

**Amendments to Senate S.7507; Assembly A.9507  
(HMH Article VII Bill)**

**Part A**, relating to Health Care Reform Act (HCRA) Reauthorization, is amended to:

- Restore two Graduate Medical Education programs including Diversity in Medicine and Empire Clinical Research Investigation Program (ECRIP) to continue reaching underserved people in diverse communities.

**Part C**, relating to Early Intervention program pay and Pursue, is amended to:

- Make a technical correction.

**Part D**, relating to availability of Enhanced Quality of Adult Living program grants, is amended to:

- Clarify uses of grant funding.

**Part E**, relating to miscellaneous public health recommendations, is amended to:

- Repeal an additional section of law pertaining to the Health Occupation Development and Workplace Program.
- Make various technical corrections.

**Part F**, relating to various public health extenders, is amended to:

- Extend the Indigent Care Pool's current methodology.
- Extend and expand the authority for the Office of Temporary and Disability Assistance to perform fair hearings for fully integrated products.
- Make various technical corrections.

**Part I**, relating to pharmacy adult immunization expansion and collaborative drug therapy management, is amended to:

- Expand the definition of "administer" in law to include additional adult immunizations identified by the Center for Disease Control for consistency.
- Remove a provision that would have given physician assistants the authority to issue prescriptions under a collaborative drug therapy management agreement.
- Clarify the definition of "clinical services" to reduce confusion regarding prescribing to manage drug therapy.

**Part J**, relating to Health-Related Consumer Protections, is amended to:

- Remove language associated with managed care reforms and make conforming effective date changes.

**Part L**, relating to Physician Integrity, is amended to:

- Make a technical correction.

**Part N**, relating to Antimicrobial Resistance Prevention, is amended to:

- Clarify the specific health care professionals who must receive mandated antimicrobial resistance training.
- Make a technical change.

**Part R**, relating to Local Medicaid Spending Reforms, is amended to:

- Ensure that a county that fails the property tax cap in a single year but does not in the subsequent year or thereafter receives savings prospectively at a higher base.
- Tie the year to year growth metric to the Medicaid Global Cap growth metric in lieu of a fixed 3 percent.
- Define Medicaid local spending growth rate.  
Fix the base year of the growth calculation in FY 2020 so the base year does not annually reset.
- Allow localities that hold costs below 3 percent to be rewarded with 25 percent of the savings.
- Clarify that being over or under the base calculation in a given year does not impact the growth calculation.

**Part S**, relating to the Certificate of Need surcharge, is amended to:

- Make various technical corrections.

**Part T**, relating to physician's excess medical malpractice, is amended to:

- Make a technical correction.

**Part Y**, relating to comprehensive psychiatric emergency programs (CPEPs), is amended to:

- Make a technical correction to eliminate a duplicative reference to Part M of Chapter 57 of the Laws of 2006.

**Part BB**, relating to the jurisdiction of DOH over health homes or subcontractor of health homes, is amended to:

- Make various technical corrections, primarily restoring language that inadvertently deleted health homes from the jurisdiction of DOH.

**New Part CC**, relating to Children and Youth with Special Health Care Needs, is added to:

- Rename the program originally known as the "Physically Handicapped Children Program" to the "Children and Youth with Special Health Care Needs Support Services Program".

**New Part DD**, relating to OPWDD, OMH and OCFS services exemption to employ qualified professionals to provide services which may otherwise fall within the scope of practice for Applied Behavior Analysis, is added to:

- Extend the authorization to 2025.

**New Part EE**, relating to expanding access of Medication Assisted Treatment (MAT) prescription drugs for opioid use disorder, is added to:

- Create a statewide formulary for Medication Assisted Treatment.
- Make various amendments to remove prior authorization for methadone when used to treat opioid use disorder.