014, through a period ending no later than
19 December 31, 2016, without a competitive bid or request for proposal
20 process.

21 § 49. Section 364-j of the social services law is amended by adding a
22 new subdivision 29 to read as follows:

23 29. Notwithstanding the provisions of sections one hundred twelve and
24 one hundred sixty-three of the state finance law, or sections one
25 hundred forty-two and one hundred forty-three of the economic develop-
26 ment law, or any contrary provision of law, in the event that the
27 department receives approval from the Centers for Medicare and Medicaid
28 Services to amend its 1115 waiver known as the Partnership Plan or

1 receives approval for a new 1115 waiver for the purpose of reinvesting
2 savings resulting from the redesign of the medical assistance program,
3 the commissioner is authorized to enter into contracts, and/or to amend
4 the terms of contracts awarded prior to the effective date of this
5 subdivision, without a competitive bid or request for proposal process,
6 for the purpose of assisting the department of health with implementing
7 projects authorized under such waiver approval; provided, however, in
8 the case of a contract entered into after the effective date of this
9 subdivision, that:

10 (a) The department of health shall post on its website, for a period
11 of no less than thirty days:

12 (i) A description of the proposed services to be provided pursuant to
13 the contract or contracts;

14 (ii) The criteria for selection of a contractor or contractors;

15 (iii) The period of time during which a prospective contractor may
16 seek selection, which shall be no less than thirty days after such
17 information is first posted on the website; and

18 (iv) The manner by which a prospective contractor may seek such
19 selection, which may include submission by electronic means;

20 (b) All reasonable and responsive submissions that are received from
21 prospective contractors in timely fashion shall be reviewed by the
22 commissioner of health; and

23 (c) The commissioner of health shall select such contractor or
24 contractors that, in his or her discretion, are best suited to serve the
25 purposes of this section.

26 § 50. Subdivision 1 of section 366 of the social services law is
27 amended by adding a new paragraph (g) to read as follows:

1 (g) Coverage of certain noncitizens. (1) Applicants and recipients who
2 are lawfully admitted for permanent residence, or who are permanently
3 residing in the United States under color of law; who are MAGI eligible
4 pursuant to paragraph (b) of this subdivision; and who would be ineligi-
5 ble for medical assistance coverage under subdivisions one and two of
6 section three hundred sixty-five-a of this title solely due to their
7 immigration status if the provisions of section one hundred twenty-two
8 of this chapter were applied, shall be required to enroll in a standard
9 health plan offered by a basic health program established pursuant to
10 section three hundred sixty-nine-gg of this article if such program is
11 established and operating.

12 (2) With respect to a person described in subparagraph one of this
13 paragraph who is enrolled in a standard health plan, medical assistance
14 coverage shall mean:

15 (i) payment of required premiums and other cost-sharing obligations
16 under the standard health plan that exceed the person's co-payment obli-
17 gation under subdivision six of section three hundred sixty-seven-a of
18 this title; and

19 (ii) payment for services and supplies described in subdivision one or
20 two of section three hundred sixty-five-a of this title, as applicable,
21 but only to the extent that such services and supplies are not covered
22 by the standard health plan.

23 (3) Nothing in this subdivision shall prevent a person described in
24 subparagraph one of this paragraph from qualifying for or receiving
25 medical assistance for periods prior to his or her enrollment in a stan-
26 dard health plan, in accordance with applicable provisions of this
27 title.

1 § 51. The social services law is amended by adding a new section 369-
2 gg to read as follows:

3 § 369-gg. Basic health program. 1. Definitions. For purposes of this
4 section:

5 (a) "Eligible organization" means an insurer licensed pursuant to
6 article thirty-two or forty-two of the insurance law, a corporation or
7 an organization under article forty-three of the insurance law, or an
8 organization certified under article forty-four of the public health
9 law, including providers certified under section forty-four hundred
10 three-e of the public health law;

11 (b) "Approved organization" means an eligible organization approved by
12 the commissioner to underwrite a basic health insurance plan pursuant to
13 this title;

14 (c) "Health care services" means the services and supplies as defined
15 by the commissioner in consultation with the superintendent of financial
16 services, and shall be consistent with and subject to the essential
17 health benefits as defined by the commissioner in accordance with the
18 provisions of the patient protection and affordable care act (P.L. 111-
19 148) and consistent with the benefits provided by the reference plan
20 selected by the commissioner for the purposes of defining such benefits;

21 (d) "Qualified health plan" means a health plan that meets the crite-
22 ria for certification described in § 1311(c) of the Patient Protection
23 and Affordable Care Act (P.L. 111-148), and is offered to individuals
24 through the health insurance exchange marketplace; and

25 (e) "Basic health insurance plan" means a standard health plan, sepa-
26 rate and apart from qualified health plans, that is issued by an
27 approved organization and certified in accordance with this section.

1 2. Authorization. If it is in the financial interest of the state to
2 do so, the commissioner of health is authorized, with the approval of
3 the director of the budget, to establish a basic health program. The
4 commissioner's authority pursuant to this section is contingent upon
5 obtaining and maintaining all necessary approvals from the secretary of
6 health and human services to offer a basic health program in accordance
7 with 42 U.S.C. 18051. The commissioner may take any and all actions
8 necessary to obtain such approvals.

9 3. Eligibility. A person is eligible to receive coverage for health
10 care services pursuant to this title if he or she:

11 (a) resides in New York state and is under sixty-five years of age;

12 (b) is not eligible for medical assistance under title eleven of this
13 article or for the child health insurance plan described in title one-A
14 of article twenty-five of the public health law;

15 (c) is not eligible for minimum essential coverage, as defined in
16 section 5000A(f) of the Internal Revenue Service Code of 1986, or is
17 eligible for an employer-sponsored plan that is not affordable, in
18 accordance with section 5000A of such code; and

19 (d) (i) has household income at or below two hundred percent of the
20 federal poverty line defined and annually revised by the United States
21 department of health and human services for a household of the same
22 size; and (ii) has household income that exceeds one hundred thirty-
23 three percent of the federal poverty line defined and annually revised
24 by the United States department of health and human services for a
25 household of the same size; however, MAGI eligible aliens lawfully pres-
26 ent in the United States with household incomes at or below one hundred
27 thirty-three percent of the federal poverty line shall be eligible to
28 receive coverage for health care services pursuant to the provisions of

1 this title if such alien would be ineligible for medical assistance
2 under title eleven of this article due to his or her immigration status.

3 An applicant who fails to make an applicable premium payment shall
4 lose eligibility to receive coverage for health care services in accord-
5 ance with time frames and procedures determined by the commissioner.

6 4. Enrollment. (a) Subject to federal approval, the commissioner is
7 authorized to establish an application and enrollment procedure for
8 prospective enrollees. Such procedure shall include a verification
9 system for applicants, which shall be consistent with 42 USC § 1320b-7.

10 (b) Such procedure shall allow for continuous enrollment for enrollees
11 to the basic health program where an individual may apply and enroll for
12 coverage at any point.

13 (c) Upon an applicant's enrollment in a basic health insurance plan,
14 coverage for health care services pursuant to the provisions of this
15 title shall be prospective. Coverage shall begin in a manner consistent
16 with the requirements for qualified health plans offered through the
17 health insurance exchange marketplace, as delineated in federal regu-
18 lation at 42 CFR 155.420(b)(1) or any successor regulation thereof.

19 (d) A person who has enrolled for coverage pursuant to this title, and
20 who loses eligibility to enroll in the basic health program for a reason
21 other than citizenship status, lack of state residence, failure to
22 provide a valid social security number, providing inaccurate information
23 that would affect eligibility when requesting or renewing health cover-
24 age pursuant to this title, or failure to make an applicable premium
25 payment, before the end of a twelve month period beginning on the effec-
26 tive date of the person's initial eligibility for coverage, or before
27 the end of a twelve month period beginning on the date of any subsequent
28 determination of eligibility, shall have his or her eligibility for

1 coverage continued until the end of such twelve month period, provided
2 that the state receives federal approval for using funds from the basic
3 health program trust fund, established under section 97-0000 of the
4 state finance law, for the costs associated with such assistance.

5 5. Premiums and cost sharing. (a) Subject to federal approval, the
6 commissioner shall establish premium payments enrollees shall pay to
7 approved organizations for coverage of health care services pursuant to
8 this title. Such premium payments shall be established in the following
9 manner:

10 (i) up to twenty dollars monthly for an individual with a household
11 income above one hundred and fifty percent of the federal poverty line
12 but at or below two hundred percent of the federal poverty line defined
13 and annually revised by the United States department of health and human
14 services for a household of the same size; and

15 (ii) no payment is required for individuals with a household income at
16 or below one hundred and fifty percent of the federal poverty line
17 defined and annually revised by the United States department of health
18 and human services for a household of the same size.

19 (b) The commissioner shall establish cost sharing obligations for
20 enrollees, subject to federal approval.

21 6. Any funds transferred by the secretary of health and human services
22 to the state pursuant to 42 U.S.C. 18051(d) shall be deposited in trust.
23 Funds from the trust shall be used for providing health benefits through
24 an approved organization, which, at a minimum, shall include essential
25 health benefits as defined in 42 U.S.C. 18022(b); to reduce the premiums
26 and cost sharing of participants in the basic health program; or for
27 such other purposes as may be allowed by the secretary of health and
28 human services. Health benefits available through the basic health

1 program shall be provided by one or more approved organizations pursuant
2 to an agreement with the department of health and shall meet the
3 requirements of applicable federal and state laws and regulations.

4 7. An individual who is lawfully admitted for permanent residence or
5 permanently residing in the United States under color of law, and who
6 would be ineligible for medical assistance under title eleven of this
7 article due to his or her immigration status if the provisions of
8 section one hundred twenty-two of this chapter were applied, shall be
9 considered to be ineligible for medical assistance for purposes of para-
10 graphs (b) and (c) of subdivision three of this section.

11 § 52. Subparagraph 2 of paragraph (e) of subdivision 3 of section
12 367-a of the social services law, as added by section 16 of part D of
13 chapter 56 of the laws of 2013, is amended to read as follows:

14 (2) Payment pursuant to this paragraph shall be for premium obli-
15 gations of the individual under the qualified health plan and shall
16 continue only if and for so long as the individual's MAGI household
17 income exceeds one hundred thirty-three percent, but does not exceed one
18 hundred fifty percent, of the federal poverty line for the applicable
19 family size, or, if earlier, until the individual is eligible for
20 enrollment in a standard health plan pursuant to section three hundred
21 sixty-nine-gg of this article.

22 § 53. The state finance law is amended by adding a new section 97-0000
23 to read as follows:

24 § 97-0000. Basic health program trust fund. 1. There is hereby estab-
25 lished in the joint custody of the comptroller and the commissioner of
26 taxation and finance a fund, to be known as the "basic health program
27 trust fund".

1 2. Such fund shall consist of moneys transferred from the federal
2 government pursuant to 42 U.S.C. § 18051(d) for the purpose of reducing
3 the premiums and cost-sharing of, or providing benefits for, eligible
4 individuals enrolled in the basic health program, established pursuant
5 to section three hundred sixty-nine-gg of the social services law.

6 3. Upon federal approval, all monies in such fund shall be used to
7 implement and operate the basic health plan, pursuant to section three
8 hundred sixty-nine-gg of the social services law, except to the extent
9 that the provisions of such section conflict or are inconsistent with
10 federal law, in which case the provisions of such federal law shall
11 supersede such state law provisions.

12 § 54. Subdivision 12 of section 367-a of the social services law, as
13 amended by section 63-a of part C of chapter 58 of the laws of 2007, is
14 amended to read as follows:

15 12. Prior to receiving medical assistance under subparagraphs [twelve]
16 five and [thirteen] six of paragraph [(a)] (c) of subdivision one of
17 section three hundred sixty-six of this title, a person whose net avail-
18 able income is at least one hundred fifty percent of the applicable
19 federal income official poverty line, as defined and updated by the
20 United States department of health and human services, must pay a month-
21 ly premium, in accordance with a procedure to be established by the
22 commissioner. The amount of such premium shall be twenty-five dollars
23 for an individual who is otherwise eligible for medical assistance under
24 such subparagraphs, and fifty dollars for a couple, both of whom are
25 otherwise eligible for medical assistance under such subparagraphs. No
26 premium shall be required from a person whose net available income is
27 less than one hundred fifty percent of the applicable federal income

1 official poverty line, as defined and updated by the United States
2 department of health and human services.

3 § 55. Section 364-i of the social services law is amended by adding a
4 new subdivision 8 to read as follows:

5 8. (a) The following individuals shall be presumed to be eligible for
6 medical assistance under this title beginning on the date that a quali-
7 fied hospital, as defined in paragraph (b) of this subdivision, deter-
8 mines, on the basis of preliminary information, that:

9 (1) a child has MAGI household income that does not exceed the appli-
10 cable level for eligibility as provided for pursuant to subparagraph two
11 or three of paragraph (b) of subdivision one of section three hundred
12 sixty-six of this title;

13 (2) a pregnant woman has MAGI household income that does not exceed
14 the MAGI-equivalent of two hundred percent of the federal poverty line
15 for the applicable family size;

16 (3) a parent or caretaker relative has MAGI household income that does
17 not exceed the MAGI-equivalent of one hundred thirty percent of the
18 highest amount that ordinarily would have been paid to a person without
19 any income or resources under the family assistance program as it
20 existed on the first day of November, nineteen hundred ninety-seven, or
21 has net available income, including available support from responsible
22 relatives, that does not exceed the amounts set forth in paragraph (a)
23 of subdivision two of section three hundred sixty-six of this title;

24 (4) an individual in need of treatment of breast, cervical, colon, or
25 prostate cancer meets the requirements of paragraph (d) or (e) of subdi-
26 vision four of section three hundred sixty-six of this title;

1 (5) an individual age nineteen or older and under age sixty-five meets
2 the requirements of subparagraph one of paragraph (b) of subdivision one
3 of section three hundred sixty-six of this title;

4 (6) an individual under twenty-six years of age meets the requirements
5 of subparagraph nine of paragraph (c) of subdivision one of section
6 three hundred sixty-six of this title; and

7 (7) an individual has income that does not exceed the MAGI-equivalent
8 of two hundred percent of the federal poverty line for the applicable
9 family size, and the individual meets the requirements of subparagraph
10 six of paragraph (b) of subdivision one of section three hundred sixty-
11 six of this title; coverage pursuant to this subparagraph shall be
12 limited to family planning services reimbursed by the federal government
13 at a rate of ninety percent.

14 (b) For the purposes of this subdivision, "qualified hospital" means a
15 hospital that:

16 (1) is licensed under article twenty-eight of the public health law;

17 (2) is enrolled as a provider in the program of medical assistance
18 under this title;

19 (3) has notified the department of health of its election to make
20 presumptive eligibility determinations under this subdivision, and
21 agrees to make such determinations in accordance with policies and
22 procedures established by the department;

23 (4) has been designated by the department of health as a certified
24 application counselor to provide information to individuals concerning
25 qualified health plans offered through a health insurance exchange and
26 other insurance affordability programs, assist individuals to apply for
27 coverage through a qualified health plan or insurance affordability

1 program, and help facilitate the enrollment of eligible individuals in
2 such plans or programs; and

3 (5) has not been disqualified by the department of health pursuant to
4 paragraph (c) of this subdivision.

5 (c) The department of health may disqualify a hospital as a qualified
6 hospital if the department determines that the hospital is not:

7 (1) making, or is not capable of making, presumptive eligibility
8 determinations in accordance with the policies and procedures estab-
9 lished by the department; or

10 (2) meeting such standards as may be established by the department
11 with respect to the proportion of individuals determined presumptively
12 eligible by the hospital who are found by the medical assistance program
13 to be eligible for ongoing medical assistance after the end of the
14 presumptive eligibility period.

15 (d) Care, services and supplies, as set forth in section three hundred
16 sixty-five-a of this title, that are furnished to an individual during a
17 presumptive eligibility period under this subdivision by an entity that
18 is eligible for payments under this title shall be deemed to be medical
19 assistance for purposes of payment and state reimbursement.

20 § 56. Subdivision 1 of section 366 of the social services law is
21 amended by adding a new paragraph (f) to read as follows:

22 (f) Notwithstanding any inconsistent provision of this title, for an
23 individual who has income in excess of an applicable income eligibility
24 standard and is allowed to achieve eligibility for medical assistance
25 under this title by incurring medical expenses equal to the amount of
26 such excess income, the amount of excess income may be calculated by
27 comparing the individual's MAGI household income to the MAGI-equivalent
28 of the applicable income eligibility standard; provided, however, that

1 medical assistance shall be furnished pursuant to this paragraph only
2 if, for so long as, and to the extent that federal financial partic-
3 ipation is available therefor. The commissioner of health shall make any
4 amendments to the state plan for medical assistance, or apply for any
5 waiver or approval under the federal social security act that are neces-
6 sary to carry out the provisions of this paragraph.

7 § 56-a. Section 364-j of the social services law is amended by adding
8 a new subdivision 30 to read as follows:

9 30. Notwithstanding the provisions of sections one hundred twelve and
10 one hundred sixty-three of the state finance law, or sections one
11 hundred forty-two and one hundred forty-three of the economic develop-
12 ment law, or any contrary provision of law, in the event that the state
13 receives prior approval and enhanced financial participation from the
14 Centers for Medicaid and Medicare Services, Administration for Children
15 and Families and the Federal Food and Nutrition Services for reimburse-
16 ment pursuant to an A-87 cost allocation waiver for enhanced funding for
17 integrated eligibility systems, the state is authorized to enter into
18 contracts, and/or to amend the terms of contracts awarded prior to the
19 effective date of this subdivision, without a competitive bid or request
20 for proposal process, consistent with federal requirements, for the
21 purpose of implementing projects authorized under such waiver amendment;
22 provided, however, in the case of a contract entered into after the
23 effective date of this subdivision, that:

24 (a) The office of temporary and disability assistance, or another
25 state agency, shall post on its website, for a period of no less than
26 thirty days:

27 (i) A description of the proposed services to be provided pursuant to
28 the contract or contracts;

1 (ii) The criteria for selection of a contractor or contractors;

2 (iii) The period of time during which a prospective contractor may
3 seek selection, which shall be no less than thirty days after such
4 information is first posted on the website; and

5 (iv) The manner by which a prospective contractor may seek such
6 selection, which may include submission by electronic means;

7 (b) All reasonable and responsive submissions that are received from
8 prospective contractors in timely fashion shall be reviewed by the
9 commissioner of temporary and disability assistance or other state agen-
10 cy; and

11 (c) The commissioners of the department of health, the office of
12 temporary and disability assistance and the office of children and fami-
13 ly services, working in cooperation with the state chief information
14 officer, shall select such contractor or contractors that, in their
15 discretion, are best suited to service the purposes of this section.

16 § 57. Paragraph (e) of subdivision 8 of section 2511 of the public
17 health law, as added by section 21-a of part B of chapter 109 of the
18 laws of 2010, is amended and a new paragraph (h) is added to read as
19 follows:

20 (e) The commissioner shall adjust subsidy payments to approved organ-
21 izations made on and after April first, two thousand ten through March
22 thirty-first, two thousand fourteen, so that the amount of each such
23 payment, as otherwise calculated pursuant to this subdivision, is
24 reduced by twenty-eight percent of the amount by which such calculated
25 payment exceeds the statewide average subsidy payment for all approved
26 organizations in effect on April first, two thousand ten. Such statewide
27 average subsidy payment shall be calculated by the commissioner and
28 shall not reflect adjustments made pursuant to this paragraph.

1 (h) Notwithstanding any inconsistent provision of this title, articles
2 thirty-two and forty-three of the insurance law and subsection (e) of
3 section eleven hundred twenty of the insurance law, effective April
4 first, two thousand fourteen:

5 (i) The commissioner shall, subject to approval of the director of the
6 division of the budget, develop reimbursement methodologies for deter-
7 mining the amount of subsidy payments made to approved organizations for
8 the cost of covered health care services coverage provided pursuant to
9 this title.

10 (ii) The commissioner, in consultation with entities representing
11 approved organizations, shall select and contract with an independent
12 actuary to review such reimbursement methodologies; provided, however,
13 notwithstanding section one hundred sixty-three of the state finance
14 law, the commissioner may select and contract with the independent actu-
15 ary selected pursuant to subdivision eighteen of section three hundred
16 sixty-four-j of the social services law, without a competitive bid or
17 request for proposal process. Such independent actuary shall review and
18 make recommendations concerning appropriate actuarial assumptions rele-
19 vant to the establishment of reimbursement methodologies, including but
20 not limited to the adequacy of subsidy payment amounts in relation to
21 the population to be served adjusted for case mix, the scope of services
22 approved organizations must provide, the utilization of such services
23 and the network of providers required to meet state standards.

24 (iii) For the period April first, two thousand fourteen through March
25 thirty-first, two thousand fifteen, subsidy payments made to approved
26 organizations shall be at amounts approved prior to April first, two
27 thousand fourteen. On and after April first, two thousand fifteen,

1 subsidy payments made to approved organizations shall be at amounts
2 determined by the commissioner in accordance with this paragraph.

3 § 58. Paragraph (b) of subdivision 7 of section 2511 of the public
4 health law, as amended by chapter 923 of the laws of 1990, is amended to
5 read as follows:

6 (b) The commissioner, in consultation with the superintendent, shall
7 make a determination whether to approve, disapprove or recommend modifi-
8 cation of the proposal. In order for a proposal to be approved by the
9 commissioner, the proposal must also be approved by the superintendent
10 with respect to the provisions of subparagraphs (viii) [through], (ix)
11 and (xii) of paragraph (a) of this subdivision.

12 § 59. Paragraph (d) of subdivision 2 of section 2511 of the public
13 health law is REPEALED.

14 § 60. Subparagraphs (iv) and (v) of paragraph (b) of subdivision 9 of
15 section 2511 of the public health law, subparagraph (iv) as amended by
16 section 33 of part D of chapter 56 of the laws of 2013 and subparagraph
17 (v) as amended by chapter 2 of the laws of 1998, are amended to read as
18 follows:

19 (iv) outstationing of persons who are authorized to provide assistance
20 to families in completing the enrollment application process under this
21 title and title eleven of article five of the social services law, in
22 locations, such as community settings, which are geographically accessi-
23 ble to large numbers of children who may be eligible for benefits under
24 such titles, and at times, including evenings and weekends, when large
25 numbers of children who may be eligible for benefits under such titles
26 are likely to be encountered. Persons outstationed in accordance with
27 this subparagraph shall be authorized to make determinations of presump-
28 tive eligibility in accordance with paragraph [(g)] (f) of subdivision

1 two of this section [two thousand five hundred and eleven of this
2 title]; and

3 (v) notice by local social services districts to medical assistance
4 applicants of the availability of benefits under paragraph [(g)] (f) of
5 subdivision two of this section [two thousand five hundred and eleven of
6 this title].

7 § 61. Subdivisions 3, 4 and 5 of section 47 of chapter 2 of the laws
8 of 1998, amending the public health law and other laws relating to
9 expanding the child health insurance plan, as amended by section 19 of
10 part D of chapter 59 of the laws of 2011, are amended to read as
11 follows:

12 3. section six of this act shall take effect January 1, 1999;
13 [provided, however, that subparagraph (iii) of paragraph (c) of subdivi-
14 sion 9 of section 2510 of the public health law, as added by this act,
15 shall expire on July 1, 2014;]

16 4. sections two, three, four, seven, eight, nine, fourteen, fifteen,
17 sixteen, eighteen, eighteen-a, [twenty-three,] twenty-four, and twenty-
18 nine of this act shall take effect January 1, 1999 and section eigh-
19 teen-a shall expire on July 1, 2014; section twenty-five of this act
20 shall take effect on January 1, 1999 and shall expire on April 1, 2005;

21 5. section twelve of this act shall take effect January 1, 1999;
22 [provided, however, paragraphs (g) and (h) of subdivision 2 of section
23 2511 of the public health law, as added by such section, shall expire on
24 July 1, 2014;]

25 § 62. Subdivision (g) of section 129 of part C of chapter 58 of the
26 laws of 2009, amending the public health law relating to the ADIRONDACK
27 MEDICAL HOME MULTIPAYOR DEMONSTRATION PROGRAM, is amended to read as
28 follows:

1 (g) section twenty-six-a of this act shall expire and be deemed
2 repealed April 1, [2014] 2017;

3 § 63. Section 4 of chapter 779 of the laws of 1986, amending the
4 social services law relating to authorizing services for non-residents
5 in adult homes, residences for adults and enriched housing programs, as
6 amended by chapter 108 of the laws of 2011, is amended to read as
7 follows:

8 § 4. This act shall take effect on the one hundred twentieth day after
9 it shall have become a law and shall remain in full force and effect
10 until July 1, [2014] 2017, provided however, that effective immediately,
11 the addition, amendment and/or repeal of any rules or regulations neces-
12 sary for the implementation of the foregoing sections of this act on its
13 effective date are authorized and directed to be made and completed on
14 or before such effective date.

15 § 64. Subdivision (i-1) of section 79 of part C of chapter 58 of the
16 laws of 2008, amending the social services law and the public health law
17 relating to adjustments of rates, as amended by section 21 of part D of
18 chapter 59 of the laws of 2011, is amended to read as follows:

19 (i-1) section thirty-one-a of this act shall be deemed repealed July
20 1, [2014] 2017;

21 § 65. Section 4 of chapter 19 of the laws of 1998, amending the social
22 services law relating to limiting the method of payment for prescription
23 drugs under the medical assistance program, as amended by section 107 of
24 part H of chapter 59 of the laws of 2011, is amended to read as follows:

25 § 4. This act shall take effect 120 days after it shall have become a
26 law and shall expire and be deemed repealed March 31, [2014] 2017.

1 § 66. Paragraph (e-1) of subdivision 12 of section 2808 of the public
2 health law, as amended by section 63 of part A of chapter 56 of the laws
3 of 2013, is amended to read as follows:

4 (e-1) Notwithstanding any inconsistent provision of law or regulation,
5 the commissioner shall provide, in addition to payments established
6 pursuant to this article prior to application of this section, addi-
7 tional payments under the medical assistance program pursuant to title
8 eleven of article five of the social services law for non-state operated
9 public residential health care facilities, including public residential
10 health care facilities located in the county of Nassau, the county of
11 Westchester and the county of Erie, but excluding public residential
12 health care facilities operated by a town or city within a county, in
13 aggregate annual amounts of up to one hundred fifty million dollars in
14 additional payments for the state fiscal year beginning April first, two
15 thousand six and for the state fiscal year beginning April first, two
16 thousand seven and for the state fiscal year beginning April first, two
17 thousand eight and of up to three hundred million dollars in such aggre-
18 gate annual additional payments for the state fiscal year beginning
19 April first, two thousand nine, and for the state fiscal year beginning
20 April first, two thousand ten and for the state fiscal year beginning
21 April first, two thousand eleven, and for the state fiscal years begin-
22 ning April first, two thousand twelve and April first, two thousand
23 thirteen, and for the state fiscal years beginning April first, two
24 thousand fourteen, April first, two thousand fifteen and April first,
25 two thousand sixteen. The amount allocated to each eligible public resi-
26 dential health care facility for this period shall be computed in
27 accordance with the provisions of paragraph (f) of this subdivision,
28 provided, however, that patient days shall be utilized for such computa-

1 tion reflecting actual reported data for two thousand three and each
2 representative succeeding year as applicable, and provided further,
3 however, that, in consultation with impacted providers, of the funds
4 allocated for distribution in the state fiscal year beginning April
5 first, two thousand thirteen, up to thirty-two million dollars may be
6 allocated in accordance with paragraph (f-1) of this subdivision.

7 § 67. Paragraph (i) of subdivision 3 of section 461-1 of the social
8 services law, as amended by section 4 of part D of chapter 56 of the
9 laws of 2012, is amended to read as follows:

10 (i) The commissioner of health is authorized to add up to six thousand
11 assisted living program beds to the gross number of assisted living
12 program beds having been determined to be available as of April first,
13 two thousand nine. Nothing herein shall be interpreted as prohibiting
14 any eligible applicant from submitting an application for any assisted
15 living program bed so added. The commissioner of health shall not be
16 required to review on a comparative basis applications submitted for
17 assisted living program beds made available under this paragraph. The
18 commissioner of health shall only authorize the addition of six thousand
19 beds pursuant to a [five] seven year plan.

20 § 68. Notwithstanding any inconsistent provision of law, rule or regu-
21 lation, for purposes of implementing the provisions of the public health
22 law and the social services law, references to titles XIX and XXI of the
23 federal social security act in the public health law and the social
24 services law shall be deemed to include and also to mean any successor
25 titles thereto under the federal social security act.

26 § 69. Notwithstanding any inconsistent provision of law, rule or regu-
27 lation, the effectiveness of the provisions of sections 2807 and 3614 of
28 the public health law, section 18 of chapter 2 of the laws of 1988, and

1 18 NYCRR 505.14(h), as they relate to time frames for notice, approval
2 or certification of rates of payment, are hereby suspended and without
3 force or effect for purposes of implementing the provisions of this act.

4 § 70. Severability clause. If any clause, sentence, paragraph, subdi-
5 vision, section or part of this act shall be adjudged by any court of
6 competent jurisdiction to be invalid, such judgment shall not affect,
7 impair or invalidate the remainder thereof, but shall be confined in its
8 operation to the clause, sentence, paragraph, subdivision, section or
9 part thereof directly involved in the controversy in which such judgment
10 shall have been rendered. It is hereby declared to be the intent of the
11 legislature that this act would have been enacted even if such invalid
12 provisions had not been included herein.

13 § 71. This act shall take effect immediately and shall be deemed to
14 have been in full force and effect on and after April 1, 2013 provided
15 that:

16 1. sections one, two, three, four, five, fifty-nine and sixty of this
17 act shall take effect July 1, 2014;

18 2. section eight of this act shall take effect October 1, 2014;

19 3. section twenty-six of this act shall take effect immediately and be
20 deemed to have been in full force and effect on and after March 1, 2014;

21 4. section nine of this act shall take effect May 1, 2014; provided,
22 however, that the amendments to subparagraph (iii) of paragraph (c) of
23 subdivision 6 of section 367-a of the social services law made by
24 section nine of this act shall not affect the repeal of such paragraph
25 and shall be deemed repealed therewith;

26 5. section ten of this act shall expire and be deemed repealed March
27 31, 2016;

1 5-a. the amendments to section 1 of part H of chapter 111 of the laws
2 of 2010 made by section fifteen of this act shall not affect the expira-
3 tion of such section and shall be deemed expired therewith;

4 6. section fifty-five of this act shall take effect January 1, 2015;

5 7. the amendments to section 364-j of the social services law made by
6 sections one, two, thirty-six, forty-nine and fifty-six-a of this act
7 shall not affect the repeal of such section and shall be deemed repealed
8 therewith;

9 8. the amendments to subparagraph (vii) of paragraph (b) of subdivi-
10 sion 7 of section 4403-f of the public health law made by section thir-
11 ty-seven of this act shall not affect the expiration of such paragraph
12 and the repeal of such section and shall be deemed expired and repealed
13 therewith;

14 8-a. the amendments to section 48-a of part A of chapter 56 of the
15 laws of 2013 made by section thirteen of this act shall not affect the
16 repeal of such section and shall be deemed repealed therewith;

17 9. the amendments to subdivision (a) of section 364-jj of the social
18 services law made by section thirty-nine of this act shall not affect
19 the expiration of such section and shall be deemed expired therewith;

20 9-a. the amendments to subdivision 9 of section 2511 of the public
21 health law made by section sixty of this act shall not affect the expi-
22 ration of such subdivision and shall expire therewith;

23 10. any rules or regulations necessary to implement the provisions of
24 this act may be promulgated and any procedures, forms, or instructions
25 necessary for such implementation may be adopted and issued on or after
26 the date this act shall have become a law;

1 11. this act shall not be construed to alter, change, affect, impair
2 or defeat any rights, obligations, duties or interests accrued, incurred
3 or conferred prior to the effective date of this act;

4 12. the commissioner of health and the superintendent of the depart-
5 ment of financial services and any appropriate council may take any
6 steps necessary to implement this act prior to its effective date;

7 13. notwithstanding any inconsistent provision of the state adminis-
8 trative procedure act or any other provision of law, rule or regulation,
9 the commissioner of health and the superintendent of the department of
10 financial services and any appropriate council is authorized to adopt or
11 amend or promulgate on an emergency basis any regulation he or she or
12 such council determines necessary to implement any provision of this act
13 on its effective date; and

14 14. the provisions of this act shall become effective notwithstanding
15 the failure of the commissioner of health or the superintendent of the
16 department of financial services or any council to adopt or amend or
17 promulgate regulations implementing this act.

18 PART D

19 Section 1. Subparagraph (iv) of paragraph a of subdivision 1 of
20 section 6908 of the education law, as amended by chapter 160 of the laws
21 of 2003, is amended and a new subparagraph (v) is added to read as
22 follows:

23 (iv) the furnishing of nursing assistance in case of an emergency; or
24 (v) tasks provided by a direct support staff in programs funded,
25 authorized or approved by the office for people with developmental disa-
26 bilities, when performed under the supervision of a registered profes-

1 sional nurse, including training and periodic inspection of such tasks,
2 in accordance with an authorized practitioner's ordered care;
3 § 2. This act shall take effect immediately.

4 PART E

5 Section 1. Section 3 of part A of chapter 111 of the laws of 2010
6 amending the mental hygiene law relating to the receipt of federal and
7 state benefits received by individuals receiving care in facilities
8 operated by an office of the department of mental hygiene, is amended to
9 read as follows:
10 § 3. This act shall take effect immediately; and shall expire and be
11 deemed repealed June 30, [2014] 2017.
12 § 2. This act shall take effect immediately.

13 PART F

14 Section 1. Subdivisions (d), (e), (f) and (g) of section 41.44 of the
15 mental hygiene law are relettered subdivisions (e), (f), (g), and (h)
16 and a new subdivision (d) is added to read as follows:
17 (d) The commissioner is authorized to recover funding from providers
18 of community residences licensed by the office of mental health,
19 consistent with contractual obligations of such providers, and notwith-
20 standing any other inconsistent provision of law to the contrary, such
21 recovery amount shall equal fifty percent of the Medicaid revenue
22 received by such providers which exceeds the fixed amount of annual
23 Medicaid revenue limitations, as established by the commissioner.

1 § 2. This act shall take effect immediately and shall be deemed to
2 have been in full force and effect on and after April 1, 2014; provided,
3 however, that the amendments to section 1 of part C of chapter 57 of the
4 laws of 2006 made by section one of this act shall not affect the repeal
5 of such section and shall be deemed repealed therewith.

6 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
7 sion, section or part of this act shall be adjudged by any court of
8 competent jurisdiction to be invalid, such judgment shall not affect,
9 impair, or invalidate the remainder thereof, but shall be confined in
10 its operation to the clause, sentence, paragraph, subdivision, section
11 or part thereof directly involved in the controversy in which such judg-
12 ment shall have been rendered. It is hereby declared to be the intent of
13 the legislature that this act would have been enacted even if such
14 invalid provisions had not been included herein.

15 § 3. This act shall take effect immediately provided, however, that
16 the applicable effective date of Parts A through G of this act shall be
17 as specifically set forth in the last section of such Parts.