

FY 2021 NEW YORK STATE EXECUTIVE BUDGET

**HEALTH AND MENTAL HYGIENE
ARTICLE VII LEGISLATION**

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Legislative Bill Drafting Commission
12671-01-0

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 and mental hygiene
budget for the 2020-2021 state
fiscal year)

BUDGBI. G; HMH

AN ACT

to amend the New York Health Care
Reform Act of 1996, in relation to
extending certain provisions relat-
ing thereto; to amend the public
health law, in relation to health
care initiative pool distributions;
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 and the state

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	s09 Kaminsky	s25 Montgomery	s23 Savino
s52 Akshar	s55 Funke	s07 Kaplan	s20 Myrie	s32 Sepulveda
s46 Amedore	s59 Gallivan	s26 Kavanagh	s58 O'Mara	s41 Serino
s36 Bailey	s05 Gaughran	s63 Kennedy	s62 Ortt	s29 Serrano
s30 Benjamin	s12 Gianaris	s28 Krueger	s21 Parker	s51 Seward
s34 Biaggi	s22 Gounardes	s24 Lanza	s19 Persaud	s39 Skoufis
s57 Borrello	s47 Griffo	s01 LaValle	s13 Ramos	s16 Stavisky
s04 Boyle	s40 Harckham	s45 Little	s61 Ranzzenhofer	s35 Stewart-
s44 Breslin	s54 Helming	s11 Liu	s48 Ritchie	Cousins
s08 Brooks	s27 Hoylman	s03 Martinez	s33 Rivera	s49 Tedisco
s38 Carlucci	s31 Jackson	s53 May	s56 Robach	s06 Thomas
s14 Comrie	s60 Jacobs	s37 Mayer	s18 Salazar	s50
s17 Felder	s43 Jordan	s42 Metzger	s10 Sanders	

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	a053 Davila	a128 Hunter	a037 Nolan	a140 Schimminger
a092 Abinanti	a072 De La Rosa	a029 Hyndman	a144 Norris	a099 Schmitt
a084 Arroyo	a034 DenDekker	a104 Jacobson	a069 O'Donnell	a076 Seawright
a107 Ashby	a003 DeStefano	a097 Jaffee	a051 Ortiz	a052 Simon
a035 Aubry	a070 Dickens	a011 Jean-Pierre	a091 Otis	a036 Simotas
a120 Barclay	a054 Dilan	a135 Johns	a132 Palmesano	a005 Smith
a030 Barnwell	a081 Dinowitz	a115 Jones	a002 Palumbo	a118 Smullen
a106 Barrett	a147 DiPietro	a077 Joyner	a088 Paulin	a022 Solages
a060 Barron	a016 D'Urso	a040 Kim	a141 Peoples-	a114 Stec
a082 Benedetto	a048 Eichenstein	a131 Kolb	Stokes	a110 Steck
a042 Bichotte	a004 Englebright	a105 Lalor	a058 Perry	a010 Stern
a079 Blake	a074 Epstein	a013 Lavine	a023 Pheffer	a127 Stirpe
a117 Blankenbush	a109 Fahy	a134 Lawrence	Amato	a102 Tague
a098 Brabene	a061 Fall	a050 Lentol	a086 Pichardo	a071 Taylor
a026 Braunstein	a080 Fernandez	a125 Lifton	a089 Pretlow	a001 Thiele
a138 Bronson	a126 Finch	a009 LiPetri	a073 Quart	a033 Vanel
a093 Buchwald	a008 Fitzpatrick	a123 Lupardo	a019 Ra	a116 Walczyk
a142 Burke	a124 Friend	a129 Magnarelli	a006 Ramos	a055 Walker
a119 Buttenschon	a046 Frontus	a064 Malliotakis	a062 Reilly	a143 Wallace
a094 Byrne	a095 Galef	a130 Manktelow	a087 Reyes	a112 Walsh
a133 Byrnes	a137 Gantt	a108 McDonald	a043 Richardson	a041 Weinstein
a103 Cahill	a007 Garbarino	a014 McDonough	a078 Rivera	a024 Weprin
a044 Carroll	a148 Giglio	a146 McMahan	a068 Rodriguez	a059 Williams
a047 Colton	a066 Glick	a017 Mikulin	a136 Romeo	a113 Woerner
a032 Cook	a150 Goodell	a101 Miller, B.	a027 Rosenthal, D.	a056 Wright
a085 Crespo	a075 Gottfried	a038 Miller, M. G.	a067 Rosenthal, L.	a096 Zebrowski
a122 Crouch	a021 Griffin	a020 Miller, M. L.	a025 Rozic	a012
a039 Cruz	a100 Gunther	a015 Montesano	a149 Ryan	a031
a063 Cusick	a139 Hawley	a145 Morinello	a121 Salka	
a045 Cymbrowitz	a083 Heastie	a057 Mosley	a111 Santabarbara	
a018 Darling	a028 Hevesi	a065 Niou	a090 Sayegh	

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: in Assembly 2 copies of memorandum in support, in
Senate 4 copies of memorandum in support (single house); or 4 signed copies
of bill and 8 copies of memorandum in support (uni-bill).

financial law in relation to eliminating programs that do not support the department of health's core mission; to amend the public health law, in relation to payments for uncompensated care to certain voluntary non-profit diagnostic and treatment centers; to amend the public health law, in relation to the distribution pool allocations and graduate medical education; to amend the public health law, in relation to the assessments on covered lives; to amend the public health law, in relation to tobacco control and insurance initiatives pool distributions; 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 effectiveness of certain provisions thereof; 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 social services law, in relation to extending payment provisions for general hospitals; to amend the public health law, in relation to extending payment provisions for certain medical assistance rates for certified home health agencies; to amend the social services law, in relation to extending payment provisions for certain personal care services medical assistance rates; to amend chapter 517 of the laws of 2016 amending the public health law relating to payments from the New York state medical indemnity fund, in relation to the effectiveness thereof; and to repeal certain provisions of the public health law relating to funding for certain programs (Part A); to repeal subdivision 9 of section 2803 of the public health law, relating to the department of health's requirement to audit the number of working hours for hospital residents (Part B); to

amend the insurance law, in relation to creating a pay and pursue model within the early intervention program (Part C); to amend the social services law, in relation to limiting the availability of enhanced quality of adult living program ("EQUAL") grants (Part D); to amend the public health law, in relation to eliminating programs that do not support the department of health's core mission; to amend the state finance law, in relation to transferring responsibility for the autism awareness and research fund to the office for people with developmental disabilities; to amend the public health law, the mental hygiene law, the insurance law and the labor law, in relation to transferring responsibility for the comprehensive care centers for eating disorders to the office of mental health; and to repeal certain provisions of the public health law relating to funding for certain programs (Part E); to amend chapter 59 of the laws of 2016 amending the public health law and other laws relating to electronic prescriptions, in relation to the effectiveness thereof; 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 the effectiveness thereof; to amend the public health law, in relation to continuing nursing home upper payment limit payments; to amend chapter 904 of the laws of 1984, amending the public health law and the social services law relating to encouraging comprehensive health services, in relation to the effectiveness thereof; to amend chapter 62 of the laws of 2003, amending the public health law relating to allowing for the use of funds of the office of professional medical conduct for activities of the patient health information and quality improvement act of 2000, in relation to extending the provisions thereof; to amend chapter 59 of the

laws of 2011, amending the public health law relating to the statewide health information network of New York and the statewide planning and research cooperative system and general powers and duties, in relation to the effectiveness thereof; to amend chapter 58 of the laws of 2008, amending the elder law and other laws relating to reimbursement to participating provider pharmacies and prescription drug coverage, in relation to extending the expiration of certain provisions thereof; to amend the public health law, in relation to issuance of certificates of authority to accountable care organizations; to amend chapter 59 of the laws of 2016, amending the social services law and other laws relating to authorizing the commissioner of health to apply federally established consumer price index penalties for generic drugs, and authorizing the commissioner of health to impose penalties on managed care plans for reporting late or incorrect encounter data, in relation to the effectiveness of certain provisions of such chapter; to amend part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates, in relation to the effectiveness thereof; to amend chapter 57 of the laws of 2019, amending the public health law relating to waiver of certain regulations, in relation to the effectiveness thereof; to amend chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential health care facilities, in relation to extending the effectiveness of certain provisions thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of certain provisions thereof; to amend 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 date of the expiration of certain provisions thereof; and to amend part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates; in relation to the effectiveness thereof (Part F); to amend the insurance law, in relation to prescription drug pricing and creating a drug accountability board (Part G); to amend the education law, in relation to clarifying the tasks that can be performed by a licensed pharmacy technician (Part H); to amend the education law, in relation to orders or non-patient specific regimens to pharmacists for administering immunizations; to amend chapter 563 of the laws of 2008, amending the education law and the public health law relating to immunizing agents to be administered to adults by pharmacists, in relation to making the provisions permanent; to amend chapter 116 of the laws of 2012, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents, in relation to making certain provisions permanent; to amend chapter 274 of the laws of 2013, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer meningococcal disease immunizing agents, in relation to the effectiveness thereof; and to amend chapter 21 of the laws of 2011, amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, in relation to making certain provisions permanent (Part I); to amend the insurance law, in relation to denial of payment for certain medically necessary hospital services, claims payment timeframes and payment of interest, payment and billing for out-of-network hospital emergency services, claims payment performance and creation of a workgroup to study

health care administrative simplification; to amend the public health law, the insurance law, the financial services law and the civil practice law and rules, in relation to provisional credentialing of physicians and utilization review determinations and prior authorization; and to repeal certain provisions of the financial services law relating thereto (Part J); to amend the public health law, in relation to the state's physician profiles (Part K); to amend the education law and the public health law, in relation to enhancing the ability of the department of education to investigate, discipline, and monitor licensed physicians, physician assistants, and specialist assistants (Part L); to amend the public health law, in relation to the state's schedules of controlled substances (Part M); to amend the public health law, in relation to general hospital and nursing home requirements to establish antibiotic stewardship programs and antimicrobial resistance and infection prevention training programs (Part N); to amend the public health law, in relation to expanding the Sexual Assault Forensic Examiner (SAFE) Program to all New York state hospitals with an emergency department (Part O); to amend the public health law and the labor law, in relation to the state's modernization of environmental health fee (Part P); to amend the public health law, the education law, the general business law and the tax law, in relation to the tobacco and electronic cigarette omnibus state of the state proposal; and to repeal certain provisions of the public health law relating thereto (Part Q); to amend the social services law, in relation to certain Medicaid management; authorizing the director of the division of the budget to direct the commissioner of health to distribute enhanced federal match assistance percentage payments to social services districts; and relating to state expenditures (Part R); to amend the

public health law, in relation to adding a three percent surcharge to construction approval applications (Part S); 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 excess insurance coverage and extending the effectiveness of certain provisions thereof; and to amend part H of chapter 57 of the laws of 2017, amending the New York Health Care Reform Act of 1996 and other laws relating to extending certain provisions relating thereto, in relation to extending provisions relating to excess coverage (Part T); to amend the insurance law, in relation to the licensing of pharmacy benefit managers (Part U); to amend the mental hygiene law, in relation to admission to residential treatment facilities (RTF) for children and youth (Part V); to amend the criminal procedure law, in relation to including mental health units operating within a local correctional facility within the definition of "appropriate institution" under certain circumstances (Part W); to authorize the transfer of certain office of mental health employees to the secure treatment rehabilitation center (Part X); to amend the mental hygiene law, in relation to the amount of time an individual may be held for emergency observation, care, and treatment in CPEP and the implementation of satellite sites, to amend chapter 723 of the laws of 1989 amending the mental hygiene law and other laws relating to comprehensive psychiatric emergency programs, in relation to the effectiveness of certain provisions thereof; and to repeal paragraphs 4 and 8 of subdivision (a), and subdivision (i) of section 31.27 of the mental hygiene law, relating thereto (Part Y); to amend the insurance law, in relation to promulgating rules and regulations to establish mental health and substance use disorder parity compliance requirements; and to

amend the state finance law and public health law, in relation to establishing the behavioral health parity compliance fund (Part Z); to amend the social services law, in relation to the requirement to check the statewide central register of child abuse and maltreatment for every subject of a reported allegation of abuse or neglect (Part AA); and to amend the mental hygiene law, the social services law and the public health law, in relation to providers of service (Part BB)

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 necessary to implement the state health and mental hygiene budget for
3 the 2020-2021 state fiscal year. Each component is wholly contained
4 within a Part identified as Parts A through BB. The effective date for
5 each particular provision contained within such Part is set forth in the
6 last section of such Part. Any provision in any section contained within
7 a Part, including the effective date of the Part, which makes a refer-
8 ence to a section "of this act", when used in connection with that
9 particular component, shall be deemed to mean and refer to the corre-
10 sponding section of the Part in which it is found. Section three of this
11 act sets forth the general effective date of this act.

12 PART A

13 Section 1. Section 34 of part A3 of chapter 62 of the laws of 2003
14 amending the general business law and other laws relating to enacting
15 major components necessary to implement the state fiscal plan for the
16 2003-04 state fiscal year, as amended by section 14 of part H of chapter
17 57 of the laws of 2017, is amended to read as follows:

18 § 34. (1) Notwithstanding any inconsistent provision of law, rule or
19 regulation and effective April 1, 2008 through March 31, [2020] 2023,
20 the commissioner of health is authorized to transfer and the state comp-
21 troller is authorized and directed to receive for deposit to the credit
22 of the department of health's special revenue fund - other, health care
23 reform act (HCRA) resources fund - 061, provider collection monitoring
24 account, within amounts appropriated each year, those funds collected
25 and accumulated pursuant to section 2807-v of the public health law,
26 including income from invested funds, for the purpose of payment for

1 administrative costs of the department of health related to adminis-
2 tration of statutory duties for the collections and distributions
3 authorized by section 2807-v of the public health law.

4 (2) Notwithstanding any inconsistent provision of law, rule or regu-
5 lation and effective April 1, 2008 through March 31, [2020] 2023, the
6 commissioner of health is authorized to transfer and the state comp-
7 troller is authorized and directed to receive for deposit to the credit
8 of the department of health's special revenue fund - other, health care
9 reform act (HCRA) resources fund - 061, provider collection monitoring
10 account, within amounts appropriated each year, those funds collected
11 and accumulated and interest earned through surcharges on payments for
12 health care services pursuant to section 2807-s of the public health law
13 and from assessments pursuant to section 2807-t of the public health law
14 for the purpose of payment for administrative costs of the department of
15 health related to administration of statutory duties for the collections
16 and distributions authorized by sections 2807-s, 2807-t, and 2807-m of
17 the public health law.

18 (3) Notwithstanding any inconsistent provision of law, rule or regu-
19 lation and effective April 1, 2008 through March 31, [2020] 2023, the
20 commissioner of health is authorized to transfer and the comptroller is
21 authorized to deposit, within amounts appropriated each year, those
22 funds authorized for distribution in accordance with the provisions of
23 paragraph (a) of subdivision 1 of section 2807-1 of the public health
24 law for the purposes of payment for administrative costs of the depart-
25 ment of health related to the child health insurance plan program
26 authorized pursuant to title 1-A of article 25 of the public health law
27 into the special revenue funds - other, health care reform act (HCRA)

1 resources fund - 061, child health insurance account, established within
2 the department of health.

3 [(4) Notwithstanding any inconsistent provision of law, rule or regu-
4 lation and effective April 1, 2008 through March 31, 2020, the commis-
5 sioner 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 the provisions of
8 paragraph (e) of subdivision 1 of section 2807-1 of the public health
9 law for the purpose of payment for administrative costs of the depart-
10 ment of health related to the health occupation development and work-
11 place demonstration program established pursuant to section 2807-h and
12 the health workforce retraining program established pursuant to section
13 2807-g of the public health law into the special revenue funds - other,
14 health care reform act (HCRA) resources fund - 061, health occupation
15 development and workplace demonstration program account, established
16 within the department of health.]

17 (5) Notwithstanding any inconsistent provision of law, rule or regu-
18 lation and effective April 1, 2008 through March 31, [2020] 2023, the
19 commissioner of health is authorized to transfer and the comptroller is
20 authorized to deposit, within amounts appropriated each year, those
21 funds allocated pursuant to paragraph (j) of subdivision 1 of section
22 2807-v of the public health law for the purpose of payment for adminis-
23 trative costs of the department of health related to administration of
24 the state's tobacco control programs and cancer services provided pursu-
25 ant to sections 2807-r and 1399-ii of the public health law into such
26 accounts established within the department of health for such purposes.

27 (6) Notwithstanding any inconsistent provision of law, rule or regu-
28 lation and effective April 1, 2008 through March 31, [2020] 2023, the

1 commissioner of health is authorized to transfer and the comptroller is
2 authorized to deposit, within amounts appropriated each year, the funds
3 authorized for distribution in accordance with the provisions of section
4 2807-1 of the public health law for the purposes of payment for adminis-
5 trative costs of the department of health related to the programs funded
6 pursuant to section 2807-1 of the public health law into the special
7 revenue funds - other, health care reform act (HCRA) resources fund -
8 061, pilot health insurance account, established within the department
9 of health.

10 (7) Notwithstanding any inconsistent provision of law, rule or regu-
11 lation and effective April 1, 2008 through March 31, [2020] 2023, the
12 commissioner of health is authorized to transfer and the comptroller is
13 authorized to deposit, within amounts appropriated each year, those
14 funds authorized for distribution in accordance with the provisions of
15 subparagraph (ii) of paragraph (f) of subdivision 19 of section 2807-c
16 of the public health law from monies accumulated and interest earned in
17 the bad debt and charity care and capital statewide pools through an
18 assessment charged to general hospitals pursuant to the provisions of
19 subdivision 18 of section 2807-c of the public health law and those
20 funds authorized for distribution in accordance with the provisions of
21 section 2807-1 of the public health law for the purposes of payment for
22 administrative costs of the department of health related to programs
23 funded under section 2807-1 of the public health law into the special
24 revenue funds - other, health care reform act (HCRA) resources fund -
25 061, primary care initiatives account, established within the department
26 of health.

27 (8) Notwithstanding any inconsistent provision of law, rule or regu-
28 lation and effective April 1, 2008 through March 31, [2020] 2023, the

1 commissioner of health is authorized to transfer and the comptroller is
2 authorized to deposit, within amounts appropriated each year, those
3 funds authorized for distribution in accordance with section 2807-1 of
4 the public health law for the purposes of payment for administrative
5 costs of the department of health related to programs funded under
6 section 2807-1 of the public health law into the special revenue funds -
7 other, health care reform act (HCRA) resources fund - 061, health care
8 delivery administration account, established within the department of
9 health.

10 (9) Notwithstanding any inconsistent provision of law, rule or regu-
11 lation and effective April 1, 2008 through March 31, [2020] 2023, the
12 commissioner of health is authorized to transfer and the comptroller is
13 authorized to deposit, within amounts appropriated each year, those
14 funds authorized pursuant to sections 2807-d, 3614-a and 3614-b of the
15 public health law and section 367-i of the social services law and for
16 distribution in accordance with the provisions of subdivision 9 of
17 section 2807-j of the public health law for the purpose of payment for
18 administration of statutory duties for the collections and distributions
19 authorized by sections 2807-c, 2807-d, 2807-j, 2807-k, 2807-l, 3614-a
20 and 3614-b of the public health law and section 367-i of the social
21 services law into the special revenue funds - other, health care reform
22 act (HCRA) resources fund - 061, provider collection monitoring account,
23 established within the department of health.

24 § 2. Subparagraphs (iv) and (v) of paragraph (a) of subdivision 9 of
25 section 2807-j of the public health law, as amended by section 5 of part
26 H of chapter 57 of the laws of 2017, are amended to read as follows:

1 (iv) seven hundred sixty-five million dollars annually of the funds
2 accumulated for the periods January first, two thousand through December
3 thirty-first, two thousand [nineteen] twenty-two, and

4 (v) one hundred ninety-one million two hundred fifty thousand dollars
5 of the funds accumulated for the period January first, two thousand
6 [twenty] twenty-three through March thirty-first, two thousand [twenty]
7 twenty-three.

8 § 3. Subdivision 5 of section 168 of chapter 639 of the laws of 1996,
9 constituting the New York Health Care Reform Act of 1996, as amended by
10 section 1 of part H of chapter 57 of the laws of 2017, is amended to
11 read as follows:

12 5. sections 2807-c, 2807-j, 2807-s and 2807-t of the public health
13 law, as amended or as added by this act, shall expire on December 31,
14 [2020] 2023, and shall be thereafter effective only in respect to any
15 act done on or before such date or action or proceeding arising out of
16 such act including continued collections of funds from assessments and
17 allowances and surcharges established pursuant to sections 2807-c,
18 2807-j, 2807-s and 2807-t of the public health law, and administration
19 and distributions of funds from pools established pursuant to sections
20 2807-c, 2807-j, 2807-k, 2807-l, 2807-m, 2807-s and 2807-t of the public
21 health law related to patient services provided before December 31,
22 [2020] 2023, and continued expenditure of funds authorized for programs
23 and grants until the exhaustion of funds therefor;

24 § 4. Subdivision 1 of section 138 of chapter 1 of the laws of 1999,
25 constituting the New York Health Care Reform Act of 2000, as amended by
26 section 2 of part H of chapter 57 of the laws of 2017, is amended to
27 read as follows:

1 1. sections 2807-c, 2807-j, 2807-s, and 2807-t of the public health
2 law, as amended by this act, shall expire on December 31, [2020] 2023,
3 and shall be thereafter effective only in respect to any act done before
4 such date or action or proceeding arising out of such act including
5 continued collections of funds from assessments and allowances and
6 surcharges established pursuant to sections 2807-c, 2807-j, 2807-s and
7 2807-t of the public health law, and administration and distributions of
8 funds from pools established pursuant to sections 2807-c, 2807-j,
9 2807-k, 2807-l, 2807-m, 2807-s, 2807-t, 2807-v and 2807-w of the public
10 health law, as amended or added by this act, related to patient services
11 provided before December 31, [2020] 2023, and continued expenditure of
12 funds authorized for programs and grants until the exhaustion of funds
13 therefor;

14 § 5. Section 2807-1 of the public health law, as amended by section
15 21 of part H of chapter 57 of the laws of 2017, is amended to read as
16 follows:

17 § 2807-1. Health care initiatives pool distributions. 1. Funds accumu-
18 lated in the health care initiatives pools pursuant to paragraph (b) of
19 subdivision nine of section twenty-eight hundred seven-j of this arti-
20 cle, or the health care reform act (HCRA) resources fund established
21 pursuant to section ninety-two-dd of the state finance law, whichever is
22 applicable, including income from invested funds, shall be distributed
23 or retained by the commissioner or by the state comptroller, as applica-
24 ble, in accordance with the following.

25 (a) Funds shall be reserved and accumulated from year to year and
26 shall be available, including income from invested funds, for purposes
27 of distributions to programs to provide health care coverage for unin-
28 sured or underinsured children pursuant to sections twenty-five hundred

1 ten and twenty-five hundred eleven of this chapter from the respective
2 health care initiatives pools established for the following periods in
3 the following amounts:

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

7 (ii) from the pool for the period January first, nineteen hundred
8 ninety-eight through December thirty-first, nineteen hundred ninety-
9 eight, up to one hundred sixty-four million five hundred thousand
10 dollars;

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

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

16 (v) from the pool for the period January first, two thousand one
17 through December thirty-first, two thousand one, two hundred thirty-five
18 million dollars;

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

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

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

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

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

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

13 (xii) from the health care reform act (HCRA) resources fund for the
14 period January first, two thousand eight through December thirty-first,
15 two thousand ten, up to four hundred fifty-three million six hundred
16 seventy-four thousand dollars annually;

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

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

25 (xv) from the health care reform act (HCRA) resources fund for the
26 period April first, two thousand twelve, through March thirty-first, two
27 thousand thirteen, up to three hundred forty-six million four hundred
28 forty-four thousand dollars;

1 (xvi) from the health care reform act (HCRA) resources fund for the
2 period April first, two thousand thirteen, through March thirty-first,
3 two thousand fourteen, up to three hundred seventy million six hundred
4 ninety-five thousand dollars; and

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

8 (b) Funds shall be reserved and accumulated from year to year and
9 shall be available, including income from invested funds, for purposes
10 of distributions for health insurance programs under the individual
11 subsidy programs established pursuant to the expanded health care cover-
12 age act of nineteen hundred eighty-eight as amended, and for evaluation
13 of such programs from the respective health care initiatives pools or
14 the health care reform act (HCRA) resources fund, whichever is applica-
15 ble, established for the following periods in the following amounts:

16 (i) (A) an amount not to exceed six million dollars on an annualized
17 basis for the periods January first, nineteen hundred ninety-seven
18 through December thirty-first, nineteen hundred ninety-nine; up to six
19 million dollars for the period January first, two thousand through
20 December thirty-first, two thousand; up to five million dollars for the
21 period January first, two thousand one through December thirty-first,
22 two thousand one; up to four million dollars for the period January
23 first, two thousand two through December thirty-first, two thousand two;
24 up to two million six hundred thousand dollars for the period January
25 first, two thousand three through December thirty-first, two thousand
26 three; up to one million three hundred thousand dollars for the period
27 January first, two thousand four through December thirty-first, two
28 thousand four; up to six hundred seventy thousand dollars for the period

1 January first, two thousand five through June thirtieth, two thousand
2 five; up to one million three hundred thousand dollars for the period
3 April first, two thousand six through March thirty-first, two thousand
4 seven; and up to one million three hundred thousand dollars annually for
5 the period April first, two thousand seven through March thirty-first,
6 two thousand nine, shall be allocated to individual subsidy programs;
7 and

8 (B) an amount not to exceed seven million dollars on an annualized
9 basis for the periods during the period January first, nineteen hundred
10 ninety-seven through December thirty-first, nineteen hundred ninety-nine
11 and four million dollars annually for the periods January first, two
12 thousand through December thirty-first, two thousand two, and three
13 million dollars for the period January first, two thousand three through
14 December thirty-first, two thousand three, and two million dollars for
15 the period January first, two thousand four through December thirty-
16 first, two thousand four, and two million dollars for the period January
17 first, two thousand five through June thirtieth, two thousand five shall
18 be allocated to the catastrophic health care expense program.

19 (ii) Notwithstanding any law to the contrary, the characterizations of
20 the New York state small business health insurance partnership program
21 as in effect prior to June thirtieth, two thousand three, voucher
22 program as in effect prior to December thirty-first, two thousand one,
23 individual subsidy program as in effect prior to June thirtieth, two
24 thousand five, and catastrophic health care expense program, as in
25 effect prior to June thirtieth, two thousand five, may, for the purposes
26 of identifying matching funds for the community health care conversion
27 demonstration project described in a waiver of the provisions of title
28 XIX of the federal social security act granted to the state of New York

1 and dated July fifteenth, nineteen hundred ninety-seven, may continue to
2 be used to characterize the insurance programs in sections four thousand
3 three hundred twenty-one-a, four thousand three hundred twenty-two-a,
4 four thousand three hundred twenty-six and four thousand three hundred
5 twenty-seven of the insurance law, which are successor programs to these
6 programs.

7 (c) Up to seventy-eight million dollars shall be reserved and accumu-
8 lated from year to year from the pool for the period January first,
9 nineteen hundred ninety-seven through December thirty-first, nineteen
10 hundred ninety-seven, for purposes of public health programs, up to
11 seventy-six million dollars shall be reserved and accumulated from year
12 to year from the pools for the periods January first, nineteen hundred
13 ninety-eight through December thirty-first, nineteen hundred ninety-
14 eight and January first, nineteen hundred ninety-nine through December
15 thirty-first, nineteen hundred ninety-nine, up to eighty-four million
16 dollars shall be reserved and accumulated from year to year from the
17 pools for the period January first, two thousand through December thir-
18 ty-first, two thousand, up to eighty-five million dollars shall be
19 reserved and accumulated from year to year from the pools for the period
20 January first, two thousand one through December thirty-first, two thou-
21 sand one, up to eighty-six million dollars shall be reserved and accumu-
22 lated from year to year from the pools for the period January first, two
23 thousand two through December thirty-first, two thousand two, up to
24 eighty-six million one hundred fifty thousand dollars shall be reserved
25 and accumulated from year to year from the pools for the period January
26 first, two thousand three through December thirty-first, two thousand
27 three, up to fifty-eight million seven hundred eighty thousand dollars
28 shall be reserved and accumulated from year to year from the pools for

1 the period January first, two thousand four through December thirty-
2 first, two thousand four, up to sixty-eight million seven hundred thirty
3 thousand dollars shall be reserved and accumulated from year to year
4 from the pools or the health care reform act (HCRA) resources fund,
5 whichever is applicable, for the period January first, two thousand five
6 through December thirty-first, two thousand five, up to ninety-four
7 million three hundred fifty thousand dollars shall be reserved and accu-
8 mulated from year to year from the health care reform act (HCRA)
9 resources fund for the period January first, two thousand six through
10 December thirty-first, two thousand six, up to seventy million nine
11 hundred thirty-nine thousand dollars shall be reserved and accumulated
12 from year to year from the health care reform act (HCRA) resources fund
13 for the period January first, two thousand seven through December thir-
14 ty-first, two thousand seven, up to fifty-five million six hundred
15 eighty-nine thousand dollars annually shall be reserved and accumulated
16 from year to year from the health care reform act (HCRA) resources fund
17 for the period January first, two thousand eight through December thir-
18 ty-first, two thousand ten, up to thirteen million nine hundred twenty-
19 two thousand dollars shall be reserved and accumulated from year to year
20 from the health care reform act (HCRA) resources fund for the period
21 January first, two thousand eleven through March thirty-first, two thou-
22 sand eleven, and for periods on and after April first, two thousand
23 eleven, up to funding amounts specified below and shall be available,
24 including income from invested funds, for:

25 (i) deposit by the commissioner, within amounts appropriated, and the
26 state comptroller is hereby authorized and directed to receive for
27 deposit to, to the credit of the department of health's special revenue
28 fund - other, hospital based grants program account or the health care

1 reform act (HCRA) resources fund, whichever is applicable, for purposes
2 of services and expenses related to general hospital based grant
3 programs, up to twenty-two million dollars annually from the nineteen
4 hundred ninety-seven pool, nineteen hundred ninety-eight pool, nineteen
5 hundred ninety-nine pool, two thousand pool, two thousand one pool and
6 two thousand two pool, respectively, up to twenty-two million dollars
7 from the two thousand three pool, up to ten million dollars for the
8 period January first, two thousand four through December thirty-first,
9 two thousand four, up to eleven million dollars for the period January
10 first, two thousand five through December thirty-first, two thousand
11 five, up to twenty-two million dollars for the period January first, two
12 thousand six through December thirty-first, two thousand six, up to
13 twenty-two million ninety-seven thousand dollars annually for the period
14 January first, two thousand seven through December thirty-first, two
15 thousand ten, up to five million five hundred twenty-four thousand
16 dollars for the period January first, two thousand eleven through March
17 thirty-first, two thousand eleven, up to thirteen million four hundred
18 forty-five thousand dollars for the period April first, two thousand
19 eleven through March thirty-first, two thousand twelve, and up to thir-
20 teen million three hundred seventy-five thousand dollars each state
21 fiscal year for the period April first, two thousand twelve through
22 March thirty-first, two thousand fourteen;

23 (ii) deposit by the commissioner, within amounts appropriated, and the
24 state comptroller is hereby authorized and directed to receive for
25 deposit to, to the credit of the emergency medical services training
26 account established in section ninety-seven-q of the state finance law
27 or the health care reform act (HCRA) resources fund, whichever is appli-
28 cable, up to sixteen million dollars on an annualized basis for the

1 periods January first, nineteen hundred ninety-seven through December
2 thirty-first, nineteen hundred ninety-nine, up to twenty million dollars
3 for the period January first, two thousand through December thirty-
4 first, two thousand, up to twenty-one million dollars for the period
5 January first, two thousand one through December thirty-first, two thou-
6 sand one, up to twenty-two million dollars for the period January first,
7 two thousand two through December thirty-first, two thousand two, up to
8 twenty-two million five hundred fifty thousand dollars for the period
9 January first, two thousand three through December thirty-first, two
10 thousand three, up to nine million six hundred eighty thousand dollars
11 for the period January first, two thousand four through December thir-
12 ty-first, two thousand four, up to twelve million one hundred thirty
13 thousand dollars for the period January first, two thousand five through
14 December thirty-first, two thousand five, up to twenty-four million two
15 hundred fifty thousand dollars for the period January first, two thou-
16 sand six through December thirty-first, two thousand six, up to twenty
17 million four hundred ninety-two thousand dollars annually for the period
18 January first, two thousand seven through December thirty-first, two
19 thousand ten, up to five million one hundred twenty-three thousand
20 dollars for the period January first, two thousand eleven through March
21 thirty-first, two thousand eleven, up to eighteen million three hundred
22 fifty thousand dollars for the period April first, two thousand eleven
23 through March thirty-first, two thousand twelve, up to eighteen million
24 nine hundred fifty thousand dollars for the period April first, two
25 thousand twelve through March thirty-first, two thousand thirteen, up to
26 nineteen million four hundred nineteen thousand dollars for the period
27 April first, two thousand thirteen through March thirty-first, two thou-
28 sand fourteen, and up to nineteen million six hundred fifty-nine thou-

1 sand seven hundred dollars each state fiscal year for the period of
2 April first, two thousand fourteen through March thirty-first, two thou-
3 sand [twenty] twenty-three;

4 (iii) priority distributions by the commissioner up to thirty-two
5 million dollars on an annualized basis for the period January first, two
6 thousand through December thirty-first, two thousand four, up to thir-
7 ty-eight million dollars on an annualized basis for the period January
8 first, two thousand five through December thirty-first, two thousand
9 six, up to eighteen million two hundred fifty thousand dollars for the
10 period January first, two thousand seven through December thirty-first,
11 two thousand seven, up to three million dollars annually for the period
12 January first, two thousand eight through December thirty-first, two
13 thousand ten, up to seven hundred fifty thousand dollars for the period
14 January first, two thousand eleven through March thirty-first, two thou-
15 sand eleven, up to two million nine hundred thousand dollars each state
16 fiscal year for the period April first, two thousand eleven through
17 March thirty-first, two thousand fourteen, and up to two million nine
18 hundred thousand dollars each state fiscal year for the period April
19 first, two thousand fourteen through March thirty-first, two thousand
20 [twenty] twenty-three to be allocated (A) for the purposes established
21 pursuant to subparagraph (ii) of paragraph (f) of subdivision nineteen
22 of section twenty-eight hundred seven-c of this article as in effect on
23 December thirty-first, nineteen hundred ninety-six and as may thereafter
24 be amended, up to fifteen million dollars annually for the periods Janu-
25 ary first, two thousand through December thirty-first, two thousand
26 four, up to twenty-one million dollars annually for the period January
27 first, two thousand five through December thirty-first, two thousand
28 six, and up to seven million five hundred thousand dollars for the peri-

1 od January first, two thousand seven through March thirty-first, two
2 thousand seven;

3 (B) pursuant to a memorandum of understanding entered into by the
4 commissioner, the majority leader of the senate and the speaker of the
5 assembly, for the purposes outlined in such memorandum upon the recom-
6 mendation of the majority leader of the senate, up to eight million
7 five hundred thousand dollars annually for the period January first, two
8 thousand through December thirty-first, two thousand six, and up to four
9 million two hundred fifty thousand dollars for the period January first,
10 two thousand seven through June thirtieth, two thousand seven, and for
11 the purposes outlined in such memorandum upon the recommendation of the
12 speaker of the assembly, up to eight million five hundred thousand
13 dollars annually for the periods January first, two thousand through
14 December thirty-first, two thousand six, and up to four million two
15 hundred fifty thousand dollars for the period January first, two thou-
16 sand seven through June thirtieth, two thousand seven; and

17 (C) for services and expenses, including grants, related to emergency
18 assistance distributions as designated by the commissioner. Notwith-
19 standing section one hundred twelve or one hundred sixty-three of the
20 state finance law or any other contrary provision of law, such distrib-
21 utions shall be limited to providers or programs where, as determined by
22 the commissioner, emergency assistance is vital to protect the life or
23 safety of patients, to ensure the retention of facility caregivers or
24 other staff, or in instances where health facility operations are jeop-
25 ardized, or where the public health is jeopardized or other emergency
26 situations exist, up to three million dollars annually for the period
27 April first, two thousand seven through March thirty-first, two thousand
28 eleven, up to two million nine hundred thousand dollars each state

1 fiscal year for the period April first, two thousand eleven through
2 March thirty-first, two thousand fourteen, up to two million nine
3 hundred thousand dollars each state fiscal year for the period April
4 first, two thousand fourteen through March thirty-first, two thousand
5 seventeen, [and] up to two million nine hundred thousand dollars each
6 state fiscal year for the period April first, two thousand seventeen
7 through March thirty-first, two thousand twenty, and up to two million
8 nine hundred thousand dollars each state fiscal year for the period
9 April first, two thousand twenty through March thirty-first, two thou-
10 sand twenty-three. Upon any distribution of such funds, the commissioner
11 shall immediately notify the chair and ranking minority member of the
12 senate finance committee, the assembly ways and means committee, the
13 senate committee on health, and the assembly committee on health;

14 (iv) distributions by the commissioner related to poison control
15 centers pursuant to subdivision seven of section twenty-five hundred-d
16 of this chapter, up to five million dollars for the period January
17 first, nineteen hundred ninety-seven through December thirty-first,
18 nineteen hundred ninety-seven, up to three million dollars on an annual-
19 ized basis for the periods during the period January first, nineteen
20 hundred ninety-eight through December thirty-first, nineteen hundred
21 ninety-nine, up to five million dollars annually for the periods January
22 first, two thousand through December thirty-first, two thousand two, up
23 to four million six hundred thousand dollars annually for the periods
24 January first, two thousand three through December thirty-first, two
25 thousand four, up to five million one hundred thousand dollars for the
26 period January first, two thousand five through December thirty-first,
27 two thousand six annually, up to five million one hundred thousand
28 dollars annually for the period January first, two thousand seven

1 through December thirty-first, two thousand nine, up to three million
2 six hundred thousand dollars for the period January first, two thousand
3 ten through December thirty-first, two thousand ten, up to seven hundred
4 seventy-five thousand dollars for the period January first, two thousand
5 eleven through March thirty-first, two thousand eleven, up to two
6 million five hundred thousand dollars each state fiscal year for the
7 period April first, two thousand eleven through March thirty-first, two
8 thousand fourteen, up to three million dollars each state fiscal year
9 for the period April first, two thousand fourteen through March thirty-
10 first, two thousand seventeen, [and] up to three million dollars each
11 state fiscal year for the period April first, two thousand seventeen
12 through March thirty-first, two thousand twenty, and up to three million
13 dollars each state fiscal year for the period April first, two thousand
14 twenty through March thirty-first, two thousand twenty-three; and

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

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

11 (d) (i) An amount of up to twenty million dollars annually for the
12 period January first, two thousand through December thirty-first, two
13 thousand six, up to ten million dollars for the period January first,
14 two thousand seven through June thirtieth, two thousand seven, up to
15 twenty million dollars annually for the period January first, two thou-
16 sand eight through December thirty-first, two thousand ten, up to five
17 million dollars for the period January first, two thousand eleven
18 through March thirty-first, two thousand eleven, up to nineteen million
19 six hundred thousand dollars each state fiscal year for the period April
20 first, two thousand eleven through March thirty-first, two thousand
21 fourteen, up to nineteen million six hundred thousand dollars each state
22 fiscal year for the period April first, two thousand fourteen through
23 March thirty-first, two thousand seventeen, [and] up to nineteen million
24 six hundred thousand dollars each state fiscal year for the period of
25 April first, two thousand seventeen through March thirty-first, two
26 thousand twenty, and up to nineteen million six hundred thousand dollars
27 each state fiscal year for the period of April first, two thousand twen-
28 ty through March thirty-first, two thousand twenty-three, shall be

1 transferred to the health facility restructuring pool established pursu-
2 ant to section twenty-eight hundred fifteen of this article;

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

8 (e) Funds shall be reserved and accumulated from year to year and
9 shall be available, including income from invested funds, for purposes
10 of distributions to organizations to support the health workforce
11 retraining program established pursuant to section twenty-eight hundred
12 seven-g of this article from the respective health care initiatives
13 pools established for the following periods in the following amounts
14 from the pools or the health care reform act (HCRA) resources fund,
15 whichever is applicable, during the period January first, nineteen
16 hundred ninety-seven through December thirty-first, nineteen hundred
17 ninety-nine, up to fifty million dollars on an annualized basis, up to
18 thirty million dollars for the period January first, two thousand
19 through December thirty-first, two thousand, up to forty million dollars
20 for the period January first, two thousand one through December thirty-
21 first, two thousand one, up to fifty million dollars for the period
22 January first, two thousand two through December thirty-first, two thou-
23 sand two, up to forty-one million one hundred fifty thousand dollars for
24 the period January first, two thousand three through December thirty-
25 first, two thousand three, up to forty-one million one hundred fifty
26 thousand dollars for the period January first, two thousand four through
27 December thirty-first, two thousand four, up to fifty-eight million
28 three hundred sixty thousand dollars for the period January first, two

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

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

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 (A) thirty-four million six hundred thousand dollars shall be trans-
26 ferred to funds reserved and accumulated pursuant to paragraph (b) of
27 subdivision nineteen of section twenty-eight hundred seven-c of this
28 article, and (B) eighty-two million dollars shall be transferred and

1 deposited and credited to the credit of the state general fund medical
2 assistance local assistance account;

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

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

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

1 (v) from the health care reform act (HCRA) resources fund for the
2 period January first, two thousand nine through December thirty-first,
3 two thousand nine, one hundred eight million nine hundred seventy-five
4 thousand dollars, and for the period January first, two thousand ten
5 through December thirty-first, two thousand ten, one hundred twenty-six
6 million one hundred thousand dollars, for the period January first, two
7 thousand eleven through March thirty-first, two thousand eleven, twenty
8 million five hundred thousand dollars, and for each state fiscal year
9 for the period April first, two thousand eleven through March thirty-
10 first, two thousand fourteen, one hundred forty-six million four hundred
11 thousand dollars, shall be deposited by the commissioner, and the state
12 comptroller is hereby authorized and directed to receive for deposit, to
13 the credit of the state special revenue fund - other, HCRA transfer
14 fund, medical assistance account.

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

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 fifteen and eighty-seven-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, fifteen and eighty-seven-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 sixteen and thirteen-hundredths percent.

4 (h) Funds shall be reserved and accumulated from year to year by the
5 commissioner and shall be available, including income from invested
6 funds, for purposes of primary care education and training pursuant to
7 article nine of this chapter from the respective health care initiatives
8 pools established for the following periods in the following percentage
9 amounts of funds remaining after allocations in accordance with para-
10 graphs (a) through (f) of this subdivision and shall be available for
11 distributions as follows:

12 (i) funds shall be reserved and accumulated:

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

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

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

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

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

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

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

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

11 (i) Funds shall be reserved and accumulated from year to year and
12 shall be available, including income from invested funds, for distrib-
13 utions in accordance with section twenty-nine hundred fifty-two and
14 section twenty-nine hundred fifty-eight of this chapter for rural health
15 care delivery development and rural health care access development,
16 respectively, from the respective health care initiatives pools or the
17 health care reform act (HCRA) resources fund, whichever is applicable,
18 for the following periods in the following percentage amounts of funds
19 remaining after allocations in accordance with paragraphs (a) through
20 (f) of this subdivision, and for periods on and after January first, two
21 thousand, in the following 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 thirteen and forty-nine-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, thirteen and forty-nine-hundredths percent;

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

4 (iv) from the pool for the periods January first, two thousand through
5 December thirty-first, two thousand two, seventeen million dollars annu-
6 ally, and for the period January first, two thousand three through
7 December thirty-first, two thousand three, up to fifteen million eight
8 hundred fifty thousand dollars;

9 (v) from the pool or the health care reform act (HCRA) resources fund,
10 whichever is applicable, for the period January first, two thousand four
11 through December thirty-first, two thousand four, up to fifteen million
12 eight hundred fifty thousand dollars, for the period January first, two
13 thousand five through December thirty-first, two thousand five, up to
14 nineteen million two hundred thousand dollars, for the period January
15 first, two thousand six through December thirty-first, two thousand six,
16 up to nineteen million two hundred thousand dollars, for the period
17 January first, two thousand seven through December thirty-first, two
18 thousand ten, up to eighteen million one hundred fifty thousand dollars
19 annually, for the period January first, two thousand eleven through
20 March thirty-first, two thousand eleven, up to four million five hundred
21 thirty-eight thousand dollars, for each state fiscal year for the period
22 April first, two thousand eleven through March thirty-first, two thou-
23 sand fourteen, up to sixteen million two hundred thousand dollars, up to
24 sixteen million two hundred thousand dollars each state fiscal year for
25 the period April first, two thousand fourteen through March thirty-
26 first, two thousand seventeen, [and] up to sixteen million two hundred
27 thousand dollars each state fiscal year for the period April first, two
28 thousand seventeen through March thirty-first, two thousand twenty, and

1 up to sixteen million two hundred thousand dollars each state fiscal
2 year for the period April first, two thousand twenty through March thir-
3 ty-first, two thousand twenty-three.

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 distributions related to health information and health care quality
7 improvement pursuant to former section twenty-eight hundred seven-n of
8 this article from the respective health care initiatives pools estab-
9 lished for the following periods in the following percentage amounts of
10 funds remaining after allocations in accordance with paragraphs (a)
11 through (f) of this subdivision:

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 six and thirty-five-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, six and thirty-five-hundredths percent; and

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

21 (k) Funds shall be reserved and accumulated from year to year and
22 shall be available, including income from invested funds, for allo-
23 cations and distributions in accordance with section twenty-eight
24 hundred seven-p of this article for diagnostic and treatment center
25 uncompensated care from the respective health care initiatives pools or
26 the health care reform act (HCRA) resources fund, whichever is applica-
27 ble, for the following periods in the following percentage amounts of
28 funds remaining after allocations in accordance with paragraphs (a)

1 through (f) of this subdivision, and for periods on and after January
2 first, two thousand, in the following amounts:

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

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

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

12 (iv) from the pool for the periods January first, two thousand through
13 December thirty-first, two thousand two, forty-eight million dollars
14 annually, and for the period January first, two thousand three through
15 June thirtieth, two thousand three, twenty-four million dollars;

16 (v) (A) from the pool or the health care reform act (HCRA) resources
17 fund, whichever is applicable, for the period July first, two thousand
18 three through December thirty-first, two thousand three, up to six
19 million dollars, for the period January first, two thousand four through
20 December thirty-first, two thousand six, up to twelve million dollars
21 annually, for the period January first, two thousand seven through
22 December thirty-first, two thousand thirteen, up to forty-eight million
23 dollars annually, for the period January first, two thousand fourteen
24 through March thirty-first, two thousand fourteen, up to twelve million
25 dollars for the period April first, two thousand fourteen through March
26 thirty-first, two thousand seventeen, up to forty-eight million dollars
27 annually, [and] for the period April first, two thousand seventeen
28 through March thirty-first, two thousand twenty, up to forty-eight

1 million dollars annually, and for the period April first, two thousand
2 twenty through March thirty-first, two thousand twenty-three, up to
3 forty-eight million dollars annually;

4 (B) from the health care reform act (HCRA) resources fund for the
5 period January first, two thousand six through December thirty-first,
6 two thousand six, an additional seven million five hundred thousand
7 dollars, for the period January first, two thousand seven through Decem-
8 ber thirty-first, two thousand thirteen, an additional seven million
9 five hundred thousand dollars annually, for the period January first,
10 two thousand fourteen through March thirty-first, two thousand fourteen,
11 an additional one million eight hundred seventy-five thousand dollars,
12 for the period April first, two thousand fourteen through March thirty-
13 first, two thousand seventeen, an additional seven million five hundred
14 thousand dollars annually, [and] for the period April first, two thou-
15 sand seventeen through March thirty-first, two thousand twenty, an addi-
16 tional seven million five hundred thousand dollars annually, and for the
17 period April first, two thousand twenty through March thirty-first, two
18 thousand twenty-three, an additional seven million five hundred thousand
19 dollars annually for voluntary non-profit diagnostic and treatment
20 center uncompensated care in accordance with subdivision four-c of
21 section twenty-eight hundred seven-p of this article; and

22 (vi) funds reserved and accumulated pursuant to this paragraph for
23 periods on and after July first, two thousand three, shall be deposited
24 by the commissioner, within amounts appropriated, and the state comp-
25 troller is hereby authorized and directed to receive for deposit to the
26 credit of the state special revenue funds - other, HCRA transfer fund,
27 medical assistance account, for purposes of funding the state share of
28 rate adjustments made pursuant to section twenty-eight hundred seven-p

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

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

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

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

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

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

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

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

1 periods on and after January first, two thousand, in the following
2 amounts:

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

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

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

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

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

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

26 (n) Funds shall be accumulated and transferred from the health care
27 reform act (HCRA) resources fund as follows: for the period April first,
28 two thousand seven through March thirty-first, two thousand eight, and

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

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

1 one of this section shall be distributed for purposes of the health
2 information and quality improvement act of 2000.

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

12 § 6. Subdivision 1, paragraph (f) of subdivision 3, paragraphs (a) and
13 (d) of subdivision 5 and subdivisions 5-a and 12 of section 2807-m of
14 the public health law, subdivision 1 as amended by section 16 of part B
15 of chapter 58 of the laws of 2008, the opening paragraph of paragraph
16 (s) of subdivision 1 as amended by section 95 and paragraph (f) of
17 subdivision 3 as amended by section 97 of part C of chapter 58 of the
18 laws of 2009, paragraph (a) of subdivision 5 as amended by section 75-b
19 of part C of chapter 58 of the laws of 2008, paragraph (d) of subdivi-
20 sion 5 as added by section 10-a of part E of chapter 63 of the laws of
21 2005, subdivision 5-a as amended by section 6 of part H of chapter 57 of
22 the laws of 2017 and subdivision 12 as added by section 3 of part R of
23 chapter 59 of the laws of 2016, are amended to read as follows:

24 1. Definitions. For purposes of this section, the following defi-
25 nitions shall apply, unless the context clearly requires otherwise:

26 (a) ["Clinical research" means patient-oriented research, epidemiolog-
27 ic and behavioral studies, or outcomes research and health services

1 research that is approved by an institutional review board by the time
2 the clinical research position is filled.

3 (b) "Clinical research plan" means a plan submitted by a consortium or
4 teaching general hospital for a clinical research position which demon-
5 strates, in a form to be provided by the commissioner, the following:

6 (i) financial support for overhead, supervision, equipment and other
7 resources equal to the amount of funding provided pursuant to subpara-
8 graph (i) of paragraph (b) of subdivision five-a of this section by the
9 teaching general hospital or consortium for the clinical research posi-
10 tion;

11 (ii) experience the sponsor-mentor and teaching general hospital has
12 in clinical research and the medical field of the study;

13 (iii) methods, data collection and anticipated measurable outcomes of
14 the clinical research to be performed;

15 (iv) training goals, objectives and experience the researcher will be
16 provided to assess a future career in clinical research;

17 (v) scientific relevance, merit and health implications of the
18 research to be performed;

19 (vi) information on potential scientific meetings and peer review
20 journals where research results can be disseminated;

21 (vii) clear and comprehensive details on the clinical research posi-
22 tion;

23 (viii) qualifications necessary for the clinical research position and
24 strategy for recruitment;

25 (ix) non-duplication with other clinical research positions from the
26 same teaching general hospital or consortium;

27 (x) methods to track the career of the clinical researcher once the
28 term of the position is complete; and

1 (xi) any other information required by the commissioner to implement
2 subparagraph (i) of paragraph (b) of subdivision five-a of this section.

3 (xii) The clinical review plan submitted in accordance with this para-
4 graph may be reviewed by the commissioner in consultation with experts
5 outside the department of health.

6 (c) "Clinical research position" means a post-graduate residency posi-
7 tion which:

8 (i) shall not be required in order for the researcher to complete a
9 graduate medical education program;

10 (ii) may be reimbursed by other sources but only for costs in excess
11 of the funding distributed in accordance with subparagraph (i) of para-
12 graph (b) of subdivision five-a of this section;

13 (iii) shall exceed the minimum standards that are required by the
14 residency review committee in the specialty the researcher has trained
15 or is currently training;

16 (iv) shall not be previously funded by the teaching general hospital
17 or supported by another funding source at the teaching general hospital
18 in the past three years from the date the clinical research plan is
19 submitted to the commissioner;

20 (v) may supplement an existing research project;

21 (vi) shall be equivalent to a full-time position comprising of no less
22 than thirty-five hours per week for one or two years;

23 (vii) shall provide, or be filled by a researcher who has formalized
24 instruction in clinical research, including biostatistics, clinical
25 trial design, grant writing and research ethics;

26 (viii) shall be supervised by a sponsor-mentor who shall either (A) be
27 employed, contracted for employment or paid through an affiliated facul-
28 ty practice plan by a teaching general hospital which has received at

1 least one research grant from the National Institutes of Health in the
2 past five years from the date the clinical research plan is submitted to
3 the commissioner; (B) maintain a faculty appointment at a medical,
4 dental or podiatric school located in New York state that has received
5 at least one research grant from the National Institutes of Health in
6 the past five years from the date the clinical research plan is submit-
7 ted to the commissioner; or (C) be collaborating in the clinical
8 research plan with a researcher from another institution that has
9 received at least one research grant from the National Institutes of
10 Health in the past five years from the date the clinical research plan
11 is submitted to the commissioner; and

12 (ix) shall be filled by a researcher who is (A) enrolled or has
13 completed a graduate medical education program, as defined in paragraph
14 (i) of this subdivision; (B) a United States citizen, national, or
15 permanent resident of the United States; and (C) a graduate of a
16 medical, dental or podiatric school located in New York state, a gradu-
17 ate or resident in a graduate medical education program, as defined in
18 paragraph (i) of this subdivision, where the sponsoring institution, as
19 defined in paragraph (q) of this subdivision, is located in New York
20 state, or resides in New York state at the time the clinical research
21 plan is submitted to the commissioner.

22 (d)] "Consortium" means an organization or association, approved by
23 the commissioner in consultation with the council, of general hospitals
24 which provide graduate medical education, together with any affiliated
25 site; provided that such organization or association may also include
26 other providers of health care services, medical schools, payors or
27 consumers, and which meet other criteria pursuant to subdivision six of
28 this section.

1 [(e)] (b) "Council" means the New York state council on graduate
2 medical education.

3 [(f)] (c) "Direct medical education" means the direct costs of resi-
4 dents, interns and supervising physicians.

5 [(g)] (d) "Distribution period" means each calendar year set forth in
6 subdivision two of this section.

7 [(h)] (e) "Faculty" means persons who are employed by or under
8 contract for employment with a teaching general hospital or are paid
9 through a teaching general hospital's affiliated faculty practice plan
10 and maintain a faculty appointment at a medical school. Such persons
11 shall not be limited to persons with a degree in medicine.

12 [(i)] (f) "Graduate medical education program" means[, for purposes of
13 subparagraph (i) of paragraph (b) of subdivision five-a of this
14 section,] a post-graduate medical education residency in the United
15 States which has received accreditation from a nationally recognized
16 accreditation body or has been approved by a nationally recognized
17 organization for medical, osteopathic, podiatric or dental residency
18 programs including, but not limited to, specialty boards.

19 [(j)] (g) "Indirect medical education" means the estimate of costs,
20 other than direct costs, of educational activities in teaching hospitals
21 as determined in accordance with the methodology applicable for purposes
22 of determining an estimate of indirect medical education costs for
23 reimbursement for inpatient hospital service pursuant to title XVIII of
24 the federal social security act (medicare).

25 [(k)] (h) "Medicare" means the methodology used for purposes of reim-
26 bursing inpatient hospital services provided to beneficiaries of title
27 XVIII of the federal social security act.

1 [(1)] (i) "Primary care" residents specialties shall include family
2 medicine, general pediatrics, primary care internal medicine, and prima-
3 ry care obstetrics and gynecology. In determining whether a residency is
4 in primary care, the commissioner shall consult with the council.

5 [(m)] (j) "Regions", for purposes of this section, shall mean the
6 regions as defined in paragraph (b) of subdivision sixteen of section
7 twenty-eight hundred seven-c of this article as in effect on June thir-
8 tieth, nineteen hundred ninety-six. For purposes of distributions pursu-
9 ant to subdivision five-a of this section, except distributions made in
10 accordance with paragraph (a) of subdivision five-a of this section,
11 "regions" shall be defined as New York city and the rest of the state.

12 [(n)] (k) "Regional pool" means a professional education pool estab-
13 lished on a regional basis by the commissioner from funds available
14 pursuant to sections twenty-eight hundred seven-s and twenty-eight
15 hundred seven-t of this article.

16 [(o)] (l) "Resident" means a person in a graduate medical education
17 program which has received accreditation from a nationally recognized
18 accreditation body or in a program approved by any other nationally
19 recognized organization for medical, osteopathic or dental residency
20 programs including, but not limited to, specialty boards.

21 [(p)] "Shortage specialty" means a specialty determined by the commis-
22 sioner, in consultation with the council, to be in short supply in the
23 state of New York.

24 [(q)] (m) "Sponsoring institution" means the entity that has the over-
25 all responsibility for a program of graduate medical education. Such
26 institutions shall include teaching general hospitals, medical schools,
27 consortia and diagnostic and treatment centers.

1 [(r)] (n) "Weighted resident count" means a teaching general hospi-
2 tal's total number of residents as of July first, nineteen hundred nine-
3 ty-five, including residents in affiliated non-hospital ambulatory
4 settings, reported to the commissioner. Such resident counts shall
5 reflect the weights established in accordance with rules and regulations
6 adopted by the state hospital review and planning council and approved
7 by the commissioner for purposes of implementing subdivision twenty-five
8 of section twenty-eight hundred seven-c of this article and in effect on
9 July first, nineteen hundred ninety-five. Such weights shall not be
10 applied to specialty hospitals, specified by the commissioner, whose
11 primary care mission is to engage in research, training and clinical
12 care in specialty eye and ear, special surgery, orthopedic, joint
13 disease, cancer, chronic care or rehabilitative services.

14 [(s)] (o) "Adjustment amount" means an amount determined for each
15 teaching hospital for periods prior to January first, two thousand nine
16 by:

17 (i) determining the difference between (A) a calculation of what each
18 teaching general hospital would have been paid if payments made pursuant
19 to paragraph (a-3) of subdivision one of section twenty-eight hundred
20 seven-c of this article between January first, nineteen hundred ninety-
21 six and December thirty-first, two thousand three were based solely on
22 the case mix of persons eligible for medical assistance under the
23 medical assistance program pursuant to title eleven of article five of
24 the social services law who are enrolled in health maintenance organiza-
25 tions and persons paid for under the family health plus program enrolled
26 in approved organizations pursuant to title eleven-D of article five of
27 the social services law during those years, and (B) the actual payments
28 to each such hospital pursuant to paragraph (a-3) of subdivision one of

1 section twenty-eight hundred seven-c of this article between January
2 first, nineteen hundred ninety-six and December thirty-first, two thou-
3 sand three.

4 (ii) reducing proportionally each of the amounts determined in subpar-
5 agraph (i) of this paragraph so that the sum of all such amounts totals
6 no more than one hundred million dollars;

7 (iii) further reducing each of the amounts determined in subparagraph
8 (ii) of this paragraph by the amount received by each hospital as a
9 distribution from funds designated in paragraph (a) of subdivision five
10 of this section attributable to the period January first, two thousand
11 three through December thirty-first, two thousand three, except that if
12 such amount was provided to a consortium then the amount of the
13 reduction for each hospital in the consortium shall be determined by
14 applying the proportion of each hospital's amount determined under
15 subparagraph (i) of this paragraph to the total of such amounts of all
16 hospitals in such consortium to the consortium award;

17 (iv) further reducing each of the amounts determined in subparagraph
18 (iii) of this paragraph by the amounts specified in paragraph [(t)] (p)
19 of this subdivision; and

20 (v) dividing each of the amounts determined in subparagraph (iii) of
21 this paragraph by seven.

22 [(t)] (p) "Extra reduction amount" shall mean an amount determined for
23 a teaching hospital for which an adjustment amount is calculated pursu-
24 ant to paragraph [(s)] (o) of this subdivision that is the hospital's
25 proportionate share of the sum of the amounts specified in paragraph
26 [(u)] (q) of this subdivision determined based upon a comparison of the
27 hospital's remaining liability calculated pursuant to paragraph [(s)]

1 (o) of this subdivision to the sum of all such hospital's remaining
2 liabilities.

3 ~~[(u)]~~ (q) "Allotment amount" shall mean an amount determined for
4 teaching hospitals as follows:

5 (i) for a hospital for which an adjustment amount pursuant to para-
6 graph ~~[(s)]~~ (o) of this subdivision does not apply, the amount received
7 by the hospital pursuant to paragraph (a) of subdivision five of this
8 section attributable to the period January first, two thousand three
9 through December thirty-first, two thousand three, or

10 (ii) for a hospital for which an adjustment amount pursuant to para-
11 graph ~~[(s)]~~ (o) of this subdivision applies and which received a
12 distribution pursuant to paragraph (a) of subdivision five of this
13 section attributable to the period January first, two thousand three
14 through December thirty-first, two thousand three that is greater than
15 the hospital's adjustment amount, the difference between the distrib-
16 ution amount and the adjustment amount.

17 (f) Effective January first, two thousand five through December thir-
18 ty-first, two thousand eight, each teaching general hospital shall
19 receive a distribution from the applicable regional pool based on its
20 distribution amount determined under paragraphs (c), (d) and (e) of this
21 subdivision and reduced by its adjustment amount calculated pursuant to
22 paragraph ~~[(s)]~~ (o) of subdivision one of this section and, for distrib-
23 utions for the period January first, two thousand five through December
24 thirty-first, two thousand five, further reduced by its extra reduction
25 amount calculated pursuant to paragraph ~~[(t)]~~ (p) of subdivision one of
26 this section.

27 (a) Up to thirty-one million dollars annually for the periods January
28 first, two thousand through December thirty-first, two thousand three,

1 and up to twenty-five million dollars plus the sum of the amounts speci-
2 fied in paragraph [(n)] (k) of subdivision one of this section for the
3 period January first, two thousand five through December thirty-first,
4 two thousand five, and up to thirty-one million dollars annually for the
5 period January first, two thousand six through December thirty-first,
6 two thousand seven, shall be set aside and reserved by the commissioner
7 from the regional pools established pursuant to subdivision two of this
8 section for supplemental distributions in each such region to be made by
9 the commissioner to consortia and teaching general hospitals in accord-
10 ance with a distribution methodology developed in consultation with the
11 council and specified in rules and regulations adopted by the commis-
12 sioner.

13 (d) Notwithstanding any other provision of law or regulation, for the
14 period January first, two thousand five through December thirty-first,
15 two thousand five, the commissioner shall distribute as supplemental
16 payments the allotment specified in paragraph [(n)] (k) of subdivision
17 one of this section.

18 5-a. Graduate medical education innovations pool. (a) Supplemental
19 distributions. (i) Thirty-one million dollars for the period January
20 first, two thousand eight through December thirty-first, two thousand
21 eight, shall be set aside and reserved by the commissioner from the
22 regional pools established pursuant to subdivision two of this section
23 and shall be available for distributions pursuant to subdivision five of
24 this section and in accordance with section 86-1.89 of title 10 of the
25 codes, rules and regulations of the state of New York as in effect on
26 January first, two thousand eight[; provided, however, for purposes of
27 funding the empire clinical research investigation program (ECRIP) in
28 accordance with paragraph eight of subdivision (e) and paragraph two of

1 subdivision (f) of section 86-1.89 of title 10 of the codes, rules and
2 regulations of the state of New York, distributions shall be made using
3 two regions defined as New York city and the rest of the state and the
4 dollar amount set forth in subparagraph (i) of paragraph two of subdivi-
5 sion (f) of section 86-1.89 of title 10 of the codes, rules and regu-
6 lations of the state of New York shall be increased from sixty thousand
7 dollars to seventy-five thousand dollars].

8 (ii) For periods on and after January first, two thousand nine,
9 supplemental distributions pursuant to subdivision five of this section
10 and in accordance with section 86-1.89 of title 10 of the codes, rules
11 and regulations of the state of New York shall no longer be made and the
12 provisions of section 86-1.89 of title 10 of the codes, rules and regu-
13 lations of the state of New York shall be null and void.

14 (b) [Empire clinical research investigator program (ECRIP). Nine
15 million one hundred twenty thousand dollars annually for the period
16 January first, two thousand nine through December thirty-first, two
17 thousand ten, and two million two hundred eighty thousand dollars for
18 the period January first, two thousand eleven, through March thirty-
19 first, two thousand eleven, nine million one hundred twenty thousand
20 dollars each state fiscal year for the period April first, two thousand
21 eleven through March thirty-first, two thousand fourteen, up to eight
22 million six hundred twelve thousand dollars each state fiscal year for
23 the period April first, two thousand fourteen through March thirty-
24 first, two thousand seventeen, and up to eight million six hundred
25 twelve thousand dollars each state fiscal year for the period April
26 first, two thousand seventeen through March thirty-first, two thousand
27 twenty, shall be set aside and reserved by the commissioner from the
28 regional pools established pursuant to subdivision two of this section

1 to be allocated regionally with two-thirds of the available funding
2 going to New York city and one-third of the available funding going to
3 the rest of the state and shall be available for distribution as
4 follows:

5 Distributions shall first be made to consortia and teaching general
6 hospitals for the empire clinical research investigator program (ECRIP)
7 to help secure federal funding for biomedical research, train clinical
8 researchers, recruit national leaders as faculty to act as mentors, and
9 train residents and fellows in biomedical research skills based on
10 hospital-specific data submitted to the commissioner by consortia and
11 teaching general hospitals in accordance with clause (G) of this subpar-
12 agraph. Such distributions shall be made in accordance with the follow-
13 ing methodology:

14 (A) The greatest number of clinical research positions for which a
15 consortium or teaching general hospital may be funded pursuant to this
16 subparagraph shall be one percent of the total number of residents
17 training at the consortium or teaching general hospital on July first,
18 two thousand eight for the period January first, two thousand nine
19 through December thirty-first, two thousand nine rounded up to the near-
20 est one position.

21 (B) Distributions made to a consortium or teaching general hospital
22 shall equal the product of the total number of clinical research posi-
23 tions submitted by a consortium or teaching general hospital and
24 accepted by the commissioner as meeting the criteria set forth in para-
25 graph (b) of subdivision one of this section, subject to the reduction
26 calculation set forth in clause (C) of this subparagraph, times one
27 hundred ten thousand dollars.

1 (C) If the dollar amount for the total number of clinical research
2 positions in the region calculated pursuant to clause (B) of this
3 subparagraph exceeds the total amount appropriated for purposes of this
4 paragraph, including clinical research positions that continue from and
5 were funded in prior distribution periods, the commissioner shall elimi-
6 nate one-half of the clinical research positions submitted by each
7 consortium or teaching general hospital rounded down to the nearest one
8 position. Such reduction shall be repeated until the dollar amount for
9 the total number of clinical research positions in the region does not
10 exceed the total amount appropriated for purposes of this paragraph. If
11 the repeated reduction of the total number of clinical research posi-
12 tions in the region by one-half does not render a total funding amount
13 that is equal to or less than the total amount reserved for that region
14 within the appropriation, the funding for each clinical research posi-
15 tion in that region shall be reduced proportionally in one thousand
16 dollar increments until the total dollar amount for the total number of
17 clinical research positions in that region does not exceed the total
18 amount reserved for that region within the appropriation. Any reduction
19 in funding will be effective for the duration of the award. No clinical
20 research positions that continue from and were funded in prior distrib-
21 ution periods shall be eliminated or reduced by such methodology.

22 (D) Each consortium or teaching general hospital shall receive its
23 annual distribution amount in accordance with the following:

24 (I) Each consortium or teaching general hospital with a one-year ECRIP
25 award shall receive its annual distribution amount in full upon
26 completion of the requirements set forth in items (I) and (II) of clause
27 (G) of this subparagraph. The requirements set forth in items (IV) and
28 (V) of clause (G) of this subparagraph must be completed by the consor-

1 tium or teaching general hospital in order for the consortium or teach-
2 ing general hospital to be eligible to apply for ECRIP funding in any
3 subsequent funding cycle.

4 (II) Each consortium or teaching general hospital with a two-year
5 ECRIP award shall receive its first annual distribution amount in full
6 upon completion of the requirements set forth in items (I) and (II) of
7 clause (G) of this subparagraph. Each consortium or teaching general
8 hospital will receive its second annual distribution amount in full upon
9 completion of the requirements set forth in item (III) of clause (G) of
10 this subparagraph. The requirements set forth in items (IV) and (V) of
11 clause (G) of this subparagraph must be completed by the consortium or
12 teaching general hospital in order for the consortium or teaching gener-
13 al hospital to be eligible to apply for ECRIP funding in any subsequent
14 funding cycle.

15 (E) Each consortium or teaching general hospital receiving distrib-
16 utions pursuant to this subparagraph shall reserve seventy-five thousand
17 dollars to primarily fund salary and fringe benefits of the clinical
18 research position with the remainder going to fund the development of
19 faculty who are involved in biomedical research, training and clinical
20 care.

21 (F) Undistributed or returned funds available to fund clinical
22 research positions pursuant to this paragraph for a distribution period
23 shall be available to fund clinical research positions in a subsequent
24 distribution period.

25 (G) In order to be eligible for distributions pursuant to this subpar-
26 agraph, each consortium and teaching general hospital shall provide to
27 the commissioner by July first of each distribution period, the follow-
28 ing data and information on a hospital-specific basis. Such data and

1 information shall be certified as to accuracy and completeness by the
2 chief executive officer, chief financial officer or chair of the consor-
3 tium governing body of each consortium or teaching general hospital and
4 shall be maintained by each consortium and teaching general hospital for
5 five years from the date of submission:

6 (I) For each clinical research position, information on the type,
7 scope, training objectives, institutional support, clinical research
8 experience of the sponsor-mentor, plans for submitting research outcomes
9 to peer reviewed journals and at scientific meetings, including a meet-
10 ing sponsored by the department, the name of a principal contact person
11 responsible for tracking the career development of researchers placed in
12 clinical research positions, as defined in paragraph (c) of subdivision
13 one of this section, and who is authorized to certify to the commission-
14 er that all the requirements of the clinical research training objec-
15 tives set forth in this subparagraph shall be met. Such certification
16 shall be provided by July first of each distribution period;

17 (II) For each clinical research position, information on the name,
18 citizenship status, medical education and training, and medical license
19 number of the researcher, if applicable, shall be provided by December
20 thirty-first of the calendar year following the distribution period;

21 (III) Information on the status of the clinical research plan, accom-
22 plishments, changes in research activities, progress, and performance of
23 the researcher shall be provided upon completion of one-half of the
24 award term;

25 (IV) A final report detailing training experiences, accomplishments,
26 activities and performance of the clinical researcher, and data, meth-
27 ods, results and analyses of the clinical research plan shall be
28 provided three months after the clinical research position ends; and

1 (V) Tracking information concerning past researchers, including but
2 not limited to (A) background information, (B) employment history, (C)
3 research status, (D) current research activities, (E) publications and
4 presentations, (F) research support, and (G) any other information
5 necessary to track the researcher; and

6 (VI) Any other data or information required by the commissioner to
7 implement this subparagraph.

8 (H) Notwithstanding any inconsistent provision of this subdivision,
9 for periods on and after April first, two thousand thirteen, ECRIP grant
10 awards shall be made in accordance with rules and regulations promulgat-
11 ed by the commissioner. Such regulations shall, at a minimum:

12 (1) provide that ECRIP grant awards shall be made with the objective
13 of securing federal funding for biomedical research, training clinical
14 researchers, recruiting national leaders as faculty to act as mentors,
15 and training residents and fellows in biomedical research skills;

16 (2) provide that ECRIP grant applicants may include interdisciplinary
17 research teams comprised of teaching general hospitals acting in collab-
18 oration with entities including but not limited to medical centers,
19 hospitals, universities and local health departments;

20 (3) provide that applications for ECRIP grant awards shall be based on
21 such information requested by the commissioner, which shall include but
22 not be limited to hospital-specific data;

23 (4) establish the qualifications for investigators and other staff
24 required for grant projects eligible for ECRIP grant awards; and

25 (5) establish a methodology for the distribution of funds under ECRIP
26 grant awards.

27 (c) Ambulatory care training. Four million nine hundred thousand
28 dollars for the period January first, two thousand eight through Decem-

1 ber thirty-first, two thousand eight, four million nine hundred thousand
2 dollars for the period January first, two thousand nine through December
3 thirty-first, two thousand nine, four million nine hundred thousand
4 dollars for the period January first, two thousand ten through December
5 thirty-first, two thousand ten, one million two hundred twenty-five
6 thousand dollars for the period January first, two thousand eleven
7 through March thirty-first, two thousand eleven, four million three
8 hundred thousand dollars each state fiscal year for the period April
9 first, two thousand eleven through March thirty-first, two thousand
10 fourteen, up to four million sixty thousand dollars each state fiscal
11 year for the period April first, two thousand fourteen through March
12 thirty-first, two thousand seventeen, and up to four million sixty thou-
13 sand dollars each fiscal year for the period April first, two thousand
14 seventeen through March thirty-first, two thousand twenty, shall be set
15 aside and reserved by the commissioner from the regional pools estab-
16 lished pursuant to subdivision two of this section and shall be avail-
17 able for distributions to sponsoring institutions to be directed to
18 support clinical training of medical students and residents in free-
19 standing ambulatory care settings, including community health centers
20 and private practices. Such funding shall be allocated regionally with
21 two-thirds of the available funding going to New York city and one-third
22 of the available funding going to the rest of the state and shall be
23 distributed to sponsoring institutions in each region pursuant to a
24 request for application or request for proposal process with preference
25 being given to sponsoring institutions which provide training in sites
26 located in underserved rural or inner-city areas and those that include
27 medical students in such training.

1 (d)] Physician loan repayment program. One million nine hundred sixty
2 thousand dollars for the period January first, two thousand eight
3 through December thirty-first, two thousand eight, one million nine
4 hundred sixty thousand dollars for the period January first, two thou-
5 sand nine through December thirty-first, two thousand nine, one million
6 nine hundred sixty thousand dollars for the period January first, two
7 thousand ten through December thirty-first, two thousand ten, four
8 hundred ninety thousand dollars for the period January first, two thou-
9 sand eleven through March thirty-first, two thousand eleven, one million
10 seven hundred thousand dollars each state fiscal year for the period
11 April first, two thousand eleven through March thirty-first, two thou-
12 sand fourteen, up to one million seven hundred five thousand dollars
13 each state fiscal year for the period April first, two thousand fourteen
14 through March thirty-first, two thousand seventeen, [and] up to one
15 million seven hundred five thousand dollars each state fiscal year for
16 the period April first, two thousand seventeen through March thirty-
17 first, two thousand twenty, and up to one million seven hundred five
18 thousand dollars each state fiscal year for the period April first, two
19 thousand twenty through March thirty-first, two thousand twenty-three,
20 shall be set aside and reserved by the commissioner from the regional
21 pools established pursuant to subdivision two of this section and shall
22 be available for purposes of physician loan repayment in accordance with
23 subdivision ten of this section. Notwithstanding any contrary provision
24 of this section, sections one hundred twelve and one hundred sixty-three
25 of the state finance law, or any other contrary provision of law, such
26 funding shall be allocated regionally with one-third of available funds
27 going to New York city and two-thirds of available funds going to the
28 rest of the state and shall be distributed in a manner to be determined

1 by the commissioner without a competitive bid or request for proposal
2 process as follows:

3 (i) Funding shall first be awarded to repay loans of up to twenty-five
4 physicians who train in primary care or specialty tracks in teaching
5 general hospitals, and who enter and remain in primary care or specialty
6 practices in underserved communities, as determined by the commissioner.

7 (ii) After distributions in accordance with subparagraph (i) of this
8 paragraph, all remaining funds shall be awarded to repay loans of physi-
9 cians who enter and remain in primary care or specialty practices in
10 underserved communities, as determined by the commissioner, including
11 but not limited to physicians working in general hospitals, or other
12 health care facilities.

13 (iii) In no case shall less than fifty percent of the funds available
14 pursuant to this paragraph be distributed in accordance with subpara-
15 graphs (i) and (ii) of this paragraph to physicians identified by gener-
16 al hospitals.

17 (iv) In addition to the funds allocated under this paragraph, for the
18 period April first, two thousand fifteen through March thirty-first, two
19 thousand sixteen, two million dollars shall be available for the
20 purposes described in subdivision ten of this section;

21 (v) In addition to the funds allocated under this paragraph, for the
22 period April first, two thousand sixteen through March thirty-first, two
23 thousand seventeen, two million dollars shall be available for the
24 purposes described in subdivision ten of this section;

25 (vi) Notwithstanding any provision of law to the contrary, and subject
26 to the extension of the Health Care Reform Act of 1996, sufficient funds
27 shall be available for the purposes described in subdivision ten of this

1 section in amounts necessary to fund the remaining year commitments for
2 awards made pursuant to subparagraphs (iv) and (v) of this paragraph.

3 [(e)] (c) Physician practice support. Four million nine hundred thou-
4 sand dollars for the period January first, two thousand eight through
5 December thirty-first, two thousand eight, four million nine hundred
6 thousand dollars annually for the period January first, two thousand
7 nine through December thirty-first, two thousand ten, one million two
8 hundred twenty-five thousand dollars for the period January first, two
9 thousand eleven through March thirty-first, two thousand eleven, four
10 million three hundred thousand dollars each state fiscal year for the
11 period April first, two thousand eleven through March thirty-first, two
12 thousand fourteen, up to four million three hundred sixty thousand
13 dollars each state fiscal year for the period April first, two thousand
14 fourteen through March thirty-first, two thousand seventeen, [and] up to
15 four million three hundred sixty thousand dollars for each state fiscal
16 year for the period April first, two thousand seventeen through March
17 thirty-first, two thousand twenty, and up to four million three hundred
18 sixty thousand dollars for each fiscal year for the period April first,
19 two thousand twenty through March thirty-first, two thousand twenty-
20 three, shall be set aside and reserved by the commissioner from the
21 regional pools established pursuant to subdivision two of this section
22 and shall be available for purposes of physician practice support.
23 Notwithstanding any contrary provision of this section, sections one
24 hundred twelve and one hundred sixty-three of the state finance law, or
25 any other contrary provision of law, such funding shall be allocated
26 regionally with one-third of available funds going to New York city and
27 two-thirds of available funds going to the rest of the state and shall

1 be distributed in a manner to be determined by the commissioner without
2 a competitive bid or request for proposal process as follows:

3 (i) Preference in funding shall first be accorded to teaching general
4 hospitals for up to twenty-five awards, to support costs incurred by
5 physicians trained in primary or specialty tracks who thereafter estab-
6 lish or join practices in underserved communities, as determined by the
7 commissioner.

8 (ii) After distributions in accordance with subparagraph (i) of this
9 paragraph, all remaining funds shall be awarded to physicians to support
10 the cost of establishing or joining practices in underserved communi-
11 ties, as determined by the commissioner, and to hospitals and other
12 health care providers to recruit new physicians to provide services in
13 underserved communities, as determined by the commissioner.

14 (iii) In no case shall less than fifty percent of the funds available
15 pursuant to this paragraph be distributed to general hospitals in
16 accordance with subparagraphs (i) and (ii) of this paragraph.

17 [(e-1)] (d) Work group. For funding available pursuant to paragraphs
18 [(d)] (b) and [(e)] (c) of this subdivision:

19 (i) The department shall appoint a work group from recommendations
20 made by associations representing physicians, general hospitals and
21 other health care facilities to develop a streamlined application proc-
22 ess by June first, two thousand twelve.

23 (ii) Subject to available funding, applications shall be accepted on a
24 continuous basis. The department shall provide technical assistance to
25 applicants to facilitate their completion of applications. An applicant
26 shall be notified in writing by the department within ten days of
27 receipt of an application as to whether the application is complete and
28 if the application is incomplete, what information is outstanding. The

1 department shall act on an application within thirty days of receipt of
2 a complete application.

3 [(f)] (e) Study on physician workforce. Five hundred ninety thousand
4 dollars annually for the period January first, two thousand eight
5 through December thirty-first, two thousand ten, one hundred forty-eight
6 thousand dollars for the period January first, two thousand eleven
7 through March thirty-first, two thousand eleven, five hundred sixteen
8 thousand dollars each state fiscal year for the period April first, two
9 thousand eleven through March thirty-first, two thousand fourteen, up to
10 four hundred eighty-seven thousand dollars each state fiscal year for
11 the period April first, two thousand fourteen through March thirty-
12 first, two thousand seventeen, [and] up to four hundred eighty-seven
13 thousand dollars for each state fiscal year for the period April first,
14 two thousand seventeen through March thirty-first, two thousand twenty,
15 and up to four hundred eighty-seven thousand dollars each state fiscal
16 year for the period April first, two thousand twenty through March thir-
17 ty-first, two thousand twenty-three, shall be set aside and reserved by
18 the commissioner from the regional pools established pursuant to subdi-
19 vision two of this section and shall be available to fund a study of
20 physician workforce needs and solutions including, but not limited to,
21 an analysis of residency programs and projected physician workforce and
22 community needs. The commissioner shall enter into agreements with one
23 or more organizations to conduct such study based on a request for
24 proposal process.

25 [(g)] Diversity in medicine/post-baccalaureate program. Notwithstanding
26 any inconsistent provision of section one hundred twelve or one hundred
27 sixty-three of the state finance law or any other law, one million nine
28 hundred sixty thousand dollars annually for the period January first,

1 two thousand eight through December thirty-first, two thousand ten, four
2 hundred ninety thousand dollars for the period January first, two thou-
3 sand eleven through March thirty-first, two thousand eleven, one million
4 seven hundred thousand dollars each state fiscal year for the period
5 April first, two thousand eleven through March thirty-first, two thou-
6 sand fourteen, up to one million six hundred five thousand dollars each
7 state fiscal year for the period April first, two thousand fourteen
8 through March thirty-first, two thousand seventeen, and up to one
9 million six hundred five thousand dollars each state fiscal year for the
10 period April first, two thousand seventeen through March thirty-first,
11 two thousand twenty, shall be set aside and reserved by the commissioner
12 from the regional pools established pursuant to subdivision two of this
13 section and shall be available for distributions to the Associated
14 Medical Schools of New York to fund its diversity program including
15 existing and new post-baccalaureate programs for minority and econom-
16 ically disadvantaged students and encourage participation from all
17 medical schools in New York. The associated medical schools of New York
18 shall report to the commissioner on an annual basis regarding the use of
19 funds for such purpose in such form and manner as specified by the
20 commissioner.

21 (h)] (f) In the event there are undistributed funds within amounts
22 made available for distributions pursuant to this subdivision, such
23 funds may be reallocated and distributed in current or subsequent
24 distribution periods in a manner determined by the commissioner for any
25 purpose set forth in this subdivision.

26 12. Notwithstanding any provision of law to the contrary, applications
27 submitted on or after April first, two thousand sixteen, for the physi-
28 cian loan repayment program pursuant to paragraph [(d)] (b) of subdivi-

1 sion five-a of this section and subdivision ten of this section or the
2 physician practice support program pursuant to paragraph [(e)] (c) of
3 subdivision five-a of this section, shall be subject to the following
4 changes:

5 (a) Awards shall be made from the total funding available for new
6 awards under the physician loan repayment program and the physician
7 practice support program, with neither program limited to a specific
8 funding amount within such total funding available;

9 (b) An applicant may apply for an award for either physician loan
10 repayment or physician practice support, but not both;

11 (c) An applicant shall agree to practice for three years in an under-
12 served area and each award shall provide up to forty thousand dollars
13 for each of the three years; and

14 (d) To the extent practicable, awards shall be timed to be of use for
15 job offers made to applicants.

16 § 7. Subdivision 7 of section 2807-m of the public health law is
17 REPEALED.

18 § 8. Subparagraph (xvi) of paragraph (a) of subdivision 7 of section
19 2807-s of the public health law, as amended by section 30 of part H of
20 chapter 59 of the laws of 2011, is amended to read as follows:

21 (xvi) provided further, however, for periods prior to July first, two
22 thousand nine, amounts set forth in this paragraph shall be reduced by
23 an amount equal to the actual distribution reductions for all facilities
24 pursuant to paragraph [(s)] (o) of subdivision one of section twenty-
25 eight hundred seven-m of this article.

26 § 9. Subdivision (c) of section 92-dd of the state finance law, as
27 amended by section 75-f of part C of chapter 58 of the laws of 2008, is
28 amended to read as follows:

1 (c) The pool administrator shall, from appropriated funds transferred
2 to the pool administrator from the comptroller, continue to make
3 payments as required pursuant to sections twenty-eight hundred seven-k,
4 twenty-eight hundred seven-m (not including payments made pursuant to
5 [subparagraph (ii) of paragraph (b) and] paragraphs (b), (c), [(d),] and
6 (e) [, (f) and (g)] of subdivision five-a [and subdivision seven] of
7 section twenty-eight hundred seven-m), and twenty-eight hundred seven-w
8 of the public health law, paragraph (e) of subdivision twenty-five of
9 section twenty-eight hundred seven-c of the public health law, para-
10 graphs (b) and (c) of subdivision thirty of section twenty-eight hundred
11 seven-c of the public health law, paragraph (b) of subdivision eighteen
12 of section twenty-eight hundred eight of the public health law, subdivi-
13 sion seven of section twenty-five hundred-d of the public health law and
14 section eighty-eight of chapter one of the laws of nineteen hundred
15 ninety-nine.

16 § 10. Subdivision 4-c of section 2807-p of the public health law, as
17 amended by section 13 of part H of chapter 57 of the laws of 2017, 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, for the period January first, two thousand seventeen
19 through December thirty-first, two thousand seventeen, seven million
20 five hundred thousand dollars, for the period January first, two thou-
21 sand eighteen through December thirty-first, two thousand eighteen,
22 seven million five hundred thousand dollars, for the period January
23 first, two thousand nineteen through December thirty-first, two thousand
24 nineteen, seven million five hundred thousand dollars, for the period
25 January first, two thousand twenty through December thirty-first, two
26 thousand twenty, seven million five hundred thousand dollars, for the
27 period January first, two thousand twenty-one through December thirty-
28 first, two thousand twenty-one, seven million five hundred thousand

1 dollars, for the period January first, two thousand twenty-two through
2 December thirty-first, two thousand twenty-two, seven million five
3 hundred thousand dollars, and for the period January first, two thousand
4 [twenty] twenty-three through March thirty-first, two thousand [twenty]
5 twenty-three, in the amount of one million six hundred thousand dollars,
6 provided, however, that for periods on and after January first, two
7 thousand eight, such additional payments shall be distributed to volun-
8 tary, non-profit diagnostic and treatment centers and to public diagnos-
9 tic and treatment centers in accordance with paragraph (g) of subdivi-
10 sion four of this section. In the event that federal financial
11 participation is available for rate adjustments pursuant to this
12 section, the commissioner shall make such payments as additional adjust-
13 ments to rates of payment for voluntary non-profit diagnostic and treat-
14 ment centers that are eligible for distributions under subdivision
15 four-a of this section in the following amounts: for the period June
16 first, two thousand six through December thirty-first, two thousand six,
17 fifteen million dollars in the aggregate, and for the period January
18 first, two thousand seven through June thirtieth, two thousand seven,
19 seven million five hundred thousand dollars in the aggregate. The
20 amounts allocated pursuant to this paragraph shall be aggregated with
21 and distributed pursuant to the same methodology applicable to the
22 amounts allocated to such diagnostic and treatment centers for such
23 periods pursuant to subdivision four of this section if federal finan-
24 cial participation is not available, or pursuant to subdivision four-a
25 of this section if federal financial participation is available.
26 Notwithstanding section three hundred sixty-eight-a of the social
27 services law, there shall be no local share in a medical assistance
28 payment adjustment under this subdivision.

1 § 11. Subparagraph (xv) of paragraph (a) of subdivision 6 of section
2 2807-s of the public health law, as amended by section 3 of part H of
3 chapter 57 of the laws of 2017, is amended to read as follows:

4 (xv) A gross annual statewide amount for the period January first, two
5 thousand fifteen through December thirty-first, two thousand [twenty]
6 twenty-three, shall be one billion forty-five million dollars.

7 § 12. Subparagraph (xiii) of paragraph (a) of subdivision 7 of section
8 2807-s of the public health law, as amended by section 4 of part H of
9 chapter 57 of the laws of 2017, is amended to read as follows:

10 (xiii) twenty-three million eight hundred thirty-six thousand dollars
11 each state fiscal year for the period April first, two thousand twelve
12 through March thirty-first, two thousand [twenty] twenty-three;

13 § 13. Subdivision 6 of section 2807-t of the public health law, as
14 amended by section 8 of part H of chapter 57 of the laws of 2017, is
15 amended to read as follows:

16 6. Prospective adjustments. (a) The commissioner shall annually recon-
17 cile the sum of the actual payments made to the commissioner or the
18 commissioner's designee for each region pursuant to section twenty-eight
19 hundred seven-s of this article and pursuant to this section for the
20 prior year with the regional allocation of the gross annual statewide
21 amount specified in subdivision six of section twenty-eight hundred
22 seven-s of this article for such prior year. The difference between the
23 actual amount raised for a region and the regional allocation of the
24 specified gross annual amount for such prior year shall be applied as a
25 prospective adjustment to the regional allocation of the specified gross
26 annual payment amount for such region for the year next following the
27 calculation of the reconciliation. The authorized dollar value of the
28 adjustments shall be the same as if calculated retrospectively.

1 (b) Notwithstanding the provisions of paragraph (a) of this subdivi-
2 sion, for covered lives assessment rate periods on and after January
3 first, two thousand fifteen through December thirty-first, two thousand
4 [twenty] twenty-three, for amounts collected in the aggregate in excess
5 of one billion forty-five million dollars on an annual basis, prospec-
6 tive adjustments shall be suspended if the annual reconciliation calcu-
7 lation from the prior year would otherwise result in a decrease to the
8 regional allocation of the specified gross annual payment amount for
9 that region, provided, however, that such suspension shall be lifted
10 upon a determination by the commissioner, in consultation with the
11 director of the budget, that sixty-five million dollars in aggregate
12 collections on an annual basis over and above one billion forty-five
13 million dollars on an annual basis have been reserved and set aside for
14 deposit in the HCRA resources fund. Any amounts collected in the aggre-
15 gate at or below one billion forty-five million dollars on an annual
16 basis, shall be subject to regional adjustments reconciling any
17 decreases or increases to the regional allocation in accordance with
18 paragraph (a) of this subdivision.

19 § 14. Section 2807-v of the public health law, as amended by section
20 22 of part H of chapter 57 of the laws of 2017, is amended to read as
21 follows:

22 § 2807-v. Tobacco control and insurance initiatives pool distrib-
23 utions. 1. Funds accumulated in the tobacco control and insurance
24 initiatives pool or in the health care reform act (HCRA) resources fund
25 established pursuant to section ninety-two-dd of the state finance law,
26 whichever is applicable, including income from invested funds, shall be
27 distributed or retained by the commissioner or by the state comptroller,
28 as applicable, in accordance with the following:

1 (a) 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, HCRA transfer fund, medicaid fraud hotline and
5 medicaid administration account, or any successor fund or account, for
6 purposes of services and expenses related to the toll-free medicaid
7 fraud hotline established pursuant to section one hundred eight of chap-
8 ter one of the laws of nineteen hundred ninety-nine from the tobacco
9 control and insurance initiatives pool established for the following
10 periods in the following amounts: four hundred thousand dollars annually
11 for the periods January first, two thousand through December thirty-
12 first, two thousand two, up to four hundred thousand dollars for the
13 period January first, two thousand three through December thirty-first,
14 two thousand three, up to four hundred thousand dollars for the period
15 January first, two thousand four through December thirty-first, two
16 thousand four, up to four hundred thousand dollars for the period Janu-
17 ary first, two thousand five through December thirty-first, two thousand
18 five, up to four hundred thousand dollars for the period January first,
19 two thousand six through December thirty-first, two thousand six, up to
20 four hundred thousand dollars for the period January first, two thousand
21 seven through December thirty-first, two thousand seven, up to four
22 hundred thousand dollars for the period January first, two thousand
23 eight through December thirty-first, two thousand eight, up to four
24 hundred thousand dollars for the period January first, two thousand nine
25 through December thirty-first, two thousand nine, up to four hundred
26 thousand dollars for the period January first, two thousand ten through
27 December thirty-first, two thousand ten, up to one hundred thousand
28 dollars for the period January first, two thousand eleven through March

1 thirty-first, two thousand eleven and within amounts appropriated on and
2 after April first, two thousand eleven.

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

1 the period January first, two thousand eleven through March thirty-
2 first, two thousand eleven, up to fourteen million seven hundred thou-
3 sand dollars each state fiscal year for the period April first, two
4 thousand eleven through March thirty-first, two thousand fourteen, up to
5 eleven million one hundred thousand dollars each state fiscal year for
6 the period April first, two thousand fourteen through March thirty-
7 first, two thousand seventeen, [and] up to eleven million one hundred
8 thousand dollars each state fiscal year for the period April first, two
9 thousand seventeen through March thirty-first, two thousand twenty, and
10 up to eleven million one hundred thousand dollars each state fiscal year
11 for the period April first, two thousand twenty through March thirty-
12 first, two thousand twenty-three.

13 (c) 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, enhanced community services
17 account, or any successor fund or account, for mental health services
18 programs for case management services for adults and children; supported
19 housing; home and community based waiver services; family based treat-
20 ment; family support services; mobile mental health teams; transitional
21 housing; and community oversight, established pursuant to articles seven
22 and forty-one of the mental hygiene law and subdivision nine of section
23 three hundred sixty-six of the social services law; and for comprehen-
24 sive care centers for eating disorders pursuant to the former section
25 twenty-seven hundred ninety-nine-1 of this chapter, provided however
26 that, for such centers, funds in the amount of five hundred thousand
27 dollars on an annualized basis shall be transferred from the enhanced
28 community services account, or any successor fund or account, and depos-

1 ited into the fund established by section ninety-five-e of the state
2 finance law; from the tobacco control and insurance initiatives pool
3 established for the following periods in the following amounts:

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

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

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

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

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

26 (vi) eighty-eight million dollars, plus five hundred thousand dollars,
27 to be reserved, to be retained or for distribution pursuant to a chapter
28 of the laws of two thousand five, and pursuant to the former section

1 twenty-seven hundred ninety-nine-1 of this chapter, for the period Janu-
2 ary first, two thousand five through December thirty-first, two thousand
3 five;

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

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

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

22 (d) 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 the state
27 share of services and expenses related to the family health plus program
28 including up to two and one-half million dollars annually for the period

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

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

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

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

13 (e) 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 the family health plus program
19 including up to two and one-half million dollars annually for the period
20 January first, two thousand through December thirty-first, two thousand
21 two for administration and marketing costs associated with such program
22 established pursuant to clause (B) of subparagraph (v) of paragraph (a)
23 of subdivision two of section three hundred sixty-nine-ee of the social
24 services law from the tobacco control and insurance initiatives pool
25 established for the following periods in the following amounts:

26 (i) two million five hundred thousand dollars for the period January
27 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;

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;

24 (xiv) up to six million dollars each state fiscal year for the period
25 April first, two thousand fourteen through March thirty-first, two thou-
26 sand seventeen; [and]

1 (xv) up to six million dollars each state fiscal year for the period
2 April first, two thousand seventeen through March thirty-first, two
3 thousand twenty; and

4 (xvi) up to six million dollars each state fiscal year for the period
5 April first, two thousand twenty through March thirty-first, two thou-
6 sand twenty-three.

7 (k) Funds shall be deposited by the commissioner, within amounts
8 appropriated, and the state comptroller is hereby authorized and
9 directed to receive for deposit to the credit of the state special
10 revenue fund - other, HCRA transfer fund, health care services account,
11 or any successor fund or account, for purposes of services and expenses
12 related to public health programs, including comprehensive care centers
13 for eating disorders pursuant to the former section twenty-seven hundred
14 ninety-nine-1 of this chapter, provided however that, for such centers,
15 funds in the amount of five hundred thousand dollars on an annualized
16 basis shall be transferred from the health care services account, or any
17 successor fund or account, and deposited into the fund established by
18 section ninety-five-e of the state finance law for periods prior to
19 March thirty-first, two thousand eleven, from the tobacco control and
20 insurance initiatives pool established for the following periods in the
21 following amounts:

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

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

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

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

4 (v) one hundred eight million five hundred seventy-five thousand
5 dollars, plus an additional five hundred thousand dollars, for the peri-
6 od January first, two thousand four through December thirty-first, two
7 thousand four;

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

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

14 (viii) one hundred fifty-one million four hundred thousand dollars,
15 plus an additional five hundred thousand dollars, for the period January
16 first, two thousand seven through December thirty-first, two thousand
17 seven;

18 (ix) one hundred sixteen million nine hundred forty-nine thousand
19 dollars, plus an additional five hundred thousand dollars, for the peri-
20 od January first, two thousand eight through December thirty-first, two
21 thousand eight;

22 (x) one hundred sixteen million nine hundred forty-nine thousand
23 dollars, plus an additional five hundred thousand dollars, for the peri-
24 od January first, two thousand nine through December thirty-first, two
25 thousand nine;

26 (xi) one hundred sixteen million nine hundred forty-nine thousand
27 dollars, plus an additional five hundred thousand dollars, for the peri-

1 od January first, two thousand ten through December thirty-first, two
2 thousand ten;

3 (xii) twenty-nine million two hundred thirty-seven thousand two
4 hundred fifty dollars, plus an additional one hundred twenty-five thou-
5 sand dollars, for the period January first, two thousand eleven through
6 March thirty-first, two thousand eleven;

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

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

13 (1) 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 the personal care and certified home health agency rate or fee
19 increases established pursuant to subdivision three of section three
20 hundred sixty-seven-o of the social services law from the tobacco
21 control and insurance initiatives pool established for the following
22 periods in the following amounts:

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

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

1 (iii) twenty-three million two 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 sixty-five million two hundred thousand dollars for the
5 period January first, two thousand three through December thirty-first,
6 two thousand three;

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

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

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

16 (viii) up to sixty-five million two 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 sixteen million three hundred thousand dollars for the
20 period January first, two thousand eight through March thirty-first, two
21 thousand eight.

22 (m) 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 the state
27 share of services and expenses related to home care workers insurance
28 pilot demonstration programs established pursuant to subdivision two of

1 section three hundred sixty-seven-o of the social services law from the
2 tobacco control and insurance initiatives pool established for the
3 following periods in the following amounts:

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

6 (ii) three million eight hundred thousand dollars for the period Janu-
7 ary first, two thousand one through December thirty-first, two thousand
8 one;

9 (iii) three million eight hundred thousand dollars for the period
10 January first, two thousand two through December thirty-first, two thou-
11 sand two;

12 (iv) up to three million eight hundred thousand dollars for the period
13 January first, two thousand three through December thirty-first, two
14 thousand three;

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

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

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

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

1 (ix) up to nine hundred fifty thousand dollars for the period January
2 first, two thousand eight through March thirty-first, two thousand
3 eight.

4 (n) Funds shall be transferred by the commissioner and shall be depos-
5 ited to the credit of the special revenue funds - other, miscellaneous
6 special revenue fund - 339, elderly pharmaceutical insurance coverage
7 program premium account authorized pursuant to the provisions of title
8 three of article two of the elder law, or any successor fund or account,
9 for funding state expenses relating to the program from the tobacco
10 control and insurance initiatives pool established for the following
11 periods in the following amounts:

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

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

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

19 (iv) four hundred thirty-three million three hundred thousand dollars
20 for the period January first, two thousand three through December thir-
21 ty-first, two thousand three;

22 (v) five hundred four million one hundred fifty thousand dollars for
23 the period January first, two thousand four through December thirty-
24 first, two thousand four;

25 (vi) five hundred sixty-six million eight hundred thousand dollars for
26 the period January first, two thousand five through December thirty-
27 first, two thousand five;

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

4 (viii) six hundred sixty million eight hundred thousand dollars for
5 the period January first, two thousand seven through December thirty-
6 first, two thousand seven;

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

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

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

16 (xii) eighty-seven million seven hundred eighty-eight thousand dollars
17 for the period January first, two thousand eleven through March thirty-
18 first, two thousand eleven;

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

22 (xiv) one hundred twenty million nine hundred fifty thousand dollars
23 for the period April first, two thousand twelve through March thirty-
24 first, two thousand thirteen;

25 (xv) one hundred twenty-eight million eight hundred fifty thousand
26 dollars for the period April first, two thousand thirteen through March
27 thirty-first, two thousand fourteen;

1 (xvi) one hundred twenty-seven million four hundred sixteen thousand
2 dollars each state fiscal year for the period April first, two thousand
3 fourteen through March thirty-first, two thousand seventeen; [and]

4 (xvii) one hundred twenty-seven million four hundred sixteen thousand
5 dollars each state fiscal year for the period April first, two thousand
6 seventeen through March thirty-first, two thousand twenty; and

7 (xviii) one hundred twenty-seven million four hundred sixteen thousand
8 dollars each state fiscal year for the period April first, two thousand
9 twenty through March thirty-first, two thousand twenty-three.

10 (o) Funds shall be reserved and accumulated and shall be transferred
11 to the Roswell Park Cancer Institute Corporation, from the tobacco
12 control and insurance initiatives pool established for the following
13 periods in the following amounts:

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

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

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

20 (iv) eighty-five million two hundred fifty thousand dollars for the
21 period January first, two thousand three through December thirty-first,
22 two thousand three;

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

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

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

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

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

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

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

9 (xii) nineteen million five hundred thousand dollars for the period
10 January first, two thousand eleven through March thirty-first, two thou-
11 sand eleven;

12 (xiii) sixty-nine million eight hundred forty thousand dollars each
13 state fiscal year for the period April first, two thousand eleven
14 through March thirty-first, two thousand fourteen;

15 (xiv) up to ninety-six million six hundred thousand dollars each state
16 fiscal year for the period April first, two thousand fourteen through
17 March thirty-first, two thousand seventeen; [and]

18 (xv) up to ninety-six million six hundred thousand dollars each state
19 fiscal year for the period April first, two thousand seventeen through
20 March thirty-first, two thousand twenty; and

21 (xvi) up to ninety-six million six hundred thousand dollars each state
22 fiscal year for the period April first, two thousand twenty through
23 March thirty-first, two thousand twenty-three.

24 (p) Funds shall be deposited by the commissioner, within amounts
25 appropriated, and the state comptroller is hereby authorized and
26 directed to receive for deposit to the credit of the state special
27 revenue funds - other, indigent care fund - 068, indigent care account,
28 or any successor fund or account, for purposes of providing a medicaid

1 disproportionate share payment from the high need indigent care adjust-
2 ment pool established pursuant to section twenty-eight hundred seven-w
3 of this article, from the tobacco control and insurance initiatives pool
4 established for the following periods in the following amounts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (xi) up to five million six hundred thousand dollars each state fiscal
2 year for the period April first, two thousand eleven through March thir-
3 ty-first, two thousand fourteen;

4 (xii) up to five million two hundred [eighty-eighty] eighty-eight
5 thousand dollars each state fiscal year for the period April first, two
6 thousand fourteen through March thirty-first, two thousand seventeen;
7 [and]

8 (xiii) up to five million two hundred eighty-eight thousand dollars
9 each state fiscal year for the period April first, two thousand seven-
10 teen through March thirty-first, two thousand twenty; and

11 (xiv) up to five million two hundred eighty-eight thousand dollars
12 each state fiscal year for the period April first, two thousand twenty
13 through March thirty-first, two thousand twenty-three.

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

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

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

27 (iii) sixty-five million dollars for the period January first, two
28 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-1 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;

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;

1 (xii) up to one hundred twenty-seven million four hundred thousand
2 dollars each state fiscal year for the period April first, two thousand
3 fourteen through March thirty-first, two thousand seventeen; [and]

4 (xiii) up to one hundred twenty-seven million four hundred thousand
5 dollars each state fiscal year for the period April first, two thousand
6 seventeen through March thirty-first, two thousand twenty; and

7 (xiv) up to one hundred twenty-seven million four hundred thousand
8 dollars each state fiscal year for the period April first, two thousand
9 twenty through March thirty-first, two thousand twenty-three.

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

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

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

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

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

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

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

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

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

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

19 (x) up to five hundred twenty-five thousand dollars for the period
20 January first, two thousand eleven through March thirty-first, two thou-
21 sand eleven;

22 (xi) up to two million one hundred thousand dollars each state fiscal
23 year for the period April first, two thousand eleven through March thir-
24 ty-first, two thousand fourteen;

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

1 (xiii) up to two million one hundred thousand dollars each state
2 fiscal year for the period April first, two thousand seventeen through
3 March thirty-first, two thousand twenty; and

4 (xiv) up to two million one hundred thousand dollars each state fiscal
5 year for the period April first, two thousand twenty through March thir-
6 ty-first, two thousand twenty-three.

7 (x) Funds shall be deposited by the commissioner, within amounts
8 appropriated, and the state comptroller is hereby authorized and
9 directed to receive for deposit to the credit of the state special
10 revenue funds - other, HCRA transfer fund, medical assistance account,
11 or any successor fund or account, for purposes of funding the state
12 share of the non-public general hospital rates increases for recruitment
13 and retention of health care workers from the tobacco control and insur-
14 ance initiatives pool established for the following periods in the
15 following amounts:

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

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

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

25 (iv) sixty-nine million three hundred thousand dollars for the period
26 January first, two thousand five through December thirty-first, two
27 thousand five;

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

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

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

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

13 (y) Funds shall be reserved and accumulated from year to year and
14 shall be available, including income from invested funds, for purposes
15 of grants to public general hospitals for recruitment and retention of
16 health care workers pursuant to paragraph (b) of subdivision thirty of
17 section twenty-eight hundred seven-c of this article from the tobacco
18 control and insurance initiatives pool established for the following
19 periods in the following amounts:

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

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

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

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

4 (v) fifty-two million two hundred thousand dollars for the period
5 January first, two thousand six through December thirty-first, two thou-
6 sand six;

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

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

11 (viii) twelve million two hundred fifty thousand dollars for the peri-
12 od January first, two thousand nine through March thirty-first, two
13 thousand nine.

14 Provided, however, amounts pursuant to this paragraph may be reduced
15 in an amount to be approved by the director of the budget to reflect
16 amounts received from the federal government under the state's 1115
17 waiver which are directed under its terms and conditions to the health
18 workforce recruitment and retention program.

19 (z) 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 the non-public residential health care facility rate increases
25 for recruitment and retention of health care workers pursuant to para-
26 graph (a) of subdivision eighteen of section twenty-eight hundred eight
27 of this article from the tobacco control and insurance initiatives pool
28 established for the following periods in the following amounts:

1 (i) twenty-one million five 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) thirty-three million three hundred thousand dollars on an annual-
5 ized basis for the period January first, two thousand three through
6 December thirty-first, two thousand three;

7 (iii) forty-six 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) forty-six million three hundred thousand dollars for the period
11 January first, two thousand five through December thirty-first, two
12 thousand five;

13 (v) forty-six 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) thirty million nine hundred thousand dollars for the period Janu-
17 ary first, two thousand seven through December thirty-first, two thou-
18 sand seven;

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

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

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

1 (x) two million three hundred twenty-five thousand dollars for the
2 period January first, two thousand eleven through March thirty-first,
3 two thousand eleven.

4 (aa) Funds shall be reserved and accumulated from year to year and
5 shall be available, including income from invested funds, for purposes
6 of grants to public residential health care facilities for recruitment
7 and retention of health care workers pursuant to paragraph (b) of subdi-
8 vision eighteen of section twenty-eight hundred eight of this article
9 from the tobacco control and insurance initiatives pool established for
10 the following periods in the following amounts:

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

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

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

20 (iv) sixteen million two hundred thousand dollars for the period Janu-
21 ary first, two thousand five through December thirty-first, two thousand
22 five;

23 (v) sixteen million two hundred thousand dollars for the period Janu-
24 ary first, two thousand six through December thirty-first, two thousand
25 six;

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

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

4 (viii) one million three hundred fifty thousand dollars for the period
5 January first, two thousand nine through December thirty-first, two
6 thousand nine.

7 (bb) (i) Funds shall be deposited by the commissioner, within amounts
8 appropriated, and subject to the availability of federal financial
9 participation, and the state comptroller is hereby authorized and
10 directed to receive for deposit to the credit of the state special
11 revenue funds - other, HCRA transfer fund, medical assistance account,
12 or any successor fund or account, for the purpose of supporting the
13 state share of adjustments to Medicaid rates of payment for personal
14 care services provided pursuant to paragraph (e) of subdivision two of
15 section three hundred sixty-five-a of the social services law, for local
16 social service districts which include a city with a population of over
17 one million persons and computed and distributed in accordance with
18 memorandums of understanding to be entered into between the state of New
19 York and such local social service districts for the purpose of support-
20 ing the recruitment and retention of personal care service workers or
21 any worker with direct patient care responsibility, from the tobacco
22 control and insurance initiatives pool established for the following
23 periods and the following amounts:

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

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

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

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

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

13 (F) one hundred thirty-six million dollars for the period January
14 first, two thousand seven through December thirty-first, two thousand
15 seven;

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

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

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

24 (J) thirty-four million dollars for the period January first, two
25 thousand eleven through March thirty-first, two thousand eleven;

26 (K) up to one hundred thirty-six million dollars each state fiscal
27 year for the period April first, two thousand eleven through March thir-
28 ty-first, two thousand fourteen;

1 (L) up to one hundred thirty-six million dollars each state fiscal
2 year for the period March thirty-first, two thousand fourteen through
3 April first, two thousand seventeen; [and]

4 (M) up to one hundred thirty-six million dollars each state fiscal
5 year for the period April first, two thousand seventeen through March
6 thirty-first, two thousand twenty; and

7 (N) up to one hundred thirty-six million dollars each state fiscal
8 year for the period April first, two thousand twenty through March thir-
9 ty-first, two thousand twenty-three.

10 (ii) Adjustments to Medicaid rates made pursuant to this paragraph
11 shall not, in aggregate, exceed the following amounts for the following
12 periods:

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

15 (B) for the period January first, two thousand three through December
16 thirty-first, two thousand three, one hundred eighty-five million
17 dollars;

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

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

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

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

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

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

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

5 (J) for the period January first, two thousand eleven through March
6 thirty-first, two thousand eleven, eighty-five million dollars;

7 (K) for each state fiscal year within the period April first, two
8 thousand eleven through March thirty-first, two thousand fourteen, three
9 hundred forty million dollars;

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

13 (M) for each state fiscal year within the period April first, two
14 thousand seventeen through March thirty-first, two thousand twenty,
15 three hundred forty million dollars; and

16 (N) for each state fiscal year within the period April first, two
17 thousand twenty through March thirty-first, two thousand twenty-three,
18 three hundred forty million dollars.

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

1 ized to audit each such provider to ensure compliance with the written
2 certification required by this subdivision and shall recoup any funds
3 determined to have been used for purposes other than recruitment and
4 retention of non-supervisory personal care services workers or any work-
5 er with direct patient care responsibility. Such recoupment shall be in
6 addition to any other penalties provided by law.

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

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

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

26 (iii) eight million four hundred thousand dollars, on an annualized
27 basis, for the period January first, two thousand four through December
28 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;

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;

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; [and]

1 (xiii) up to eleven million two hundred thousand dollars each state
2 fiscal year for the period April first, two thousand seventeen through
3 March thirty-first, two thousand twenty; and

4 (xiv) up to eleven million two hundred thousand dollars each state
5 fiscal year for the period April first, two thousand twenty through
6 March thirty-first, two thousand twenty-three.

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

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

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

20 (iii) eighty-five million two hundred thousand dollars for the period
21 January first, two thousand four through December thirty-first, two
22 thousand four;

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

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

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

4 (vii) eighty-five million two hundred thousand dollars for the period
5 January first, two thousand eight through December thirty-first, two
6 thousand eight;

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

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

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

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

19 (ee) 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 fund - other, HCRA transfer fund, medical assistance account, or
23 any successor fund or account, for purposes of funding the state share
24 of the free-standing diagnostic and treatment center rate increases for
25 recruitment and retention of health care workers pursuant to subdivision
26 seventeen of section twenty-eight hundred seven of this article from the
27 tobacco control and insurance initiatives pool established for the
28 following periods in the following amounts:

1 (i) three million two hundred fifty thousand dollars for the period
2 April first, two thousand two through December thirty-first, two thou-
3 sand two;

4 (ii) three million two hundred fifty 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) three million two hundred fifty 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) three million two hundred fifty thousand dollars for the period
11 January first, two thousand five through December thirty-first, two
12 thousand five;

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

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

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

22 (viii) two million four hundred fifty thousand dollars for the period
23 January first, two thousand nine through December thirty-first, two
24 thousand nine;

25 (ix) one million five hundred thousand dollars for the period January
26 first, two thousand ten through December thirty-first, two thousand ten;
27 and

1 (x) three hundred twenty-five thousand dollars for the period January
2 first, two thousand eleven through March thirty-first, two thousand
3 eleven.

4 (ff) 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 fund - other, HCRA transfer fund, medical assistance account, or
8 any successor fund or account, for purposes of funding the state share
9 of Medicaid expenditures for disabled persons as authorized pursuant to
10 former subparagraphs twelve and thirteen of paragraph (a) of subdivision
11 one of section three hundred sixty-six of the social services law from
12 the tobacco control and insurance initiatives pool established for the
13 following periods in the following amounts:

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

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

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

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

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

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

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

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

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

10 (x) three million seven hundred fifty thousand dollars for the period
11 January first, two thousand eleven through March thirty-first, two thou-
12 sand eleven;

13 (xi) fifteen million dollars each state fiscal year for the period
14 April first, two thousand eleven through March thirty-first, two thou-
15 sand fourteen;

16 (xii) fifteen million dollars each state fiscal year for the period
17 April first, two thousand fourteen through March thirty-first, two thou-
18 sand seventeen; [and]

19 (xiii) fifteen million dollars each state fiscal year for the period
20 April first, two thousand seventeen through March thirty-first, two
21 thousand twenty; and

22 (xiv) fifteen million dollars each state fiscal year for the period
23 April first, two thousand twenty through March thirty-first, two thou-
24 sand twenty-three.

25 (gg) 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 non-public general hospitals pursuant to paragraph (c) of
28 subdivision thirty of section twenty-eight hundred seven-c of this arti-

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

3 (i) up to one million three hundred thousand dollars on an annualized
4 basis for the period January first, two thousand two through December
5 thirty-first, two thousand two;

6 (ii) up to three million two hundred thousand dollars on an annualized
7 basis for the period January first, two thousand three through December
8 thirty-first, two thousand three;

9 (iii) up to five million six hundred thousand dollars on an annualized
10 basis for the period January first, two thousand four through December
11 thirty-first, two thousand four;

12 (iv) up to eight million six hundred thousand dollars for the period
13 January first, two thousand five through December thirty-first, two
14 thousand five;

15 (v) up to eight million six hundred thousand dollars on an annualized
16 basis for the period January first, two thousand six through December
17 thirty-first, two thousand six;

18 (vi) up to two million six hundred thousand dollars for the period
19 January first, two thousand seven through December thirty-first, two
20 thousand seven;

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

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

1 (ix) up to two million six hundred thousand dollars for the period
2 January first, two thousand ten through December thirty-first, two thou-
3 sand ten; and

4 (x) up to six hundred fifty thousand dollars for the period January
5 first, two thousand eleven through March thirty-first, two thousand
6 eleven.

7 (hh) Funds shall be deposited by the commissioner, within amounts
8 appropriated, and the state comptroller is hereby authorized and
9 directed to receive for deposit to the credit of the special revenue
10 fund - other, HCRA transfer fund, medical assistance account for
11 purposes of providing financial assistance to residential health care
12 facilities pursuant to subdivisions nineteen and twenty-one of section
13 twenty-eight hundred eight of this article, from the tobacco control and
14 insurance initiatives pool established for the following periods in the
15 following amounts:

16 (i) for the period April first, two thousand two through December
17 thirty-first, two thousand two, ten million dollars;

18 (ii) for the period January first, two thousand three through December
19 thirty-first, two thousand three, nine million four hundred fifty thou-
20 sand dollars;

21 (iii) for the period January first, two thousand four through December
22 thirty-first, two thousand four, nine million three hundred fifty thou-
23 sand dollars;

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

26 (v) up to fifteen million dollars for the period January first, two
27 thousand six through December thirty-first, two thousand six;

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

3 (vii) up to fifteen million dollars for the period January first, two
4 thousand eight through December thirty-first, two thousand eight;

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

7 (ix) up to fifteen million dollars for the period January first, two
8 thousand ten through December thirty-first, two thousand ten;

9 (x) up to three million seven hundred fifty thousand dollars for the
10 period January first, two thousand eleven through March thirty-first,
11 two thousand eleven; and

12 (xi) fifteen million dollars each state fiscal year for the period
13 April first, two thousand eleven through March thirty-first, two thou-
14 sand fourteen.

15 (ii) Funds shall be deposited by the commissioner, within amounts
16 appropriated, and the state comptroller is hereby authorized and
17 directed to receive for 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 the purpose of supporting the
20 state share of Medicaid expenditures for disabled persons as authorized
21 by sections 1619 (a) and (b) of the federal social security act pursuant
22 to the tobacco control and insurance initiatives pool established for
23 the following periods in the following amounts:

24 (i) six million four hundred thousand dollars for the period April
25 first, two thousand two through December thirty-first, two thousand two;

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

1 (iii) eight million five hundred thousand dollars for the period Janu-
2 ary first, two thousand four through December thirty-first, two thousand
3 four;

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

7 (v) eight million five hundred thousand dollars for the period January
8 first, two thousand six through December thirty-first, two thousand six;

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

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

15 (viii) eight million five hundred thousand dollars for the period
16 January first, two thousand nine through December thirty-first, two
17 thousand nine;

18 (ix) eight million five hundred thousand dollars for the period Janu-
19 ary first, two thousand ten through December thirty-first, two thousand
20 ten;

21 (x) two million one hundred twenty-five thousand dollars for the peri-
22 od January first, two thousand eleven through March thirty-first, two
23 thousand eleven;

24 (xi) eight million five hundred thousand dollars each state fiscal
25 year for the period April first, two thousand eleven through March thir-
26 ty-first, two thousand fourteen;

1 (xii) eight million five hundred thousand dollars each state fiscal
2 year for the period April first, two thousand fourteen through March
3 thirty-first, two thousand seventeen; [and]

4 (xiii) eight million five hundred thousand dollars each state fiscal
5 year for the period April first, two thousand seventeen through March
6 thirty-first, two thousand twenty; and

7 (xiv) eight million five hundred thousand dollars each state fiscal
8 year for the period April first, two thousand twenty through March thir-
9 ty-first, two thousand twenty-three.

10 (jj) Funds shall be reserved and accumulated from year to year and
11 shall be available, including income from invested funds, for the
12 purposes of a grant program to improve access to infertility services,
13 treatments and procedures, from the tobacco control and insurance initi-
14 atives pool established for the period January first, two thousand two
15 through December thirty-first, two thousand two in the amount of nine
16 million one hundred seventy-five thousand dollars, for the period April
17 first, two thousand six through March thirty-first, two thousand seven
18 in the amount of five million dollars, for the period April first, two
19 thousand seven through March thirty-first, two thousand eight in the
20 amount of five million dollars, for the period April first, two thousand
21 eight through March thirty-first, two thousand nine in the amount of
22 five million dollars, and for the period April first, two thousand nine
23 through March thirty-first, two thousand ten in the amount of five
24 million dollars, for the period April first, two thousand ten through
25 March thirty-first, two thousand eleven in the amount of two million two
26 hundred thousand dollars, and for the period April first, two thousand
27 eleven through March thirty-first, two thousand twelve up to one million
28 one hundred thousand dollars.

1 (kk) 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, HCRA transfer fund, medical assistance account,
5 or any successor fund or account, for purposes of funding the state
6 share of Medical Assistance Program expenditures from the tobacco
7 control and insurance initiatives pool established for the following
8 periods in the following amounts:

9 (i) thirty-eight million eight hundred thousand dollars for the period
10 January first, two thousand two through December thirty-first, two thou-
11 sand two;

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

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

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

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

23 (vi) up to six hundred sixteen million seven hundred thousand dollars
24 for the period January first, two thousand seven through December thir-
25 ty-first, two thousand seven;

26 (vii) up to five hundred seventy-eight million nine hundred twenty-
27 five thousand dollars for the period January first, two thousand eight
28 through December thirty-first, two thousand eight; and

1 (viii) within amounts appropriated on and after January first, two
2 thousand nine.

3 (11) 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 Medicaid expenditures related to the city of New York from the
9 tobacco control and insurance initiatives pool established for the
10 following periods in the following amounts:

11 (i) eighty-two million seven hundred thousand dollars for the period
12 January first, two thousand two through December thirty-first, two thou-
13 sand two;

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

17 (iii) one hundred twenty-four million seven hundred thousand dollars
18 for the period January first, two thousand four through December thir-
19 ty-first, two thousand four;

20 (iv) one hundred twenty-four million seven hundred thousand dollars
21 for the period January first, two thousand five through December thir-
22 ty-first, two thousand five;

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

26 (vi) one hundred twenty-four million seven hundred thousand dollars
27 for the period January first, two thousand seven through December thir-
28 ty-first, two thousand seven;

1 (vii) one hundred twenty-four million seven hundred thousand dollars
2 for the period January first, two thousand eight through December thir-
3 ty-first, two thousand eight;

4 (viii) one hundred twenty-four million seven hundred thousand dollars
5 for the period January first, two thousand nine through December thir-
6 ty-first, two thousand nine;

7 (ix) one hundred twenty-four million seven hundred thousand dollars
8 for the period January first, two thousand ten through December thirty-
9 first, two thousand ten;

10 (x) thirty-one million one hundred seventy-five thousand dollars for
11 the period January first, two thousand eleven through March thirty-
12 first, two thousand eleven; and

13 (xi) one hundred twenty-four million seven hundred thousand dollars
14 each state fiscal year for the period April first, two thousand eleven
15 through March thirty-first, two thousand fourteen.

16 (mm) Funds shall be deposited by the commissioner, within amounts
17 appropriated, and the state comptroller is hereby authorized and
18 directed to receive for deposit to the credit of the state special
19 revenue funds - other, HCRA transfer fund, medical assistance account,
20 or any successor fund or account, for purposes of funding specified
21 percentages of the state share of services and expenses related to the
22 family health plus program in accordance with the following schedule:

23 (i) (A) for the period January first, two thousand three through
24 December thirty-first, two thousand four, one hundred percent of the
25 state share;

26 (B) for the period January first, two thousand five through December
27 thirty-first, two thousand five, seventy-five percent of the state
28 share; and

1 (C) for periods beginning on and after January first, two thousand
2 six, fifty percent of the state share.

3 (ii) Funding for the family health plus program will include up to
4 five million dollars annually for the period January first, two thousand
5 three through December thirty-first, two thousand six, up to five
6 million dollars for the period January first, two thousand seven through
7 December thirty-first, two thousand seven, up to seven million two
8 hundred thousand dollars for the period January first, two thousand
9 eight through December thirty-first, two thousand eight, up to seven
10 million two hundred thousand dollars for the period January first, two
11 thousand nine through December thirty-first, two thousand nine, up to
12 seven million two hundred thousand dollars for the period January first,
13 two thousand ten through December thirty-first, two thousand ten, up to
14 one million eight hundred thousand dollars for the period January first,
15 two thousand eleven through March thirty-first, two thousand eleven, up
16 to six million forty-nine thousand dollars for the period April first,
17 two thousand eleven through March thirty-first, two thousand twelve, up
18 to six million two hundred eighty-nine thousand dollars for the period
19 April first, two thousand twelve through March thirty-first, two thou-
20 sand thirteen, and up to six million four hundred sixty-one thousand
21 dollars for the period April first, two thousand thirteen through March
22 thirty-first, two thousand fourteen, for administration and marketing
23 costs associated with such program established pursuant to clauses (A)
24 and (B) of subparagraph (v) of paragraph (a) of subdivision two of
25 section three hundred sixty-nine-ee of the social services law from the
26 tobacco control and insurance initiatives pool established for the
27 following periods in the following amounts:

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

4 (B) three hundred seventy-four million dollars for the period January
5 first, two thousand four through December thirty-first, two thousand
6 four;

7 (C) five hundred thirty-eight million four hundred thousand dollars
8 for the period January first, two thousand five through December thir-
9 ty-first, two thousand five;

10 (D) three hundred eighteen million seven hundred seventy-five thousand
11 dollars for the period January first, two thousand six through December
12 thirty-first, two thousand six;

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

16 (F) five hundred seventy million twenty-five thousand dollars for the
17 period January first, two thousand eight through December thirty-first,
18 two thousand eight;

19 (G) six hundred ten million seven hundred twenty-five thousand dollars
20 for the period January first, two thousand nine through December thir-
21 ty-first, two thousand nine;

22 (H) six hundred twenty-seven million two hundred seventy-five thousand
23 dollars for the period January first, two thousand ten through December
24 thirty-first, two thousand ten;

25 (I) one hundred fifty-seven million eight hundred seventy-five thou-
26 sand dollars for the period January first, two thousand eleven through
27 March thirty-first, two thousand eleven;

1 (J) six hundred twenty-eight million four hundred thousand dollars for
2 the period April first, two thousand eleven through March thirty-first,
3 two thousand twelve;

4 (K) six hundred fifty million four hundred thousand dollars for the
5 period April first, two thousand twelve through March thirty-first, two
6 thousand thirteen;

7 (L) six hundred fifty million four hundred thousand dollars for the
8 period April first, two thousand thirteen through March thirty-first,
9 two thousand fourteen; and

10 (M) up to three hundred ten million five hundred ninety-five thousand
11 dollars for the period April first, two thousand fourteen through March
12 thirty-first, two thousand fifteen.

13 (nn) 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, health care services account,
17 or any successor fund or account, for purposes related to adult home
18 initiatives for medicaid eligible residents of residential facilities
19 licensed pursuant to section four hundred sixty-b of the social services
20 law from the tobacco control and insurance initiatives pool established
21 for the following periods in the following amounts:

22 (i) up to four million dollars for the period January first, two thou-
23 sand three through December thirty-first, two thousand three;

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

26 (iii) up to eight million dollars for the period January first, two
27 thousand five through December thirty-first, two thousand five,
28 provided, however, that up to five million two hundred fifty thousand

1 dollars of such funds shall be received by the comptroller and deposited
2 to the credit of the special revenue fund - other / aid to localities,
3 HCRA transfer fund - 061, enhanced community services account - 05, or
4 any successor fund or account, for the purposes set forth in this para-
5 graph;

6 (iv) up to eight million dollars for the period January first, two
7 thousand six through December thirty-first, two thousand six, provided,
8 however, that up to five million two hundred fifty thousand dollars of
9 such funds shall be received by the comptroller and deposited to the
10 credit of the special revenue fund - other / aid to localities, HCRA
11 transfer fund - 061, enhanced community services account - 05, or any
12 successor fund or account, for the purposes set forth in this paragraph;

13 (v) up to eight million dollars for the period January first, two
14 thousand seven through December thirty-first, two thousand seven,
15 provided, however, that up to five million two hundred fifty thousand
16 dollars of such funds shall be received by the comptroller and deposited
17 to the credit of the special revenue fund - other / aid to localities,
18 HCRA transfer fund - 061, enhanced community services account - 05, or
19 any successor fund or account, for the purposes set forth in this para-
20 graph;

21 (vi) up to two million seven hundred fifty thousand dollars for the
22 period January first, two thousand eight through December thirty-first,
23 two thousand eight;

24 (vii) up to two million seven hundred fifty thousand dollars for the
25 period January first, two thousand nine through December thirty-first,
26 two thousand nine;

1 (viii) up to two million seven hundred fifty thousand dollars for the
2 period January first, two thousand ten through December thirty-first,
3 two thousand ten; and

4 (ix) up to six hundred eighty-eight thousand dollars for the period
5 January first, two thousand eleven through March thirty-first, two thou-
6 sand eleven.

7 (oo) Funds shall be reserved and accumulated from year to year and
8 shall be available, including income from invested funds, for purposes
9 of grants to non-public general hospitals pursuant to paragraph (e) of
10 subdivision twenty-five of section twenty-eight hundred seven-c of this
11 article from the tobacco control and insurance initiatives pool estab-
12 lished for the following periods in the following amounts:

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

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

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

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

22 (v) up to five million dollars for the period January first, two thou-
23 sand eight through December thirty-first, two thousand eight;

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

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

1 (viii) up to one million two hundred fifty thousand dollars for the
2 period January first, two thousand eleven through March thirty-first,
3 two thousand eleven.

4 (pp) Funds shall be reserved and accumulated from year to year and
5 shall be available, including income from invested funds, for the
6 purpose of supporting the provision of tax credits for long term care
7 insurance pursuant to subdivision one of section one hundred ninety of
8 the tax law, paragraph (a) of subdivision [twenty-five-a] fourteen of
9 section two hundred [ten] ten-B of such law, subsection (aa) of section
10 six hundred six of such law[, paragraph one of subsection (k) of section
11 fourteen hundred fifty-six of such law] and paragraph one of subdivision
12 (m) of section fifteen hundred eleven of such law, in the following
13 amounts:

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

16 (ii) ten million dollars for the period January first, two thousand
17 five through December thirty-first, two thousand five;

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

20 (iv) five million dollars for the period January first, two thousand
21 seven through June thirtieth, two thousand seven.

22 (qq) Funds shall be reserved and accumulated from year to year and
23 shall be available, including income from invested funds, for the
24 purpose of supporting the long-term care insurance education and
25 outreach program established pursuant to section two hundred seventeen-a
26 of the elder law for the following periods in the following amounts:

27 (i) up to five million dollars for the period January first, two thou-
28 sand four through December thirty-first, two thousand four; of such

1 funds one million nine hundred fifty thousand dollars shall be made
2 available to the department for the purpose of developing, implementing
3 and administering the long-term care insurance education and outreach
4 program and three million fifty thousand dollars shall be deposited by
5 the commissioner, within amounts appropriated, and the comptroller is
6 hereby authorized and directed to receive for deposit to the credit of
7 the special revenue funds - other, HCRA transfer fund, long term care
8 insurance resource center account of the state office for the aging or
9 any future account designated for the purpose of implementing the long
10 term care insurance education and outreach program and providing the
11 long term care insurance resource centers with the necessary resources
12 to carry out their operations;

13 (ii) up to five million dollars for the period January first, two
14 thousand five through December thirty-first, two thousand five; of such
15 funds one million nine hundred fifty thousand dollars shall be made
16 available to the department for the purpose of developing, implementing
17 and administering the long-term care insurance education and outreach
18 program and three million fifty thousand dollars shall be deposited by
19 the commissioner, within amounts appropriated, and the comptroller is
20 hereby authorized and directed to receive for deposit to the credit of
21 the special revenue funds - other, HCRA transfer fund, long term care
22 insurance resource center account of the state office for the aging or
23 any future account designated for the purpose of implementing the long
24 term care insurance education and outreach program and providing the
25 long term care insurance resource centers with the necessary resources
26 to carry out their operations;

27 (iii) up to five million dollars for the period January first, two
28 thousand six through December thirty-first, two thousand six; of such

1 funds one million nine hundred fifty thousand dollars shall be made
2 available to the department for the purpose of developing, implementing
3 and administering the long-term care insurance education and outreach
4 program and three million fifty thousand dollars shall be made available
5 to the office for the aging for the purpose of providing the long term
6 care insurance resource centers with the necessary resources to carry
7 out their operations;

8 (iv) up to five million dollars for the period January first, two
9 thousand seven through December thirty-first, two thousand seven; of
10 such funds one million nine hundred fifty thousand dollars shall be made
11 available to the department for the purpose of developing, implementing
12 and administering the long-term care insurance education and outreach
13 program and three million fifty thousand dollars shall be made available
14 to the office for the aging for the purpose of providing the long term
15 care insurance resource centers with the necessary resources to carry
16 out their operations;

17 (v) up to five million dollars for the period January first, two thou-
18 sand eight through December thirty-first, two thousand eight; of such
19 funds one million nine hundred fifty thousand dollars shall be made
20 available to the department for the purpose of developing, implementing
21 and administering the long term care insurance education and outreach
22 program and three million fifty thousand dollars shall be made available
23 to the office for the aging for the purpose of providing the long term
24 care insurance resource centers with the necessary resources to carry
25 out their operations;

26 (vi) up to five million dollars for the period January first, two
27 thousand nine through December thirty-first, two thousand nine; of such
28 funds one million nine hundred fifty thousand dollars shall be made

1 available to the department for the purpose of developing, implementing
2 and administering the long-term care insurance education and outreach
3 program and three million fifty thousand dollars shall be made available
4 to the office for the aging for the purpose of providing the long-term
5 care insurance resource centers with the necessary resources to carry
6 out their operations;

7 (vii) up to four hundred eighty-eight thousand dollars for the period
8 January first, two thousand ten through March thirty-first, two thousand
9 ten; of such funds four hundred eighty-eight thousand dollars shall be
10 made available to the department for the purpose of developing, imple-
11 menting and administering the long-term care insurance education and
12 outreach program.

13 (rr) Funds shall be reserved and accumulated from the tobacco control
14 and insurance initiatives pool and shall be available, including income
15 from invested funds, for the purpose of supporting expenses related to
16 implementation of the provisions of title [III] three of article twen-
17 ty-nine-D of this chapter, for the following periods and in the follow-
18 ing amounts:

19 (i) up to ten million dollars for the period January first, two thou-
20 sand six through December thirty-first, two thousand six;

21 (ii) up to ten million dollars for the period January first, two thou-
22 sand seven through December thirty-first, two thousand seven;

23 (iii) up to ten million dollars for the period January first, two
24 thousand eight through December thirty-first, two thousand eight;

25 (iv) up to ten million dollars for the period January first, two thou-
26 sand nine through December thirty-first, two thousand nine;

27 (v) up to ten million dollars for the period January first, two thou-
28 sand ten through December thirty-first, two thousand ten; and

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

4 (ss) Funds shall be reserved and accumulated from the tobacco control
5 and insurance initiatives pool and used for a health care stabilization
6 program established by the commissioner for the purposes of stabilizing
7 critical health care providers and health care programs whose ability to
8 continue to provide appropriate services are threatened by financial or
9 other challenges, in the amount of up to twenty-eight million dollars
10 for the period July first, two thousand four through June thirtieth, two
11 thousand five. Notwithstanding the provisions of section one hundred
12 twelve of the state finance law or any other inconsistent provision of
13 the state finance law or any other law, funds available for distribution
14 pursuant to this paragraph may be allocated and distributed by the
15 commissioner, or the state comptroller as applicable without a compet-
16 itive bid or request for proposal process. Considerations relied upon by
17 the commissioner in determining the allocation and distribution of these
18 funds shall include, but not be limited to, the following: (i) the
19 importance of the provider or program in meeting critical health care
20 needs in the community in which it operates; (ii) the provider or
21 program provision of care to under-served populations; (iii) the quality
22 of the care or services the provider or program delivers; (iv) the abil-
23 ity of the provider or program to continue to deliver an appropriate
24 level of care or services if additional funding is made available; (v)
25 the ability of the provider or program to access, in a timely manner,
26 alternative sources of funding, including other sources of government
27 funding; (vi) the ability of other providers or programs in the communi-
28 ty to meet the community health care needs; (vii) whether the provider

1 or program has an appropriate plan to improve its financial condition;
2 and (viii) whether additional funding would permit the provider or
3 program to consolidate, relocate, or close programs or services where
4 such actions would result in greater stability and efficiency in the
5 delivery of needed health care services or programs.

6 (tt) Funds shall be reserved and accumulated from year to year and
7 shall be available, including income from invested funds, for purposes
8 of providing grants for two long term care demonstration projects
9 designed to test new models for the delivery of long term care services
10 established pursuant to section twenty-eight hundred seven-x of this
11 chapter, for the following periods and in the following amounts:

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

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

16 (iii) up to five hundred thousand dollars for the period January
17 first, two thousand six through December thirty-first, two thousand six;

18 (iv) up to one million dollars for the period January first, two thou-
19 sand seven through December thirty-first, two thousand seven; and

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

23 (uu) 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 disease management and telemedicine demonstration
26 programs authorized pursuant to section twenty-one hundred eleven of
27 this chapter for the following periods in the following amounts:

1 (i) five million dollars for the period January first, two thousand
2 four through December thirty-first, two thousand four, of which three
3 million dollars shall be available for disease management demonstration
4 programs and two million dollars shall be available for telemedicine
5 demonstration programs;

6 (ii) five million dollars for the period January first, two thousand
7 five through December thirty-first, two thousand five, of which three
8 million dollars shall be available for disease management demonstration
9 programs and two million dollars shall be available for telemedicine
10 demonstration programs;

11 (iii) nine million five hundred thousand dollars for the period Janu-
12 ary first, two thousand six through December thirty-first, two thousand
13 six, of which seven million five hundred thousand dollars shall be
14 available for disease management demonstration programs and two million
15 dollars shall be available for telemedicine demonstration programs;

16 (iv) nine million five hundred thousand dollars for the period January
17 first, two thousand seven through December thirty-first, two thousand
18 seven, of which seven million five hundred thousand dollars shall be
19 available for disease management demonstration programs and one million
20 dollars shall be available for telemedicine demonstration programs;

21 (v) nine million five hundred thousand dollars for the period January
22 first, two thousand eight through December thirty-first, two thousand
23 eight, of which seven million five hundred thousand dollars shall be
24 available for disease management demonstration programs and two million
25 dollars shall be available for telemedicine demonstration programs;

26 (vi) seven million eight hundred thirty-three thousand three hundred
27 thirty-three dollars for the period January first, two thousand nine
28 through December thirty-first, two thousand nine, of which seven million

1 five hundred thousand dollars shall be available for disease management
2 demonstration programs and three hundred thirty-three thousand three
3 hundred thirty-three dollars shall be available for telemedicine demon-
4 stration programs for the period January first, two thousand nine
5 through March first, two thousand nine;

6 (vii) one million eight hundred seventy-five thousand dollars for the
7 period January first, two thousand ten through March thirty-first, two
8 thousand ten shall be available for disease management demonstration
9 programs.

10 (ww) Funds shall be deposited by the commissioner, within amounts
11 appropriated, and the state comptroller is hereby authorized and
12 directed to receive for the deposit to the credit of the state special
13 revenue funds - other, HCRA transfer fund, medical assistance account,
14 or any successor fund or account, for purposes of funding the state
15 share of the general hospital rates increases for recruitment and
16 retention of health care workers pursuant to paragraph (e) of subdivi-
17 sion thirty of section twenty-eight hundred seven-c of this article from
18 the tobacco control and insurance initiatives pool established for the
19 following periods in the following amounts:

20 (i) sixty million five hundred thousand dollars for the period January
21 first, two thousand five through December thirty-first, two thousand
22 five; and

23 (ii) sixty million five hundred thousand dollars for the period Janu-
24 ary first, two thousand six through December thirty-first, two thousand
25 six.

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

1 revenue funds - other, HCRA transfer fund, medical assistance account,
2 or any successor fund or account, for purposes of funding the state
3 share of the general hospital rates increases for rural hospitals pursu-
4 ant to subdivision thirty-two of section twenty-eight hundred seven-c of
5 this article from the tobacco control and insurance initiatives pool
6 established for the following periods in the following amounts:

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

10 (ii) three million five hundred thousand dollars for the period Janu-
11 ary first, two thousand six through December thirty-first, two thousand
12 six;

13 (iii) three million five hundred thousand dollars for the period Janu-
14 ary first, two thousand seven through December thirty-first, two thou-
15 sand seven;

16 (iv) three million five hundred thousand dollars for the period Janu-
17 ary first, two thousand eight through December thirty-first, two thou-
18 sand eight; and

19 (v) three million two hundred eight thousand dollars for the period
20 January first, two thousand nine through November thirtieth, two thou-
21 sand nine.

22 (yy) Funds shall be reserved and accumulated from year to year and
23 shall be available, within amounts appropriated and notwithstanding
24 section one hundred twelve of the state finance law and any other
25 contrary provision of law, for the purpose of supporting grants not to
26 exceed five million dollars to be made by the commissioner without a
27 competitive bid or request for proposal process, in support of the
28 delivery of critically needed health care services, to health care

1 providers located in the counties of Erie and Niagara which executed a
2 memorandum of closing and conducted a merger closing in escrow on Novem-
3 ber twenty-fourth, nineteen hundred ninety-seven and which entered into
4 a settlement dated December thirtieth, two thousand four for a loss on
5 disposal of assets under the provisions of title XVIII of the federal
6 social security act applicable to mergers occurring prior to December
7 first, nineteen hundred ninety-seven.

8 (zz) Funds shall be reserved and accumulated from year to year and
9 shall be available, within amounts appropriated, for the purpose of
10 supporting expenditures authorized pursuant to section twenty-eight
11 hundred eighteen of this article from the tobacco control and insurance
12 initiatives pool established for the following periods in the following
13 amounts:

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

17 (ii) one hundred eight million three hundred thousand dollars for the
18 period January first, two thousand six through December thirty-first,
19 two thousand six, provided, however, that within amounts appropriated in
20 the two thousand six through two thousand seven state fiscal year, a
21 portion of such funds may be transferred to the Roswell Park Cancer
22 Institute Corporation to fund capital costs;

23 (iii) one hundred seventy-one million dollars for the period January
24 first, two thousand seven through December thirty-first, two thousand
25 seven, provided, however, that within amounts appropriated in the two
26 thousand six through two thousand seven state fiscal year, a portion of
27 such funds may be transferred to the Roswell Park Cancer Institute
28 Corporation to fund capital costs;

1 (iv) one hundred seventy-one million five hundred thousand dollars for
2 the period January first, two thousand eight through December thirty-
3 first, two thousand eight;

4 (v) one hundred twenty-eight million seven hundred fifty thousand
5 dollars for the period January first, two thousand nine through December
6 thirty-first, two thousand nine;

7 (vi) one hundred thirty-one million three hundred seventy-five thou-
8 sand dollars for the period January first, two thousand ten through
9 December thirty-first, two thousand ten;

10 (vii) thirty-four million two hundred fifty thousand dollars for the
11 period January first, two thousand eleven through March thirty-first,
12 two thousand eleven;

13 (viii) four hundred thirty-three million three hundred sixty-six thou-
14 sand dollars for the period April first, two thousand eleven through
15 March thirty-first, two thousand twelve;

16 (ix) one hundred fifty million eight hundred six thousand dollars for
17 the period April first, two thousand twelve through March thirty-first,
18 two thousand thirteen;

19 (x) seventy-eight million seventy-one thousand dollars for the period
20 April first, two thousand thirteen through March thirty-first, two thou-
21 sand fourteen.

22 (aaa) Funds shall be reserved and accumulated from year to year and
23 shall be available, including income from invested funds, for services
24 and expenses related to school based health centers, in an amount up to
25 three million five hundred thousand dollars for the period April first,
26 two thousand six through March thirty-first, two thousand seven, up to
27 three million five hundred thousand dollars for the period April first,
28 two thousand seven through March thirty-first, two thousand eight, up to

1 three million five hundred thousand dollars for the period April first,
2 two thousand eight through March thirty-first, two thousand nine, up to
3 three million five hundred thousand dollars for the period April first,
4 two thousand nine through March thirty-first, two thousand ten, up to
5 three million five hundred thousand dollars for the period April first,
6 two thousand ten through March thirty-first, two thousand eleven, up to
7 two million eight hundred thousand dollars each state fiscal year for
8 the period April first, two thousand eleven through March thirty-first,
9 two thousand fourteen, up to two million six hundred forty-four thousand
10 dollars each state fiscal year for the period April first, two thousand
11 fourteen through March thirty-first, two thousand seventeen, [and] up to
12 two million six hundred forty-four thousand dollars each state fiscal
13 year for the period April first, two thousand seventeen through March
14 thirty-first, two thousand twenty, and up to two million six hundred
15 forty-four thousand dollars each state fiscal year for the period April
16 first, two thousand twenty through March thirty-first, two thousand
17 twenty-three. The total amount of funds provided herein shall be
18 distributed as grants based on the ratio of each provider's total
19 enrollment for all sites to the total enrollment of all providers. This
20 formula shall be applied to the total amount provided herein.

21 (bbb) Funds shall be reserved and accumulated from year to year and
22 shall be available, including income from invested funds, for purposes
23 of awarding grants to operators of adult homes, enriched housing
24 programs and residences through the enhancing abilities and life experi-
25 ence (EnAbLe) program to provide for the installation, operation and
26 maintenance of air conditioning in resident rooms, consistent with this
27 paragraph, in an amount up to two million dollars for the period April
28 first, two thousand six through March thirty-first, two thousand seven,

1 up to three million eight hundred thousand dollars for the period April
2 first, two thousand seven through March thirty-first, two thousand
3 eight, up to three million eight hundred thousand dollars for the period
4 April first, two thousand eight through March thirty-first, two thousand
5 nine, up to three million eight hundred thousand dollars for the period
6 April first, two thousand nine through March thirty-first, two thousand
7 ten, and up to three million eight hundred thousand dollars for the
8 period April first, two thousand ten through March thirty-first, two
9 thousand eleven. Residents shall not be charged utility cost for the use
10 of air conditioners supplied under the EnAbLe program. All such air
11 conditioners must be operated in occupied resident rooms consistent with
12 requirements applicable to common areas.

13 (ccc) 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 increases in the rates for certified home health agencies, long
19 term home health care programs, AIDS home care programs, hospice
20 programs and managed long term care plans and approved managed long term
21 care operating demonstrations as defined in section forty-four hundred
22 three-f of this chapter for recruitment and retention of health care
23 workers pursuant to subdivisions nine and ten of section thirty-six
24 hundred fourteen of this chapter from the tobacco control and insurance
25 initiatives pool established for the following periods in the following
26 amounts:

27 (i) twenty-five million dollars for the period June first, two thou-
28 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;

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 (viii) up to fifty million dollars each state fiscal year for the
16 period April first, two thousand fourteen through March thirty-first,
17 two thousand seventeen; [and]

18 (ix) up to fifty million dollars each state fiscal year for the period
19 April first, two thousand seventeen through March thirty-first, two
20 thousand twenty; and

21 (x) up to fifty million dollars each state fiscal year for the period
22 April first, two thousand twenty through March thirty-first, two thou-
23 sand twenty-three.

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

1 share of increases in the medical assistance rates for providers for
2 purposes of enhancing the provision, quality and/or efficiency of home
3 care services pursuant to subdivision eleven of section thirty-six
4 hundred fourteen of this chapter from the tobacco control and insurance
5 initiatives pool established for the following period in the amount of
6 eight million dollars for the period April first, two thousand six
7 through December thirty-first, two thousand six.

8 (eee) Funds shall be reserved and accumulated from year to year and
9 shall be available, including income from invested funds, to the Center
10 for Functional Genomics at the State University of New York at Albany,
11 for the purposes of the Adirondack network for cancer education and
12 research in rural communities grant program to improve access to health
13 care and shall be made available from the tobacco control and insurance
14 initiatives pool established for the following period in the amount of
15 up to five million dollars for the period January first, two thousand
16 six through December thirty-first, two thousand six.

17 (fff) Funds shall be made available to the empire state stem cell
18 trust fund established by section ninety-nine-p of the state finance law
19 within amounts appropriated up to fifty million dollars annually and
20 shall not exceed five hundred million dollars in total.

21 (ggg) 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 fund - other, HCRA transfer fund, medical assistance account, or
25 any successor fund or account, for the purpose of supporting the state
26 share of Medicaid expenditures for hospital translation services as
27 authorized pursuant to paragraph (k) of subdivision one of section twen-
28 ty-eight hundred seven-c of this article from the tobacco control and

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

3 (i) sixteen million dollars for the period July first, two thousand
4 eight through December thirty-first, two thousand eight; and

5 (ii) fourteen million seven hundred thousand dollars for the period
6 January first, two thousand nine through November thirtieth, two thou-
7 sand nine.

8 (hhh) Funds shall be deposited by the commissioner, within amounts
9 appropriated, and the state comptroller is hereby authorized and
10 directed to receive for deposit to the credit of the state special
11 revenue fund - other, HCRA transfer fund, medical assistance account, or
12 any successor fund or account, for the purpose of supporting the state
13 share of Medicaid expenditures for adjustments to inpatient rates of
14 payment for general hospitals located in the counties of Nassau and
15 Suffolk as authorized pursuant to paragraph (1) of subdivision one of
16 section twenty-eight hundred seven-c of this article from the tobacco
17 control and initiatives pool established for the following periods in
18 the following amounts:

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

22 (ii) two million two hundred ninety-two thousand dollars for the peri-
23 od January first, two thousand nine through November thirtieth, two
24 thousand nine.

25 (iii) Funds shall be reserved and set aside and accumulated from year
26 to year and shall be made available, including income from investment
27 funds, for the purpose of supporting the New York state medical indem-
28 nity fund as authorized pursuant to title four of article twenty-nine-D

1 of this chapter, for the following periods and in the following amounts,
2 provided, however, that the commissioner is authorized to seek waiver
3 authority from the federal centers for medicare and Medicaid for the
4 purpose of securing Medicaid federal financial participation for such
5 program, in which case the funding authorized pursuant to this paragraph
6 shall be utilized as the non-federal share for such payments:

7 Thirty million dollars for the period April first, two thousand eleven
8 through March thirty-first, two thousand twelve.

9 2. (a) For periods prior to January first, two thousand five, the
10 commissioner is authorized to contract with the article forty-three
11 insurance law plans, or such other contractors as the commissioner shall
12 designate, to receive and distribute funds from the tobacco control and
13 insurance initiatives pool established pursuant to this section. In the
14 event contracts with the article forty-three insurance law plans or
15 other commissioner's designees are effectuated, the commissioner shall
16 conduct annual audits of the receipt and distribution of such funds. The
17 reasonable costs and expenses of an administrator as approved by the
18 commissioner, not to exceed for personnel services on an annual basis
19 five hundred thousand dollars, for collection and distribution of funds
20 pursuant to this section shall be paid from such funds.

21 (b) Notwithstanding any inconsistent provision of section one hundred
22 twelve or one hundred sixty-three of the state finance law or any other
23 law, at the discretion of the commissioner without a competitive bid or
24 request for proposal process, contracts in effect for administration of
25 pools established pursuant to sections twenty-eight hundred seven-k,
26 twenty-eight hundred seven-l and twenty-eight hundred seven-m of this
27 article for the period January first, nineteen hundred ninety-nine
28 through December thirty-first, nineteen hundred ninety-nine may be

1 extended to provide for administration pursuant to this section and may
2 be amended as may be necessary.

3 § 15. Paragraph (a) of subdivision 12 of section 367-b of the social
4 services law, as amended by section 7 of part H of chapter 57 of the
5 laws of 2017, is amended to read as follows:

6 (a) For the purpose of regulating cash flow for general hospitals, the
7 department shall develop and implement a payment methodology to provide
8 for timely payments for inpatient hospital services eligible for case
9 based payments per discharge based on diagnosis-related groups provided
10 during the period January first, nineteen hundred eighty-eight through
11 March thirty-first two thousand [twenty] twenty-three, by such hospitals
12 which elect to participate in the system.

13 § 16. Paragraph (o) of subdivision 9 of section 3614 of the public
14 health law, as added by section 11 of part H of chapter 57 of the laws
15 of 2017, is amended and three new paragraphs (p), (q) and (r) are added
16 to read as follows:

17 (o) for the period April first, two thousand nineteen through March
18 thirty-first, two thousand twenty, up to one hundred million dollars[.];

19 (p) for the period April first, two thousand twenty through March
20 thirty-first, two thousand twenty-one, up to one hundred million
21 dollars;

22 (q) for the period April first, two thousand twenty-one through March
23 thirty-first, two thousand twenty-two, up to one hundred million
24 dollars;

25 (r) for the period April first, two thousand twenty-two through March
26 thirty-first, two thousand twenty-three, up to one hundred million
27 dollars.

1 § 17. Paragraph (s) of subdivision 1 of section 367-q of the social
2 services law, as added by section 12 of part H of chapter 57 of the laws
3 of 2017, is amended and three new paragraphs (t), (u) and (v) are added
4 to read as follows:

5 (s) for the period April first, two thousand nineteen through March
6 thirty-first, two thousand twenty, twenty-eight million five hundred
7 thousand dollars[.];

8 (t) for the period April first, two thousand twenty through March
9 thirty-first, two thousand twenty-one, up to twenty-eight million five
10 hundred thousand dollars;

11 (u) for the period April first, two thousand twenty-one through March
12 thirty-first, two thousand twenty-two, up to twenty-eight million five
13 hundred thousand dollars;

14 (v) for the period April first, two thousand twenty-two through March
15 thirty-first, two thousand twenty-three, up to twenty-eight million five
16 hundred thousand dollars.

17 § 18. Section 5 of chapter 517 of the laws of 2016, amending the
18 public health law relating to payments from the New York state medical
19 indemnity fund, as amended by section 4 of part K of chapter 57 of the
20 laws of 2019, is amended to read as follows:

21 § 5. This act shall take effect on the forty-fifth day after it shall
22 have become a law, provided that the amendments to subdivision 4 of
23 section 2999-j of the public health law made by section two of this act
24 shall take effect on June 30, 2017 and shall expire and be deemed
25 repealed December 31, [2020] 2021.

26 § 19. Section 2807-g and paragraph (e) of subdivision 1 of section
27 2807-1 of the public health law are REPEALED.

1 § 20. This act shall take effect April 1, 2020, provided, however, if
2 this act shall become a law after such date it shall take effect imme-
3 diately and shall be deemed to have been in full force and effect on and
4 after April 1, 2020, and further provided, that:

5 (a) the amendments to sections 2807-j and 2807-s of the public health
6 law made by sections two, eight, eleven and twelve of this act shall not
7 affect the expiration of such sections and shall expire therewith;

8 (b) the amendments to subdivision 6 of section 2807-t of the public
9 health law made by section thirteen of this act shall not affect the
10 expiration of such section and shall be deemed to expire therewith; and

11 (c) the amendments to paragraph (i-1) of subdivision 1 of section
12 2807-v of the public health law made by section fourteen of this act
13 shall not affect the repeal of such paragraph and shall be deemed
14 repealed therewith.

15 PART B

16 Section 1. Subdivision 9 of section 2803 of the public health law is
17 REPEALED.

18 § 2. This act shall take effect immediately and shall be deemed to
19 have been in full force and effect on and after April 1, 2020.

20 PART C

21 Section 1. Section 3235-a of the insurance law is amended by adding
22 two new subsections (e) and (f) to read as follows:

23 (e)(1) An insurer shall pay an early intervention program service
24 claim to a provider through the state fiscal agent, designated pursuant

1 to section two thousand five hundred fifty-seven of the public health
2 law, that participates in the insurer's provider network in accordance
3 with subsection (a) of section thirty-two hundred twenty-four-a of this
4 article where the insurer's obligation to pay is reasonably clear, even
5 though there may be a disagreement about whether the early intervention
6 program service was medically necessary.

7 (2) Notwithstanding the provisions of article forty-nine of this chap-
8 ter and article forty-nine of the public health law, following payment
9 of the early intervention program service claim, an insurer may initiate
10 a non-expedited external appeal pursuant to title two of article forty-
11 nine of this chapter or title two of article forty-nine of the public
12 health law or pursue a determination from an independent third-party
13 review agent agreed upon by the insurer and the provider, which determi-
14 nation shall be binding, in order to determine whether the early inter-
15 vention program service was medically necessary. The insurer shall
16 notify the state fiscal agent as designated pursuant to section two
17 thousand five hundred fifty-seven of the public health law of the
18 external appeal agent's or independent third-party review agent's deter-
19 mination. If the external appeal agent or the independent third-party
20 review agent determines that the early intervention program service
21 provided was not medically necessary, in whole or in part, the insurer
22 may recoup, offset, or otherwise require a refund of any overpayment
23 resulting from the determination. Such recoup, offset or other required
24 refund shall be a charge to the appropriate municipality and state. The
25 state fiscal agent designated pursuant to section two thousand five
26 hundred fifty-seven of the public health law shall process the recoup-
27 ment, offset, or refund submitted by the insurer within ninety days of

1 receipt of the notification of the external appeal agent's or independ-
2 ent third-party review agent's determination.

3 (3) If the external appeal agent or independent third-party review
4 agent determines that the early intervention program services rendered
5 by the provider were not medically necessary, in whole or in part, more
6 than sixty percent of the time in any twelve-month period, the insurer
7 may for the subsequent twelve-month period review the provider's early
8 intervention program services claims for medical necessity prior to
9 making payment, in accordance with title one of article forty-nine of
10 this chapter or title one of article forty-nine of the public health
11 law.

12 (4) Nothing in this subsection shall prohibit an insurer from requir-
13 ing preauthorization for early intervention program services. A claim
14 for an early intervention program service for which an insurer denied a
15 preauthorization request shall not be subject to this subsection.

16 (f) For purposes of this section, "insurer" shall mean an insurer
17 authorized to write accident and health insurance in this state, a
18 corporation organized pursuant to article forty-three of this chapter, a
19 municipal cooperative health benefit plan certified pursuant to article
20 forty-seven of this chapter, or a health maintenance organization certi-
21 fied pursuant to article forty-four of the public health law.

22 § 2. This act shall take effect January 1, 2021 and shall apply to
23 health care services provided on and after such date.

24 PART D

25 Section 1. Subdivisions 1 and 3 of section 461-s of the social
26 services law, subdivision 1 as amended by section 4 of part R of chapter

1 59 of the laws of 2016 and subdivision 3 as amended by section 6 of part
2 A of chapter 57 of the laws of 2015, are amended to read as follows:

3 1. (a) The commissioner of health shall establish the enhanced quality
4 of adult living program (referred to in this section as the "EQUAL
5 program" or the "program") for [adult care facilities. The program
6 shall be targeted at improving the quality of life for adult care facil-
7 ity residents by means of grants to facilities for specified purposes.
8 The department of health, subject to the approval of the director of the
9 budget, shall develop an allocation methodology taking into account the
10 financial status and size of the facility as well as resident needs. On
11 or before June first of each year, the department shall make available
12 the application for EQUAL program funds] the following purposes:

13 (i) to support adult care facilities in which at least twenty-five
14 percent of the resident population or twenty-five residents, whichever
15 is less, are persons with serious mental illness, as defined by the
16 commissioner of health. The program shall be targeted at improving the
17 quality of life for such adult care facility residents by means of
18 grants to facilities to support mental hygiene training of staff
19 employed by eligible adult care facilities, as set forth in this
20 section, and independent skills training for residents who desire to
21 transition from such facilities to the community. The department of
22 health, subject to the approval of the director of the budget, shall
23 develop an allocation methodology taking into account the financial
24 status and size of the facility, resident needs, and the population of
25 residents with serious mental illness; and

26 (ii) to support adult care facilities with the highest populations of
27 residents who receive supplemental security income, as defined in
28 subchapter XVI of chapter 7 of title 42 of the United States Code, or

1 safety net assistance, as defined in section one hundred fifty-nine of
2 this chapter. The program shall be targeted at improving the quality of
3 life for such adult care facility residents by financing capital
4 improvement projects that will enhance the physical environment of the
5 facility and promote a higher quality of life for residents. Any capital
6 related expense generated by such capital expenditure must receive
7 approval by the department of health. The department of health, subject
8 to the approval of the director of the budget, shall develop an allo-
9 cation methodology taking into account the financial status and size of
10 the facility, resident needs, and the population of residents who
11 receive supplemental security income and safety net assistance.

12 (b) On or before June first of each year, the department shall make
13 available the application for EQUAL program funds to eligible adult care
14 facilities, as set forth in this section. Where a facility is eligible
15 to apply for funds pursuant to both subparagraphs (i) and (ii) of para-
16 graph (a) of this subdivision, such facility shall only be authorized to
17 apply for those funds set forth in subparagraph (i) of paragraph (a) of
18 this subdivision.

19 3. Prior to applying for EQUAL program funds, a facility shall receive
20 approval of its expenditure plan from the residents' council for the
21 facility. [The] Where an application is submitted pursuant to subpara-
22 graph (ii) of paragraph (a) of subdivision one of this section the resi-
23 dents' council shall adopt a process to identify the priorities of the
24 residents for the use of the program funds and document residents' top
25 preferences by means that may include a vote or survey. [The] Such plan
26 shall detail how program funds will be used to [improve] support
27 sustainable enhancements to the physical environment of the facility [or
28 the quality of care and services rendered to residents and may include,

1 but not be limited to, staff training, air conditioning in residents'
2 areas, clothing, improvements in food quality, furnishings, equipment,
3 security, and maintenance or repairs to the facility]. [The] For all
4 applications, the facility's application for EQUAL program funds shall
5 include a signed attestation from the president or chair-person of the
6 residents' council or, in the absence of a residents' council, at least
7 three residents of the facility, stating that the application [reflects
8 the priorities of the residents of the facility] has been reviewed and
9 approved by the residents' council. The department shall investigate
10 reports of resident abuse and retaliation related to program applica-
11 tions and expenditures.

12 § 2. This act shall take effect immediately and shall be deemed to
13 have been in full force and effect on and after April 1, 2020.

14 PART E

15 Section 1. Section 2807-bbb of the public health law is REPEALED.

16 § 2. Subdivision 10 of section 2808 of the public health law is
17 REPEALED.

18 § 3. Subdivision 6 of section 3614 of the public health law, as added
19 by chapter 563 of the laws of 1991, is REPEALED.

20 § 4. Subdivision 4 of section 4012 of the public health law is
21 REPEALED.

22 § 5. Article 27-G of the public health law is REPEALED.

23 § 6. Section 95-e of the state finance law, as added by chapter 301 of
24 the laws of 2004, subdivision 2 as amended by chapter 483 of the laws of
25 2015, subdivision 2-a as added by section 27-i of part UU of chapter 54
26 of the laws of 2016, is amended to read as follows:

1 § 95-e. The New York state autism awareness and research fund. 1.
2 There is hereby established in the joint custody of the commissioner of
3 taxation and finance and the comptroller, a special fund to be known as
4 the New York state autism awareness and research fund.

5 2. Such fund shall consist of all revenues received pursuant to the
6 provisions of section four hundred four-v of the vehicle and traffic
7 law, as added by chapter three hundred one of the laws of two thousand
8 four, all revenues received pursuant to section six hundred thirty-d of
9 the tax law and all other moneys appropriated, credited, or transferred
10 thereto from any other fund or source pursuant to law. Nothing contained
11 in this section shall prevent the state from receiving grants, gifts or
12 bequests for the purposes of the fund as defined in this section and
13 depositing them into the fund according to law.

14 2-a. On or before the first day of February each year, the commission-
15 er of [health] the office for people with developmental disabilities
16 shall provide a written report to the temporary president of the senate,
17 speaker of the assembly, chair of the senate finance committee, chair of
18 the assembly ways and means committee, chair of the senate committee on
19 health, chair of the assembly health committee, the state comptroller
20 and the public. Such report shall include how the monies of the fund
21 were utilized during the preceding calendar year, and shall include:

22 (i) the amount of money disbursed from the fund and the award process
23 used for such disbursements;

24 (ii) recipients of awards from the fund;

25 (iii) the amount awarded to each;

26 (iv) the purposes for which such awards were granted; and

27 (v) a summary financial plan for such monies which shall include esti-
28 mates of all receipts and all disbursements for the current and succeed-

1 ing fiscal years, along with the actual results from the prior fiscal
2 year.

3 3. (a) Monies of the fund shall be expended only for autism awareness
4 projects or autism research projects approved by the [department of
5 health] office for people with developmental disabilities in New York
6 state provided, however, that no more than ten percent of monies from
7 such fund shall be expended on the aggregate number of autism research
8 projects approved in a fiscal year.

9 (b) As used in this section, the term "autism research project" means
10 scientific research approved by the [department of health] office for
11 people with developmental disabilities into the causes and/or treatment
12 of autism, and the term "autism awareness project" means a project
13 approved by the [department of health] office for people with develop-
14 mental disabilities aimed toward educating the general public about the
15 causes, symptoms, and treatments of autism.

16 4. Monies shall be payable from the fund on the audit and warrant of
17 the comptroller on vouchers approved and certified by the commissioner
18 of [health] the office for people with developmental disabilities.

19 5. To the extent practicable, the commissioner of [health] the office
20 for people with developmental disabilities shall ensure that all monies
21 received during a fiscal year are expended prior to the end of that
22 fiscal year.

23 § 7. Article 27-J of the public health law is REPEALED.

24 § 8. Title E of the mental hygiene law is amended by adding a new
25 article 30 to read as follows:

26 ARTICLE 30

27 COMPREHENSIVE CARE CENTERS FOR EATING DISORDERS

28 Section 30.01 Legislative findings.

1 30.02 Definitions.

2 30.03 Comprehensive care centers for eating disorders; estab-
3 lished.

4 30.04 Qualifying criteria.

5 30.05 State identification of comprehensive care centers for
6 eating disorders; commissioner's written notice.

7 30.06 Restricted use of title.

8 § 30.01 Legislative findings.

9 The legislature hereby finds that effective diagnosis and treatment
10 for citizens struggling with eating disorders, a complex and potentially
11 life-threatening condition, requires a continuum of interdisciplinary
12 providers and levels of care. Such effective diagnosis and treatment
13 further requires the coordination and comprehensive management of an
14 individualized plan of care specifically oriented to the distinct needs
15 of each individual.

16 The legislature further finds that, while there are numerous health
17 care providers in the state with expertise in eating disorder treatment,
18 there is no generally accessible, comprehensive system for responding to
19 these disorders. Due to the lack of such a system the legislature finds
20 that treatment, information/referral, prevention and research activities
21 are fragmented and incomplete. In addition, due to the broad, multifac-
22 eted needs of individuals with eating disorders, insurance payments for
23 the necessary plan of care and providers is usually fragmented as well,
24 leaving citizens with insufficient coverage for essential services and,
25 therefore, at risk of incomplete treatment, relapse, deterioration and
26 potential death.

27 The legislature therefore declares that the state take positive action
28 to facilitate the development and public identification of provider

1 networks and care centers of excellence to provide a coordinated,
2 comprehensive system for the treatment of such disorders, as well as to
3 conduct community education, prevention, information/referral and
4 research activities. The legislature further declares that health cover-
5 age by insurers and health maintenance organizations should include
6 covered services provided through such centers and that, to the extent
7 possible and practicable, health plan reimbursement should be structured
8 in a manner to facilitate the individualized, comprehensive and inte-
9 grated plans of care which such centers are required to provide.

10 § 30.02 Definitions.

11 For purposes of this article:

12 (a) "Eating disorder" is defined to include, but not be limited to,
13 conditions such as anorexia nervosa, bulimia and binge eating disorder,
14 identified as such in the ICD-9-CM International Classification of
15 Disease or the most current edition of the Diagnostic and Statistical
16 Manual of Mental Disorders, or other medical and mental health diagnos-
17 tic references generally accepted for standard use by the medical and
18 mental health fields.

19 (b) "Comprehensive care centers for eating disorders" or "comprehen-
20 sive care centers" means a provider-sponsored system of care, organized
21 by either corporate affiliation or clinical association for the common
22 purpose of providing a coordinated, individualized plan of care for an
23 individual with an eating disorder, across a continuum that includes all
24 necessary non-institutional, institutional and practitioner services and
25 treatments, from initial patient screening and evaluation, to treatment,
26 follow-up care and support.

27 § 30.03 Comprehensive care centers for eating disorders; established.

1 The commissioner shall provide for the public identification of
2 comprehensive care centers for persons with eating disorders for the
3 purposes of:

4 (a) Promoting the operation of a continuum of comprehensive, coordi-
5 nated care for persons with eating disorders;

6 (b) Promoting ready access to information, referral and treatment
7 services on eating disorders for consumers, health practitioners,
8 providers and insurers, with access in every region of the state;

9 (c) Promoting community education, prevention and patient entry into
10 care; and

11 (d) Promoting and coordinating regional and statewide research efforts
12 into effective methods of education, prevention and treatment, including
13 research on the various models of care.

14 § 30.04 Qualifying criteria.

15 (a) In order to qualify for state identification as a comprehensive
16 care center for eating disorders pursuant to this article, applicants
17 must demonstrate to the commissioner's satisfaction that, at a minimum:

18 1. The applicant can provide a continuum of care tailored to the
19 specialized needs of individuals with eating disorders, with such
20 continuum including at least the following levels of care:

21 (i) Individual health, psychosocial and case management services, in
22 both noninstitutional and institutional settings, from licensed and
23 certified practitioners with demonstrated experience and expertise in
24 providing services to individuals with eating disorders;

25 (ii) Medical/surgical, psychiatric and rehabilitation care in a gener-
26 al hospital or a hospital licensed under this chapter; provided that,
27 whenever practicable and appropriate, the service setting for any such

1 care shall be oriented to the specific needs, treatment and recovery of
2 persons with eating disorders;

3 (iii) Residential care and services in a residential health care
4 facility licensed under article twenty-eight of the public health law,
5 or a facility licensed under article thirty-one of this chapter which
6 will provide a program of care and service setting that is specifically
7 oriented to the needs of individuals with eating disorders;

8 2. The care of individuals will be managed and coordinated at each
9 level and throughout the continuum of care;

10 3. The applicant is able to conduct activities for community educa-
11 tion, prevention, information/referral and research; and

12 4. The applicant meets such additional criteria as are established by
13 the commissioner.

14 (b) Eligible applicants shall include but are not limited to providers
15 licensed under article twenty-eight of the public health law or article
16 thirty-one of this chapter or health or mental health practitioners
17 licensed under title eight of the education law.

18 (c) The commissioner shall seek the recommendation of the commissioner
19 of health prior to identifying an applicant as a comprehensive care
20 center under this article.

21 § 30.05 State identification of comprehensive care centers for eating
22 disorders; commissioner's written notice.

23 (a) The commissioner shall identify a sufficient number of comprehen-
24 sive centers to ensure adequate access to services in all regions of the
25 state, provided that, to the extent possible, the commissioner shall
26 identify such care centers geographically dispersed throughout the
27 state, and provided further, however, that the commissioner shall, to
28 the extent possible, initially identify at least three such centers.

1 (b) The commissioner's identification of a comprehensive care center
2 for eating disorders under this article shall be valid for not more than
3 a two year period from the date of issuance. The commissioner may reis-
4 sue such identifications for subsequent periods of up to five years,
5 provided that the comprehensive care center has notified the commission-
6 er of any material changes in structure or operation based on its
7 original application, or since its last written notice by the commis-
8 sioner, and that the commissioner is satisfied that the center continues
9 to meet the criteria required pursuant to this article.

10 (c) The commissioner may suspend or revoke his or her written notice
11 upon a determination that the comprehensive care center has not met, or
12 would not be able to meet, the criteria required pursuant to this arti-
13 cle, provided, however that the commissioner shall afford such center an
14 opportunity for a hearing, in accordance section 31.17 of this chapter,
15 to review the circumstances of and grounds for such suspension or revo-
16 cation and to appeal such determination.

17 § 30.06 Restricted use of title.

18 No person or entity shall claim, advertise or imply to consumers,
19 health plans or other health care providers that such provider or prac-
20 titioner is a state-identified comprehensive care center for eating
21 disorders unless it is qualified pursuant to section 30.04 of this arti-
22 cle.

23 § 9. Section 31.25 of the mental hygiene law, as added by chapter 24
24 of the laws of 2008, is amended to read as follows:

25 § 31.25 Residential services for treatment of eating disorders.

26 The commissioner shall establish, pursuant to regulation, licensed
27 residential providers of treatment and/or supportive services to chil-
28 dren, adolescents, and adults with eating disorders, as that term is

1 defined in section [twenty-seven hundred ninety-nine-e of the public
2 health law] 30.02 of this title. Such regulations shall be developed in
3 consultation with representatives from each of the comprehensive care
4 centers for eating disorders established pursuant to article
5 [twenty-seven-J of the public health law] thirty of this chapter and
6 licensed treatment professionals, such as physicians, psychiatrists,
7 psychologists and therapists, with demonstrated expertise in treating
8 patients with eating disorders.

9 § 10. Paragraph 14 of subsection (k) of section 3221 of the insurance
10 law, as added by chapter 114 of the laws of 2004, is amended to read as
11 follows:

12 (14) No group or blanket policy delivered or issued for delivery in
13 this state which provides medical, major medical or similar comprehen-
14 sive-type coverage shall exclude coverage for services covered under
15 such policy when provided by a comprehensive care center for eating
16 disorders pursuant to article [twenty-seven-J of the public health]
17 thirty of the mental hygiene law; provided, however, that reimbursement
18 under such policy for services provided through such comprehensive care
19 centers shall, to the extent possible and practicable, be structured in
20 a manner to facilitate the individualized, comprehensive and integrated
21 plans of care which such centers' network of practitioners and providers
22 are required to provide.

23 § 11. Subsection (dd) of section 4303 of the insurance law, as added
24 by chapter 114 of the laws of 2004, is amended to read as follows:

25 (dd) No health service corporation or medical service expense indem-
26 nity corporation which provides medical, major medical or similar
27 comprehensive-type coverage shall exclude coverage for services covered
28 under such policy when provided by a comprehensive care center for

1 eating disorders pursuant to article [twenty-seven-J of the public
2 health] thirty of the mental hygiene law; provided, however, that
3 reimbursement by such corporation for services provided through such
4 comprehensive care centers shall, to the extent possible and practica-
5 ble, be structured in a manner to facilitate the individualized, compre-
6 hensive and integrated plans of care which such centers' network of
7 practitioners and providers are required to provide.

8 § 12. Paragraph 27 of subsection (b) of section 4322 of the insurance
9 law, as added by chapter 114 of the laws of 2004, is amended to read as
10 follows:

11 (27) Services covered under such policy when provided by a comprehen-
12 sive care center for eating disorders pursuant to article [twenty-sev-
13 en-J of the public health] thirty of the mental hygiene law; provided,
14 however, that reimbursement under such policy for services provided
15 through such comprehensive care centers shall, to the extent possible
16 and practicable, be structured in a manner to facilitate the individual-
17 ized, comprehensive and integrated plans of care which such centers'
18 network of practitioners and providers are required to provide.

19 § 13. Subdivision 1 of section 154 of the labor law, as added by chap-
20 ter 675 of the laws of 2007, is amended to read as follows:

21 1. The commissioner, in consultation with the commissioner of health
22 and the commissioner of mental health, shall establish a child performer
23 advisory board for the purpose of recommending guidelines for the
24 employment of child performers and models under the age of eighteen and
25 preventing eating disorders such as anorexia nervosa and bulimia nervosa
26 amongst such persons. The advisory board shall consist of at least
27 sixteen but no more than twenty members appointed by the commissioner,
28 and shall include: representatives of professional organizations or

1 unions representing child performers or models; employers representing
2 child performers or models; physicians, nutritionists and mental health
3 professionals with demonstrated expertise in treating patients with
4 eating disorders; at least one representative from each of the compre-
5 hensive care centers for eating disorders established pursuant to arti-
6 cle [twenty-seven-J of the public health] thirty of the mental hygiene
7 law; advocacy organizations working to prevent and treat eating disor-
8 ders; and other members deemed necessary by the commissioner. In addi-
9 tion, the commissioner of health and the commissioner of mental health,
10 or their designees, shall serve on the advisory board. The members of
11 the advisory board shall receive no compensation for their services but
12 shall be reimbursed their actual and necessary expenses incurred in the
13 performance of their duties.

14 § 14. This act shall take effect immediately and shall be deemed to
15 have been in full force and effect on and after April 1, 2020.

16 PART F

17 Section 1. Section 9 of part R of chapter 59 of the laws of 2016,
18 amending the public health law and other laws relating to electronic
19 prescriptions, is amended to read as follows:

20 § 9. This act shall take effect immediately; provided however, that
21 sections one and two of this act shall take effect on the first of June
22 next succeeding the date on which it shall have become a law and shall
23 expire and be deemed repealed [four years after such effective date]
24 June 1, 2023.

25 § 2. Section 4 of chapter 19 of the laws of 1998, amending the social
26 services law relating to limiting the method of payment for prescription

1 drugs under the medical assistance program, as amended by section 11 of
2 part I of chapter 57 of the laws of 2017, is amended to read as follows:

3 § 4. This act shall take effect 120 days after it shall have become a
4 law and shall expire and be deemed repealed March 31, [2020] 2023.

5 § 3. Paragraph (e-1) of subdivision 12 of section 2808 of the public
6 health law, as amended by section 12 of part I of chapter 57 of the laws
7 of 2017, is amended to read as follows:

8 (e-1) Notwithstanding any inconsistent provision of law or regulation,
9 the commissioner shall provide, in addition to payments established
10 pursuant to this article prior to application of this section, addi-
11 tional payments under the medical assistance program pursuant to title
12 eleven of article five of the social services law for non-state operated
13 public residential health care facilities, including public residential
14 health care facilities located in the county of Nassau, the county of
15 Westchester and the county of Erie, but excluding public residential
16 health care facilities operated by a town or city within a county, in
17 aggregate annual amounts of up to one hundred fifty million dollars in
18 additional payments for the state fiscal year beginning April first, two
19 thousand six and for the state fiscal year beginning April first, two
20 thousand seven and for the state fiscal year beginning April first, two
21 thousand eight and of up to three hundred million dollars in such aggre-
22 gate annual additional payments for the state fiscal year beginning
23 April first, two thousand nine, and for the state fiscal year beginning
24 April first, two thousand ten and for the state fiscal year beginning
25 April first, two thousand eleven, and for the state fiscal years begin-
26 ning April first, two thousand twelve and April first, two thousand
27 thirteen, and of up to five hundred million dollars in such aggregate
28 annual additional payments for the state fiscal years beginning April

1 first, two thousand fourteen, April first, two thousand fifteen and
2 April first, two thousand sixteen and of up to five hundred million
3 dollars in such aggregate annual additional payments for the state
4 fiscal years beginning April first, two thousand seventeen, April first,
5 two thousand eighteen, and April first, two thousand nineteen, and of up
6 to five hundred million dollars in such aggregate annual additional
7 payments for the state fiscal years beginning April first, two thousand
8 twenty, April first, two thousand twenty-one, and April first, two thou-
9 sand twenty-two. The amount allocated to each eligible public residen-
10 tial health care facility for this period shall be computed in accord-
11 ance with the provisions of paragraph (f) of this subdivision, provided,
12 however, that patient days shall be utilized for such computation
13 reflecting actual reported data for two thousand three and each repre-
14 sentative succeeding year as applicable, and provided further, however,
15 that, in consultation with impacted providers, of the funds allocated
16 for distribution in the state fiscal year beginning April first, two
17 thousand thirteen, up to thirty-two million dollars may be allocated in
18 accordance with paragraph (f-1) of this subdivision.

19 § 4. Section 18 of chapter 904 of the laws of 1984, amending the
20 public health law and the social services law relating to encouraging
21 comprehensive health services, as amended by section 13 of part I of
22 chapter 57 of the laws of 2017, is amended to read as follows:

23 § 18. This act shall take effect immediately, except that sections
24 six, nine, ten and eleven of this act shall take effect on the sixtieth
25 day after it shall have become a law, sections two, three, four and nine
26 of this act shall expire and be of no further force or effect on or
27 after March 31, [2020] 2023, section two of this act shall take effect
28 on April 1, 1985 or seventy-five days following the submission of the

1 report required by section one of this act, whichever is later, and
2 sections eleven and thirteen of this act shall expire and be of no
3 further force or effect on or after March 31, 1988.

4 § 5. Section 4 of part X2 of chapter 62 of the laws of 2003, amending
5 the public health law relating to allowing for the use of funds of the
6 office of professional medical conduct for activities of the patient
7 health information and quality improvement act of 2000, as amended by
8 section 14 of part I of chapter 57 of the laws of 2017, is amended to
9 read as follows:

10 § 4. This act shall take effect immediately; provided that the
11 provisions of section one of this act shall be deemed to have been in
12 full force and effect on and after April 1, 2003, and shall expire March
13 31, [2020] 2023 when upon such date the provisions of such section shall
14 be deemed repealed.

15 § 6. Subdivision (o) of section 111 of part H of chapter 59 of the
16 laws of 2011, amending the public health law relating to the statewide
17 health information network of New York and the statewide planning and
18 research cooperative system and general powers and duties, as amended by
19 section 15 of part I of chapter 57 of the laws of 2017, is amended to
20 read as follows:

21 (o) sections thirty-eight and thirty-eight-a of this act shall expire
22 and be deemed repealed March 31, [2020] 2023;

23 § 7. Section 32 of part A of chapter 58 of the laws of 2008, amending
24 the elder law and other laws relating to reimbursement to participating
25 provider pharmacies and prescription drug coverage, as amended by
26 section 16 of part I of chapter 57 of the laws of 2017, is amended to
27 read as follows:

1 § 32. This act shall take effect immediately and shall be deemed to
2 have been in full force and effect on and after April 1, 2008; provided
3 however, that sections one, six-a, nineteen, twenty, twenty-four, and
4 twenty-five of this act shall take effect July 1, 2008; provided however
5 that sections sixteen, seventeen and eighteen of this act shall expire
6 April 1, [2020] 2023; provided, however, that the amendments made by
7 section twenty-eight of this act shall take effect on the same date as
8 section 1 of chapter 281 of the laws of 2007 takes effect; provided
9 further, that sections twenty-nine, thirty, and thirty-one of this act
10 shall take effect October 1, 2008; provided further, that section twen-
11 ty-seven of this act shall take effect January 1, 2009; and provided
12 further, that section twenty-seven of this act shall expire and be
13 deemed repealed March 31, [2020] 2023; and provided, further, however,
14 that the amendments to subdivision 1 of section 241 of the education law
15 made by section twenty-nine of this act shall not affect the expiration
16 of such subdivision and shall be deemed to expire therewith and provided
17 that the amendments to section 272 of the public health law made by
18 section thirty of this act shall not affect the repeal of such section
19 and shall be deemed repealed therewith.

20 § 8. Subdivision 3 of section 2999-p of the public health law, as
21 amended by section 17 of part I of chapter 57 of the laws of 2017, is
22 amended to read as follows:

23 3. The commissioner may issue a certificate of authority to an entity
24 that meets conditions for ACO certification as set forth in regulations
25 made by the commissioner pursuant to section twenty-nine hundred nine-
26 ty-nine-q of this article. The commissioner shall not issue any new
27 certificate under this article after December thirty-first, two thousand
28 [twenty] twenty-four.

1 § 9. Subdivision (a) of section 31 of part B of chapter 59 of the laws
2 of 2016, amending the social services law and other laws relating to
3 authorizing the commissioner of health to apply federally established
4 consumer price index penalties for generic drugs, and authorizing the
5 commissioner of health to impose penalties on managed care plans for
6 reporting late or incorrect encounter data, as amended by section 1 of
7 part T of chapter 57 of the laws of 2018, is amended to read as follows:

8 (a) section eleven of this act shall expire and be deemed repealed
9 March 31, [2020] 2022;

10 § 10. Subdivision 1-a of section 60 of part B of chapter 57 of the
11 laws of 2015, amending the social services law and other laws relating
12 to supplemental rebates, as added by section 5-b of part T of chapter 57
13 of the laws of 2018, is amended to read as follows:

14 1-a. section fifty-two of this act shall expire and be deemed repealed
15 March 31, [2020] 2025;

16 § 11. Section 7 of part H of chapter 57 of the laws of 2019, amending
17 the public health law relating to waiver of certain regulations, is
18 amended to read as follows:

19 § 7. This act shall take effect immediately and shall be deemed to
20 have been in full force and effect on and after April 1, 2019, provided,
21 however, that section two of this act shall expire on April 1, [2020]
22 2024.

23 § 12. Section 228 of chapter 474 of the laws of 1996, amending the
24 education law and other laws relating to rates for residential health
25 care facilities, as amended by chapter 49 of the laws of 2017, is
26 amended to read as follows:

27 § 228. 1. Definitions. (a) Regions, for purposes of this section,
28 shall mean a downstate region to consist of Kings, New York, Richmond,

1 Queens, Bronx, Nassau and Suffolk counties and an upstate region to
2 consist of all other New York state counties. A certified home health
3 agency or long term home health care program shall be located in the
4 same county utilized by the commissioner of health for the establishment
5 of rates pursuant to article 36 of the public health law.

6 (b) Certified home health agency (CHHA) shall mean such term as
7 defined in section 3602 of the public health law.

8 (c) Long term home health care program (LTHHCP) shall mean such term
9 as defined in subdivision 8 of section 3602 of the public health law.

10 (d) Regional group shall mean all those CHHAs and LTHHCPs, respective-
11 ly, located within a region.

12 (e) Medicaid revenue percentage, for purposes of this section, shall
13 mean CHHA and LTHHCP revenues attributable to services provided to
14 persons eligible for payments pursuant to title 11 of article 5 of the
15 social services law divided by such revenues plus CHHA and LTHHCP reven-
16 ues attributable to services provided to beneficiaries of Title XVIII of
17 the federal social security act (medicare).

18 (f) Base period, for purposes of this section, shall mean calendar
19 year 1995.

20 (g) Target period. For purposes of this section, the 1996 target peri-
21 od shall mean August 1, 1996 through March 31, 1997, the 1997 target
22 period shall mean January 1, 1997 through November 30, 1997, the 1998
23 target period shall mean January 1, 1998 through November 30, 1998, the
24 1999 target period shall mean January 1, 1999 through November 30, 1999,
25 the 2000 target period shall mean January 1, 2000 through November 30,
26 2000, the 2001 target period shall mean January 1, 2001 through November
27 30, 2001, the 2002 target period shall mean January 1, 2002 through
28 November 30, 2002, the 2003 target period shall mean January 1, 2003

1 through November 30, 2003, the 2004 target period shall mean January 1,
2 2004 through November 30, 2004, and the 2005 target period shall mean
3 January 1, 2005 through November 30, 2005, the 2006 target period shall
4 mean January 1, 2006 through November 30, 2006, and the 2007 target
5 period shall mean January 1, 2007 through November 30, 2007 and the 2008
6 target period shall mean January 1, 2008 through November 30, 2008, and
7 the 2009 target period shall mean January 1, 2009 through November 30,
8 2009 and the 2010 target period shall mean January 1, 2010 through
9 November 30, 2010 and the 2011 target period shall mean January 1, 2011
10 through November 30, 2011 and the 2012 target period shall mean January
11 1, 2012 through November 30, 2012 and the 2013 target period shall mean
12 January 1, 2013 through November 30, 2013, and the 2014 target period
13 shall mean January 1, 2014 through November 30, 2014 and the 2015 target
14 period shall mean January 1, 2015 through November 30, 2015 and the 2016
15 target period shall mean January 1, 2016 through November 30, 2016 and
16 the 2017 target period shall mean January 1, 2017 through November 30,
17 2017 and the 2018 target period shall mean January 1, 2018 through
18 November 30, 2018 and the 2019 target period shall mean January 1, 2019
19 through November 30, 2019 and the 2020 target period shall mean January
20 1, 2020 through November 30, 2020, and the 2021 target period shall mean
21 January 1, 2021 through November 30, 2021 and the 2022 target period
22 shall mean January 1, 2022 through November 30, 2022 and the 2023 target
23 period shall mean January 1, 2023 through November 30, 2023.

24 2. (a) Prior to February 1, 1997, for each regional group the commis-
25 sioner of health shall calculate the 1996 medicaid revenue percentages
26 for the period commencing August 1, 1996 to the last date for which such
27 data is available and reasonably accurate.

1 (b) Prior to February 1, 1998, prior to February 1, 1999, prior to
2 February 1, 2000, prior to February 1, 2001, prior to February 1, 2002,
3 prior to February 1, 2003, prior to February 1, 2004, prior to February
4 1, 2005, prior to February 1, 2006, prior to February 1, 2007, prior to
5 February 1, 2008, prior to February 1, 2009, prior to February 1, 2010,
6 prior to February 1, 2011, prior to February 1, 2012, prior to February
7 1, 2013, prior to February 1, 2014, prior to February 1, 2015, prior to
8 February 1, 2016, prior to February 1, 2017, prior to February 1, 2018,
9 prior to February 1, 2019, [and] prior to February 1, 2020, prior to
10 February 1, 2021, prior to February 1, 2022, and prior to February 1,
11 2023 for each regional group the commissioner of health shall calculate
12 the prior year's medicaid revenue percentages for the period commencing
13 January 1 through November 30 of such prior year.

14 3. By September 15, 1996, for each regional group the commissioner of
15 health shall calculate the base period medicaid revenue percentage.

16 4. (a) For each regional group, the 1996 target medicaid revenue
17 percentage shall be calculated by subtracting the 1996 medicaid revenue
18 reduction percentages from the base period medicaid revenue percentages.
19 The 1996 medicaid revenue reduction percentage, taking into account
20 regional and program differences in utilization of medicaid and medicare
21 services, for the following regional groups shall be equal to:

22 (i) one and one-tenth percentage points for CHHAs located within the
23 downstate region;

24 (ii) six-tenths of one percentage point for CHHAs located within the
25 upstate region;

26 (iii) one and eight-tenths percentage points for LTHHCPS located with-
27 in the downstate region; and

1 (iv) one and seven-tenths percentage points for LTHHCPS located within
2 the upstate region.

3 (b) For 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,
4 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
5 [and], 2020, 2021, 2022 and 2023 for each regional group, the target
6 medicaid revenue percentage for the respective year shall be calculated
7 by subtracting the respective year's medicaid revenue reduction percent-
8 age from the base period medicaid revenue percentage. The medicaid
9 revenue reduction percentages for 1997, 1998, 2000, 2001, 2002, 2003,
10 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015,
11 2016, 2017, 2018, 2019 [and], 2020, 2021, 2022 and 2023, taking into
12 account regional and program differences in utilization of medicaid and
13 medicare services, for the following regional groups shall be equal to
14 for each such year:

15 (i) one and one-tenth percentage points for CHHAs located within the
16 downstate region;

17 (ii) six-tenths of one percentage point for CHHAs located within the
18 upstate region;

19 (iii) one and eight-tenths percentage points for LTHHCPS located with-
20 in the downstate region; and

21 (iv) one and seven-tenths percentage points for LTHHCPS located within
22 the upstate region.

23 (c) For each regional group, the 1999 target medicaid revenue percent-
24 age shall be calculated by subtracting the 1999 medicaid revenue
25 reduction percentage from the base period medicaid revenue percentage.
26 The 1999 medicaid revenue reduction percentages, taking into account
27 regional and program differences in utilization of medicaid and medicare
28 services, for the following regional groups shall be equal to:

1 (i) eight hundred twenty-five thousandths (.825) of one percentage
2 point for CHHAs located within the downstate region;

3 (ii) forty-five hundredths (.45) of one percentage point for CHHAs
4 located within the upstate region;

5 (iii) one and thirty-five hundredths percentage points (1.35) for
6 LTHHCPS located within the downstate region; and

7 (iv) one and two hundred seventy-five thousandths percentage points
8 (1.275) for LTHHCPS located within the upstate region.

9 5. (a) For each regional group, if the 1996 medicaid revenue percent-
10 age is not equal to or less than the 1996 target medicaid revenue
11 percentage, the commissioner of health shall compare the 1996 medicaid
12 revenue percentage to the 1996 target medicaid revenue percentage to
13 determine the amount of the shortfall which, when divided by the 1996
14 medicaid revenue reduction percentage, shall be called the 1996
15 reduction factor. These amounts, expressed as a percentage, shall not
16 exceed one hundred percent. If the 1996 medicaid revenue percentage is
17 equal to or less than the 1996 target medicaid revenue percentage, the
18 1996 reduction factor shall be zero.

19 (b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
20 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018
21 [and], 2019, 2020, 2021, 2022 and 2023, for each regional group, if the
22 medicaid revenue percentage for the respective year is not equal to or
23 less than the target medicaid revenue percentage for such respective
24 year, the commissioner of health shall compare such respective year's
25 medicaid revenue percentage to such respective year's target medicaid
26 revenue percentage to determine the amount of the shortfall which, when
27 divided by the respective year's medicaid revenue reduction percentage,
28 shall be called the reduction factor for such respective year. These

1 amounts, expressed as a percentage, shall not exceed one hundred
2 percent. If the medicaid revenue percentage for a particular year is
3 equal to or less than the target medicaid revenue percentage for that
4 year, the reduction factor for that year shall be zero.

5 6. (a) For each regional group, the 1996 reduction factor shall be
6 multiplied by the following amounts to determine each regional group's
7 applicable 1996 state share reduction amount:

8 (i) two million three hundred ninety thousand dollars (\$2,390,000) for
9 CHHAs located within the downstate region;

10 (ii) seven hundred fifty thousand dollars (\$750,000) for CHHAs located
11 within the upstate region;

12 (iii) one million two hundred seventy thousand dollars (\$1,270,000)
13 for LTHHCPS located within the downstate region; and

14 (iv) five hundred ninety thousand dollars (\$590,000) for LTHHCPS
15 located within the upstate region.

16 For each regional group reduction, if the 1996 reduction factor shall
17 be zero, there shall be no 1996 state share reduction amount.

18 (b) For 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,
19 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
20 [and], 2020, 2021, 2022 and 2023, for each regional group, the reduction
21 factor for the respective year shall be multiplied by the following
22 amounts to determine each regional group's applicable state share
23 reduction amount for such respective year:

24 (i) two million three hundred ninety thousand dollars (\$2,390,000) for
25 CHHAs located within the downstate region;

26 (ii) seven hundred fifty thousand dollars (\$750,000) for CHHAs located
27 within the upstate region;

1 (iii) one million two hundred seventy thousand dollars (\$1,270,000)
2 for LTHHCPS located within the downstate region; and

3 (iv) five hundred ninety thousand dollars (\$590,000) for LTHHCPS
4 located within the upstate region.

5 For each regional group reduction, if the reduction factor for a
6 particular year shall be zero, there shall be no state share reduction
7 amount for such year.

8 (c) For each regional group, the 1999 reduction factor shall be multi-
9 plied by the following amounts to determine each regional group's appli-
10 cable 1999 state share reduction amount:

11 (i) one million seven hundred ninety-two thousand five hundred dollars
12 (\$1,792,500) for CHHAs located within the downstate region;

13 (ii) five hundred sixty-two thousand five hundred dollars (\$562,500)
14 for CHHAs located within the upstate region;

15 (iii) nine hundred fifty-two thousand five hundred dollars (\$952,500)
16 for LTHHCPS located within the downstate region; and

17 (iv) four hundred forty-two thousand five hundred dollars (\$442,500)
18 for LTHHCPS located within the upstate region.

19 For each regional group reduction, if the 1999 reduction factor shall
20 be zero, there shall be no 1999 state share reduction amount.

21 7. (a) For each regional group, the 1996 state share reduction amount
22 shall be allocated by the commissioner of health among CHHAs and LTHHCPS
23 on the basis of the extent of each CHHA's and LTHHCP's failure to
24 achieve the 1996 target medicaid revenue percentage, calculated on a
25 provider specific basis utilizing revenues for this purpose, expressed
26 as a proportion of the total of each CHHA's and LTHHCP's failure to
27 achieve the 1996 target medicaid revenue percentage within the applica-
28 ble regional group. This proportion shall be multiplied by the applica-

1 ble 1996 state share reduction amount calculation pursuant to paragraph
2 (a) of subdivision 6 of this section. This amount shall be called the
3 1996 provider specific state share reduction amount.

4 (b) For 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
5 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018,
6 2019 [and], 2020, 2021, 2022 and 2023 for each regional group, the state
7 share reduction amount for the respective year shall be allocated by the
8 commissioner of health among CHHAs and LTHHCPS on the basis of the
9 extent of each CHHA's and LTHHCP's failure to achieve the target medi-
10 caid revenue percentage for the applicable year, calculated on a provid-
11 er specific basis utilizing revenues for this purpose, expressed as a
12 proportion of the total of each CHHA's and LTHHCP's failure to achieve
13 the target medicaid revenue percentage for the applicable year within
14 the applicable regional group. This proportion shall be multiplied by
15 the applicable year's state share reduction amount calculation pursuant
16 to paragraph (b) or (c) of subdivision 6 of this section. This amount
17 shall be called the provider specific state share reduction amount for
18 the applicable year.

19 8. (a) The 1996 provider specific state share reduction amount shall
20 be due to the state from each CHHA and LTHHCP and may be recouped by the
21 state by March 31, 1997 in a lump sum amount or amounts from payments
22 due to the CHHA and LTHHCP pursuant to title 11 of article 5 of the
23 social services law.

24 (b) The provider specific state share reduction amount for 1997, 1998,
25 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010,
26 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 [and], 2020, 2021,
27 2022 and 2023 respectively, shall be due to the state from each CHHA and
28 LTHHCP and each year the amount due for such year may be recouped by the

1 state by March 31 of the following year in a lump sum amount or amounts
2 from payments due to the CHHA and LTHHCP pursuant to title 11 of article
3 5 of the social services law.

4 9. CHHAs and LTHHCPs shall submit such data and information at such
5 times as the commissioner of health may require for purposes of this
6 section. The commissioner of health may use data available from third-
7 party payors.

8 10. On or about June 1, 1997, for each regional group the commissioner
9 of health shall calculate for the period August 1, 1996 through March
10 31, 1997 a medicaid revenue percentage, a reduction factor, a state
11 share reduction amount, and a provider specific state share reduction
12 amount in accordance with the methodology provided in paragraph (a) of
13 subdivision 2, paragraph (a) of subdivision 5, paragraph (a) of subdivi-
14 sion 6 and paragraph (a) of subdivision 7 of this section. The provider
15 specific state share reduction amount calculated in accordance with this
16 subdivision shall be compared to the 1996 provider specific state share
17 reduction amount calculated in accordance with paragraph (a) of subdivi-
18 sion 7 of this section. Any amount in excess of the amount determined in
19 accordance with paragraph (a) of subdivision 7 of this section shall be
20 due to the state from each CHHA and LTHHCP and may be recouped in
21 accordance with paragraph (a) of subdivision 8 of this section. If the
22 amount is less than the amount determined in accordance with paragraph
23 (a) of subdivision 7 of this section, the difference shall be refunded
24 to the CHHA and LTHHCP by the state no later than July 15, 1997. CHHAs
25 and LTHHCPs shall submit data for the period August 1, 1996 through
26 March 31, 1997 to the commissioner of health by April 15, 1997.

27 11. If a CHHA or LTHHCP fails to submit data and information as
28 required for purposes of this section:

1 (a) such CHHA or LTHHCP shall be presumed to have no decrease in medi-
2 caid revenue percentage between the applicable base period and the
3 applicable target period for purposes of the calculations pursuant to
4 this section; and

5 (b) the commissioner of health shall reduce the current rate paid to
6 such CHHA and such LTHHCP by state governmental agencies pursuant to
7 article 36 of the public health law by one percent for a period begin-
8 ning on the first day of the calendar month following the applicable due
9 date as established by the commissioner of health and continuing until
10 the last day of the calendar month in which the required data and infor-
11 mation are submitted.

12 12. The commissioner of health shall inform in writing the director of
13 the budget and the chair of the senate finance committee and the chair
14 of the assembly ways and means committee of the results of the calcu-
15 lations pursuant to this section.

16 § 13. Paragraph (f) of subdivision 1 of section 64 of chapter 81 of
17 the laws of 1995, amending the public health law and other laws relating
18 to medical reimbursement and welfare reform, as amended by chapter 49 of
19 the laws of 2017, is amended to read as follows:

20 (f) Prior to February 1, 2001, February 1, 2002, February 1, 2003,
21 February 1, 2004, February 1, 2005, February 1, 2006, February 1, 2007,
22 February 1, 2008, February 1, 2009, February 1, 2010, February 1, 2011,
23 February 1, 2012, February 1, 2013, February 1, 2014, February 1, 2015,
24 February 1, 2016, February 1, 2017, February 1, 2018, February 1, 2019
25 [and], February 1, 2020, February 1, 2021, February 1, 2022 and February
26 1, 2023, the commissioner of health shall calculate the result of the
27 statewide total of residential health care facility days of care
28 provided to beneficiaries of title XVIII of the federal social security

1 act (medicare), divided by the sum of such days of care plus days of
2 care provided to residents eligible for payments pursuant to title 11 of
3 article 5 of the social services law minus the number of days provided
4 to residents receiving hospice care, expressed as a percentage, for the
5 period commencing January 1, through November 30, of the prior year
6 respectively, based on such data for such period. This value shall be
7 called the 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009,
8 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 [and], 2020,
9 2021, 2022 and 2023 statewide target percentage respectively.

10 § 14. Subparagraph (ii) of paragraph (b) of subdivision 3 of section
11 64 of chapter 81 of the laws of 1995, amending the public health law and
12 other laws relating to medical reimbursement and welfare reform, as
13 amended by chapter 49 of the laws of 2017, is amended to read as
14 follows:

15 (ii) If the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
16 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018,
17 2019 [and], 2020, 2021, 2022 and 2023 statewide target percentages are
18 not for each year at least three percentage points higher than the
19 statewide base percentage, the commissioner of health shall determine
20 the percentage by which the statewide target percentage for each year is
21 not at least three percentage points higher than the statewide base
22 percentage. The percentage calculated pursuant to this paragraph shall
23 be called the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006,
24 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018,
25 2019 [and], 2020, 2021, 2022 and 2023 statewide reduction percentage
26 respectively. If the 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005,
27 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017,
28 2018, 2019 [and], 2020, 2021, 2022 and 2023 statewide target percentage

1 for the respective year is at least three percentage points higher than
2 the statewide base percentage, the statewide reduction percentage for
3 the respective year shall be zero.

4 § 15. Subparagraph (iii) of paragraph (b) of subdivision 4 of section
5 64 of chapter 81 of the laws of 1995, amending the public health law and
6 other laws relating to medical reimbursement and welfare reform, as
7 amended by chapter 49 of the laws of 2017, is amended to read as
8 follows:

9 (iii) The 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008,
10 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 [and],
11 2020, 2021, 2022 and 2023 statewide reduction percentage shall be multi-
12 plied by one hundred two million dollars respectively to determine the
13 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010,
14 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 [and], 2020, 2021,
15 2022 and 2023 statewide aggregate reduction amount. If the 1998 and the
16 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011,
17 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019 [and], 2020, 2021, 2022
18 and 2023 statewide reduction percentage shall be zero respectively,
19 there shall be no 1998, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,
20 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
21 [and] 2020, 2021, 2022 and 2023 reduction amount.

22 § 16. Subdivision (i-1) of section 79 of part C of chapter 58 of the
23 laws of 2008, amending the social services law and the public health law
24 relating to adjustments of rates, as amended by chapter 49 of the laws
25 of 2017, is amended to read as follows:

26 (i-1) section thirty-one-a of this act shall be deemed repealed July
27 1, [2020] 2021;

1 § 17. Subdivision 1 of section 60 of part B of chapter 57 of the laws
2 of 2015, amending the social services law and other laws relating to
3 supplemental rebates, as amended by section 5-b of part T of chapter 57
4 of the laws of 2018, is amended to read as follows:

5 1. section one of this act shall expire and be deemed repealed March
6 31, [2023] 2026;

7 § 18. This act shall take effect immediately and shall be deemed to
8 have been in full force and effect on and after April 1, 2020.

9 PART G

10 Section 1. The insurance law is amended by adding a new section 111 to
11 read as follows:

12 § 111. Investigation by the superintendent with respect to
13 prescription drugs. (a) Whenever it shall appear to the superintendent,
14 either upon complaint or otherwise, that in the advertisement, purchase
15 or sale within this state of any prescription drug, which is contem-
16 plated to be paid by a policy approved by the department for offering
17 within the state, has increased over the course of any twelve months by
18 more than one hundred percent and if it is suspected that any person,
19 partnership, corporation, company, trust or association, or any agent or
20 employee thereof, shall have employed, or employs, or is about to employ
21 any device, scheme or artifice to defraud or for obtaining money or
22 property by means of any false pretense, representation or promise, or
23 that any person, partnership, corporation, company, trust or associ-
24 ation, or any agent or employee thereof, shall have made, makes or
25 attempts to make within or from this state or shall have engaged in or
26 engages in or is about to engage in any practice or transaction or

1 course of business relating to the purchase, exchange, or sale of
2 prescription drugs which is fraudulent or in violation of law and which
3 has operated or which would operate as a fraud upon the purchaser, or
4 that any agent or employee thereof, has sold or offered for sale or is
5 attempting to sell or is offering for sale any prescription drug for
6 which the price has increased one hundred percent over the prior calen-
7 dar year, and the superintendent believes it to be in the public inter-
8 est that an investigation be made, he or she may in their sole
9 discretion either require or permit such person, partnership, corpo-
10 ration, company, trust or association, or any agent or employee thereof,
11 to file with the department a statement in writing under oath or other-
12 wise as to all the facts and circumstances concerning the price increase
13 which he or she believes it is to the public interest to investigate,
14 and for that purpose may prescribe forms upon which such statements
15 shall be made. The superintendent may also require such other data and
16 information as he or she may deem relevant and may make such special and
17 independent investigations as he or she may deem necessary in connection
18 with the matter.

19 (b) In addition to any other power granted by law, the superintendent,
20 his or her deputy or other officer designated by the superintendent is
21 empowered to subpoena witnesses, compel their attendance, examine them
22 under oath and require the production of any books or papers which he or
23 she deems relevant or material to the inquiry. Such power of subpoena
24 and examination shall not abate or terminate by reason of any action or
25 proceeding brought by the attorney general.

26 (c) No person shall be excused from attending such inquiry in
27 pursuance to the mandates of a subpoena, or from producing a paper or
28 book, or from being examined or required to answer a question on the

1 ground of failure of tender or payment of a witness fee and/or mileage,
2 unless at the time of such appearance or production, as the case may be,
3 such witness makes demand for such payment as a condition precedent to
4 the offering of testimony or production required by the subpoena and
5 unless such payment is not thereupon made. The provisions for payment of
6 witness fee and/or mileage shall not apply to any officer, director or
7 person in the employ of any person, partnership, corporation, company,
8 trust or association whose conduct or practices are being investigated.

9 (d) If a person subpoenaed to attend such inquiry fails to obey the
10 command of a subpoena without reasonable cause, or if a person in
11 attendance upon such inquiry shall without reasonable cause refuse to be
12 sworn or to be examined or to answer a question or to produce a book or
13 paper when ordered so to do by the officer conducting such inquiry, or
14 if a person, partnership, corporation, company, trust or association
15 fails to perform any act required by this section to be performed, he or
16 she shall be guilty of a misdemeanor and shall be subject to a civil
17 penalty as set forth in subsection (e) of this section.

18 (e) (1) If after an investigation authorized under this section the
19 superintendent determines that any person, partnership, corporation,
20 company, trust or association, or any agent or employee thereof, shall
21 have employed any device, scheme or artifice to defraud or for obtaining
22 money or property by means of any false pretense, representation or
23 promise, or that any person, partnership, corporation, company, trust or
24 association, or any agent or employee thereof, shall have made within or
25 from this state or shall have engaged in any practice or transaction or
26 course of business relating to the purchase, exchange, or sale of
27 prescription drugs which is fraudulent or in violation of law and which
28 has operated as a fraud upon the purchaser, the superintendent may,

1 after notice and a hearing, levy a civil penalty not to exceed the
2 greater of: (A) five thousand dollars for each offense; (B) a multiple
3 of two times the aggregate damages attributable to the offense; or (C) a
4 multiple of two times the aggregate economic gain attributable to the
5 offense.

6 (2) If any person, partnership, corporation, company, trust or associ-
7 ation, that fails to submit a written statement required by the super-
8 intendent under subsection (a) of this section or violates subsection
9 (d) of this section, the superintendent may, after notice and a hearing,
10 levy a civil penalty not to exceed to one thousand dollars per day that
11 the failure continues.

12 (f) If during an investigation authorized under this section the
13 superintendent determines that any person, partnership, corporation,
14 company, trust or association, or any agent or employee thereof is pres-
15 ently taking or is about to take any action in violation of subsection
16 (e) of this section the superintendent may in addition to all other
17 remedies as are provided by law maintain and prosecute an action against
18 such person, partnership, corporation, company, trust or association, or
19 any agent or employee thereof for the purpose of obtaining an injunction
20 restraining such person, partnership, corporation, company, trust or
21 association, or any agent or employee thereof from doing any acts in
22 violation of the provisions of this section.

23 § 2. The insurance law is amended by adding a new section 202 to read
24 as follows:

25 § 202. Drug accountability board. (a) A nine member drug accountabil-
26 ity board is hereby created in the department.

27 (b) The members of the board shall be appointed by the superintendent
28 and shall serve a three-year term. Members may be reappointed upon the

1 completion of other terms. In making appointments to the board the
2 superintendent shall give consideration to persons:

3 (1) licensed and actively engaged in the practice of medicine in the
4 state;

5 (2) licensed and actively practicing in pharmacy in the state;

6 (3) with expertise in drug utilization review who are health care
7 professionals licensed under title eight of the education law and who
8 are pharmacologists;

9 (4) that are consumers or consumer representatives of organizations
10 with a regional or statewide constituency and who have been involved in
11 activities related to health care consumer advocacy;

12 (5) who are health care economists;

13 (6) who are actuaries; and

14 (7) who are experts from the department of health.

15 (c) The superintendent shall designate a person from the department to
16 serve as chairperson of the board.

17 (d) Members of the board and all its agents shall be deemed to be an
18 "employee" for purposes of section seventeen of the public officers law.

19 (e) (1) The department shall have authority on all fiscal matters
20 relating to the board.

21 (2) The board may utilize or request assistance of any state agency or
22 authority subject to the approval of the superintendent.

23 (f) (1) Whenever the superintendent determines it would aid an inves-
24 tigation under section one hundred eleven of this chapter, the super-
25 intendent may refer a drug to the board for a report thereon to be
26 prepared.

27 (2) If a drug is referred to the board under paragraph one of this
28 subsection the board shall determine:

1 (A) the drug's impact on the premium costs for commercial insurance in
2 this state, and the drug's affordability and value to the public;

3 (B) whether increases in the price of the drug over time were signif-
4 icant and unjustified;

5 (C) whether the drug may be priced disproportionately to its therapeu-
6 tic benefits; and

7 (D) any other question the superintendent may certify to the board in
8 aid of an investigation under section one hundred eleven of this chap-
9 ter.

10 (3) In formulating its determinations, the board may consider:

11 (A) publicly available information relevant to the pricing of the
12 drug;

13 (B) information supplied by the department relevant to the pricing of
14 the drug;

15 (C) information relating to value-based pricing;

16 (D) the seriousness and prevalence of the disease or condition that is
17 treated by the drug;

18 (E) the extent of utilization of the drug;

19 (F) the effectiveness of the drug in treating the conditions for which
20 it is prescribed, or in improving a patient's health, quality of life,
21 or overall health outcomes;

22 (G) the likelihood that use of the drug will reduce the need for other
23 medical care, including hospitalization;

24 (H) the average wholesale price, wholesale acquisition cost, retail
25 price of the drug, and the cost of the drug to the Medicaid program
26 minus rebates received by the state;

27 (I) in the case of generic drugs, the number of pharmaceutical
28 manufacturers that produce the drug;

1 (J) whether there are pharmaceutical equivalents to the drug;

2 (K) information supplied by the manufacturer, if any, explaining the
3 relationship between the pricing of the drug and the cost of development
4 of the drug and/or the therapeutic benefit of the drug, or that is
5 otherwise pertinent to the manufacturer's pricing decision; any such
6 information provided shall be considered confidential and shall not be
7 disclosed by the drug utilization review board in a form that identifies
8 a specific manufacturer or prices charged for drugs by such manufactur-
9 er; and

10 (L) information from the department of health, including from the drug
11 utilization review board.

12 (4) Following its review, the board shall report its findings to the
13 superintendent. Such report shall include the determinations required
14 by paragraph two of this subsection and any other information required
15 by the superintendent.

16 (g) Notwithstanding any law to the contrary, the papers and informa-
17 tion considered by the board and any report thereof shall be confiden-
18 tial and not subject to disclosure. The superintendent, in his or her
19 sole discretion, may determine that the release of the board's report
20 would not harm an ongoing investigation and would be in the public
21 interest, and thereafter may release the report or any portion thereof
22 to the public.

23 (h) The superintendent may call a public hearing on the determinations
24 of the board, notice of such hearing shall be given to the manufacturer
25 of the drug and shall be published on the website of the department for
26 not less than fifteen days before the hearing.

27 § 3. The superintendent of financial services may promulgate any regu-
28 lations necessary to interpret the provisions of this act, including but

1 not limited to regulations relating to the operations of the drug
2 accountability board.

3 § 4. This act shall take effect immediately.

4 PART H

5 Section 1. Subdivisions 1 and 4 of section 6841 of the education law,
6 as added by chapter 414 of the laws of 2019, are amended to read as
7 follows:

8 1. A registered pharmacy technician may, under the direct personal
9 supervision of a licensed pharmacist, assist such licensed pharmacist,
10 as directed, in compounding, preparing, labeling, or dispensing of drugs
11 used to fill valid prescriptions or medication orders [or], and a regis-
12 tered pharmacy technician employed by a facility licensed in accordance
13 with article twenty-eight of the public health law, or a pharmacy owned
14 and operated by such a facility may assist a licensed pharmacist as
15 directed in compounding, preparing, and labeling in anticipation of a
16 valid prescription or medication order for a patient to be served by the
17 facility, in accordance with article one hundred thirty-seven of this
18 title where such tasks require no professional judgment. Such profes-
19 sional judgment shall only be exercised by a licensed pharmacist. A
20 registered pharmacy technician may only practice [in a facility licensed
21 in accordance with article twenty-eight of the public health law, or a
22 pharmacy owned and operated by such a facility,] in a registered pharma-
23 cy under the direct personal supervision of a licensed pharmacist
24 employed [in] by such a facility or pharmacy. Such facility or pharmacy
25 shall be responsible for ensuring that the registered pharmacy techni-
26 cian has received appropriate training to ensure competence before he or

1 she begins assisting a licensed pharmacist in compounding, preparing,
2 labeling, or dispensing of drugs, in accordance with this article and
3 article one hundred thirty-seven of this title. For the purposes of this
4 article, direct personal supervision means supervision of procedures
5 based on instructions given directly by a supervising licensed pharma-
6 cist who remains in the immediate area where the procedures are being
7 performed, authorizes the procedures and evaluates the procedures
8 performed by the registered pharmacy technicians and a supervising
9 licensed pharmacist shall approve all work performed by the registered
10 pharmacy technician prior to the actual dispensing of any drug.

11 4. No licensed pharmacist shall obtain the assistance of more than
12 [two] four registered pharmacy technicians in the performance of
13 [licensed tasks] compounding or preparation of sterile products within
14 their scope of practice. No licensed pharmacist shall obtain the assist-
15 ance of more than four registered pharmacy technicians or [four] six
16 unlicensed persons, in the performance of the activities that do not
17 require licensure, the total of such persons shall not exceed [four] six
18 individuals at any one time. Pharmacy interns shall be exempt from such
19 ratios, but shall be supervised in accordance with commissioner's regu-
20 lations. Individuals who are responsible for the act of placing drugs
21 which are in unit-dose packaging into medication carts as part of an
22 approved unit-dose drug distribution system for patients in institu-
23 tional settings shall be exempt from such ratio, provided that such
24 individuals are not also engaged in performing the activities set forth
25 in subdivision one or paragraph b, c, d, e, f, g, h, or i of subdivision
26 two of this section. The licensed pharmacist shall provide the degree
27 of supervision of such persons as may be appropriate to ensure compli-
28 ance with the relevant provisions of regulations of the commissioner.

1 § 2. Subdivision 2 of section 6832 of the education law, as added by
2 chapter 414 of the laws of 2019, is amended to read as follows:

3 2. [Except for a licensed pharmacist employed by a facility licensed
4 in accordance with article twenty-eight of the public health law or a
5 pharmacy owned and operated by such a facility, as defined in article
6 one hundred thirty-seven-A of this title, no] No licensed pharmacist
7 shall obtain the assistance of more than four registered pharmacy tech-
8 nicians or six unlicensed persons, in the performance of the activities
9 that do not require licensure, the total of such persons shall not
10 exceed [four] six individuals at any one time. Pharmacy interns shall
11 be exempt from such ratios, but shall be supervised in accordance with
12 the commissioner's regulations. Individuals who are responsible for the
13 act of placing drugs which are in unit-dose packaging into medication
14 carts as part of an approved unit-dose drug distribution system for
15 patients in institutional settings shall be exempt from such ratio,
16 provided that such individuals are not also engaged in performing the
17 activities set forth in paragraph (b), (c), (d), (e), (f), (g), (h) or
18 (i) of subdivision one of this section. The licensed pharmacist shall
19 provide the degree of supervision of such persons as may be appropriate
20 to ensure compliance with the relevant provisions of regulations of the
21 commissioner.

22 § 3. This act shall take effect on the same date and in the same
23 manner as chapter 414 of the laws of 2019 takes effect.

1 Section 1. Subdivision 7 of section 6527 of the education law, as
2 amended by chapter 46 of the laws of 2015, is amended to read as
3 follows:

4 7. A licensed physician may prescribe and order a patient specific
5 order or non-patient specific regimen to a licensed pharmacist, pursuant
6 to regulations promulgated by the commissioner, and consistent with the
7 public health law, for administering immunizations to prevent influenza,
8 pneumococcal, acute herpes zoster, meningococcal, tetanus, diphtheria or
9 pertussis disease or, for patients eighteen years of age and older, any
10 other immunizations recommended by the advisory committee on immuniza-
11 tions practices of the centers for disease control and prevention, and
12 medications required for emergency treatment of anaphylaxis. Nothing in
13 this subdivision shall authorize unlicensed persons to administer immun-
14 izations, vaccines or other drugs.

15 § 2. Subdivision 7 of section 6909 of the education law, as amended by
16 chapter 46 of the laws of 2015, is amended to read as follows:

17 7. A certified nurse practitioner may prescribe and order a patient
18 specific order or non-patient specific regimen to a licensed pharmacist,
19 pursuant to regulations promulgated by the commissioner, and consistent
20 with the public health law, for administering immunizations to prevent
21 influenza, pneumococcal, acute herpes zoster, meningococcal, tetanus,
22 diphtheria or pertussis disease or, for patients eighteen years of age
23 and older, any other immunizations recommended by the advisory committee
24 on immunization practices of the centers for disease control and
25 prevention, and medications required for emergency treatment of anaphy-
26 laxis. Nothing in this subdivision shall authorize unlicensed persons to
27 administer immunizations, vaccines or other drugs.

1 § 3. Section 6801-a of the education law, as amended by chapter 238
2 of the laws of 2015, is amended to read as follows:

3 § 6801-a. Collaborative drug therapy management [demonstration
4 program]. 1. As used in this section, the following terms shall have
5 the following meanings:

6 a. "Board" shall mean the state board of pharmacy as established by
7 section sixty-eight hundred four of this article.

8 b. "Clinical services" shall mean the collection and interpretation of
9 patient data for the purpose of initiating, modifying and monitoring
10 drug therapy with associated accountability and responsibility for
11 outcomes in a direct patient care setting.

12 c. "Collaborative drug therapy management" shall mean the performance
13 of clinical services by a pharmacist relating to the review, evaluation
14 and management of drug therapy to a patient, who is being treated by a
15 physician, physician assistant, or nurse practitioner for a specific
16 disease or associated disease states, in accordance with a written
17 agreement or protocol with a voluntarily participating physician, physi-
18 cian assistant, nurse practitioner or facility and in accordance with
19 the policies, procedures, and protocols of the facility. Such agreement
20 or protocol as entered into by the physician and a pharmacist, may
21 include[, and shall be limited to]:

22 (i) [adjusting or managing] prescribing in order to adjust or manage a
23 drug regimen of a patient, pursuant to a patient specific order or non-
24 patient specific protocol made by the patient's physician, physician
25 assistant, nurse practitioner or facility, which may include adjusting
26 drug strength, frequency of administration or route of administration[.
27 Adjusting the drug regimen shall not include substituting] or selecting
28 a [different] drug which differs from that initially prescribed by the

1 patient's physician [unless such substitution is expressly], physician
2 assistant or nurse practitioner as authorized in the written order or
3 protocol. The pharmacist shall be required to immediately document in
4 the patient record changes made to the patient's drug therapy and shall
5 use any reasonable means or method established by the facility or prac-
6 tice to notify the patient's other treating physicians, physician
7 assistants, nurse practitioners and other professionals as required by
8 the facility or the collaborative practice agreement, provided, however,
9 that the pharmacist shall appropriately consider clinical benefit and
10 cost to the patient and/or payer in discharging these responsibilities
11 [with whom he or she does not have a written agreement or protocol
12 regarding such changes. The patient's physician may prohibit, by written
13 instruction, any adjustment or change in the patient's drug regimen by
14 the pharmacist];

15 (ii) evaluating and[, only if specifically] as authorized by the
16 protocol and only to the extent necessary to discharge the responsibil-
17 ities set forth in this section, ordering disease state laboratory tests
18 related to the drug therapy management for the specific disease or
19 disease [state] states specified within the written agreement or proto-
20 col; and

21 (iii) [only if specifically] as authorized by the written agreement or
22 protocol and only to the extent necessary to discharge the responsibil-
23 ities set forth in this section, ordering or performing routine patient
24 monitoring functions as may be necessary in the drug therapy manage-
25 ment[, including the collecting and reviewing of patient histories, and
26 ordering or checking patient vital signs, including pulse, temperature,
27 blood pressure and respiration].

1 d. "Facility" shall mean[: (i)] a [teaching hospital or] general
2 hospital, [including any] diagnostic center, treatment center, or hospi-
3 tal-based outpatient department as defined in section twenty-eight
4 hundred one of the public health law[; or (ii)], a residential health
5 care facility, a nursing home with an on-site pharmacy staffed by a
6 licensed pharmacist or any facility as defined in section twenty-eight
7 hundred one of the public health law or other entity that provides
8 direct patient care under the auspices of a medical director; provided,
9 however, for the purposes of this section the term "facility" shall not
10 include dental clinics, dental dispensaries, residential health care
11 facilities and rehabilitation centers.

12 For the purposes of this section, [a "teaching hospital" shall mean a
13 hospital licensed pursuant to article twenty-eight of the public health
14 law that is eligible to receive direct or indirect graduate medical
15 education payments pursuant to article twenty-eight of the public health
16 law.] a "practice" shall mean a place or situation in which physicians,
17 physician assistants and nurse practitioners either alone or in group
18 practices provide diagnostic and treatment care for patients.

19 e. "Physician, physician assistant or nurse practitioner" shall mean
20 the physician, physician assistant or nurse practitioner selected by or
21 assigned to a patient, who has primary responsibility for the treatment
22 and care of the patient for the disease and associated disease states
23 that are the subject of the collaborative drug therapy management.

24 f. "Written agreement or protocol" shall mean a written document,
25 pursuant to and consistent with any applicable state or federal require-
26 ments, that addresses a specific disease or associated disease states
27 and that describes the nature and scope of collaborative drug therapy
28 management to be undertaken by the pharmacists, in collaboration with

1 the participating physician, physician assistant, nurse practitioner or
2 facility in accordance with the provisions of this section.

3 2. a. A pharmacist who meets the experience requirements of paragraph
4 b of this subdivision and who is [employed by or otherwise affiliated
5 with a facility] certified by the department to engage in collaborative
6 drug therapy management and who is either employed by or otherwise
7 affiliated with a facility or is participating with a practicing physi-
8 cian, physician assistant or nurse practitioner shall be permitted to
9 enter into a written agreement or protocol with a physician, physician
10 assistant, nurse practitioner or facility authorizing collaborative drug
11 therapy management, subject to the limitations set forth in this
12 section, within the scope of such employment [or], affiliation or
13 participation. Only pharmacists so certified may engage in collaborative
14 drug therapy management as defined in this section.

15 b. A participating pharmacist must[:

16 (i) (A) have been awarded either a master of science in clinical phar-
17 macy or a doctor of pharmacy degree;

18 (B)] maintain a current unrestricted license[;], and

19 [(C) have a minimum of two years experience, of which at least one
20 year of such experience shall include clinical experience in a health
21 facility, which involves consultation with physicians with respect to
22 drug therapy and may include a residency at a facility involving such
23 consultation; or

24 (ii) (A) have been awarded a bachelor of science in pharmacy;

25 (B) maintain a current unrestricted license; and

26 (C) within the last seven years, have a minimum of three years experi-
27 ence, of which at least one year of such experience shall include clin-
28 ical experience in a health facility, which involves consultation with

1 physicians with respect to drug therapy and may include a residency at a
2 facility involving such consultation; and

3 (iii) meet any additional education, experience, or other requirements
4 set forth by the department in consultation with the board.] shall
5 satisfy any two of the following criteria:

6 (i) certification in a relevant area of practice including but not
7 limited to ambulatory care, critical care, geriatric pharmacy, nuclear
8 pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric phar-
9 macy, pharmacotherapy, or psychiatric pharmacy, from a national accred-
10 iting body as approved by the department;

11 (ii) postgraduate residency through an accredited postgraduate program
12 requiring at least fifty percent of the experience be in direct patient
13 care services with interdisciplinary terms; or

14 (iii) have provided clinical services to patients for at least one
15 year either:

16 (A) under a collaborative practice agreement or protocol with a physi-
17 cian, physician assistant, nurse practitioner or facility; or

18 (B) has documented experience in provision of clinical services to
19 patients for at least one year or one thousand hours, and deemed accept-
20 able to the department upon recommendation of the board of pharmacy.

21 c. Notwithstanding any provision of law, nothing in this section shall
22 prohibit a licensed pharmacist from engaging in clinical services asso-
23 ciated with collaborative drug therapy management, in order to gain
24 experience necessary to qualify under [clause (C) of subparagraph (i) or
25 (ii) of paragraph b] clause (B) of subparagraph (iii) of paragraph b of
26 this subdivision, provided that such practice is under the supervision
27 of a pharmacist that currently meets the referenced requirement, and

1 that such practice is authorized under the written agreement or protocol
2 with the physician, physician assistant, nurse practitioner or facility.

3 d. Notwithstanding any provision of this section, nothing herein shall
4 authorize the pharmacist to diagnose disease. In the event that a treat-
5 ing physician, physician assistant or nurse practitioner may disagree
6 with the exercise of professional judgment by a pharmacist, the judgment
7 of the treating physician, physician assistant or nurse practitioner
8 shall prevail.

9 3. [The physician who is a party to a written agreement or protocol
10 authorizing collaborative drug therapy management shall be employed by
11 or otherwise affiliated with the same facility with which the pharmacist
12 is also employed or affiliated.

13 4. The existence of a written agreement or protocol on collaborative
14 drug therapy management and the patient's right to choose to not partic-
15 ipate in collaborative drug therapy management shall be disclosed to any
16 patient who is eligible to receive collaborative drug therapy manage-
17 ment. Collaborative drug therapy management shall not be utilized unless
18 the patient or the patient's authorized representative consents, in
19 writing, to such management. If the patient or the patient's authorized
20 representative consents, it shall be noted on the patient's medical
21 record. If the patient or the patient's authorized representative who
22 consented to collaborative drug therapy management chooses to no longer
23 participate in such management, at any time, it shall be noted on the
24 patient's medical record. In addition, the existence of the written
25 agreement or protocol and the patient's consent to such management shall
26 be disclosed to the patient's primary physician and any other treating
27 physician or healthcare provider.

1 5.] A pharmacist who is certified by the department to engage in
2 collaborative drug therapy management may enter into a written collabo-
3 rative practice agreement or protocol with a physician, physician
4 assistant, nurse practitioner or practice as an independent health care
5 provider or as an employee of a pharmacy or other health care provider.
6 In a facility, the physician, physician assistant or nurse practitioner
7 and the pharmacist who are parties to a written agreement or protocol
8 authorizing collaborative drug therapy management shall be employed by
9 or be otherwise affiliated with the facility.

10 4. Participation in a written agreement or protocol authorizing colla-
11 borative drug therapy management shall be voluntary, and no patient,
12 physician, physician assistant, nurse practitioner, pharmacist, or
13 facility shall be required to participate.

14 [6. Nothing in this section shall be deemed to limit the scope of
15 practice of pharmacy nor be deemed to limit the authority of pharmacists
16 and physicians to engage in medication management prior to the effective
17 date of this section and to the extent authorized by law.]

18 § 4. Section 8 of chapter 563 of the laws of 2008, amending the
19 education law and the public health law relating to immunizing agents to
20 be administered to adults by pharmacists, as amended by section 3 of
21 part DD of chapter 57 of the laws of 2018, is amended to read as
22 follows:

23 § 8. This act shall take effect on the ninetieth day after it shall
24 have become a law [and shall expire and be deemed repealed July 1,
25 2020].

26 § 5. Section 5 of chapter 116 of the laws of 2012, amending the
27 education law relating to authorizing a licensed pharmacist and certi-
28 fied nurse practitioner to administer certain immunizing agents, as

1 amended by section 4 of part DD of chapter 57 of the laws of 2018, is
2 amended to read as follows:

3 § 5. This act shall take effect on the ninetieth day after it shall
4 have become a law[, provided, however, that the provisions of sections
5 one, two and four of this act shall expire and be deemed repealed July
6 1, 2020 provided, that:

7 (a) the amendments to subdivision 7 of section 6527 of the education
8 law made by section one of this act shall not affect the repeal of such
9 subdivision and shall be deemed to be repealed therewith;

10 (b) the amendments to subdivision 7 of section 6909 of the education
11 law, made by section two of this act shall not affect the repeal of such
12 subdivision and shall be deemed to be repealed therewith;

13 (c) the amendments to subdivision 22 of section 6802 of the education
14 law made by section three of this act shall not affect the repeal of
15 such subdivision and shall be deemed to be repealed therewith; and

16 (d) the amendments to section 6801 of the education law made by
17 section four of this act shall not affect the expiration of such section
18 and shall be deemed to expire therewith].

19 § 6. Section 4 of chapter 274 of the laws of 2013, amending the
20 education law relating to authorizing a licensed pharmacist and certi-
21 fied nurse practitioner to administer meningococcal disease immunizing
22 agents, is amended to read as follows:

23 § 4. This act shall take effect on the ninetieth day after it shall
24 have become a law[; provided, that:

25 (a) the amendments to subdivision 7 of section 6527 of the education
26 law, made by section one of this act shall not affect the expiration and
27 reversion of such subdivision, as provided in section 6 of chapter 116
28 of the laws of 2012, and shall be deemed to expire therewith; and

1 (b) the amendments to subdivision 7 of section 6909 of the education
2 law, made by section two of this act shall not affect the expiration and
3 reversion of such subdivision, as provided in section 6 of chapter 116
4 of the laws of 2012, and shall be deemed to be expire therewith; and

5 (c) the amendments to subdivision 22 of section 6802 of the education
6 law made by section three of this act shall not affect the expiration of
7 such subdivision and shall be deemed to expire therewith].

8 § 7. Section 5 of chapter 21 of the laws of 2011, amending the educa-
9 tion law relating to authorizing pharmacists to perform collaborative
10 drug therapy management with physicians in certain settings, as amended
11 by section 5 of part DD of chapter 57 of the laws of 2018, is amended to
12 read as follows:

13 § 5. This act shall take effect on the one hundred twentieth day after
14 it shall have become a law[, provided, however, that the provisions of
15 sections two, three, and four of this act shall expire and be deemed
16 repealed July 1, 2020; provided, however, that the amendments to subdi-
17 vision 1 of section 6801 of the education law made by section one of
18 this act shall be subject to the expiration and reversion of such subdi-
19 vision pursuant to section 8 of chapter 563 of the laws of 2008, when
20 upon such date the provisions of section one-a of this act shall take
21 effect; provided, further, that effective]. Effective immediately, the
22 addition, amendment and/or repeal of any rule or regulation necessary
23 for the implementation of this act on its effective date are authorized
24 and directed to be made and completed on or before such effective date.

25 § 8. This act shall take effect immediately and shall be deemed to
26 have been in full force and effect on and after April 1, 2020; provided,
27 however, that section three of this act shall take effect on the one
28 hundred eightieth day after it shall have become a law.

1

PART J

2 Section 1. Subsection (j) of section 3217-b of the insurance law, as
3 added by chapter 297 of the laws of 2012, is amended to read as follows:

4 (j) (1) [An] No insurer shall [not] by contract, written policy or
5 procedure, or by any other means, deny payment to a general hospital
6 certified pursuant to article twenty-eight of the public health law for
7 a claim for medically necessary inpatient services [resulting from an
8 emergency admission], observation services, or emergency department
9 services provided by a general hospital solely on the basis that the
10 general hospital did not [timely notify] comply with certain administra-
11 tive requirements of such insurer [that the services had been provided]
12 with respect to those services.

13 (2) Nothing in this subsection shall preclude a general hospital and
14 an insurer from agreeing to certain administrative requirements [for]
15 relating to payment for inpatient services, observation services, or
16 emergency department services, including but not limited to timely
17 notification that medically necessary inpatient services [resulting from
18 an emergency admission] have been provided and to reductions in payment
19 for failure to comply with certain administrative requirements including
20 timely [notify] notification; provided, however that: [(i)] (A) any
21 requirement for timely notification must provide for a reasonable exten-
22 sion of timeframes for notification for [emergency] services provided on
23 weekends or federal holidays, [(ii)] (B) any agreed to reduction in
24 payment for failure to meet administrative requirements, including time-
25 ly [notify] notification shall not exceed the lesser of two thousand
26 dollars or twelve percent of the payment amount otherwise due for the
27 services provided, and [(iii)] (C) any agreed to reduction in payment

1 for failure to meet administrative requirements including timely [noti-
2 fy] notification shall not be imposed if the patient's insurance cover-
3 age could not be determined by the hospital after reasonable efforts at
4 the time the [inpatient] services were provided.

5 (3) Nothing in this subsection shall preclude an insurer from denying
6 payment for a claim: (A) based on a reasonable belief of fraud or inten-
7 tional misconduct, or abusive billing; (B) when required by a state or
8 federal government program or coverage that is provided by this state or
9 a municipality thereof to its respective employees, retirees or members;
10 or (C) that it believes is fraudulently submitted, is a duplicate claim,
11 or is for services for a benefit that is not covered under the insured's
12 policy or for a patient determined to be ineligible for coverage.

13 (4) For purposes of this subsection, an "administrative requirement"
14 shall not include requirements: (A) imposed on an insurer or provider
15 pursuant to federal or state laws, regulations or guidance; or (B)
16 established by the state or federal government applicable to insurers
17 offering benefits under a state or federal government program.

18 (5) The prohibition on denials set forth in this subsection shall not
19 apply to claims for services for which a request for preauthorization
20 was denied by the insurer prior to delivery of the service.

21 § 2. Subsection (k) of section 4325 of the insurance law, as added by
22 chapter 297 of the laws of 2012, is amended to read as follows:

23 (k) (1) [A] No corporation organized under this article shall [not] by
24 written contract, written policy or procedure, or by any other means,
25 deny payment to a general hospital certified pursuant to article twen-
26 ty-eight of the public health law for a claim for medically necessary
27 inpatient services [resulting from an emergency admission], observation
28 services, or emergency department services provided by a general hospi-

1 tal solely on the basis that the general hospital did not [timely noti-
2 fy] comply with certain administrative requirements of such [insurer
3 that the services had been provided] corporation with respect to those
4 services.

5 (2) Nothing in this subsection shall preclude a general hospital and a
6 corporation from agreeing to certain administrative requirements [for]
7 relating to payment for inpatient services, observation services, or
8 emergency department services, including, but not limited to timely
9 notification that medically necessary inpatient services [resulting from
10 an emergency admission] have been provided and to reductions in payment
11 for failure to comply with certain administrative requirements including
12 timely [notify] notification; provided, however that: [(i)] (A) any
13 requirement for timely notification must provide for a reasonable exten-
14 sion of timeframes for notification for [emergency] services provided on
15 weekends or federal holidays, [(ii)] (B) any agreed to reduction in
16 payment for failure to meet administrative requirements including timely
17 [notify] notification shall not exceed the lesser of two thousand
18 dollars or twelve percent of the payment amount otherwise due for the
19 services provided, and [(iii)] (C) any agreed to reduction in payment
20 for failure to meet administrative requirements including timely notifi-
21 cation shall not be imposed if the patient's insurance coverage could
22 not be determined by the hospital after reasonable efforts at the time
23 the [inpatient] services were provided.

24 (3) Nothing in this subsection shall preclude a corporation from deny-
25 ing payment for a claim: (A) based on a reasonable belief of fraud or
26 intentional misconduct, or abusive billing; (B) when required by a state
27 or federal government program or coverage that is provided by this state
28 or a municipality thereof to its respective employees, retirees or

1 members; or (C) that it believes is fraudulently submitted, is a dupli-
2 cate claim or is for services for a benefit that is not covered under
3 the insured's contract or for a patient determined to be ineligible for
4 coverage.

5 (4) For purposes of this subsection, an "administrative requirement"
6 shall not include requirements: (A) imposed on a corporation or provider
7 pursuant to federal or state laws, regulations or guidance; (B) estab-
8 lished by the state or federal government applicable to corporations
9 offering benefits under a state or federal government program.

10 (5) The prohibition on denials set forth in this subsection shall not
11 apply to claims for services for which a request for preauthorization
12 was denied by the corporation prior to delivery of the service.

13 § 3. Subdivision 8 of section 4406-c of the public health law, as
14 added by chapter 297 of the laws of 2012, is amended to read as follows:

15 8. (a) [A] No health care plan shall [not] by contract, written policy
16 or procedure, or by any other means, deny payment to a general hospital
17 certified pursuant to article twenty-eight of this chapter for a claim
18 for medically necessary inpatient services [resulting from an emergency
19 admission], observation services, or emergency department services
20 provided by a general hospital solely on the basis that the general
21 hospital did not [timely notify such health care plan that the services
22 had been provided] comply with certain administrative requirements of
23 such health care plan with respect to those services.

24 (b) Nothing in this subdivision shall preclude a general hospital and
25 a health care plan from agreeing to certain administrative requirements
26 [for] relating to payment for inpatient services, observation services,
27 or emergency department services, including, but not limited to, timely
28 notification that medically necessary inpatient services [resulting from

1 an emergency admission] have been provided and to reductions in payment
2 for failure to comply with certain administrative requirements including
3 timely [notify] notification; provided, however that: (i) any require-
4 ment for timely notification must provide for a reasonable extension of
5 timeframes for notification for [emergency] services provided on week-
6 ends or federal holidays, (ii) any agreed to reduction in payment for
7 failure to meet administrative requirements, including timely [notify]
8 notification shall not exceed the lesser of two thousand dollars or
9 twelve percent of the payment amount otherwise due for the service
10 provided, and (iii) any agreed to reduction in payment for failure to
11 meet administrative requirements including timely notification shall not
12 be imposed if the patient's coverage could not be determined by the
13 hospital after reasonable efforts at the time the [inpatient] services
14 were provided.

15 (c) Nothing in this subdivision shall preclude a health care plan from
16 denying payment for a claim: (i) based on a reasonable belief of fraud
17 or intentional misconduct, or abusive billing; (ii) when required by a
18 state or federal government program or coverage that is provided by this
19 state or a municipality thereof to its respective employees, retirees or
20 members; (iii) that it believes is fraudulently submitted, is a dupli-
21 cate claim, or is for services for a benefit that is not covered under
22 the insured's contract or for a patient determined to be ineligible for
23 coverage.

24 (d) For purposes of this subdivision, an "administrative requirement"
25 shall not include requirements: (i) imposed on a health care plan or
26 provider pursuant to federal or state laws, regulations or guidance; or
27 (ii) established by the state or federal government applicable to health

1 care plans offering benefits under a state or federal government
2 program.

3 (e) The prohibition on denials set forth in this subdivision shall not
4 apply to claims for services for which a request for preauthorization
5 was denied by the health care plan prior to delivery of the service.

6 § 4. Subsection (b) of section 3224-a of the insurance law, as amended
7 by chapter 237 of the laws of 2009, is amended to read as follows:

8 (b) In a case where the obligation of an insurer or an organization or
9 corporation licensed or certified pursuant to article forty-three or
10 forty-seven of this chapter or article forty-four of the public health
11 law to pay a claim or make a payment for health care services rendered
12 is not reasonably clear due to a good faith dispute regarding the eligi-
13 bility of a person for coverage, the liability of another insurer or
14 corporation or organization for all or part of the claim, the amount of
15 the claim, the benefits covered under a contract or agreement, or the
16 manner in which services were accessed or provided, but not with respect
17 to cases as set forth in subsection (a) of this section, an insurer or
18 organization or corporation shall pay any undisputed portion of the
19 claim in accordance with this subsection and notify the policyholder,
20 covered person or health care provider in writing, and through the
21 internet or other electronic means for claims submitted in that manner,
22 within thirty calendar days of the receipt of the claim:

23 (1) that it is not obligated to pay the claim or make the medical
24 payment, stating the specific reasons why it is not liable; or

25 (2) to request all additional information needed to determine liabil-
26 ity to pay the claim or make the health care payment; and

1 (3) of the specific type of plan or product the policyholder or
2 covered person is enrolled in; provided that nothing in this section
3 shall authorize discrimination based on the source of payment.

4 Upon receipt of the information requested in paragraph two of this
5 subsection or an appeal of a claim or bill for health care services
6 denied pursuant to paragraph one of this subsection, an insurer or
7 organization or corporation licensed or certified pursuant to article
8 forty-three or forty-seven of this chapter or article forty-four of the
9 public health law shall comply with subsection (a) of this section;
10 provided, that if the insurer or organization or corporation licensed or
11 certified pursuant to article forty-three or forty-seven of this chapter
12 or article forty-four of the public health law determines that payment
13 or additional payment is due on the claim, such payment shall be made to
14 the policyholder or covered person or health care provider within
15 fifteen days of the determination and shall include interest on the
16 amount to be paid in accordance with subsection (c) of this section,
17 which shall be computed from the date thirty days after initial receipt
18 of the claim if transmitted electronically or forty-five days after
19 initial receipt of the claim if transmitted by paper or facsimile.

20 § 5. Subsection (i) of section 3224-a of the insurance law, as added
21 by chapter 297 of the laws of 2012, is amended to read as follows:

22 (i) Except where the parties have developed a mutually agreed upon
23 process for the reconciliation of coding disputes that includes a review
24 of submitted medical records to ascertain the correct coding for
25 payment, a general hospital certified pursuant to article twenty-eight
26 of the public health law shall, upon receipt of payment of a claim for
27 which payment has been adjusted based on a particular coding to a
28 patient including the assignment of diagnosis and procedure, have the

1 opportunity to submit the affected claim with medical records supporting
2 the hospital's initial coding of the claim within thirty days of receipt
3 of payment. Upon receipt of such medical records, an insurer or an
4 organization or corporation licensed or certified pursuant to article
5 forty-three or forty-seven of this chapter or article forty-four of the
6 public health law shall review such information to ascertain the correct
7 coding for payment based on national coding guidelines accepted by the
8 centers for Medicare and Medicaid services or the American medical asso-
9 ciation, including ICD-10 guidelines, and process the claim, including
10 the correct coding, in accordance with the timeframes set forth in
11 subsection (a) of this section. In the event the insurer, organization,
12 or corporation processes the claim consistent with its initial determi-
13 nation, such decision shall be accompanied by a statement of the insur-
14 er, organization or corporation setting forth the specific reasons why
15 the initial adjustment was appropriate. An insurer, organization, or
16 corporation that increases the payment based on the information submit-
17 ted by the general hospital, [but fails to do so in accordance with the
18 timeframes set forth in subsection (a) of this section,] shall pay to
19 the general hospital interest on the amount of such increase at the rate
20 set by the commissioner of taxation and finance for corporate taxes
21 pursuant to paragraph one of [subdivision] subsection (e) of section one
22 thousand ninety-six of the tax law, to be computed from [the end of the
23 forty-five day period after resubmission of the additional medical
24 record information] the date thirty days after initial receipt of the
25 claim if transmitted electronically or forty-five days after initial
26 receipt of the claim if transmitted by paper or facsimile. Provided,
27 however, a failure to remit timely payment shall not constitute a
28 violation of this section. Neither the initial or subsequent processing

1 of the claim by the insurer, organization, or corporation shall be
2 deemed an adverse determination as defined in section four thousand nine
3 hundred of this chapter if based solely on a coding determination. Noth-
4 ing in this subsection shall apply to those instances in which the
5 insurer or organization, or corporation has a reasonable suspicion of
6 fraud or abuse.

7 § 6. Section 3224-a of the insurance law is amended by adding a new
8 subsection (k) to read as follows:

9 (k) The superintendent, in conjunction with the commissioner of
10 health, shall convene a health care administrative simplification work-
11 group. The workgroup shall consist of stakeholders, including but not
12 limited to, insurers, hospitals, physicians and consumers or their
13 representatives, to study and evaluate mechanisms to reduce health care
14 administrative costs and complexities through standardization, simplifi-
15 cation and technology. Areas to be examined by the workgroup shall
16 include claims submission and payment, claims attachments, preauthori-
17 zation practices, provider credentialing and insurance eligibility
18 verification. The workgroup shall report on its findings and recommenda-
19 tions to the superintendent, the commissioner of health, the speaker of
20 the assembly and the temporary president of the senate within one year
21 of the effective date of this subsection.

22 § 7. The insurance law is amended by adding a new section 345 to read
23 as follows:

24 § 345. Health care claims reports. An insurer authorized to write
25 accident and health insurance in the state, a corporation organized
26 pursuant to article forty-three of this chapter, or a health maintenance
27 organization certified pursuant to article forty-four of the public
28 health law shall report to the superintendent quarterly and annually on

1 health care claims payment performance with respect to comprehensive
2 health insurance coverage. The reports shall be submitted in the manner
3 and form prescribed by the superintendent after consultation with repre-
4 sentatives of insurers and health care providers but at minimum shall
5 include the number and dollar value of health care claims by major line
6 of business and categorized as follows: health care claims received,
7 health care claims paid, health care claims pending and health care
8 claims denied during the respective quarter or year. The data shall be
9 provided in the aggregate and by major category of health care provider.
10 The reports shall be due to the superintendent no later than forty-five
11 days after the end of the respective quarter or year and shall be made
12 publicly available including on the department's website. The super-
13 intendent, in conjunction with the commissioner of health, may promul-
14 gate regulations requiring additional reporting requirements on insur-
15 ers, corporations, or health maintenance organizations or health care
16 providers to assess the effectiveness of the payment policies set forth
17 in this section, which may be informed by the administrative simplifi-
18 cation workgroup authorized by subsection (k) of section three thousand
19 two hundred twenty-four-a of this chapter.

20 § 8. Paragraph (a) of subdivision 2 of section 4903 of the public
21 health law, as amended by chapter 371 of the laws of 2015, is amended to
22 read as follows:

23 (a) A utilization review agent shall make a utilization review deter-
24 mination involving health care services which require pre-authorization
25 and provide notice of a determination to the enrollee or enrollee's
26 designee and the enrollee's health care provider by telephone and in
27 writing within three business days of receipt of the necessary informa-
28 tion, or for inpatient rehabilitation services provided by a hospital or

1 skilled nursing facility, within one business day of receipt of the
2 necessary information. To the extent practicable, such written notifi-
3 cation to the enrollee's health care provider shall be transmitted elec-
4 tronically, in a manner and in a form agreed upon by the parties. The
5 notification shall identify; (i) whether the services are considered
6 in-network or out-of-network; (ii) and whether the enrollee will be held
7 harmless for the services and not be responsible for any payment, other
8 than any applicable co-payment or co-insurance; (iii) as applicable, the
9 dollar amount the health care plan will pay if the service is out-of-
10 network; and (iv) as applicable, information explaining how an enrollee
11 may determine the anticipated out-of-pocket cost for out-of-network
12 health care services in a geographical area or zip code based upon the
13 difference between what the health care plan will reimburse for out-of-
14 network health care services and the usual and customary cost for out-
15 of-network health care services.

16 § 9. Paragraph 1 of subsection (b) of section 4903 of the insurance
17 law, as amended by chapter 371 of the laws of 2015, is amended to read
18 as follows:

19 (1) A utilization review agent shall make a utilization review deter-
20 mination involving health care services which require pre-authorization
21 and provide notice of a determination to the insured or insured's desig-
22 nee and the insured's health care provider by telephone and in writing
23 within three business days of receipt of the necessary information, or
24 for inpatient rehabilitation services provided by a hospital or skilled
25 nursing facility, within one business day of receipt of the necessary
26 information. To the extent practicable, such written notification to
27 the enrollee's health care provider shall be transmitted electronically,
28 in a manner and in a form agreed upon by the parties. The notification

1 shall identify: (i) whether the services are considered in-network or
2 out-of-network; (ii) whether the insured will be held harmless for the
3 services and not be responsible for any payment, other than any applica-
4 ble co-payment, co-insurance or deductible; (iii) as applicable, the
5 dollar amount the health care plan will pay if the service is out-of-
6 network; and (iv) as applicable, information explaining how an insured
7 may determine the anticipated out-of-pocket cost for out-of-network
8 health care services in a geographical area or zip code based upon the
9 difference between what the health care plan will reimburse for out-of-
10 network health care services and the usual and customary cost for out-
11 of-network health care services.

12 § 10. Subdivision 3 of section 4904 of the public health law, as
13 amended by chapter 586 of the laws of 1998 and paragraph (b) as further
14 amended by section 104 of part A of chapter 62 of the laws of 2011, is
15 amended to read as follows:

16 3. A utilization review agent shall establish a standard appeal proc-
17 ess which includes procedures for appeals to be filed in writing or by
18 telephone. A utilization review agent must establish a period of no less
19 than forty-five days after receipt of notification by the enrollee of
20 the initial utilization review determination and receipt of all neces-
21 sary information to file the appeal from said determination. The utili-
22 zation review agent must provide written acknowledgment of the filing of
23 the appeal to the appealing party within fifteen days of such filing and
24 shall make a determination with regard to the appeal within [sixty]
25 thirty days of the receipt of necessary information to conduct the
26 appeal and, upon overturning the adverse determination, shall comply
27 with subsection (a) of section three thousand two hundred twenty-four-a
28 of the insurance law as applicable. The utilization review agent shall

1 notify the enrollee, the enrollee's designee and, where appropriate, the
2 enrollee's health care provider, in writing, of the appeal determination
3 within two business days of the rendering of such determination. The
4 notice of the appeal determination shall include:

5 (a) the reasons for the determination; provided, however, that where
6 the adverse determination is upheld on appeal, the notice shall include
7 the clinical rationale for such determination; and

8 (b) a notice of the enrollee's right to an external appeal together
9 with a description, jointly promulgated by the commissioner and the
10 superintendent of financial services as required pursuant to subdivision
11 five of section forty-nine hundred fourteen of this article, of the
12 external appeal process established pursuant to title two of this arti-
13 cle and the time frames for such external appeals.

14 § 11. Subsection (c) of section 4904 of the insurance law, as amended
15 by chapter 586 of the laws of 1998, is amended to read as follows:

16 (c) A utilization review agent shall establish a standard appeal proc-
17 ess which includes procedures for appeals to be filed in writing or by
18 telephone. A utilization review agent must establish a period of no less
19 than forty-five days after receipt of notification by the insured of the
20 initial utilization review determination and receipt of all necessary
21 information to file the appeal from said determination. The utilization
22 review agent must provide written acknowledgment of the filing of the
23 appeal to the appealing party within fifteen days of such filing and
24 shall make a determination with regard to the appeal within [sixty]
25 thirty days of the receipt of necessary information to conduct the
26 appeal and, upon overturning the adverse decision, shall comply with
27 subsection (a) of section three thousand two hundred twenty-four-a of
28 this chapter as applicable. The utilization review agent shall notify

1 the insured, the insured's designee and, where appropriate, the
2 insured's health care provider, in writing of the appeal determination
3 within two business days of the rendering of such determination.

4 The notice of the appeal determination shall include:

5 (1) the reasons for the determination; provided, however, that where
6 the adverse determination is upheld on appeal, the notice shall include
7 the clinical rationale for such determination; and

8 (2) a notice of the insured's right to an external appeal together
9 with a description, jointly promulgated by the superintendent and the
10 commissioner of health as required pursuant to subsection (e) of section
11 four thousand nine hundred fourteen of this article, of the external
12 appeal process established pursuant to title two of this article and the
13 time frames for such external appeals.

14 § 12. Subsection (a) of section 4803 of the insurance law is amended
15 by adding a new paragraph 3 to read as follows:

16 (3) A newly-licensed physician, a physician who has recently relocated
17 to this state from another state and has not previously practiced in
18 this state, or a physician who has changed his or her corporate
19 relationship such that it results in the issuance of a new tax identifi-
20 cation number under which such physician's services are billed for, who
21 is employed by a general hospital or diagnostic and treatment center
22 licensed pursuant to article twenty-eight of the public health law, or a
23 facility licensed under article sixteen, article thirty-one or article
24 thirty-two of the mental hygiene law, and whose other employed physi-
25 cians participate in the in-network portion of an insurer's network,
26 shall be deemed "provisionally credentialed" and may participate in the
27 in-network portion of an insurer's network upon: (A) the insurer's
28 receipt of the hospital and physician's completed sections of the insur-

1 er's credentialing application; and (B) the insurer being notified in
2 writing that the health care professional has been granted hospital
3 privileges pursuant to the requirements of section twenty-eight hundred
4 five-k of the public health law. However, a provisionally credentialed
5 physician shall not be designated as an insured's primary care physician
6 until such time as the physician has been fully credentialed by the
7 insurer. An insurer shall not be required to make any payments to the
8 licensed general hospital, the licensed diagnostic and treatment center
9 or a facility licensed under article sixteen, article thirty-one or
10 article thirty-two of the mental hygiene law for the service provided by
11 a provisionally credentialed physician, until and unless the physician
12 is fully credentialed by the insurer, provided, however, that upon being
13 fully credentialed, the licensed general hospital, the licensed diagnos-
14 tic and treatment center or a facility licensed under article sixteen,
15 article thirty-one or article thirty-two of the mental hygiene law shall
16 be paid for all services that the credentialed physician provided to the
17 insurer's insureds from the date the physician fully met the require-
18 ments to be provisionally credentialed pursuant to this paragraph.
19 Should the application ultimately be denied by the insurer, the insurer
20 shall not be liable for any payment to the licensed general hospital,
21 the licensed diagnostic and treatment center or a facility licensed
22 under article sixteen, article thirty-one or article thirty-two of the
23 mental hygiene law for the services provided by the provisionally
24 credentialed health care professional that exceeds any out-of-network
25 benefits payable under the insured's contract with the insurer; and the
26 licensed general hospital, the licensed diagnostic and treatment center
27 or a facility licensed under article sixteen, article thirty-one or
28 article thirty-two of the mental hygiene law shall not pursue reimburse-

1 ment from the insured, except to collect the copayment or coinsurance or
2 deductible amount that otherwise would have been payable had the insured
3 received services from a health care professional participating in the
4 in-network portion of an insurer's network.

5 § 13. Subdivision 1 of section 4406-d of the public health law is
6 amended by adding a new paragraph (c) to read as follows:

7 (c) A newly-licensed physician, a physician who has recently relocated
8 to this state from another state and has not previously practiced in
9 this state, or a physician who has changed his or her corporate
10 relationship such that it results in the issuance of a new tax identifi-
11 cation number under which such physician's services are billed for, who
12 is employed by a general hospital or diagnostic and treatment center
13 licensed pursuant to article twenty-eight of this chapter, or a facility
14 licensed under article sixteen, article thirty-one or article thirty-two
15 of the mental hygiene law, and whose other employed physicians partic-
16 ipate in the in-network portion of a health care plan's network, shall
17 be deemed "provisionally credentialed" and may participate in the
18 in-network portion of a health care plan's network upon: (i) the health
19 care plan's receipt of the hospital and physician's completed sections
20 of the insurer's credentialing application; and (ii) the health care
21 plan being notified in writing that the health care professional has
22 been granted hospital privileges pursuant to the requirements of section
23 twenty-eight hundred five-k of this chapter. However, a provisionally
24 credentialed physician shall not be designated as an enrollee's primary
25 care physician until such time as the physician has been fully creden-
26 tialed by the health care plan. A health care plan shall not be required
27 to make any payments to the licensed general hospital, the licensed
28 diagnostic and treatment center or a facility licensed under article

1 sixteen, article thirty-one or article thirty-two of the mental hygiene
2 law for the service provided by a provisionally credentialed physician,
3 until and unless the physician is fully credentialed by the health care
4 plan, provided, however, that upon being fully credentialed, the
5 licensed general hospital, the licensed diagnostic and treatment center
6 or a facility licensed under article sixteen, article thirty-one or
7 article thirty-two of the mental hygiene law shall be paid for all
8 services that the credentialed physician provided to the health care
9 plan's insureds from the date the physician fully met the requirements
10 to be provisionally credentialed pursuant to this paragraph. Should the
11 application ultimately be denied by the health care plan, the health
12 care plan shall not be liable for any payment to the licensed general
13 hospital, the licensed diagnostic and treatment center or a facility
14 licensed under article sixteen, article thirty-one or article thirty-two
15 of the mental hygiene law for the services provided by the provisionally
16 credentialed health care professional that exceed any out-of-network
17 benefits payable under the insured's contract with the health care plan;
18 and the licensed general hospital, the licensed diagnostic and treatment
19 center or a facility licensed under article sixteen, article thirty-one
20 or article thirty-two of the mental hygiene law shall not pursue
21 reimbursement from the insured, except to collect the copayment or coin-
22 surance or deductible amount that otherwise would have been payable had
23 the insured received services from a health care professional partic-
24 ipating in the in-network portion of a health care plan's network.

25 § 14. Paragraphs 1 and 2 of subsection (a) of section 605 of the
26 financial services law, as amended by chapter 377 of the laws of 2019,
27 are amended to read as follows:

1 (1) When a health care plan receives a bill for emergency services
2 from a non-participating physician or hospital, including a bill for
3 inpatient services which follow an emergency room visit, the health care
4 plan shall pay an amount that it determines is reasonable for the emer-
5 gency services, including inpatient services which follow an emergency
6 room visit, rendered by the non-participating physician or hospital, in
7 accordance with section three thousand two hundred twenty-four-a of the
8 insurance law, except for the insured's co-payment, coinsurance or
9 deductible, if any, and shall ensure that the insured shall incur no
10 greater out-of-pocket costs for the emergency services, including inpa-
11 tient services which follow an emergency room visit, than the insured
12 would have incurred with a participating physician or hospital [pursuant
13 to subsection (c) of section three thousand two hundred forty-one of the
14 insurance law]. If an insured assigns benefits to a non-participating
15 physician or hospital in relation to emergency services, including inpa-
16 tient services which follow an emergency room visit, provided by such
17 non-participating physician or hospital, the non-participating physician
18 or hospital may bill the health care plan for the [emergency] services
19 rendered. Upon receipt of the bill, the health care plan shall pay the
20 non-participating physician or hospital the amount prescribed by this
21 section and any subsequent amount determined to be owed to the hospital
22 in relation to the emergency services provided, including inpatient
23 services which follow an emergency room visit.

24 (2) A non-participating physician or hospital or a health care plan
25 may submit a dispute regarding a fee or payment for emergency services,
26 including inpatient services which follow an emergency room visit, for
27 review to an independent dispute resolution entity.

1 § 15. Paragraph 1 of subsection (b) of section 605 of the financial
2 services law, as amended by chapter 377 of the laws of 2019, is amended
3 to read as follows:

4 (1) A patient that is not an insured or the patient's physician may
5 submit a dispute regarding a fee for emergency services, including inpa-
6 tient services which follow an emergency room visit, for review to an
7 independent dispute resolution entity upon approval of the superinten-
8 dent.

9 § 16. Subsection (d) of section 605 of the financial services law is
10 REPEALED and subsection (e) is relettered subsection (d).

11 § 17. Section 606 of the financial services law, as added by section
12 26 of part H of chapter 60 of the laws of 2014, is amended to read as
13 follows:

14 § 606. Hold harmless and assignment of benefits [for surprise bills]
15 for insureds. (a) When an insured assigns benefits for a surprise bill
16 in writing to a non-participating physician that knows the insured is
17 insured under a health care plan, the non-participating physician shall
18 not bill the insured except for any applicable copayment, coinsurance or
19 deductible that would be owed if the insured utilized a participating
20 physician.

21 (b) When an insured assigns benefits for emergency services, including
22 inpatient services which follow an emergency room visit, to a non-parti-
23 cipating physician or hospital that knows the insured is insured under a
24 health care plan, the non-participating physician or hospital shall not
25 bill the insured except for any applicable copayment, coinsurance or
26 deductible that would be owed if the insured utilized a participating
27 physician or hospital.

1 § 18. The civil practice law and rules is amended by adding a new
2 section 213-d to read as follows:

3 § 213-d. Actions to be commenced within three years; medical debt. An
4 action on a medical debt by a hospital licensed under article twenty-
5 eight of the public health law or a health care professional authorized
6 under title eight of the education law shall be commenced within three
7 years of treatment.

8 § 19. This act shall take effect immediately; provided, however, that
9 sections one through eleven of this act shall apply to services
10 performed on or after January 1, 2021; and provided further, however,
11 that sections twelve and thirteen of this act shall apply to credential-
12 ing applications received on or after July 1, 2020.

13 PART K

14 Section 1. Paragraphs (n), (p) and (q) of subdivision 1 of section
15 2995-a of the public health law, as added by chapter 542 of the laws of
16 2000, are amended and three new paragraphs (r), (s) and (t) are added to
17 read as follows:

18 (n) (i) the location of the licensee's primary practice setting iden-
19 tified as such; [and]

20 (ii) [the names of any licensed physicians with whom the licensee
21 shares a group practice, as defined in subdivision five of section two
22 hundred thirty-eight of this chapter] hours of operation of the
23 licensee's primary practice setting;

24 (iii) availability of assistive technology at the licensee's primary
25 practice setting; and

26 (iv) whether the licensee is accepting new patients;

1 (p) whether the licensee participates in the medicaid or medicare
2 program or any other state or federally financed health insurance
3 program; [and]

4 (q) health care plans with which the licensee has contracts, employ-
5 ment, or other affiliation[.] provided that the reporting and accuracy
6 of such information shall not be the responsibility of the physician,
7 but shall be included and updated by the department utilizing provider
8 network participation information, or other reliable sources of informa-
9 tion submitted by the health care plans;

10 (r) the physician's website and social media accounts;

11 (s) the names of any licensed physicians with whom the licensee shares
12 a group practice, as defined in subdivision five of section two hundred
13 thirty-eight of this chapter; and

14 (t) workforce research and planning information as determined by the
15 commissioner.

16 § 2. Section 2995-a of the public health law is amended by adding a
17 new subdivision 1-b to read as follows:

18 1-b. (a) For the purposes of this section, a physician licensed and
19 registered to practice in this state may authorize a designee to regis-
20 ter, transmit, enter or update information on his or her behalf,
21 provided that:

22 (i) the designee so authorized is employed by the physician or the
23 same professional practice or is under contract with such practice;

24 (ii) the physician takes reasonable steps to ensure that such designee
25 is sufficiently competent in the profile requirements;

26 (iii) the physician remains responsible for ensuring the accuracy of
27 the information provided and for any failure to provide accurate infor-
28 mation; and

1 (iv) the physician shall notify the department upon terminating the
2 authorization of any designee, in a manner determined by the department.

3 (b) The commissioner shall grant access to the profile in a reasonably
4 prompt manner to designees authorized by physicians and establish a
5 mechanism to prevent designees terminated pursuant to subparagraph (iv)
6 of paragraph (a) of this subdivision from accessing the profile in a
7 reasonably prompt manner following notification of termination.

8 § 3. Subdivision 4 of section 2995-a of the public health law, as
9 amended by section 3 of part A of chapter 57 of the laws of 2015, is
10 amended to read as follows:

11 4. Each physician shall periodically report to the department on forms
12 and in the time and manner required by the commissioner any other infor-
13 mation as is required by the department for the development of profiles
14 under this section which is not otherwise reasonably obtainable. In
15 addition to such periodic reports and providing the same information,
16 each physician shall update his or her profile information within the
17 six months prior to [the expiration date of such physician's registra-
18 tion period] submission of the re-registration application, as a condi-
19 tion of registration renewal [under article one hundred thirty-one]
20 pursuant to section sixty-five hundred twenty-four of the education law.
21 Except for optional information provided and information required under
22 subparagraph (iv) of paragraph (n) and paragraphs (q) and (t) of subdi-
23 vision one of this section, physicians shall notify the department of
24 any change in the profile information within thirty days of such change.

25 § 4. Subdivision 6 of section 2995-a of the public health law, as
26 added by chapter 542 of the laws of 2000, is amended to read as follows:

27 6. A physician may elect to have his or her profile omit certain
28 information provided pursuant to paragraphs (k), (l), (m), [(n) and (q)]

1 (r) and (s) of subdivision one of this section. Information provided
2 pursuant to paragraph (t) of subdivision one of this section shall be
3 omitted from a physician's profile and shall be exempt from disclosure
4 under article six of the public officers law. In collecting information
5 for such profiles and disseminating the same, the department shall
6 inform physicians that they may choose not to provide such information
7 required pursuant to paragraphs (k), (l), (m), [(n) and (q)] (r) and (s)
8 of subdivision one of this section.

9 § 5. This act shall take effect on the one hundred eightieth day after
10 it shall have become a law.

11 PART L

12 Section 1. Subdivision 1 of section 6502 of the education law, as
13 amended by chapter 599 of the laws of 1996, is amended and two new
14 subdivisions 1-a and 1-b are added to read as follows:

15 1. [A] Except pursuant to subdivision one-a of this section, a license
16 shall be valid during the life of the holder unless revoked, annulled or
17 suspended by the board of regents [or in the case of physicians, physi-
18 cians practicing under a limited permit, physician's assistants,
19 specialist's assistants and medical residents, the licensee is stricken
20 from the roster of such licensees by the board of regents on the order
21 of the state board for professional medical conduct in the department of
22 health. A licensee must register with the department and meet the
23 requirements prescribed in section 3-503 of the general obligations law
24 to practice in this state].

1 1-a. In the case of physicians, physicians practicing under a limited
2 permit, physician assistants, specialist assistants and medical resi-
3 dents, a license shall be valid during the life of the holder unless:

4 (i) the licensee is stricken from the roster of such licensees by the
5 board of regents on the order of the state board for professional
6 medical conduct in the department of health; or

7 (ii) the licensee has failed to register with the department for two
8 consecutive registration periods, in which case the licensee shall be
9 immediately stricken from the roster of such licensees by the board of
10 regents.

11 1-b. A licensee must register with the department and meet the
12 requirements prescribed in section 3-503 of the general obligations law
13 to practice in this state.

14 § 2. Section 6524 of the education law is amended by adding a new
15 subdivision 6-a to read as follows:

16 (6-a) Fingerprints and criminal history record check: consent to
17 submission of fingerprints for purposes of conducting a criminal history
18 record check. The commissioner shall submit to the division of criminal
19 justice services two sets of fingerprints of applicants for licensure
20 pursuant to this article, and the division of criminal justice services
21 processing fee imposed pursuant to subdivision eight-a of section eight
22 hundred thirty-seven of the executive law and any fee imposed by the
23 federal bureau of investigation. The division of criminal justice
24 services and the federal bureau of investigation shall forward such
25 criminal history record to the commissioner in a timely manner. For the
26 purposes of this section, the term "criminal history record" shall mean
27 a record of all convictions of crimes and any pending criminal charges
28 maintained on an individual by the division of criminal justice services

1 and the federal bureau of investigation. All such criminal history
2 records sent to the commissioner pursuant to this subdivision shall be
3 confidential pursuant to the applicable federal and state laws, rules
4 and regulations, and shall not be published or in any way disclosed to
5 persons other than the commissioner, unless otherwise authorized by law;

6 § 3. Paragraph (c) of subdivision 9 and subdivisions 20, 28, and 31 of
7 section 6530 of the education law, as added by chapter 606 of the laws
8 of 1991, are amended and a new subdivision 51 is added to read as
9 follows:

10 (c) Having been found guilty in an adjudicatory proceeding of violat-
11 ing a state or federal statute or regulation, pursuant to a final deci-
12 sion or determination, and when no appeal is pending, or after resol-
13 ution of the proceeding or a complaint alleging a violation of a state
14 or federal statute or regulation by stipulation or agreement, and when
15 the violation would constitute professional misconduct pursuant to this
16 section;

17 20. Conduct [in the practice of medicine] which evidences moral unfit-
18 ness to practice medicine;

19 28. Failing to respond within [thirty] ten days to written communi-
20 cations from the department of health and to make available any relevant
21 records with respect to an inquiry or complaint about the licensee's
22 professional misconduct. The period of [thirty] ten days shall commence
23 on the date when such communication was delivered personally to the
24 licensee. If the communication is sent from the department of health by
25 registered or certified mail, with return receipt requested, to the
26 address appearing in the last registration, the period of [thirty] ten
27 days shall commence on the date of delivery to the licensee, as indi-
28 cated by the return receipt;

1 31. Willfully harassing, abusing, or intimidating a patient [either]
2 or a patient's caregiver or surrogate physically or verbally;

3 51. Except for good cause shown, failing to notify the department of
4 health within twenty-four hours of having been charged with a crime in
5 any jurisdiction or of any event meeting the definitions of professional
6 misconduct set forth in subdivision nine of this section.

7 § 4. Section 6532 of the education law, as added by chapter 606 of the
8 laws of 1991, is amended to read as follows:

9 § 6532. Enforcement, administration and interpretation of this arti-
10 cle. The board [of] for professional medical conduct and the department
11 of health shall enforce, administer and interpret this article. Before
12 issuing a declaratory ruling pursuant to section two hundred four of the
13 state administrative procedure act with respect to this article, the
14 department of health shall fully consult with the department of educa-
15 tion. [Neither the commissioner of education, the board of regents nor
16 the] The commissioner of health may promulgate any rules or regulations
17 concerning this article.

18 § 5. Subdivision 4 of section 206 of the public health law, as amended
19 by chapter 602 of the laws of 2007, is amended to read as follows:

20 4. The commissioner may:

21 (a) issue subpoenas, compel the attendance of witnesses and compel
22 them to testify in any matter or proceeding before him, and may also
23 require a witness to attend and give testimony in a county where he
24 resides or has a place of business without the payment of any fees;

25 (b) require, in writing, the production of any and all relevant docu-
26 ments in the possession or control of an individual or entity subject to
27 an investigation or inquiry under this chapter. Unless a shorter period
28 is specified in such writing, as determined for good cause by the

1 commissioner, the required documents shall be produced no later than ten
2 days after the delivery of the writing. Failure by the subject individ-
3 ual or entity to produce to the department the required documents within
4 the ten day or otherwise specified period shall be a violation or fail-
5 ure within the meaning of paragraph (d) of this subdivision. Each addi-
6 tional day of non-production shall be a separate violation or failure;

7 (c) annul or modify an order, regulation, by-law or ordinance of a
8 local board of health concerning a matter which in his judgment affects
9 the public health beyond the territory over which such local board of
10 health has jurisdiction;

11 [(c)] (d) assess any penalty prescribed for a violation of or a fail-
12 ure to comply with any term or provision of this chapter or of any
13 lawful notice, order or regulation pursuant thereto, not exceeding two
14 thousand dollars for every such violation or failure, which penalty may
15 be assessed after a hearing or an opportunity to be heard;

16 [(d)] (e) assess civil penalties against a public water system which
17 provides water to the public for human consumption through pipes or
18 other constructed conveyances, as further defined in the state sanitary
19 code or, in the case of mass gatherings, the person who holds or
20 promotes the mass gathering as defined in subdivision five of section
21 two hundred twenty-five of this article not to exceed twenty-five thou-
22 sand dollars per day, for each violation of or failure to comply with
23 any term or provision of the state sanitary code as it relates to public
24 water systems that serve a population of five thousand or more persons
25 or any mass gatherings, which penalty may be assessed after a hearing or
26 an opportunity to be heard; and

27 (f) seek to obtain a warrant based on probable cause that a licensee
28 has committed professional misconduct or a crime from a judicial officer

1 authorized to issue a warrant. Such warrant shall authorize the commis-
2 sioner and any person authorized by him to have the authority to inspect
3 all grounds, erections, vehicles, structures, apartments, buildings,
4 places and the contents therein and to remove any books, records,
5 papers, documents, computers, electronic devices and other physical
6 objects.

7 § 6. Subdivision 1 of section 230 of the public health law, as amended
8 by chapter 537 of the laws of 1998, is amended to read as follows:

9 1. A state board for professional medical conduct is hereby created in
10 the department in matters of professional misconduct as defined in
11 sections sixty-five hundred thirty and sixty-five hundred thirty-one of
12 the education law. Its physician members shall be appointed by the
13 commissioner at least eighty-five percent of whom shall be from among
14 nominations submitted by the medical society of the state of New York,
15 the New York state osteopathic society, the New York academy of medi-
16 cine, county medical societies, statewide specialty societies recognized
17 by the council of medical specialty societies, and the hospital associ-
18 ation of New York state. Its lay members shall be appointed by the
19 commissioner with the approval of the governor. The board of regents
20 shall also appoint twenty percent of the members of the board. Not less
21 than sixty-seven percent of the members appointed by the board of
22 regents shall be physicians. Not less than eighty-five percent of the
23 physician members appointed by the board of regents shall be from among
24 nominations submitted by the medical society of the state of New York,
25 the New York state osteopathic society, the New York academy of medi-
26 cine, county medical societies, statewide medical societies recognized
27 by the council of medical specialty societies, and the hospital associ-
28 ation of New York state. Any failure to meet the percentage thresholds

1 stated in this subdivision shall not be grounds for invalidating any
2 action by or on authority of the board for professional medical conduct
3 or a committee or a member thereof. The board for professional medical
4 conduct shall consist of not fewer than eighteen physicians licensed in
5 the state for at least five years, two of whom shall be doctors of
6 osteopathy, not fewer than two of whom shall be physicians who dedicate
7 a significant portion of their practice to the use of non-conventional
8 medical treatments who may be nominated by New York state medical asso-
9 ciations dedicated to the advancement of such treatments, at least one
10 of whom shall have expertise in palliative care, and not fewer than
11 seven lay members. An executive secretary shall be appointed by the
12 chairperson and shall be a licensed physician. Such executive secretary
13 shall not be a member of the board, shall hold office at the pleasure
14 of, and shall have the powers and duties assigned and the annual salary
15 fixed by[, the chairperson. The chairperson shall also assign such
16 secretaries or other persons to the board as are necessary] the commis-
17 sioner.

18 § 7. Clause (C) of subparagraph (iii) of paragraph (a) of subdivision
19 10 of section 230 of the public health law, as amended by chapter 477 of
20 the laws of 2008, is amended to read as follows:

21 (C) If the director determines that the matter shall be submitted to
22 an investigation committee, an investigation committee shall be convened
23 [within ninety days of any interview of the licensee]. The director
24 shall present the investigation committee with relevant documentation
25 including, but not limited to: (1) a copy of the original complaint; (2)
26 the report of the interviewer and the stenographic record if one was
27 taken; (3) the report of any medical or scientific expert; (4) copies of

1 reports of any patient record reviews; and (5) the licensee's
2 submissions.

3 § 8. Subparagraph (v) of paragraph (a) of subdivision 10 of section
4 230 of the public health law, as amended by chapter 477 of the laws of
5 2008, is amended to read as follows:

6 (v) The files of the office of professional medical conduct relating
7 to the investigation of possible instances of professional misconduct
8 shall be confidential and not subject to disclosure at the request of
9 any person, except as provided by law in a pending disciplinary action
10 or proceeding. The provisions of this paragraph shall not prevent the
11 office from sharing information concerning investigations within the
12 department and, pursuant to subpoena, with other duly authorized public
13 agencies responsible for professional regulation or criminal prose-
14 cution. Nothing in this subparagraph shall affect the duties of notifi-
15 cation set forth in subdivision nine-a of this section or prevent the
16 publication of charges or of the findings, conclusions, determinations,
17 or order of a hearing committee pursuant to paragraphs (d) or (g) of
18 this subdivision. In addition, the commissioner may, in his or her sole
19 discretion, disclose [the] any information [when, in his or her profes-
20 sional judgment, disclosure of such information would avert or minimize
21 a public health threat] relating to the investigation of possible
22 instances of professional misconduct. Any such disclosure shall not
23 affect the confidentiality of other information in the files of the
24 office of professional medical conduct related to the investigation.

25 § 9. Subparagraphs (i) and (ii) of paragraph (d) of subdivision 10 of
26 section 230 of the public health law, as amended by chapter 477 of the
27 laws of 2008, are amended to read as follows:

1 (i) A copy of the charges and the notice of the hearing shall be
2 served on the licensee either: (A) personally [by the board] at least
3 thirty days before the hearing[.]; (B) [If personal service cannot be
4 made after due diligence and such fact is certified under oath, a copy
5 of the charges and the notice of hearing shall be served] by registered
6 or certified mail to the licensee's [last known] current residential or
7 practice address [by the board] mailed at least fifteen days before the
8 hearing; (C) by registered or certified mail to the licensee's most
9 recent mailing address pursuant to section sixty-five hundred two of the
10 education law or the licensee's most recent mailing address on file with
11 the department of education pursuant to the notification requirement set
12 forth in subdivision five of such section, mailed at least forty-five
13 days before the hearing; or (D) by first class mail to an attorney,
14 licensed to practice in the state, who has appeared on behalf of the
15 licensee and who has been provided with written authorization of the
16 licensee to accept service, mailed at least thirty days before the hear-
17 ing.

18 (ii) The charges shall be made public, consistent with subparagraph
19 (iv) of paragraph (a) of this subdivision, [no earlier than five busi-
20 ness days] immediately after they are served, and the charges shall be
21 accompanied by a statement advising the licensee that such publication
22 will occur; [provided, however, that] charges may be made public imme-
23 diately upon issuance of the commissioner's order in the case of summary
24 action taken pursuant to subdivision twelve of this section and no prior
25 notification of such publication need be made to the licensee.

26 § 10. Subparagraph (ii) of paragraph (m) of subdivision 10 of section
27 230 of the public health law, as amended by chapter 606 of the laws of
28 1991, is amended to read as follows:

1 (ii) Administrative warning and consultation. If the director of the
2 office of professional medical conduct, after obtaining the concurrence
3 of a majority of a committee on professional conduct, and after consul-
4 tation with the executive secretary, determines that there is substan-
5 tial evidence of professional misconduct of a minor or technical nature
6 or of substandard medical practice which does not constitute profes-
7 sional misconduct, the director may issue an administrative warning
8 and/or provide for consultation with a panel of one or more experts,
9 chosen by the director. Panels of one or more experts may include, but
10 shall not be limited to, a peer review committee of a county medical
11 society or a specialty board. Administrative warnings and consultations
12 shall be [confidential and] made public, but shall not constitute an
13 adjudication of guilt or be used as evidence that the licensee is guilty
14 of the alleged misconduct. However, in the event of a further allegation
15 of similar misconduct by the same licensee, the matter may be reopened
16 and further proceedings instituted as provided in this section.

17 § 11. Paragraph (p) of subdivision 10 of section 230 of the public
18 health law, as amended by chapter 599 of the laws of 1996, is amended to
19 read as follows:

20 (p) Convictions of crimes or administrative violations. Except for
21 good cause shown, a licensee shall notify the department within twenty-
22 four hours of having been charged with a crime in any jurisdiction or of
23 any event meeting the definitions of professional misconduct set forth
24 in subdivision nine of section sixty-five hundred thirty of the educa-
25 tion law. In cases of professional misconduct based solely upon a
26 violation of subdivision nine of section sixty-five hundred thirty of
27 the education law, the director may direct that charges be prepared and
28 served and may refer the matter to a committee on professional conduct

1 for its review and report of findings, conclusions as to guilt, and
2 determination. In such cases, the notice of hearing shall state that the
3 licensee shall file a written answer to each of the charges and allega-
4 tions in the statement of charges no later than ten days prior to the
5 hearing, and that any charge or allegation not so answered shall be
6 deemed admitted, that the licensee may wish to seek the advice of coun-
7 sel prior to filing such answer that the licensee may file a brief and
8 affidavits with the committee on professional conduct, that the licensee
9 may appear personally before the committee on professional conduct, may
10 be represented by counsel and may present evidence or sworn testimony in
11 his or her behalf, and the notice may contain such other information as
12 may be considered appropriate by the director. The department may also
13 present evidence or sworn testimony and file a brief at the hearing. A
14 stenographic record of the hearing shall be made. Such evidence or sworn
15 testimony offered to the committee on professional conduct shall be
16 strictly limited to evidence and testimony relating to the nature and
17 severity of the penalty to be imposed upon the licensee. Where the
18 charges are based on the conviction of state law crimes in other juris-
19 dictions, evidence may be offered to the committee which would show that
20 the conviction would not be a crime in New York state. The committee on
21 professional conduct may reasonably limit the number of witnesses whose
22 testimony will be received and the length of time any witness will be
23 permitted to testify. The determination of the committee shall be served
24 upon the licensee and the department in accordance with the provisions
25 of paragraph (h) of this subdivision. A determination pursuant to this
26 subdivision may be reviewed by the administrative review board for
27 professional medical conduct.

1 § 12. Subdivision 12 of section 230 of the public health law, as
2 amended by chapter 627 of the laws of 1996, paragraph (a) as amended by
3 chapter 477 of the laws of 2008 and paragraph (b) as amended by section
4 3 of part CC of chapter 57 of the laws of 2018, is amended to read as
5 follows:

6 12. Summary action. (a) Whenever the commissioner, (i) after being
7 presented with information indicating that a licensee is causing, engag-
8 ing in or maintaining a condition or activity which has resulted in the
9 transmission or suspected transmission, or is likely to lead to the
10 transmission, of communicable disease as defined in the state sanitary
11 code or HIV/AIDS, by the state and/or a local health department and if
12 in the commissioner's opinion it would be prejudicial to the interests
13 of the people to delay action until an opportunity for a hearing can be
14 provided in accordance with the prehearing and hearing provisions of
15 this section; [or] (ii) after requiring that a licensee produce docu-
16 ments in accordance with subdivision four of section two hundred six of
17 this chapter, and such licensee has failed to produce the required docu-
18 ments within ten days, or within such shorter period as may have been
19 specified in the commissioner's written demand for documents; or (iii)
20 after an investigation and a recommendation by a committee on profes-
21 sional conduct of the state board for professional medical conduct,
22 based upon a determination that a licensee is causing, engaging in or
23 maintaining a condition or activity which in the commissioner's opinion
24 [constitutes an imminent danger] presents a risk to the health of the
25 people, and that it therefore appears to be prejudicial to the interests
26 of the people to delay action until an opportunity for a hearing can be
27 provided in accordance with the prehearing and hearing provisions of
28 this section; the commissioner may order the licensee, by written

1 notice, to discontinue such dangerous condition or activity or take
2 certain action immediately and for a period of [ninety] one hundred
3 twenty days from the date of service of the order. Within [ten] thirty
4 days from the date of service of the said order, the state board for
5 professional medical conduct shall commence and regularly schedule such
6 hearing proceedings as required by this section, provided, however, that
7 the hearing shall be completed within [ninety] one hundred twenty days
8 of the date of service of the order. To the extent that the issue of
9 [imminent danger] risk to the health of the people can be proven without
10 the attorney representing the office of professional medical conduct
11 putting in its entire case, the committee of the board shall first
12 determine whether by a preponderance of the evidence the licensee is
13 causing, engaging in or maintaining a condition or activity which
14 [constitutes an imminent danger] presents a risk to the health of the
15 people. The attorney representing the office of professional medical
16 conduct shall have the burden of going forward and proving by a prepon-
17 derance of the evidence that the licensee's condition, activity or prac-
18 tice [constitutes an imminent danger] presents a risk to the health of
19 the people. The licensee shall have an opportunity to be heard and to
20 present proof. When both the office and the licensee have completed
21 their cases with respect to the question of [imminent danger] risk to
22 the health of the people, the committee shall promptly make a recommen-
23 dation to the commissioner on the issue of [imminent danger] risk to the
24 health of the people and determine whether the summary order should be
25 left in effect, modified or vacated, and continue the hearing on all the
26 remaining charges, if any, in accordance with paragraph (f) of subdivi-
27 sion ten of this section. Within ten days of the committee's recommenda-
28 tion, the commissioner shall determine whether or not to adopt the

1 committee's recommendations, in whole or in part, and shall leave in
2 effect, modify or vacate his summary order. The state board for profes-
3 sional medical conduct shall make every reasonable effort to avoid any
4 delay in completing and determining such proceedings. If, at the conclu-
5 sion of the hearing, (i) the hearing committee of the board finds the
6 licensee guilty of one or more of the charges which are the basis for
7 the summary order, (ii) the hearing committee determines that the summa-
8 ry order continue, and (iii) the ninety day term of the order has not
9 expired, the summary order shall remain in full force and effect until a
10 final decision has been rendered by the committee or, if review is
11 sought, by the administrative review board. A summary order shall be
12 public upon issuance.

13 (b) When a licensee has pleaded or been found guilty or convicted of
14 committing an act constituting a felony under New York state law or
15 federal law, or the law of another jurisdiction which, if committed
16 within this state, would have constituted a felony under New York state
17 law, or when a licensee has been charged with committing an act consti-
18 tuting a felony under New York state or federal law or the law of anoth-
19 er jurisdiction, where the licensee's alleged conduct, which, if commit-
20 ted within this state, would have constituted a felony under New York
21 state law, and [in the commissioner's opinion the licensee's alleged
22 conduct constitutes an imminent danger] where the licensee's alleged
23 conduct may present a risk to the health of the people, or when the duly
24 authorized professional disciplinary agency of another jurisdiction has
25 made a finding substantially equivalent to a finding that the practice
26 of medicine by the licensee in that jurisdiction [constitutes an immi-
27 nent danger] presents a risk to the health of its people, or when a
28 licensee has been disciplined by a duly authorized professional disci-

1 plinary agency of another jurisdiction for acts which if committed in
2 this state would have constituted the basis for summary action by the
3 commissioner pursuant to paragraph (a) of this subdivision, the commis-
4 sioner, after a recommendation by a committee of professional conduct of
5 the state board for professional medical conduct, may order the licen-
6 see, by written notice, to discontinue or refrain from practicing medi-
7 cine in whole or in part or to take certain actions authorized pursuant
8 to this title immediately. The order of the commissioner shall consti-
9 tute summary action against the licensee and become public upon issu-
10 ance. The summary suspension shall remain in effect until the final
11 conclusion of a hearing which shall commence within ninety days of the
12 date of service of the commissioner's order, end within [ninety] one
13 hundred eighty days thereafter and otherwise be held in accordance with
14 paragraph (a) of this subdivision, provided, however, that when the
15 commissioner's order is based upon a finding substantially equivalent to
16 a finding that the practice of medicine by the licensee in another
17 jurisdiction [constitutes an imminent danger] presents a risk to the
18 health of its people, the hearing shall commence within thirty days
19 after the disciplinary proceedings in that jurisdiction are finally
20 concluded. If, at any time, the felony charge is dismissed, withdrawn or
21 reduced to a non-felony charge, the commissioner's summary order shall
22 terminate.

23 § 13. Paragraph (a) of subdivision 1 of section 2803-e of the public
24 health law, as amended by chapter 294 of the laws of 1985, is amended to
25 read as follows:

26 (a) Hospitals and other facilities approved pursuant to this article
27 shall make a report or cause a report to be made within thirty days of
28 the occurrence of any of the following: the suspension, restriction,

1 termination or curtailment of the training, employment, association or
2 professional privileges or the denial of the certification of completion
3 of training of an individual licensed pursuant to the provisions of
4 title eight of the education law or of a medical resident with such
5 facility for reasons related in any way to alleged mental or physical
6 impairment, incompetence, malpractice or misconduct or impairment of
7 patient safety or welfare; the voluntary or involuntary resignation or
8 withdrawal of association or of privileges with such facility to avoid
9 the imposition of disciplinary measures; notification by the hospital or
10 facility, to any entity providing personnel to perform professional
11 services to such hospital or facility, that the entity shall not assign
12 a particular individual to provide such services to the hospital or
13 facility, for reasons related in any way to alleged mental or physical
14 impairment, incompetence, malpractice or misconduct or impairment of
15 patient safety or welfare; or the receipt of information which indicates
16 that any professional licensee or medical resident has been convicted of
17 a crime; the denial of staff privileges to a physician if the reasons
18 stated for such denial are related to alleged mental or physical impair-
19 ment, incompetence, malpractice, misconduct or impairment of patient
20 safety or welfare.

21 § 14. This act shall take effect immediately and shall be deemed to
22 have been in full force and effect on and after April 1, 2020.

23 PART M

24 Section 1. Paragraphs 56 and 57 of subdivision (b) of schedule I of
25 section 3306 of the public health law, as added by section 4 of part BB
26 of chapter 57 of the laws of 2018, are amended to read as follows:

1 (56) [3,4-dichloro-N-{(1-dimethylamino) cyclohexylmethyl}benzamide]
2 3,4-dichloro-N-{(1-dimethylamino)cyclohexylmethyl}benzamide. Some trade
3 or other names: AH-7921.

4 (57) [N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide (Acetyl Fenta-
5 nyl)] N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide. Some trade or
6 other names: Acetyl Fentanyl.

7 § 2. Subdivision (b) of schedule I of section 3306 of the public
8 health law is amended by adding twenty-four new paragraphs 58, 59, 60,
9 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78,
10 79, 80 and 81 to read as follows:

11 (58) N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide. Other name:
12 Butyryl Fentanyl.

13 (59) N-{1-{2-hydroxy-2-(thiophen-2-yl)ethyl}piperidin-4-yl}-N-phenylp-
14 ropionamide. Other name: Beta-Hydroxythiofentanyl.

15 (60) N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide. Other
16 name: Furanyl Fentanyl.

17 (61) 3,4-Dichloro-N-{2-(dimethylamino) cyclohexyl}-N-methylbenzamide.
18 Other name: U-47700.

19 (62) N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide. Other names:
20 Acryl Fentanyl or Acryloylfentanyl.

21 (63) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide.
22 Other names: 4-fluoroisobutyryl fentanyl, para-fluoroisobutyryl fenta-
23 nyl.

24 (64) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide.
25 Other names: ortho-fluorofentanyl or 2-fluorofentanyl.

26 (65) N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carbox-
27 amide. Other name: tetrahydrofuranyl fentanyl.

- 1 (66) 2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide. Other
2 name: methoxyacetyl fentanyl.
- 3 (67) N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide.
4 Other name: cyclopropyl fentanyl.
- 5 (68) N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide. Other name:
6 Valeryl fentanyl.
- 7 (69) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide. Other
8 name: para-fluorobutyrylfentanyl.
- 9 (70) N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide.
10 Other name: para-methoxybutyryl fentanyl.
- 11 (71) N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide.
12 Other name: para-chloroisobutyryl fentanyl.
- 13 (72) N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide. Other name:
14 isobutyryl fentanyl.
- 15 (73) N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide.
16 Other name: cyclopentyl fentanyl.
- 17 (74) N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetam-
18 ide. Other name: Ocfentanil.
- 19 (75) 1-cyclohexyl-4-(1,2-diphenylethyl)piperazine. Other name: MT-45.
- 20 (76) N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propion-
21 amide. Some trade or other names: 2'-fluoro ortho-fluorofentanyl.
- 22 (77) N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide. Some
23 trade or other names: ortho-methyl acetylfentanyl.
- 24 (78) N-(1-phenethylpiperidin-4-yl)-N,3-diphenylpropanamide. Some
25 trade or other names: beta'-phenyl fentanyl; hydrocinnamoyl fentanyl.
- 26 (79) N-(1-phenethylpiperidin-4-yl)-N-phenylthiophene-2-carboxamide.
27 Some trade or other names: thiofuranyl fentanyl.

1 (80) (E)-N-(1-phenethylpiperidin-4-yl)-N-phenylbut-2-enamide. Some
2 trade or other names: crotonyl fentanyl.

3 (81) Fentanyl-related substances, their isomers, esters, ethers, salts
4 and salts of isomers, esters and ethers. Fentanyl-related substance
5 means any substance not otherwise listed in this section, that is struc-
6 turally related to fentanyl by one or more of the following modifica-
7 tions:

8 (i) Replacement of the phenyl portion of the phenethyl group by any
9 monocycle, whether or not further substituted in or on the monocycle;

10 (ii) Substitution in or on the phenethyl group with alkyl, alkenyl,
11 alkoxyl, hydroxyl, halo, haloalkyl, amino or nitro groups;

12 (iii) Substitution in or on the piperidine ring with alkyl, alkenyl,
13 alkoxyl, ester, ether, hydroxyl, halo, haloalkyl, amino or nitro groups;

14 (iv) Replacement of the aniline ring with any aromatic monocycle
15 whether or not further substituted in or on the aromatic monocycle;
16 and/or

17 (v) Replacement of the N-propionyl group by another acyl group.

18 § 3. Subdivision (c) of schedule II of section 3306 of the public
19 health law is amended by adding two new paragraphs 29 and 30 to read as
20 follows:

21 (29) Thiafentanil.

22 (30) Norfentanyl.

23 § 4. Section 3308 of the public health law is amended by adding a new
24 subdivision 7 to read as follows:

25 7. The commissioner may, by regulation, classify as a schedule I
26 controlled substance in section three thousand three hundred six of this
27 article any substance listed in Schedule I of the federal schedules of
28 controlled substances in 21 USC § 812 or 21 CFR § 1308.11.

1 § 5. Severability clause. If any clause, sentence, paragraph, subdivi-
2 sion, section or part of this act shall be adjudged by any court of
3 competent jurisdiction to be invalid, such judgment shall not affect,
4 impair, or invalidate the remainder thereof, but shall be confined in
5 its operation to the clause, sentence, paragraph, subdivision, section
6 or part thereof directly involved in the controversy in which such judg-
7 ment shall have been rendered. It is hereby declared to be the intent of
8 the legislature that this act would have been enacted even if such
9 invalid provisions had not been included herein.

10 § 6. This act shall take effect on the ninetieth day after it shall
11 have become a law.

12 PART N

13 Section 1. The public health law is amended by adding a new section
14 2803-z to read as follows:

15 § 2803-z. 1. Every general hospital and nursing home shall establish
16 and implement an antibiotic stewardship program that meets or exceeds
17 federal Medicare and Medicaid conditions of participation for antimicro-
18 bial stewardship programs in health care facilities. Additionally, such
19 program shall incorporate an ongoing process to measure the impact of
20 the program, including review, at least annually, of antimicrobial
21 utilization data with development of response plans for high or increas-
22 ing utilization.

23 2. Every general hospital and nursing home shall establish and imple-
24 ment training regarding antimicrobial resistance and infection
25 prevention and control, or ensure that such training has taken place, in
26 addition to or within existing infection control training programs, for

1 all individuals licensed or certified pursuant to title eight of the
2 education law who provide direct patient care.

3 3. The commissioner shall make such rules and regulations as may be
4 necessary and proper to carry out the provisions of this section.

5 § 2. This act shall take effect on the one hundred eightieth day after
6 it shall have become a law. Effective immediately, the addition, amend-
7 ment and/or repeal of any rule or regulation necessary for the implemen-
8 tation of this act on its effective date are authorized to be made and
9 completed on or before such effective date.

10 PART O

11 Section 1. Subdivisions 1, 4-b, and 7 of section 2805-i of the public
12 health law, subdivision 1 as amended by section 1 of part HH of chapter
13 57 of the laws of 2018, paragraph (c) of subdivision 1 as amended by
14 chapter 681 of the laws of 2019, subdivisions 4-b and 7 as added by
15 chapter 1 of the laws of 2000, subparagraph 1 of paragraph (b) and para-
16 graph (c) of subdivision 4-b as amended by chapter 292 of the laws of
17 2008, and subdivision 7 as renumbered by chapter 407 of the laws of
18 2018, are amended to read as follows:

19 1. [Every] When an alleged victim of a sexual offense seeks services
20 from a hospital with an emergency department, such hospital [providing
21 treatment to alleged victims of a sexual offense] shall be responsible
22 for:

23 (a) maintaining sexual offense evidence and the chain of custody as
24 provided in subdivision two of this section;

25 (b) contacting a rape crisis or victim assistance organization, if
26 any, providing victim assistance to the geographic area served by that

1 hospital to establish the coordination of non-medical services to sexual
2 offense victims who request such coordination and services;

3 (c) offering and making available appropriate HIV post-exposure treat-
4 ment therapies; including a full regimen of HIV post-exposure prophylax-
5 is, in cases where it has been determined, in accordance with guidelines
6 issued by the commissioner, that a significant exposure to HIV has
7 occurred. With the consent of the victim of a sexual assault, the hospi-
8 tal emergency room department shall provide or arrange for an appoint-
9 ment for medical follow-up related to HIV post-exposure prophylaxis and
10 other care as appropriate, and inform the victim that payment assistance
11 for such care may be available from the office of victim services pursu-
12 ant to the provisions of article twenty-two of the executive law; [and]

13 (d) ensuring sexual assault survivors are not billed for sexual
14 assault forensic exams and are notified orally and in writing of the
15 option to decline to provide private health insurance information and
16 have the office of victim services reimburse the hospital for the exam
17 pursuant to subdivision thirteen of section six hundred thirty-one of
18 the executive law[.];

19 (e) ensuring that the victim, absent exigent circumstances, is met by
20 a sexual assault forensic examiner within sixty minutes of arriving at
21 the hospital and that the victim, upon consent, is promptly examined by
22 such sexual assault forensic examiner in a private room designated for
23 such examinations;

24 (1) the term examination means the sexual assault medical forensic
25 examination, which may include, upon consent of the victim, gathering
26 information from the victim for the medical forensic history; a medical
27 examination; coordinating treatment of injuries, documentation of
28 biological and physical findings, and collection of evidence from the

1 victim using the sexual offense evidence collection kit; documentation
2 of findings; information, treatment, and referrals for sexually trans-
3 mitted infections, pregnancy, suicidal ideation, alcohol and substance
4 abuse, and other nonacute medical concerns; and assessment for addi-
5 tional treatment and services.

6 (2) the sexual assault forensic examiner shall be a nurse practition-
7 er, physician assistant, registered nurse or physician specially trained
8 and certified in forensic examination of sexual offense victims and the
9 preservation of forensic evidence in such cases, pursuant to regulations
10 promulgated by the commissioner. A sexual assault forensic examiner
11 shall be available on a twenty-four hour a day basis every day of the
12 year.

13 (3) during the examination, an obstetrician/gynecologist or other
14 appropriate medical doctor shall be readily available to the forensic
15 examiner if there is a need for more specialized medical evaluation or
16 treatment.

17 (4) promptly after the examination is completed, the victim shall be
18 permitted to shower, be provided with a change of clothing, and receive
19 follow-up information, counseling, medical treatment and referrals for
20 same;

21 (f) designating a qualified staff person to exercise administrative
22 and clinical oversight of the treatment of sexual assault patients who
23 seek care in the hospital's emergency department, and develop policies
24 and procedures to guarantee sufficient staffing to meet the requirements
25 of this section;

26 (g) ensuring that all emergency department personnel receive training
27 regarding standards of care for assessment and treatment of victims of

1 sexual assault. Such training shall be provided by October first, two
2 thousand twenty and at least annually thereafter;

3 (h) beginning March first, two thousand twenty-one, and annually ther-
4 eafter, hospitals with an emergency department shall provide an attesta-
5 tion to the department, which shall:

6 (1) detail the number of duly trained and certified sexual assault
7 forensic examiners available to the hospital, pursuant to paragraph (e)
8 of this subdivision;

9 (2) list the name and contact information of the staff person who has
10 been designated by the hospital to oversee the treatment of sexual
11 assault patients, pursuant to paragraph (f) of this subdivision; and

12 (3) affirm that the hospital has completed trainings regarding stand-
13 ards of care for assessment and treatment of victims of sexual assault,
14 pursuant to paragraph (g) of this subdivision; and

15 (i) a hospital without an emergency department shall establish a
16 protocol for the transfer of sexual assault victims to a hospital with
17 an emergency department. The protocol must address all patient needs,
18 including, but not limited to:

19 (1) requirements to obtain consent from the sexual assault victim for
20 the transfer;

21 (2) measures to ensure minimal delay in care;

22 (3) procedures to prevent loss of evidence; and

23 (4) protocols for providing care if the sexual assault victim declines
24 a transfer to a hospital with an emergency department. Such a protocol
25 may include having a sexual assault forensic examiner come to the hospi-
26 tal.

27 [4-b. (a) The commissioner shall, with the consent of the directors of
28 interested hospitals in the state and in consultation with the commis-

1 sioner of the division of criminal justice services, designate hospitals
2 in the state as the sites of a twenty-four hour sexual assault forensic
3 examiner program. The hospital sites shall be designated in urban,
4 suburban and rural areas to give as many state residents as possible
5 ready access to the sexual assault forensic examiner program. The
6 commissioner, in consultation with the commissioner of the division of
7 criminal justice services, shall consider the following criteria when
8 designating these sexual assault forensic examiner program sites:

9 (1) the location of the hospital;

10 (2) the hospital's capacity to provide on-site comprehensive medical
11 services to victims of sexual offenses;

12 (3) the capacity of the hospital site to coordinate services for
13 victims of sexual offenses including medical treatment, rape crisis
14 counseling, psychological support, law enforcement assistance and foren-
15 sic evidence collection;

16 (4) the hospital's capacity to provide access to the sexual assault
17 forensic examiner site for disabled victims;

18 (5) the hospital's existing services for victims of sexual offenses;

19 (6) the capacity of the hospital site to collect uniform data and
20 insure confidentiality of such data; and

21 (7) the hospital's compliance with state and federally mandated stand-
22 ards of medical care.

23 (b) Each sexual assault forensic examiner program site designated
24 pursuant to this subdivision shall comply with the requirements of
25 subdivisions one, two and three of this section, and shall also provide
26 treatment to the victim as follows:

27 (1) The victim shall, absent exigent circumstances, be met by a sexual
28 assault forensic examiner within sixty minutes of arriving at the hospi-

1 tal, who shall be a nurse practitioner, physician assistant, registered
2 nurse or physician specially trained in forensic examination of sexual
3 offense victims and the preservation of forensic evidence in such cases
4 and certified as qualified to provide such services pursuant to regu-
5 lations promulgated by the commissioner. Such program shall assure that
6 such a specially-trained forensic examiner is on-call and available on a
7 twenty-four hour a day basis every day of the year.

8 (2) An examination of the victim shall be performed promptly by such
9 forensic examiner in a private room designated for such examinations. An
10 obstetrician/gynecologist or other appropriate medical doctor shall be
11 readily available to the forensic examiner if there is a need for more
12 specialized medical evaluation or treatment.

13 (3) Promptly after the examination is completed, the victim shall be
14 permitted to shower, be provided with a change of clothing, and receive
15 follow-up information, counseling, medical treatment and referrals for
16 same.

17 (c) Nothing in this subdivision shall affect the existence or contin-
18 ued existence of any program in this state through which a trained nurse
19 practitioner, physician assistant, registered nurse or physician is
20 providing appropriate forensic examinations and related services to
21 survivors of sexual assault.]

22 7. On or before November thirtieth, two thousand [two] twenty-three,
23 the commissioner shall make a report to the governor, the temporary
24 president of the senate and the speaker of the assembly concerning the
25 use and effectiveness of sexual assault forensic [examiner program
26 established under subdivision four-b of this section] examiners in
27 providing treatment to alleged victims of a sexual offense, as set forth
28 in subdivision one of this section. Such report shall include an evalu-

1 ation of [the efficacy of such program in obtaining useful forensic
2 evidence in sexual offense cases and assuring] hospitals' ability to
3 provide quality treatment to [sex] sexual offense victims. [Such report
4 shall also recommend whether this program should be expanded and shall
5 estimate the financial cost, if any, of such expansion.]

6 § 2. This act shall take effect October 1, 2020; provided, however,
7 that if chapter 681 of the laws of 2019 shall not have taken effect on
8 or before such date then the amendments to paragraph (c) of subdivision
9 one of section 2805-i of the public health law made by section one of
10 this act shall take effect on the same date and in the same manner as
11 such chapter. Effective immediately, the addition, amendment and/or
12 repeal of any rule or regulation necessary for the implementation of
13 this act on its effective date are authorized to be made and completed
14 on or before such effective date.

15 PART P

16 Section 1. Subdivisions 1 and 4 of section 1119 of the public health
17 law, as amended by chapter 61 of the laws of 1989, are amended to read
18 as follows:

19 1. At the time of submitting a plan for approval as required by this
20 article, a filing fee computed at the rate of [twelve dollars and fifty
21 cents] fifty dollars per lot shall be paid to the department or to the
22 city, county or part-county health district wherein such plans are
23 filed.

24 4. Notwithstanding any other provision of this title the commissioner
25 [of health] is empowered to make administrative arrangements with the
26 commissioner of environmental conservation for joint or cooperative

1 administration of this title and title fifteen of article seventeen of
2 the environmental conservation law, such that only one plan must be
3 filed and only one fee totaling [twenty-five] one hundred dollars per
4 lot must be paid.

5 § 2. Subdivision 4 of section 1393 of the public health law, as
6 amended by chapter 439 of the laws of 2009, is amended to read as
7 follows:

8 4. The fee for a permit shall be [two] eight hundred dollars, except
9 that no fee shall be charged in the case of a children's overnight,
10 summer day or traveling summer day camp operated by a person, firm,
11 corporation or association for charitable, philanthropic or religious
12 purposes.

13 § 3. Subdivision 2 of section 3551 of the public health law, as added
14 by chapter 378 of the laws of 1990, is amended to read as follows:

15 2. The department shall license each applicant who submits an applica-
16 tion on a form prescribed by the commissioner and meets the requirements
17 of this article and any rules or regulations promulgated pursuant to
18 this article, upon payment of a registration fee of [thirty] one hundred
19 twenty dollars.

20 § 4. Subdivision 1 of section 3554 of the public health law, as added
21 by chapter 378 of the laws of 1990, is amended to read as follows:

22 1. The commissioner shall inspect each tanning facility licensed under
23 this article and each ultraviolet radiation device used, offered, or
24 made available for use in such facility, not less than biennially. The
25 commissioner may establish a fee for such inspection, which shall not
26 exceed [fifty] two hundred dollars per ultraviolet radiation device;
27 provided, however, that no facility shall be required to pay any such
28 fee on more than one occasion in any biennial registration period. The

1 commissioner may appoint and designate, from time to time, persons to
2 make the inspections authorized by this article.

3 § 5. Paragraph (a) of subdivision 2 of section 905 of the labor law,
4 as added by chapter 166 of the laws of 1991, is amended to read as
5 follows:

6 (a) The commissioner of health shall assess a fee of no more than
7 [twenty] fifty dollars for each asbestos safety program completion
8 certificate requested by the training sponsor for each full asbestos
9 safety program and a fee of no more than [twelve] thirty dollars for
10 each asbestos safety program completion certificate requested by the
11 training sponsor for each refresher training asbestos safety program,
12 provided, however, that in no event shall the cost of such certificates
13 be assessed by the sponsor against the participants.

14 § 6. This act shall take effect immediately.

15 PART Q

16 Section 1. The public health law is amended by adding three new
17 sections 1399-mm-1, 1399-mm-2, and 1399-mm-3 to read as follows:

18 § 1399-mm-1. Sale of flavored products prohibited. 1. For the purposes
19 of this section, the following terms shall have the following meanings:

20 (a) "Flavored" shall mean any electronic cigarette, liquid nicotine,
21 or other vapor product intended or reasonably expected to be used with
22 or for the consumption of nicotine, with a distinguishable taste or
23 aroma, other than the taste or aroma of tobacco, imparted either prior
24 to or during consumption of such product or a component part thereof,
25 including but not limited to tastes or aromas relating to any fruit,
26 chocolate, vanilla, honey, candy, cocoa, dessert, alcoholic beverage,

1 mint, wintergreen, menthol, herb or spice, or any concept flavor that
2 imparts a taste or aroma that is distinguishable from tobacco flavor but
3 may not relate to any particular known flavor. An electronic cigarette,
4 liquid nicotine, or other vapor product intended or reasonably expected
5 to be used with or for the consumption of nicotine, shall be presumed to
6 be flavored if a product's retailer, manufacturer, or a manufacturer's
7 agent or employee has made a statement or claim directed to consumers or
8 the public, whether expressed or implied, that such product or device
9 has a distinguishable taste or aroma other than the taste or aroma of
10 tobacco.

11 (b) "Liquid nicotine" shall have the same meaning as set forth in
12 section thirteen hundred ninety-nine-cc of this article.

13 2. No person shall sell or offer for sale at retail in the state any
14 flavored electronic cigarette, flavored liquid nicotine, or other
15 flavored vapor product intended or reasonably expected to be used with
16 or for the consumption of nicotine.

17 3. Any person who violates the provisions of this section shall be
18 subject to a fine of not more than one hundred dollars for each individ-
19 ual package of flavored electronic cigarette, flavored liquid nicotine,
20 or other flavored vapor product intended or reasonably expected to be
21 used with or for the consumption of nicotine sold or offered for sale,
22 provided, however, that with respect to a manufacturer, it shall be an
23 affirmative defense to a finding of violation pursuant to this section
24 that such sale or offer of sale, as applicable, occurred without the
25 knowledge, consent, authorization, or involvement, direct or indirect,
26 of such manufacturer. Violations of this section shall be enforced
27 pursuant to section thirteen hundred ninety-nine-ff of this article,

1 except that any person may submit a complaint to an enforcement officer
2 that a violation of this section has occurred.

3 § 1399-mm-2. Sale in pharmacies. No tobacco product, herbal cigarette,
4 electronic cigarette, or other vapor product intended or reasonably
5 expected to be used with or for the consumption of nicotine, shall be
6 sold in a pharmacy or in a retail establishment that contains a pharmacy
7 operated as a department as defined by paragraph (f) of subdivision two
8 of section sixty-eight hundred eight of the education law.

9 § 1399-mm-3. Carrier oils. 1. For the purposes of this section "carri-
10 er oils" shall mean any ingredient of a vapor product intended to
11 control the consistency or other physical characteristics of such vapor
12 product, to control the consistency or other physical characteristics of
13 vapor, or to facilitate the production of vapor when such vapor product
14 is used in an electronic cigarette. "Carrier oils" shall not include any
15 product approved by the United States food and drug administration as a
16 drug or medical device or manufactured and dispensed pursuant to title
17 five-A of article thirty-three of this chapter.

18 2. The commissioner is authorized to promulgate rules and regulations
19 governing the sale and distribution of carrier oils. Such regulations
20 may, to the extent deemed by the commissioner as necessary for the
21 protection of public health, prohibit or restrict the selling, offering
22 for sale, possessing with intent to sell, or distributing of carrier
23 oils.

24 3. The provisions of this section shall not apply where preempted by
25 federal law. Furthermore, the provisions of this section shall be
26 severable, and if any phrase, clause, sentence, or provision is declared
27 to be invalid, or is preempted by federal law or regulation, the validi-
28 ty of the remainder of this section shall not be affected thereby. If

1 any provision of this section is declared to be inapplicable to any
2 specific category, type, or kind of carrier oil, the provisions of this
3 section shall nonetheless continue to apply with respect to all other
4 carrier oils.

5 § 2. Section 1399-n of the public health law is amended by adding a
6 new subdivision 3-a to read as follows:

7 3-a. "Indoor area" means any area with a full or partial roof cover-
8 ing; provided, however, that with respect to facilities licensed pursu-
9 ant to article thirteen of the racing, pari-mutuel wagering and breeding
10 law only, "indoor area" shall mean an area with a roof or ceiling in
11 place, including a fixed or movable roof or ceiling, where the total
12 actual area of the wall surfaces exceeds seventy-five percent of the
13 total notional wall area, and which allow the free flow of air without
14 the assistance of mechanical ventilation, as defined by the commission-
15 er. The commissioner may determine and enforce a lower percentage of
16 total actual area to notional wall area, as deemed necessary to protect
17 the public health and the intent of this article; provided, however,
18 that the maximum percentage determined is no lower than fifty percent of
19 the total notional wall area. The commissioner shall promulgate such
20 rules and regulations as are necessary to define notional wall area,
21 mechanical ventilation, and related building specifications needed to
22 make a determination of whether or not a structure falls within the
23 definition of indoor area.

24 § 3. Section 6808 of the education law is amended by adding a new
25 subdivision 9 to read as follows:

26 9. No tobacco product, herbal cigarette, electronic cigarette, or
27 other vapor product intended or reasonably expected to be used with or
28 for the consumption of nicotine, as such terms are defined by section

1 thirteen hundred ninety-nine-aa of the public health law, shall be sold
2 or offered for sale at a registered pharmacy or an establishment where a
3 pharmacy department is located.

4 § 4. Section 1399-aa of the public health law is amended by adding
5 five new subdivisions 14, 15, 16, 17, and 18 to read as follows:

6 14. "Price reduction instrument" means any coupon, voucher, rebate,
7 card, paper, note, form, statement, ticket, image, or other issue,
8 whether in paper, digital, or any other form, used for commercial
9 purposes to receive an article, product, service, or accommodation with-
10 out charge or at a discounted price.

11 15. "Tobacco menu" means a booklet, pamphlet, or other listing of
12 tobacco products, herbal cigarettes, electronic liquids, or electronic
13 cigarettes offered for sale by a retail dealer which includes the price
14 of such products. A tobacco menu may contain pictures of and advertise-
15 ments for tobacco products, herbal cigarettes, electronic liquids, or
16 electronic cigarettes.

17 16. "Menu cover page" means the front cover of a tobacco menu or, if
18 there is no front cover, the first page of such tobacco menu.

19 17. "Vapor products" means any noncombustible liquid or gel, regard-
20 less of the presence of nicotine therein, that is manufactured into a
21 finished product for use in an electronic cigarette. "Vapor product"
22 shall not include any product approved by the United States food and
23 drug administration as a drug or medical device, or manufactured and
24 dispensed pursuant to title five-A of article thirty-three of this chap-
25 ter.

26 18. "Vapor products dealer" means a person licensed by the commission-
27 er of tax and finance to sell vapor products in this state.

1 § 5. The section heading and subdivisions 1, 2, 3 and 4 of section
2 1399-11 of the public health law, the section heading and subdivisions
3 2, 3, and 4 as added by chapter 262 of the laws of 2000, and subdivision
4 1 as amended by chapter 342 of the laws of 2013, are amended to read as
5 follows:

6 Unlawful shipment or transport of cigarettes and electronic
7 cigarettes. 1. It shall be unlawful for any person engaged in the busi-
8 ness of selling cigarettes, electronic cigarettes, liquid nicotine,
9 and/or other vapor products intended or reasonably expected to be used
10 with or for the consumption of nicotine, to ship or cause to be shipped
11 any cigarettes, electronic cigarettes, liquid nicotine, and/or other
12 vapor products intended or reasonably expected to be used with or for
13 the consumption of nicotine, to any person in this state who is not: (a)
14 a person licensed as a cigarette tax agent or wholesale dealer under
15 article twenty of the tax law or registered retail dealer under section
16 four hundred eighty-a of the tax law; (b) an export warehouse proprietor
17 pursuant to chapter 52 of the internal revenue code or an operator of a
18 customs bonded warehouse pursuant to section 1311 or 1555 of title 19 of
19 the United States Code; [or] (c) a vapor products dealer registered with
20 the commissioner of taxation and finance pursuant to article
21 twenty-eight-C of the tax law; or (d) a person who is an officer,
22 employee or agent of the United States government, this state or a
23 department, agency, instrumentality or political subdivision of the
24 United States or this state and presents himself or herself as such,
25 when such person is acting in accordance with his or her official
26 duties. For purposes of this subdivision, a person is a licensed or
27 registered agent or dealer described in paragraph (a) of this subdivi-
28 sion if his or her name appears on a list of licensed or registered

1 agents or dealers published by the department of taxation and finance,
2 or if such person is licensed or registered as an agent or dealer under
3 article twenty of the tax law.

4 2. It shall be unlawful for any common or contract carrier to knowing-
5 ly transport cigarettes, electronic cigarettes, liquid nicotine, and/or
6 other vapor products intended or reasonably expected to be used with or
7 for the consumption of nicotine to any person in this state reasonably
8 believed by such carrier to be other than a person described in para-
9 graph (a), (b) [or], (c), or (d) of subdivision one of this section. For
10 purposes of the preceding sentence, if cigarettes, electronic ciga-
11 rettes, liquid nicotine, and/or other vapor products intended or reason-
12 ably expected to be used with or for the consumption of nicotine are
13 transported to a home or residence, it shall be presumed that the common
14 or contract carrier knew that such person was not a person described in
15 paragraph (a), (b) [or], (c), or (d) of subdivision one of this section.
16 It shall be unlawful for any other person to knowingly transport ciga-
17 rettes, electronic cigarettes, liquid nicotine, and/or other vapor
18 products intended or reasonably expected to be used with or for the
19 consumption of nicotine to any person in this state, other than to a
20 person described in paragraph (a), (b) [or], (c), or (d) of subdivision
21 one of this section. Nothing in this subdivision shall be construed to
22 prohibit a person other than a common or contract carrier from trans-
23 porting not more than eight hundred cigarettes at any one time to any
24 person in this state.

25 3. When a person engaged in the business of selling cigarettes, elec-
26 tronic cigarettes, liquid nicotine, and/or other vapor products intended
27 or reasonably expected to be used with or for the consumption of nico-
28 tine ships or causes to be shipped any cigarettes, electronic ciga-

1 rettes, liquid nicotine, and/or other vapor products intended or reason-
2 ably expected to be used with or for the consumption of nicotine to any
3 person in this state, other than in the cigarette manufacturer's
4 original container or wrapping, the container or wrapping must be plain-
5 ly and visibly marked with the [word] words "cigarettes", "electronic
6 cigarettes", or "liquid nicotine", as applicable.

7 4. Whenever a police officer designated in section 1.20 of the crimi-
8 nal procedure law or a peace officer designated in subdivision four of
9 section 2.10 of such law, acting pursuant to his or her special duties,
10 shall discover any cigarettes, electronic cigarettes, liquid nicotine,
11 and/or other vapor products intended or reasonably expected to be used
12 with or for the consumption of nicotine which have been or which are
13 being shipped or transported in violation of this section, such person
14 is hereby empowered and authorized to seize and take possession of such
15 cigarettes, electronic cigarettes, liquid nicotine, and/or other vapor
16 products intended or reasonably expected to be used with or for the
17 consumption of nicotine, and such cigarettes, electronic cigarettes,
18 liquid nicotine, and/or other vapor products intended or reasonably
19 expected to be used with or for the consumption of nicotine shall be
20 subject to a forfeiture action pursuant to the procedures provided for
21 in article thirteen-A of the civil practice law and rules, as if such
22 article specifically provided for forfeiture of cigarettes, electronic
23 cigarettes, liquid nicotine, and/or other vapor products intended or
24 reasonably expected to be used with or for the consumption of nicotine
25 seized pursuant to this section as a pre-conviction forfeiture crime.

26 § 6. Section 1399-bb of the public health law, as amended by chapter
27 508 of the laws of 2000, the section heading as amended by chapter 4 of
28 the laws of 2018, subdivision 2 as amended by chapter 13 of the laws of

1 2003, and paragraphs (b), (c), and (f) of subdivision 2 and subdivisions
2 4 and 5 as amended by chapter 100 of the laws of 2019, is amended to
3 read as follows:

4 § 1399-bb. Distribution of tobacco products, electronic liquids, elec-
5 tronic cigarettes or herbal cigarettes without charge. 1. No person
6 engaged in the business of selling or otherwise distributing tobacco
7 products, electronic liquids, electronic cigarettes, other vapor
8 products intended or reasonably expected to be used with or for the
9 consumption of nicotine, or herbal cigarettes for commercial purposes,
10 or any agent or employee of such person, shall knowingly, in furtherance
11 of such business:

12 (a) distribute without charge any tobacco products, electronic
13 liquids, electronic cigarettes, other vapor products intended or reason-
14 ably expected to be used with or for the consumption of nicotine, or
15 herbal cigarettes to any individual, provided that the distribution of a
16 package containing tobacco products, electronic liquids, electronic
17 cigarettes, other vapor products intended or reasonably expected to be
18 used with or for the consumption of nicotine, or herbal cigarettes in
19 violation of this subdivision shall constitute a single violation with-
20 out regard to the number of items in the package; or

21 (b) distribute [coupons] price reduction instruments which are redeem-
22 able for tobacco products, electronic liquids, electronic cigarettes,
23 other vapor products intended or reasonably expected to be used with or
24 for the consumption of nicotine, or herbal cigarettes to any individual,
25 provided that this subdivision shall not apply to coupons contained in
26 newspapers, magazines or other types of publications, coupons obtained
27 through the purchase of tobacco products electronic liquids, electronic
28 cigarettes, other vapor products intended or reasonably expected to be

1 used with or for the consumption of nicotine, or herbal cigarettes or
2 obtained at locations which sell tobacco products, electronic liquids,
3 electronic cigarettes, other vapor products intended or reasonably
4 expected to be used with or for the consumption of nicotine, or herbal
5 cigarettes provided that such distribution is confined to a designated
6 area or to coupons sent through the mail.

7 1-a. No person engaged in the business of selling or otherwise
8 distributing tobacco products, herbal cigarettes, electronic liquids,
9 electronic cigarettes, or other vapor products intended or reasonably
10 expected to be used with or for the consumption of nicotine for commer-
11 cial purposes, or any agent or employee of such person, shall knowingly,
12 in furtherance of such business:

13 (a) honor or accept a price reduction instrument in any transaction
14 related to the sale of tobacco products, herbal cigarettes, electronic
15 liquids, electronic cigarettes, or other vapor products intended or
16 reasonably expected to be used with or for the consumption of nicotine
17 to a consumer;

18 (b) sell or offer for sale any tobacco products, herbal cigarettes,
19 electronic liquids, electronic cigarettes, or other vapor products
20 intended or reasonably expected to be used with or for the consumption
21 of nicotine to a consumer through any multi-package discount or other-
22 wise provide to a consumer any tobacco products, herbal cigarettes,
23 electronic liquids, electronic cigarettes, or other vapor products
24 intended or reasonably expected to be used with or for the consumption
25 of nicotine for less than the listed price in exchange for the purchase
26 of any other tobacco products, herbal cigarettes, electronic liquids,
27 electronic cigarettes, or other vapor products intended or reasonably

1 expected to be used with or for the consumption of nicotine by such
2 consumer;

3 (c) sell, offer for sale, or otherwise provide any product other than
4 a tobacco product, herbal cigarette, electronic liquid, electronic ciga-
5 rette, or other vapor product intended or reasonably expected to be used
6 with or for the consumption of nicotine to a consumer for less than the
7 listed price in exchange for the purchase of a tobacco product, herbal
8 cigarette, electronic liquid, electronic cigarette, or other vapor prod-
9 uct intended or reasonably expected to be used with or for the consump-
10 tion of nicotine by such consumer; or

11 (d) sell, offer for sale, or otherwise provide a tobacco product,
12 herbal cigarette, electronic liquid, electronic cigarette, or other
13 vapor product intended or reasonably expected to be used with or for the
14 consumption of nicotine to a consumer for less than the listed price.

15 2. The prohibitions contained in subdivision one of this section shall
16 not apply to the following locations:

17 (a) private social functions when seating arrangements are under the
18 control of the sponsor of the function and not the owner, operator,
19 manager or person in charge of such indoor area;

20 (b) conventions and trade shows; provided that the distribution is
21 confined to designated areas generally accessible only to persons over
22 the age of twenty-one;

23 (c) events sponsored by tobacco, electronic liquid, electronic ciga-
24 rette, other vapor product intended or reasonably expected to be used
25 with or for the consumption of nicotine, or herbal cigarette manufactur-
26 ers provided that the distribution is confined to designated areas
27 generally accessible only to persons over the age of twenty-one;

1 (d) bars as defined in subdivision one of section thirteen hundred
2 ninety-nine-n of this chapter;

3 (e) tobacco businesses as defined in subdivision eight of section
4 thirteen hundred ninety-nine-aa of this article;

5 (f) factories as defined in subdivision nine of section thirteen
6 hundred ninety-nine-aa of this article and construction sites; provided
7 that the distribution is confined to designated areas generally accessi-
8 ble only to persons over the age of twenty-one.

9 3. No person shall distribute tobacco products, electronic liquids,
10 electronic cigarettes, other vapor products intended or reasonably
11 expected to be used with or for the consumption of nicotine, or herbal
12 cigarettes at the locations set forth in paragraphs (b), (c) and (f) of
13 subdivision two of this section unless such person gives five days writ-
14 ten notice to the enforcement officer.

15 4. No person engaged in the business of selling or otherwise distrib-
16 uting electronic liquids, electronic cigarettes, or other vapor products
17 intended or reasonably expected to be used with or for the consumption
18 of nicotine for commercial purposes, or any agent or employee of such
19 person, shall knowingly, in furtherance of such business, distribute
20 without charge any electronic cigarettes to any individual under twen-
21 ty-one years of age.

22 5. The distribution of tobacco products, electronic cigarettes, elec-
23 tronic liquids, other vapor products intended or reasonably expected to
24 be used with or for the consumption of nicotine, or herbal cigarettes
25 pursuant to subdivision two of this section or the distribution without
26 charge of electronic cigarettes, electronic liquids, or other vapor
27 products intended or reasonably expected to be used with or for the
28 consumption of nicotine, shall be made only to an individual who demon-

1 strates, through (a) a driver's license or [other photographic] non-dri-
2 ver identification card issued by [a government entity or educational
3 institution] the commissioner of motor vehicles, the federal government,
4 any United States territory, commonwealth, or possession, the District
5 of Columbia, a state government within the United States, or a provin-
6 cial government of the dominion of Canada, (b) a valid passport issued
7 by the United States government or the government of any other country,
8 or (c) an identification card issued by the armed forces of the United
9 States, indicating that the individual is at least twenty-one years of
10 age. Such identification need not be required of any individual who
11 reasonably appears to be at least twenty-five years of age; provided,
12 however, that such appearance shall not constitute a defense in any
13 proceeding alleging the sale of a tobacco product, electronic cigarette,
14 electronic liquid, other vapor product intended or reasonably expected
15 to be used with or for the consumption of nicotine, or herbal cigarette
16 or the distribution without charge of electronic cigarettes, electronic
17 liquids, or other vapor products intended or reasonably expected to be
18 used with or for the consumption of nicotine to an individual.

19 § 7. Subdivision 7 of section 1399-cc of the public health law, as
20 amended by chapter 100 of the laws of 2019, is amended to read as
21 follows:

22 7. (a) No person operating a place of business wherein tobacco
23 products, herbal cigarettes, liquid nicotine, shisha or electronic ciga-
24 rettes are sold or offered for sale shall sell, permit to be sold, offer
25 for sale or display for sale any tobacco product, herbal cigarettes,
26 liquid nicotine, shisha or electronic cigarettes in any manner, unless
27 such products and cigarettes are stored for sale [(a)] (i) behind a
28 counter in an area accessible only to the personnel of such business, or

1 [(b)] (ii) in a locked container; provided, however, such restriction
2 shall not apply to tobacco businesses, as defined in subdivision eight
3 of section thirteen hundred ninety-nine-aa of this article, and to plac-
4 es to which admission is restricted to persons twenty-one years of age
5 or older.

6 (b) In addition to the requirements set forth in paragraph (a) of this
7 subdivision, no retailer of tobacco and/or vapor products shall permit
8 the display of any tobacco product, herbal cigarette, electronic liquid,
9 electronic cigarette, or other vapor product intended or reasonably
10 expected to be used with or for the consumption of nicotine in a manner
11 that permits a consumer to view any such item prior to purchase, except:

12 (i) at the direct request of a customer at least twenty-one years of
13 age, where such retailer allows such customer to handle such item, pack-
14 aged or otherwise, for the purpose of inspecting such item prior to
15 purchase; or

16 (ii) where such items are temporarily visible during the restocking,
17 sale, or carriage into or out of the premises of such items.

18 (c) No tobacco and/or vapor products retailer shall display or permit
19 the display of any tobacco product, herbal cigarette, electronic liquid,
20 electronic cigarette, or other vapor product intended or reasonably
21 expected to be used with or for the consumption of nicotine for any
22 longer than necessary to complete the purposes identified in subpara-
23 graphs (i) and (ii) of paragraph (b) of this subdivision.

24 (d) No tobacco and/or vapor products retailer shall store any tobacco
25 menu in a location where it is visible to customers or accessible to
26 customers without the assistance of such retailer. A tobacco menu shall
27 also contain a menu cover page that shall prevent the inadvertent view-

1 ing of promotional material or other material contained within such
2 tobacco menu.

3 (e) No tobacco and/or vapor products retailer shall provide any tobac-
4 co menu or tobacco product, herbal cigarette, electronic liquid, elec-
5 tronic cigarette, or other vapor product intended or reasonably expected
6 to be used with or for the consumption of nicotine to any individual who
7 has not demonstrated, through identification which meets the require-
8 ments of subdivision three of this section, that such individual is at
9 least twenty-one years of age. Such identification need not be required
10 of any individual who reasonably appears to be over the age of twenty-
11 five, provided, however, that such appearance shall not constitute a
12 defense in any proceeding alleging the sale of such item to an individ-
13 ual under twenty-one years of age. It shall be an affirmative defense to
14 a violation of this subdivision that the tobacco and/or vapor products
15 retailer successfully performed a transaction scan of an individual's
16 identification and that a tobacco menu, tobacco product, herbal ciga-
17 rette, electronic liquid, electronic cigarette, or other vapor product
18 intended or reasonably expected to be used with or for the consumption
19 of nicotine was provided to such individual in reasonable reliance upon
20 such identification and transaction scan.

21 (f) After a customer has completed viewing a tobacco menu, the retail-
22 er of tobacco and/or vapor products shall immediately return such tobac-
23 co menu to its storage location.

24 (g) Unless required otherwise by rule or regulation of the department,
25 the menu cover page of a tobacco menu shall be blank or contain only the
26 words "Tobacco Menu" and shall not contain any advertising or other
27 promotional material.

1 § 8. The general business law is amended by adding a new section 396-
2 bbb to read as follows:

3 § 396-bbb. Restrictions on electronic cigarette and electronic liquid
4 advertisements. 1. No manufacturer, distributor, and/or retailer of
5 electronic cigarettes, electronic liquids, or other vapor products
6 intended or reasonably expected to be used with or for the consumption
7 of nicotine shall advertise or disseminate, or cause to be advertised or
8 disseminated, any advertising for electronic cigarettes, electronic
9 liquids, or other vapor products intended or reasonably expected to be
10 used with or for the consumption of nicotine other than in publications,
11 whether for periodic or limited distribution, that such manufacturer,
12 distributor, and/or retailer demonstrates is an adult publication.

13 2. Advertising of electronic cigarettes, electronic liquids, or other
14 vapor products intended or reasonably expected to be used with or for
15 the consumption of nicotine by a manufacturer, distributor, and/or
16 retailer in an audio or video format, including but not limited to
17 advertising on websites and social media platforms, shall be limited as
18 follows:

19 (a) audio formats shall be limited to words only, with no music or
20 sound effects; and

21 (b) video formats shall be limited to static black text only on a
22 white background, and any audio with such videos shall be limited to
23 words only, with no music or sound effects.

24 3. No manufacturer, distributor, and/or retailer of electronic ciga-
25 rettes, electronic liquids, or other vapor products intended or reason-
26 ably expected to be used with or for the consumption of nicotine shall
27 advertise or cause to be advertised, disseminate or cause to be dissem-
28 inated, false or misleading statements. Such false or misleading state-

1 ments include but shall not be limited to statements indicating or
2 suggesting to a reasonable person: (a) that an electronic cigarette, an
3 electronic liquid, or other vapor product intended or reasonably
4 expected to be used with or for the consumption of nicotine is a smoking
5 cessation product, unless such electronic cigarette, electronic liquid,
6 or other vapor product intended or reasonably expected to be used with
7 or for the consumption of nicotine is approved by the United States food
8 and drug administration as such; or (b) that an electronic cigarette, an
9 electronic liquid, or other vapor product intended or reasonably
10 expected to be used with or for the consumption of nicotine is safe,
11 unless such electronic cigarette, electronic liquid, or other vapor
12 product intended or reasonably expected to be used with or for the
13 consumption of nicotine has received marketing approval from the United
14 States food and drug administration.

15 4. For the purposes of this section "adult publication" shall mean a
16 newspaper, magazine, periodical, website, social media platform, or
17 other publication:

18 (a) whose readers younger than twenty-one years of age constitute
19 fifteen percent or less of the total readership or viewership, as meas-
20 ured by competent and reliable survey evidence; and

21 (b) that is read or viewed by fewer than two million persons younger
22 than twenty-one years of age as measured by competent and reliable
23 survey evidence.

24 § 9. The public health law is amended by adding a new article 17 to
25 read as follows:

26 ARTICLE 17

27 INGREDIENT DISCLOSURES FOR

28 VAPOR PRODUCTS AND E-CIGARETTES

1 Section 1700. Definitions.

2 1701. Disclosure.

3 1702. Penalties.

4 § 1700. Definitions. As used in this article, the following terms
5 shall have the following meanings:

6 1. "Vapor products" shall have the same meaning as defined by section
7 thirteen hundred ninety-nine-aa of this chapter.

8 2. "Electronic cigarette" or "e-cigarette" shall have the same meaning
9 as defined by section thirteen hundred ninety-nine-aa of this chapter.

10 3. "Ingredient" shall mean all of the following:

11 (a) any intentional additive present in any quantity in a vapor prod-
12 uct;

13 (b) a byproduct or contaminant, present in a vapor product in any
14 quantity equal to or greater than one-half of one percent of the content
15 of such product by weight, or other amount determined by the commission-
16 er;

17 (c) a byproduct present in a vapor product in any quantity less than
18 one-half of one percent of the content of such product by weight,
19 provided such element or compound has been published as a chemical of
20 concern on one or more lists identified by the commissioner; and

21 (d) a contaminant present in a vapor product in a quantity determined
22 by the commissioner and less than one-half of one percent of the content
23 of such product by weight, provided such element or compound has been
24 published as a chemical of concern on one or more lists identified by
25 the commissioner.

26 4. "Intentionally added ingredient" shall mean any element or compound
27 that a manufacturer has intentionally added to a vapor product at any
28 point in such product's supply chain, or at any point in the supply

1 chain of any raw material or ingredient used to manufacture such prod-
2 uct.

3 5. "Byproduct" shall mean any element or compound in the finished
4 vapor product, or in the vapor produced during consumption of a vapor
5 product, which: (a) was created or formed during the manufacturing
6 process as an intentional or unintentional consequence of such manufac-
7 turing process at any point in such product's supply chain, or at any
8 point in the supply chain of any raw material or ingredient used to
9 manufacture such product; or (b) is created or formed as an intentional
10 or unintentional consequence of the use of an e-cigarette or consumption
11 of a vapor product. "Byproduct" shall include, but is not limited to,
12 an unreacted raw material, a breakdown product of an intentionally added
13 ingredient, a breakdown product of any component part of an e-cigarette,
14 or a derivative of the manufacturing process.

15 6. "Contaminant" shall mean any element or compound made present in a
16 vapor product as an unintentional consequence of manufacturing. Contam-
17 inants include, but are not limited to, elements or compounds present in
18 the environment which were introduced into a product, a raw material, or
19 a product ingredient as a result of the use of an environmental medium,
20 such as naturally occurring water, or other materials used in the manu-
21 facturing process at any point in a product's supply chain, or at any
22 point in the supply chain of any raw material or ingredient used to
23 manufacture such product.

24 7. "Manufacturer" shall mean any person, firm, association, partner-
25 ship, limited liability company, or corporation which produces,
26 prepares, formulates, or compounds a vapor product or e-cigarette, or
27 whose brand name is affixed to such product. In the case of a vapor
28 product or e-cigarette imported into the United States, "manufacturer"

1 shall mean the importer or first domestic distributor of such product if
2 the entity that manufactures such product or whose brand name is affixed
3 to such product does not have a presence in the United States.

4 § 1701. Disclosure. 1. Manufacturers of vapor products or e-cigarettes
5 distributed, sold, or offered for sale in this state, whether at retail
6 or wholesale, shall furnish to the commissioner for public record and
7 post on such manufacturer's website, in a manner prescribed by the
8 commissioner that is readily accessible to the public and machine read-
9 able, information regarding such products pursuant to rules or regu-
10 lations which shall be promulgated by the commissioner.

11 (a) For each vapor product, the information posted pursuant to this
12 subdivision shall include, but shall not be limited to:

13 (i) a list naming each ingredient of such vapor product in descending
14 order of predominance by weight in such product, except that ingredients
15 present at a weight below one percent may be listed following other
16 ingredients without respect to the order of predominance by weight;

17 (ii) the nature and extent of investigations and research performed by
18 or for the manufacturer concerning the effects on human health of such
19 product or its ingredients;

20 (iii) where applicable, a statement disclosing that an ingredient of
21 such product is published as a chemical of concern on one or more lists
22 identified by the commissioner; and

23 (iv) for each ingredient published as a chemical of concern on one or
24 more lists identified by the commissioner, an evaluation of the avail-
25 ability of potential alternatives and potential hazards posed by such
26 alternatives.

1 (b) For each e-cigarette capable of being re-filled by a final consum-
2 er, the information posted pursuant to this subdivision shall include,
3 but shall not be limited to:

4 (i) a list naming each byproduct that may be introduced into vapor
5 produced during the normal use of such e-cigarette;

6 (ii) the nature and extent of investigations and research performed by
7 or for the manufacturer concerning the effects on human health of such
8 product or such ingredients;

9 (iii) where applicable, a statement disclosing that an ingredient is
10 published as a chemical of concern on one or more lists identified by
11 the commissioner; and

12 (iv) for each ingredient published as a chemical of concern on one or
13 more lists identified by the commissioner, an evaluation of the avail-
14 ability of potential alternatives and potential hazards posed by such
15 alternatives.

16 2. Manufacturers shall furnish the information required to be posted
17 pursuant to subdivision one of this section on or before January first,
18 two thousand twenty-one, and every two years thereafter. In addition,
19 such manufacturers shall furnish such information prior to the sale of
20 any new vapor product or e-cigarette, when the formulation of a current-
21 ly disclosed product is changed such that the predominance of the ingre-
22 dients in such product is changed, when any list of chemicals of concern
23 identified by the commissioner pursuant to this article is changed to
24 include an ingredient present in a vapor product or e-cigarette subject
25 to this article, or at such other times as may be required by the
26 commissioner.

27 3. The information required to be posted pursuant to subdivision one
28 of this section shall be made available to the public by the commission-

1 er and manufacturers, in accordance with this section, with the excep-
2 tion of those portions which a manufacturer determines, subject to the
3 approval of the commissioner, are related to a proprietary process the
4 disclosure of which would compromise such manufacturer's competitive
5 position. The commissioner shall not approve any exceptions under this
6 subdivision with respect to any ingredient published as a chemical of
7 concern on one or more lists identified by the commissioner.

8 § 1702. Penalties. Notwithstanding any other provision of this chap-
9 ter, any manufacturer who violates any of the provisions of, or who
10 fails to perform any duty imposed by, this article or any rule or regu-
11 lation promulgated thereunder, shall be liable, in the case of a first
12 violation, for a civil penalty not to exceed five thousand dollars. In
13 the case of a second or any subsequent violation, the liability shall be
14 for a civil penalty not to exceed ten thousand dollars for each such
15 violation.

16 § 10. Subdivision 2 and paragraphs (e) and (f) of subdivision 3 of
17 section 1399-ee of the public health law, as amended by chapter 162 of
18 the laws of 2002, are amended to read as follows:

19 2. If the enforcement officer determines after a hearing that a
20 violation of this article has occurred, he or she shall impose a civil
21 penalty of a minimum of [three hundred] one thousand dollars, but not to
22 exceed [one] two thousand dollars for a first violation, and a minimum
23 of one thousand five hundred dollars, but not to exceed [one] three
24 thousand [five hundred] dollars for each subsequent violation, unless a
25 different penalty is otherwise provided in this article. The enforcement
26 officer shall advise the retail dealer that upon the accumulation of
27 three or more points pursuant to this section the department of taxation
28 and finance shall suspend the dealer's registration. If the enforcement

1 officer determines after a hearing that a retail dealer was selling
2 tobacco products while their registration was suspended or permanently
3 revoked pursuant to subdivision three or four of this section, he or she
4 shall impose a civil penalty of twenty-five hundred dollars.

5 (e) Suspension. If the department determines that a retail dealer has
6 accumulated three points or more, the department shall direct the
7 commissioner of taxation and finance to suspend such dealer's registra-
8 tion for [six months] one year. The three points serving as the basis
9 for a suspension shall be erased upon the completion of the [six month]
10 one year penalty.

11 (f) Surcharge. A two hundred fifty dollar surcharge to be assessed for
12 every violation will be made available to enforcement officers and shall
13 be used solely for compliance checks to be conducted to determine
14 compliance with this section.

15 § 11. Paragraph 1 of subdivision h of section 1607 of the tax law, as
16 amended by chapter 162 of the laws of 2002, is amended to read as
17 follows:

18 1. A license shall be suspended for a period of [six months] one year
19 upon notification to the division by the commissioner of health of a
20 lottery sales agent's accumulation of three or more points pursuant to
21 subdivision three of section thirteen hundred ninety-nine-ee of the
22 public health law.

23 § 12. Section 1399-x of the public health law is REPEALED.

24 § 13. This act shall take effect July 1, 2020; provided, however, that
25 section one of this act shall take effect on the thirtieth day after it
26 shall have become a law. Effective immediately, the addition, amendment
27 and/or repeal of any rule or regulation necessary for the implementation

1 of this act on its effective date are authorized to be made and
2 completed on or before such effective date.

3 PART R

4 Section 1. The director of the division of the budget may direct the
5 commissioner of health to distribute enhanced federal medical assistance
6 percentage payments, as described in subsections (y) and (z) of section
7 1905 of the federal social security act, to social services districts
8 only in such amounts as is necessary to ensure that such districts, in
9 the aggregate, do not pay a greater percentage of the non-federal share
10 of expenditures under the state's plan for medical assistance, main-
11 tained pursuant to section 363-a of the social services law, as compared
12 to the percentage paid by such districts during the calendar year of
13 2009.

14 § 2. 1. Each year beginning calendar year 2020, each social services
15 district ("district") shall certify to the department of health, in a
16 manner to be determined by the department of health in consultation with
17 the director of the division of the budget, whether such district has
18 adopted a budget with respect to such district's fiscal year that begins
19 on January first of the then current calendar year that does not exceed
20 the tax levy limit established pursuant to section 3-c of the general
21 municipal law or, for the City of New York, shall certify that the most
22 recently adopted budget for such city does not exceed the tax levy limit
23 that would have applied to such budget had the provisions of section 3-c
24 of the general municipal law applied to such city; provided, however,
25 that for the purposes of this subdivision, such tax levy limit shall be
26 determined by substituting equivalent local expenditures for the exclu-

1 sions provided by subparagraphs (ii), (iii) and (iv) of paragraph (g) of
2 subdivision 2 of such section.

3 2. (a) Districts other than the City of New York shall make the annual
4 certification required by subdivision one of this section by April 20,
5 2020, and for years beginning 2021 and thereafter, by January fifteenth
6 of such year.

7 (b) The City of New York shall make the annual certification required
8 by subdivision one of this section by July fifteenth of each year.

9 3. For each district that does not certify that such district has
10 limited the increase in real property taxes by the real property tax cap
11 by the date specified in subdivision two of this section, the department
12 of health shall calculate the savings in medical assistance expenditures
13 that such district realized, or would have realized, for the district's
14 prior fiscal year as a result of application of section 1 of part C of
15 chapter 58 of the laws of 2005, as amended by section 1 of part F of
16 chapter 56 of the laws of 2012 and any subsequent amendments thereto
17 ("medicaid local share cap"). Notwithstanding section 1 of part C of
18 chapter 58 of the laws of 2005, as amended, such district's actual
19 savings during the district's then current fiscal year shall be limited
20 to the savings calculated in the manner prescribed in this subdivision
21 for each year that the district does not limit the increase in real
22 property taxes by the real property tax cap pursuant to subdivision two
23 of this section ("limited local share savings"). The district shall be
24 liable for and remit to the state the difference between the district's
25 limited local share savings and the savings that the district would have
26 realized as a result of application of the medicaid local share cap,
27 pursuant to a schedule determined by the commissioner of health in
28 consultation with the director of the division of the budget; provided,

1 however, that the commissioner of health may, in consultation with the
2 director of the division of the budget, reduce such liability to the
3 extent necessary to achieve compliance with section 1905 of the federal
4 social security act or any other legal requirements imposed on the
5 subject matter hereof. Such remittances shall be separate from, and
6 shall not affect or be affected by, any voluntary local share contribu-
7 tions made by any district, including the City of New York.

8 4. The director of the division of the budget may grant a waiver to
9 any district that does not provide the certification required pursuant
10 to subdivision two of this section upon a showing by such district of
11 financial hardship in a form and manner prescribed by the division of
12 the budget. In evaluating an application for a financial hardship waiv-
13 er, the director of the division of the budget shall consider changes in
14 state or federal aid payments and other extraordinary costs, including
15 the occurrence of a disaster as defined in paragraph a of subdivision
16 two of section twenty of the executive law, repair and maintenance of
17 infrastructure, annual growth of tax receipts, including personal
18 income, business, and other taxes, prepayment of debt service and other
19 expenses or such other factors that such director may determine.

20 § 3. Section 363-c of the social services law is amended by adding two
21 new subdivisions 4 and 5 to read as follows:

22 4. Notwithstanding any laws or regulations to the contrary, all social
23 services districts, providers and other recipients of medical assistance
24 program funds shall make available to the commissioner or the director
25 of the division of budget in a prompt fashion all fiscal and statistical
26 records and reports, other contemporaneous records demonstrating their
27 right to receive payment, and all underlying books, records, documenta-
28 tion and reports, which may be requested by the commissioner or the

1 director of the division of the budget as may be determined necessary to
2 manage and oversee the Medicaid program.

3 5. For the state fiscal year beginning April first, two thousand twen-
4 ty-one and every state fiscal year thereafter, notwithstanding the
5 provisions of section three hundred sixty-eight-a of this title, and
6 notwithstanding section one of part C of chapter fifty-eight of the laws
7 of two thousand five, as amended by section one of part F of chapter
8 fifty-six of the laws of two thousand twelve, and any subsequent amend-
9 ments thereto, if the amount the department of health reimbursed any
10 social services district during the prior state fiscal year for expendi-
11 tures made by or on behalf of such social services districts for medical
12 assistance for needy persons exceeds one hundred three percent of the
13 amount reimbursed during the preceding state fiscal year, the social
14 services district shall be liable for and remit to the state one hundred
15 percent of such excess amount, after first deducting therefrom any
16 federal funds properly received or to be received on account thereof,
17 pursuant to a schedule determined by the commissioner of health in
18 consultation with the director of the division of budget. Provided,
19 however, that this subdivision shall not apply only to the extent that
20 it conflicts with or would achieve less savings to the state than the
21 application of subdivision one of this section.

22 § 4. This act shall take effect immediately and shall be deemed to
23 have been in full force and effect on and after April 1, 2020.

24 PART S

25 Section 1. Subdivision 7 of section 2802 of the public health law is
26 amended by adding a new paragraph (b-1) to read as follows:

1 (b-1) At such time as the commissioner's written contingent approval
2 is granted, or written approval in instances where no contingencies were
3 applied to such approval, each applicant shall pay an additional
4 surcharge equal to three percent of the total capital value of the
5 application.

6 § 2. Paragraph (d) of subdivision 7 of section 2802 of the public
7 health law, as amended by section 87 of part C of chapter 58 of the laws
8 of 2009, is amended to read as follows:

9 (d) (i) The fees and charges [paid by an applicant pursuant to]
10 imposed by this subdivision [for any application for construction of a
11 hospital approved in accordance with this section shall be deemed allow-
12 able capital costs in the determination of reimbursement rates estab-
13 lished pursuant to this article. The cost of such fees and charges shall
14 not be subject to reimbursement ceiling or other penalties used by the
15 commissioner for the purpose of establishing reimbursement rates pursu-
16 ant to this article.] shall not apply to any application for which all
17 development, design, and construction costs are being solely funded by
18 state grants of any kind, except that such fees and charges may be
19 imposed in such circumstances under criteria that may be adopted in
20 regulation by the commissioner, with the approval of the director of the
21 budget.

22 (ii) The commissioner, with the approval of the director of the budg-
23 et, is authorized to exempt certain applications that meet criteria
24 established by the commissioner in regulation from the surcharge imposed
25 by paragraph (b-1) of this subdivision.

26 (e) Notwithstanding any other provision of law to the contrary, the
27 fees and charges paid by an applicant pursuant to this subdivision shall

1 not be eligible for reimbursement by the state, including the state
2 Medicaid program.

3 (f) All fees pursuant to this section shall be payable to the depart-
4 ment [of health] for deposit into the special revenue funds - other,
5 miscellaneous special revenue fund - 339, certificate of need account.

6 § 3. This act shall take effect immediately and shall be deemed to
7 have been in full force and effect on and after April 1, 2020.

8 PART T

9 Section 1. Section 40 of chapter 266 of the laws of 1986, amending
10 the civil practice law and rules and other laws relating to malpractice
11 and professional medical conduct, as amended by section 4 of part F of
12 chapter 57 of the laws of 2019, is amended to read as follows:

13 § 40. The superintendent of financial services shall establish rates
14 for policies providing coverage for physicians and surgeons medical
15 malpractice for the periods commencing July 1, 1985 and ending June 30,
16 [2020] 2021; provided, however, that notwithstanding any other provision
17 of law, the superintendent shall not establish or approve any increase
18 in rates for the period commencing July 1, 2009 and ending June 30,
19 2010. The superintendent shall direct insurers to establish segregated
20 accounts for premiums, payments, reserves and investment income attrib-
21 utable to such premium periods and shall require periodic reports by the
22 insurers regarding claims and expenses attributable to such periods to
23 monitor whether such accounts will be sufficient to meet incurred claims
24 and expenses. On or after July 1, 1989, the superintendent shall impose
25 a surcharge on premiums to satisfy a projected deficiency that is
26 attributable to the premium levels established pursuant to this section

1 for such periods; provided, however, that such annual surcharge shall
2 not exceed eight percent of the established rate until July 1, [2020]
3 2021, at which time and thereafter such surcharge shall not exceed twen-
4 ty-five percent of the approved adequate rate, and that such annual
5 surcharges shall continue for such period of time as shall be sufficient
6 to satisfy such deficiency. The superintendent shall not impose such
7 surcharge during the period commencing July 1, 2009 and ending June 30,
8 2010. On and after July 1, 1989, the surcharge prescribed by this
9 section shall be retained by insurers to the extent that they insured
10 physicians and surgeons during the July 1, 1985 through June 30, [2020]
11 2021 policy periods; in the event and to the extent physicians and
12 surgeons were insured by another insurer during such periods, all or a
13 pro rata share of the surcharge, as the case may be, shall be remitted
14 to such other insurer in accordance with rules and regulations to be
15 promulgated by the superintendent. Surcharges collected from physicians
16 and surgeons who were not insured during such policy periods shall be
17 apportioned among all insurers in proportion to the premium written by
18 each insurer during such policy periods; if a physician or surgeon was
19 insured by an insurer subject to rates established by the superintendent
20 during such policy periods, and at any time thereafter a hospital,
21 health maintenance organization, employer or institution is responsible
22 for responding in damages for liability arising out of such physician's
23 or surgeon's practice of medicine, such responsible entity shall also
24 remit to such prior insurer the equivalent amount that would then be
25 collected as a surcharge if the physician or surgeon had continued to
26 remain insured by such prior insurer. In the event any insurer that
27 provided coverage during such policy periods is in liquidation, the
28 property/casualty insurance security fund shall receive the portion of

1 surcharges to which the insurer in liquidation would have been entitled.
2 The surcharges authorized herein shall be deemed to be income earned for
3 the purposes of section 2303 of the insurance law. The superintendent,
4 in establishing adequate rates and in determining any projected defi-
5 ciency pursuant to the requirements of this section and the insurance
6 law, shall give substantial weight, determined in his discretion and
7 judgment, to the prospective anticipated effect of any regulations
8 promulgated and laws enacted and the public benefit of stabilizing
9 malpractice rates and minimizing rate level fluctuation during the peri-
10 od of time necessary for the development of more reliable statistical
11 experience as to the efficacy of such laws and regulations affecting
12 medical, dental or podiatric malpractice enacted or promulgated in 1985,
13 1986, by this act and at any other time. Notwithstanding any provision
14 of the insurance law, rates already established and to be established by
15 the superintendent pursuant to this section are deemed adequate if such
16 rates would be adequate when taken together with the maximum authorized
17 annual surcharges to be imposed for a reasonable period of time whether
18 or not any such annual surcharge has been actually imposed as of the
19 establishment of such rates.

20 § 2. Section 20 of part H of chapter 57 of the laws of 2017, amending
21 the New York Health Care Reform Act of 1996 and other laws relating to
22 extending certain provisions thereto, as amended by section 6 of part F
23 of chapter 57 of the laws of 2019, is amended to read as follows:

24 § 20. Notwithstanding any law, rule or regulation to the contrary,
25 only physicians or dentists who were eligible, and for whom the super-
26 intendent of financial services and the commissioner of health, or their
27 designee, purchased, with funds available in the hospital excess liabil-
28 ity pool, a full or partial policy for excess coverage or equivalent

1 excess coverage for the coverage period ending the thirtieth of June,
2 two thousand [nineteen,] twenty, shall be eligible to apply for such
3 coverage for the coverage period beginning the first of July, two thou-
4 sand [nineteen;] twenty; provided, however, if the total number of
5 physicians or dentists for whom such excess coverage or equivalent
6 excess coverage was purchased for the policy year ending the thirtieth
7 of June, two thousand [nineteen] twenty exceeds the total number of
8 physicians or dentists certified as eligible for the coverage period
9 beginning the first of July, two thousand [nineteen,] twenty, then the
10 general hospitals may certify additional eligible physicians or dentists
11 in a number equal to such general hospital's proportional share of the
12 total number of physicians or dentists for whom excess coverage or
13 equivalent excess coverage was purchased with funds available in the
14 hospital excess liability pool as of the thirtieth of June, two thousand
15 [nineteen,] twenty, as applied to the difference between the number of
16 eligible physicians or dentists for whom a policy for excess coverage or
17 equivalent excess coverage was purchased for the coverage period ending
18 the thirtieth of June, two thousand [nineteen] twenty and the number of
19 such eligible physicians or dentists who have applied for excess cover-
20 age or equivalent excess coverage for the coverage period beginning the
21 first of July, two thousand [nineteen] twenty.

22 § 3. This act shall take effect April 1, 2020, provided, however, if
23 this act shall become a law after such date it shall take effect imme-
24 diately and shall be deemed to have been in full force and effect on and
25 after April 1, 2020.

1 Section 1. The insurance law is amended by adding a new article 29 to
2 read as follows:

3 ARTICLE 29

4 PHARMACY BENEFIT MANAGERS

5 Section 2901. Definitions.

6 2902. Acting without a registration.

7 2903. Registration requirements for pharmacy benefit managers.

8 2904. Reporting requirements for pharmacy benefit managers.

9 2905. Acting without a license.

10 2906. Licensing of a pharmacy benefit manager.

11 2907. Revocation or suspension of a registration or license of a
12 pharmacy benefit manager.

13 2908. Penalties for violations.

14 2909. Stay or suspension of superintendent's determination.

15 2910. Revoked registrations or licenses.

16 2911. Change of address.

17 2912. Duties.

18 2913. Applicability of other laws.

19 2914. Assessments.

20 § 2901. Definitions. For purposes of this article:

21 (a) "Health plan" means an insurance company that is an authorized
22 insurer under this chapter, a company organized pursuant to article
23 forty-three of this chapter, a municipal cooperative health benefit plan
24 established pursuant to article forty-seven of this chapter, an entity
25 certified pursuant to article forty-four of the public health law
26 including those providing services pursuant to title eleven of article
27 five of the social services law, an institution of higher education
28 certified pursuant to section one thousand one hundred twenty-four of

1 this chapter, the state insurance fund, and the New York state health
2 insurance plan established under article eleven of the civil service
3 law.

4 (b) "Pharmacy benefit management services" means the management or
5 administration of prescription drug benefits pursuant to a contract with
6 a health plan, directly or through another entity, and regardless of
7 whether the pharmacy benefit manager and the health plan are related, or
8 associated by ownership, common ownership, organization or otherwise;
9 including the procurement of prescription drugs to be dispensed to
10 patients, or the administration or management of prescription drug bene-
11 fits, including but not limited to, any of the following:

12 (1) mail service pharmacy;

13 (2) claims processing, retail network management, or payment of claims
14 to pharmacies for dispensing prescription drugs;

15 (3) clinical or other formulary or preferred drug list development or
16 management;

17 (4) negotiation or administration of rebates, discounts, payment
18 differentials, or other incentives, for the inclusion of particular
19 prescription drugs in a particular category or to promote the purchase
20 of particular prescription drugs;

21 (5) patient compliance, therapeutic intervention, or generic substi-
22 tution programs;

23 (6) disease management;

24 (7) drug utilization review or prior authorization;

25 (8) adjudication of appeals or grievances related to prescription drug
26 coverage;

27 (9) contracting with network pharmacies; and

28 (10) controlling the cost of covered prescription drugs.

1 (c) "Pharmacy benefit manager" means any entity, including a wholly
2 owned or partially owned or controlled subsidiary of a pharmacy benefits
3 manager, that contracts to provide pharmacy benefit management services
4 on behalf of a health plan.

5 (d) "Controlling person" means any person or other entity who or which
6 directly or indirectly has the power to direct or cause to be directed
7 the management, control or activities of a pharmacy benefit manager.

8 (e) "Covered individual" means a member, participant, enrollee,
9 contract holder or policy holder or beneficiary of a health plan.

10 § 2902. Acting without a registration. (a) No person, firm, associ-
11 ation, corporation or other entity may act as a pharmacy benefit manager
12 on or after June first, two thousand twenty and prior to January first,
13 two thousand twenty-two, without having a valid registration as a phar-
14 macy benefit manager filed with the superintendent in accordance with
15 this article and any regulations promulgated thereunder.

16 (b) Any person, firm, association, corporation or other entity that
17 violates this section shall, in addition to any other penalty provided
18 by law, be liable for restitution to any health plan, pharmacy, or
19 covered individual harmed by the violation and shall also be subject to
20 a penalty not exceeding the greater of: (1) one thousand dollars for the
21 first violation and two thousand five hundred dollars for each subse-
22 quent violation; or (2) the aggregate economic gross receipts attribut-
23 able to all violations.

24 § 2903. Registration requirements for pharmacy benefit managers. (a)
25 Every pharmacy benefit manager that performs pharmacy benefit management
26 services on or after June first, two thousand twenty and prior to Janu-
27 ary first, two thousand twenty-two shall register with the superinten-
28 dent in a manner acceptable to the superintendent and shall pay a fee of

1 one thousand dollars for each year or fraction of a year in which the
2 registration shall be valid. The superintendent shall require that the
3 pharmacy benefit manager disclose its officer or officers and director
4 or directors who are responsible for the business entity's compliance
5 with the financial services and insurance laws, rules and regulations of
6 this state. The registration shall detail the locations from which it
7 provides services, and a listing of any entities with which it has
8 contracts in New York state. The superintendent can reject a registra-
9 tion application filed by a pharmacy benefit manager that fails to
10 comply with the minimum registration standards.

11 (b) For each business entity, the officer or officers and director or
12 directors named in the application shall be designated responsible for
13 the business entity's compliance with the financial services and insur-
14 ance laws, rules and regulations of this state.

15 (c) Every registration will expire on December thirty-first, two thou-
16 sand twenty-one regardless of when registration was first made.

17 (d) Every pharmacy benefit manager that performs pharmacy benefit
18 management services at any time prior to June first, two thousand twen-
19 ty, shall make the registration and fee payment required by subsection
20 (a) of this section on or before June first, two thousand twenty. Any
21 other pharmacy benefit manager shall make the registration and fee
22 payment required by subsection (a) of this section prior to performing
23 pharmacy benefit management services.

24 (e) Registrants under this section shall be subject to examination by
25 the superintendent as often as the superintendent may deem it necessary.
26 The superintendent may promulgate regulations establishing methods and
27 procedures for facilitating and verifying compliance with the require-

1 ments of this article and such other regulations as necessary to enforce
2 the provisions of this article.

3 § 2904. Reporting requirements for pharmacy benefit managers. (a)(1)
4 On or before July first of each year, beginning in two thousand twenty-
5 one, every pharmacy benefit manager shall report to the superintendent,
6 in a statement subscribed and affirmed as true under penalties of perju-
7 ry, the information requested by the superintendent including, without
8 limitation:

9 (i) any pricing discounts, rebates of any kind, inflationary payments,
10 credits, clawbacks, fees, grants, chargebacks, reimbursements, other
11 financial or other reimbursements, incentives, inducements, refunds or
12 other benefits received by the pharmacy benefit manager; and

13 (ii) the terms and conditions of any contract or arrangement, includ-
14 ing other financial or other reimbursements incentives, inducements or
15 refunds between the pharmacy benefit manager and any other party relat-
16 ing to pharmacy benefit management services provided to a health plan
17 including but not limited to, dispensing fees paid to pharmacies.

18 (2) The superintendent may require the filing of quarterly or other
19 statements, which shall be in such form and shall contain such matters
20 as the superintendent shall prescribe.

21 (3) The superintendent may address to any pharmacy benefit manager or
22 its officers any inquiry in relation to its provision of pharmacy bene-
23 fit management services or any matter connected therewith. Every pharma-
24 cy benefit manager or person so addressed shall reply in writing to such
25 inquiry promptly and truthfully, and such reply shall be, if required by
26 the superintendent, subscribed by such individual, or by such officer or
27 officers of the pharmacy benefit manager, as the superintendent shall
28 designate, and affirmed by them as true under the penalties of perjury.

1 (b) In the event any pharmacy benefit manager or person does not
2 submit a report required by paragraphs one or two of subsection (a) of
3 this section or does not provide a good faith response to an inquiry
4 from the superintendent pursuant to paragraph three of subsection (a) of
5 this section within a time period specified by the superintendent of not
6 less than fifteen business days, the superintendent is authorized to
7 levy a civil penalty, after notice and hearing, against such pharmacy
8 benefit manager or person not to exceed one thousand dollars per day for
9 each day beyond the date the report is due or the date specified by the
10 superintendent for response to the inquiry.

11 (c) All documents, materials, or other information disclosed by a
12 pharmacy benefit manager under this section which is in the control or
13 possession of the superintendent shall be deemed confidential, shall not
14 be disclosed, either pursuant to freedom of information requests or
15 subpoena, and further shall not be subject to discovery or admissible in
16 evidence in any private civil action.

17 § 2905. Acting without a license. (a) No person, firm, association,
18 corporation or other entity may act as a pharmacy benefit manager on or
19 after January first, two thousand twenty-two without having authority to
20 do so by virtue of a license issued in force pursuant to the provisions
21 of this article.

22 (b) Any person, firm, association, corporation or other entity that
23 violates this section shall, in addition to any other penalty provided
24 by law, be subject to a penalty not exceeding the greater of (1) one
25 thousand dollars for the first violation and two thousand five hundred
26 dollars for each subsequent violation or (2) the aggregate economic
27 gross receipts attributable to all violations.

1 § 2906. Licensing of a pharmacy benefit manager. (a) The superinten-
2 dent may issue a pharmacy benefit manager's license to any person, firm,
3 association or corporation who or that has complied with the require-
4 ments of this article, including regulations promulgated by the super-
5 intendent. The superintendent, in consultation with the commissioner of
6 health, may establish, by regulation, minimum standards for the issuance
7 of a license to a pharmacy benefit manager.

8 (b) The minimum standards established under this section shall take
9 the form of a code of conduct which may address, without limitation:

10 (1) prohibitions on conflicts of interest between pharmacy benefit
11 managers and health plans;

12 (2) prohibitions on deceptive practices in connection with the
13 performance of pharmacy benefit management services;

14 (3) prohibitions on anti-competitive practices in connection with the
15 performance of pharmacy benefit management services;

16 (4) prohibitions on pricing models including spread pricing;

17 (5) prohibitions on unfair claims practices in connection with the
18 performance of pharmacy benefit management services;

19 (6) codification of standards and practices in the creation of pharma-
20 cy networks and contracting with network pharmacies and other providers;

21 and

22 (7) best practices for protection of consumers.

23 (c) The superintendent may require any or all of the members, offi-
24 cers, directors, or designated employees of the applicant to be named in
25 the application for a license under this article. For each business
26 entity, the officer or officers and director or directors named in the
27 application shall be designated responsible for the business entity's
28 compliance with the insurance laws, rules and regulations of this state.

1 (d)(1) Before a pharmacy benefit manager's license shall be issued or
2 renewed, the prospective licensee shall properly file in the office of
3 the superintendent a written application therefor in such form or forms
4 and supplements thereto as the superintendent prescribes, and pay a fee
5 of two thousand dollars for each year or fraction of a year in which a
6 license shall be valid.

7 (2) Every pharmacy benefit manager's license shall expire thirty-six
8 months after the date of issue. Every license issued pursuant to this
9 section may be renewed for the ensuing period of thirty-six months upon
10 the filing of an application in conformity with this subsection.

11 (e) If an application for a renewal license shall have been filed with
12 the superintendent at least two months before its expiration, then the
13 license sought to be renewed shall continue in full force and effect
14 either until the issuance by the superintendent of the renewal license
15 applied for or until five days after the superintendent shall have
16 refused to issue such renewal license and given notice of such refusal
17 to the applicant.

18 (f) The superintendent may refuse to issue a pharmacy benefit manag-
19 er's license if, in the superintendent's judgment, the applicant or any
20 member, principal, officer or director of the applicant, is not trust-
21 worthy and competent to act as or in connection with a pharmacy benefit
22 manager, or that any of the foregoing has given cause for revocation or
23 suspension of such license, or has failed to comply with any prerequi-
24 site for the issuance of such license. As a part of such determination,
25 the superintendent is authorized to fingerprint applicants or any
26 member, principal, officer or director of the applicant for licensure.
27 Such fingerprints shall be submitted to the division of criminal justice
28 services for a state criminal history record check, as defined in subdi-

1 vision one of section three thousand thirty-five of the education law,
2 and may be submitted to the federal bureau of investigation for a
3 national criminal history record check.

4 (g) Licensees and applicants for a license under this section shall be
5 subject to examination by the superintendent as often as the superinten-
6 dent may deem it expedient. The superintendent may promulgate regu-
7 lations establishing methods and procedures for facilitating and verify-
8 ing compliance with the requirements of this section and such other
9 regulations as necessary.

10 (h) The superintendent may issue a replacement for a currently
11 in-force license that has been lost or destroyed. Before the replacement
12 license shall be issued, there shall be on file in the office of the
13 superintendent a written application for the replacement license,
14 affirming under penalty of perjury that the original license has been
15 lost or destroyed, together with a fee of two hundred dollars.

16 (i) No pharmacy benefit manager shall engage in any practice or action
17 that a health plan is prohibited from engaging in pursuant to this chap-
18 ter.

19 § 2907. Revocation or suspension of a registration or license of a
20 pharmacy benefit manager. (a) The superintendent may refuse to renew,
21 may revoke, or may suspend for a period the superintendent determines
22 the registration or license of any pharmacy benefit manager if, the
23 superintendent determines that the registrant or licensee or any member,
24 principal, officer, director, or controlling person of the registrant or
25 licensee, has:

26 (1) violated any insurance laws, section two hundred eighty-a or two
27 hundred eighty-c of the public health law or violated any regulation,
28 subpoena or order of the superintendent or of another state's insurance

1 commissioner, or has violated any law in the course of its dealings in
2 such capacity after such license has been issued or renewed pursuant to
3 section two thousand nine hundred six of this article;

4 (2) provided materially incorrect, materially misleading, materially
5 incomplete or materially untrue information in the registration or
6 license application;

7 (3) obtained or attempted to obtain a registration or license through
8 misrepresentation or fraud;

9 (4)(i) used fraudulent, coercive or dishonest practices;

10 (ii) demonstrated incompetence;

11 (iii) demonstrated untrustworthiness; or

12 (iv) demonstrated financial irresponsibility in the conduct of busi-
13 ness in this state or elsewhere;

14 (5) improperly withheld, misappropriated or converted any monies or
15 properties received in the course of business in this state or else-
16 where;

17 (6) intentionally misrepresented the terms of an actual or proposed
18 insurance contract;

19 (7) admitted or been found to have committed any insurance unfair
20 trade practice or fraud;

21 (8) had a pharmacy benefit manager registration or license, or its
22 equivalent, denied, suspended or revoked in any other state, province,
23 district or territory;

24 (9) failed to pay state income tax or comply with any administrative
25 or court order directing payment of state income tax;

26 (10) failed to pay any assessment required by this article; or

27 (11) ceased to meet the requirements for registration or licensure
28 under this article.

1 (b) Before revoking or suspending the registration or license of any
2 pharmacy benefit manager pursuant to the provisions of this article, the
3 superintendent shall give notice to the registrant or licensee and shall
4 hold, or cause to be held, a hearing not less than ten days after the
5 giving of such notice.

6 (c) If a registration or license pursuant to the provisions of this
7 article is revoked or suspended by the superintendent, then the super-
8 intendent shall forthwith give notice to the registrant or licensee.

9 (d) The revocation or suspension of any registration or license pursu-
10 ant to the provisions of this article shall terminate forthwith such
11 registration or license and the authority conferred thereby upon all
12 licensees. For good cause shown, the superintendent may delay the effec-
13 tive date of a revocation or suspension to permit the registrant or
14 licensee to satisfy some or all of its contractual obligations to
15 perform pharmacy benefit management services in the state.

16 (e) (1) No individual, corporation, firm or association whose registra-
17 tion or license as a pharmacy benefit manager has been revoked pursuant
18 to subsection (a) of this section, and no firm or association of which
19 such individual is a member, and no corporation of which such individual
20 is an officer or director, and no controlling person of the registrant
21 or licensee shall be entitled to obtain any registration or license
22 under the provisions of this article for a minimum period of one year
23 after such revocation, or, if such revocation be judicially reviewed,
24 for a minimum period of one year after the final determination thereof
25 affirming the action of the superintendent in revoking such license.

26 (2) If any such registration or license held by a firm, association or
27 corporation be revoked, no member of such firm or association and no
28 officer or director of such corporation or any controlling person of the

1 registrant or licensee shall be entitled to obtain any registration or
2 license, under this article for the same period of time, unless the
3 superintendent determines, after notice and hearing, that such member,
4 officer or director was not personally at fault in the matter on account
5 of which such registration or license was revoked.

6 (f) If any corporation, firm, association or person aggrieved shall
7 file with the superintendent a verified complaint setting forth facts
8 tending to show sufficient ground for the revocation or suspension of
9 any pharmacy benefit manager's registration or license, then if the
10 superintendent finds the complaint credible, the superintendent shall,
11 after notice and a hearing, determine whether such registration or
12 license shall be suspended or revoked.

13 (g) The superintendent shall retain the authority to enforce the
14 provisions of and impose any penalty or remedy authorized by this chap-
15 ter against any person or entity who is under investigation for or
16 charged with a violation of this chapter, even if the person's or enti-
17 ty's registration or license has been surrendered, or has expired or has
18 lapsed by operation of law.

19 (h) A registrant or licensee subject to this article shall report to
20 the superintendent any administrative action taken against the regis-
21 trant or licensee or any of the members, officers, directors, or desig-
22 nated employees of the applicant named in the registration or licensing
23 application in another jurisdiction or by another governmental agency in
24 this state within thirty days of the final disposition of the matter.
25 This report shall include a copy of the order, consent to order or other
26 relevant legal documents.

27 (i) Within thirty days of the initial pretrial hearing date, a regis-
28 trant or licensee subject to this article shall report to the super-

1 intendent any criminal prosecution of the registrant or licensee or any
2 of the members, officers, directors, or designated employees of the
3 applicant named in the registration or licensing application taken in
4 any jurisdiction. The report shall include a copy of the initial
5 complaint filed, the order resulting from the hearing and any other
6 relevant legal documents.

7 § 2908. Penalties for violations. (a) In addition to any other power
8 conferred by law, the superintendent may in any one proceeding by order,
9 require a registrant or licensee who has violated any provision of this
10 article or whose license would otherwise be subject to revocation or
11 suspension to pay to the people of this state a penalty in a sum not
12 exceeding the greater of: (1) one thousand dollars for each offense and
13 two thousand five hundred dollars for each subsequent violation; or (2)
14 the aggregate gross receipts attributable to all offenses.

15 (b) Upon the failure of such a registrant or licensee to pay the
16 penalty ordered pursuant to subsection (a) of this section within twenty
17 days after the mailing of the order, postage prepaid, registered, and
18 addressed to the last known place of business of the licensee, unless
19 the order is stayed by an order of a court of competent jurisdiction,
20 the superintendent may revoke the registration or license of the regis-
21 trant or licensee or may suspend the same for such period as the super-
22 intendent determines.

23 § 2909. Stay or suspension of superintendent's determination. The
24 commencement of a proceeding under article seventy-eight of the civil
25 practice law and rules, to review the action of the superintendent in
26 suspending or revoking or refusing to renew any certificate under this
27 article, shall stay such action of the superintendent for a period of
28 thirty days. Such stay shall not be extended for a longer period unless

1 the court shall determine, after a preliminary hearing of which the
2 superintendent is notified forty-eight hours in advance, that a stay of
3 the superintendent's action pending the final determination or further
4 order of the court will not injure the interests of the people of the
5 state.

6 § 2910. Revoked registrations or licenses. (a)(1) No person, firm,
7 association, corporation or other entity subject to the provisions of
8 this article whose registration or license under this article has been
9 revoked, or whose registration or license to engage in the business of
10 pharmacy benefit management in any capacity has been revoked by any
11 other state or territory of the United States shall become employed or
12 appointed by a pharmacy benefit manager as an officer, director, manag-
13 er, controlling person or for other services, without the prior written
14 approval of the superintendent, unless such services are for maintenance
15 or are clerical or ministerial in nature.

16 (2) No person, firm, association, corporation or other entity subject
17 to the provisions of this article shall knowingly employ or appoint any
18 person or entity whose registration or license issued under this article
19 has been revoked, or whose registration or license to engage in the
20 business of pharmacy benefit management in any capacity has been revoked
21 by any other state or territory of the United States, as an officer,
22 director, manager, controlling person or for other services, without the
23 prior written approval of the superintendent, unless such services are
24 for maintenance or are clerical or ministerial in nature.

25 (3) No corporation or partnership subject to the provisions of this
26 article shall knowingly permit any person whose registration or license
27 issued under this article has been revoked, or whose registration or
28 license to engage in the business of pharmacy benefit management in any

1 capacity has been revoked by any other state, or territory of the United
2 States, to be a shareholder or have an interest in such corporation or
3 partnership, nor shall any such person become a shareholder or partner
4 in such corporation or partnership, without the prior written approval
5 of the superintendent.

6 (b) The superintendent may approve the employment, appointment or
7 participation of any such person whose registration or license has been
8 revoked:

9 (1) if the superintendent determines that the duties and responsibil-
10 ities of such person are subject to appropriate supervision and that
11 such duties and responsibilities will not have an adverse effect upon
12 the public, other registrants or licensees, or the registrant or licen-
13 see proposing employment or appointment of such person; or

14 (2) if such person has filed an application for reregistration or
15 relicensing pursuant to this article and the application for reregistra-
16 tion or relicensing has not been approved or denied within one hundred
17 twenty days following the filing thereof, unless the superintendent
18 determines within the said time that employment or appointment of such
19 person by a registrant or licensee in the conduct of a pharmacy benefit
20 management business would not be in the public interest.

21 (c) The provisions of this section shall not apply to the ownership of
22 shares of any corporation registered or licensed pursuant to this arti-
23 cle if the shares of such corporation are publicly held and traded in
24 the over-the-counter market or upon any national or regional securities
25 exchange.

26 § 2911. Change of address. A registrant or licensee under this article
27 shall inform the superintendent by a means acceptable to the superinten-
28 dent of a change of address within thirty days of the change.

1 § 2912. Duties. (a) A pharmacy benefit manager shall be required to
2 adhere to the code of conduct, as the superintendent may establish by
3 regulation pursuant to section twenty-nine hundred six of this article.

4 (b) No contract with a health plan shall limit access to financial or
5 utilization information of the pharmacy benefit manager in relation to
6 pharmacy benefit management services provided to the health plan.

7 (c) A pharmacy benefit manager shall disclose in writing to a health
8 plan with whom a contract for pharmacy benefit management services has
9 been executed any activity, policy, practice, contract or arrangement of
10 the pharmacy benefit manager that directly or indirectly presents a
11 conflict of interest with the pharmacy benefit manager's contractual
12 relationship with, or duties and obligations to, the health plan.

13 (d) A pharmacy benefit manager shall assist a health plan in answering
14 any inquiry made under section three hundred eight of this chapter.

15 (e) No pharmacy benefit manager shall violate any provision of the
16 public health law applicable to pharmacy benefit managers.

17 (f) (1) Any information required to be disclosed by a pharmacy benefit
18 manager to a health plan under this section that is designated by the
19 pharmacy benefit manager as proprietary or trade secret information
20 shall be kept confidential by the health plan, except as required to be
21 disclosed by law or court order, including disclosure necessary to pros-
22 ecute or defend any legitimate legal claim or cause of action.

23 (2) Designation as proprietary or trade secret information under this
24 subsection shall have no effect on the obligations of any pharmacy bene-
25 fit manager or health plan to provide that information to the depart-
26 ment.

27 § 2913. Applicability of other laws. Nothing in this article shall be
28 construed to exempt a pharmacy benefit manager from complying with the

1 provisions of articles twenty-one and forty-nine of this chapter and
2 articles forty-four and forty-nine and sections two hundred eighty-a and
3 two hundred eighty-c of the public health law, section three hundred
4 sixty-four-j of the social services law, or any other provision of this
5 chapter or the financial services law.

6 § 2914. Assessments. Notwithstanding section two hundred six of the
7 financial services law, pharmacy benefit managers that file a registra-
8 tion with the department or are licensed by the department shall be
9 assessed by the superintendent for the operating expenses of the depart-
10 ment that are attributable to regulating such pharmacy benefit managers
11 in such proportions as the superintendent shall deem just and reason-
12 able.

13 § 2. Subsection (b) of section 2402 of the insurance law, as amended
14 by section 71 of part A of chapter 62 of the laws of 2011, is amended to
15 read as follows:

16 (b) "Defined violation" means the commission by a person of an act
17 prohibited by: subsection (a) of section one thousand one hundred two,
18 section one thousand two hundred fourteen, one thousand two hundred
19 seventeen, one thousand two hundred twenty, one thousand three hundred
20 thirteen, subparagraph (B) of paragraph two of subsection (i) of section
21 one thousand three hundred twenty-two, subparagraph (B) of paragraph two
22 of subsection (i) of section one thousand three hundred twenty-four, two
23 thousand one hundred two, two thousand one hundred seventeen, two thou-
24 sand one hundred twenty-two, two thousand one hundred twenty-three,
25 subsection (p) of section two thousand three hundred thirteen, section
26 two thousand three hundred twenty-four, two thousand five hundred two,
27 two thousand five hundred three, two thousand five hundred four, two
28 thousand six hundred one, two thousand six hundred two, two thousand six

1 hundred three, two thousand six hundred four, two thousand six hundred
2 six, two thousand seven hundred three, two thousand nine hundred two,
3 two thousand nine hundred five, three thousand one hundred nine, three
4 thousand two hundred twenty-four-a, three thousand four hundred twenty-
5 nine, three thousand four hundred thirty-three, paragraph seven of
6 subsection (e) of section three thousand four hundred twenty-six, four
7 thousand two hundred twenty-four, four thousand two hundred twenty-five,
8 four thousand two hundred twenty-six, seven thousand eight hundred nine,
9 seven thousand eight hundred ten, seven thousand eight hundred eleven,
10 seven thousand eight hundred thirteen, seven thousand eight hundred
11 fourteen and seven thousand eight hundred fifteen of this chapter; or
12 section 135.60, 135.65, 175.05, 175.45, or 190.20, or article one
13 hundred five of the penal law.

14 § 3. Severability. If any provision of this act, or any application of
15 any provision of this act, is held to be invalid, or ruled by any feder-
16 al agency to violate or be inconsistent with any applicable federal law
17 or regulation, that shall not affect the validity or effectiveness of
18 any other provision of this act, or of any other application of any
19 provision of this act.

20 § 4. This act shall take effect immediately.

21 PART V

22 Section 1. Section 9.51 of the mental hygiene law, as added by chapter
23 947 of the laws of 1981, subdivision (b) as amended by chapter 465 of
24 the laws of 1992, subdivision (c) as amended by chapter 230 of the laws
25 of 2004, the opening paragraph of subdivision (d) as amended by chapter
26 273 of the laws of 1986, subdivision (f) as amended by chapter 401 of

1 the laws of 2006, and the closing paragraph of subdivision (g) as
2 amended by section 66 of part A of chapter 3 of the laws of 2005, is
3 amended to read as follows:

4 § 9.51 Residential treatment facilities for children and youth; admis-
5 sions.

6 (a) A psychiatric residential treatment facility is devoted to the
7 provision of inpatient psychiatric care for persons under the age of
8 twenty-one. The director of a residential treatment facility for chil-
9 dren and youth may receive as a patient a person in need of care and
10 treatment in such a facility who has been [certified as needing] deter-
11 mined appropriate for such care [by the pre-admission certification
12 committee serving the facility] and treatment in accordance with stand-
13 ards and priorities for admission established by [such committee, as
14 provided by this section. Subject to the provisions of this section, the
15 provisions of this article shall apply to admission and retention of
16 patients to residential treatment facilities for children and youth] the
17 office in regulations.

18 (b) Persons admitted as in-patients to hospitals operated by the
19 office of mental health upon the application of the [director of the
20 division for youth] commissioner of the office of children and family
21 services pursuant to section five hundred nine of the executive law or
22 353.4 of the family court act who are not subject to a restrictive
23 placement pursuant to section 353.5 of the family court act, may, if
24 appropriate, and subject to the provisions of subdivision (d) of this
25 section, be transferred to a residential treatment facility for children
26 and youth. The [director of the division for youth] commissioner of the
27 office of children and family services shall be notified of any such
28 transfer. When appropriate, the director of the residential treatment

1 facility may arrange the return of a patient so transferred to the
2 hospital or the transfer of a patient to another hospital or, in accord-
3 ance with subdivision four of section five hundred nine of the executive
4 law[, to the division for youth] to the commissioner of the office of
5 children and family services.

6 (c) The commissioner shall [designate pre-admission certification
7 committees for defined geographic areas to evaluate each person proposed
8 for admission or transfer to a residential treatment facility for chil-
9 dren and youth. When designating persons to serve on pre-admission
10 certification committees, the commissioners shall assure that the inter-
11 ests of the people residing in the area to be served by each committee
12 are represented. Such committees shall include a person designated by
13 the office of mental health, a person designated by the state commis-
14 sioner of social services and a person designated by the state commis-
15 sioner of education. The commissioner of mental health shall consult
16 with the conference of local mental hygiene directors and the commis-
17 sioner of social services shall consult with county commissioners of
18 social services in the area to be served by a committee prior to desig-
19 nating persons to serve on a committee. The commissioners may designate
20 persons who are not state employees to serve on pre-admission certif-
21 ication committees. Membership of pre-admission certification committees
22 shall be limited to persons licensed in accordance with the education
23 law to practice medicine, nursing, psychology, or licensed clinical
24 social work. In the event the persons originally designated to a commit-
25 tee by the commissioners do not include a physician, the commissioner
26 shall designate a physician to serve as an additional member of the
27 committee. Each pre-admission certification committee shall designate
28 five persons representing local governments, voluntary agencies, parents

1 and other interested persons who shall serve as an advisory board to the
2 committee] consult with the executive director of the council on chil-
3 dren and families regarding the establishment of an advisory board. The
4 advisory board shall include, as deemed appropriate by the commissioner
5 and the executive director of the council on children and families,
6 representatives of the members of the council on children and families
7 as specified in section four hundred eighty-three of the social services
8 law, local agency representatives under the jurisdiction of a member
9 agency of the council on children and families. Such board shall have
10 the right to visit residential treatment facilities for children and
11 youth [served by the committee] and shall have the right to review clin-
12 ical records [obtained by the pre-admission certification committee] and
13 shall be bound by the confidentiality requirements of section 33.13 of
14 this chapter.

15 (d) [All applications] Applications for admission or transfer of an
16 individual to a residential treatment facility for children and youth
17 [shall be referred to a pre-admission certification committee for] must
18 document that there has been an evaluation of the needs of the individ-
19 ual and [certification] a determination of the individual's need for
20 treatment in a residential treatment facility for children and youth[.
21 Applications shall include an assessment of the individual's psychiat-
22 ric, medical and social needs prepared in accordance with a uniform
23 assessment method specified by the regulations of the commissioner. The
24 committee may at its discretion refer an applicant to a hospital or
25 other facility operated or licensed by the office for an additional
26 assessment. In the event of such an additional assessment of the indi-
27 vidual's needs, the facility conducting the assessment shall attempt to
28 receive all third party insurance or federal reimbursement available as

1 payment for the assessment. The state shall pay the balance of the fees
2 which may be charged by the provider in accordance with applicable
3 provisions of law. In addition, if necessary, in accordance with section
4 four thousand five of the education law, the pre-admission certification
5 committee shall obtain an evaluation of the educational needs of the
6 child by the committee on special education of the school district of
7 residence. The pre-admission certification committee shall review all
8 requests for evaluation and certification within thirty days of receipt
9 of a complete application and any additional assessments it may require
10 and, using a uniform assessment method specified by regulation of the
11 commissioner, evaluate the psychiatric, medical and social needs of the
12 proposed admittee and certify: (i) the individual's need for services in
13 a residential treatment facility for children and youth and (ii) the
14 immediacy of that need, given the availability of such services in the
15 area and the needs of other children evaluated by the committee and
16 certified as eligible for admission to a residential treatment facility
17 for children and youth who have not yet been admitted to such a facili-
18 ty. A pre-admission certification committee shall not certify an indi-
19 vidual for admission unless it finds that] and the appropriateness of
20 such treatment. In the case of individuals who are applicants or recipi-
21 ents of medical assistance pursuant to title eleven of article five of
22 the social services law, such determination shall also include certifi-
23 ication of need for residential treatment facility services in accord-
24 ance with this section. Where certification is required, an individual
25 will be certified for admission if:

26 (1) Available ambulatory care resources and other residential place-
27 ments do not meet the treatment needs of the individual;

1 (2) Proper treatment of the individual's psychiatric condition
2 requires in-patient care and treatment under the direction of a physi-
3 cian; and

4 (3) Care and treatment in a residential treatment facility for chil-
5 dren and youth can reasonably be expected to improve the individual's
6 condition or prevent further regression so that services will no longer
7 be needed, provided that a poor prognosis shall not in itself constitute
8 grounds for a denial of certification if treatment can be expected to
9 effect a change in prognosis. [All decisions of the committee to recom-
10 mend admission or priority of admission shall be based on the unanimous
11 vote of those present. The decision of the committee shall be reported
12 to the applicant. In the event a committee evaluates a child who is the
13 subject of a proceeding currently pending in the family court, the
14 committee shall report its decision to the family court.] Prior to
15 admission and as frequently as the office or its designee deems neces-
16 sary, the office or its designee may evaluate the medical necessity and
17 quality of services for each Medicaid member. If the office or its
18 designee determines that residential treatment services are no longer
19 appropriate, the determination of the office or its designee shall be
20 reported to the facility and the person, or the person's legally author-
21 ized representative. Such determination shall not be effective retroac-
22 tively.

23 No residential treatment facility for children and youth shall admit a
24 person who has not been determined appropriate and where appropriate,
25 certified [as suitable] for such admission [by the appropriate pre-ad-
26 mission certification committee]. Residential treatment facilities shall
27 admit [children in accordance with priorities for admission of children
28 most immediately in need of such services established by the pre-admis-

1 sion certification committee serving the facility in accordance with
2 standards established by the commissioner] individuals who have been
3 designated as priority admissions by the office or commissioner's desig-
4 nee.

5 (e) Notwithstanding any inconsistent provision of law, no government
6 agency shall make payments pursuant to title nineteen of the federal
7 social security act or articles five and six of the social services law
8 to a residential treatment facility for children and youth for service
9 to a person whose need for care and treatment in such a facility was not
10 certified pursuant to this section.

11 (f) No person shall be admitted to a residential treatment facility
12 for children and youth who has a mental illness which presents a likeli-
13 hood of serious harm to others; "likelihood of serious harm" shall mean
14 a substantial risk of physical harm to other persons as manifested by
15 recent homicidal or other violent behavior by which others are placed in
16 reasonable fear of serious physical harm.

17 (g) Notwithstanding any other provision of law, [pre-admission certif-
18 ication committees] the office or commissioner's designee shall be enti-
19 tled to review clinical records maintained by any person or entity which
20 pertain to an individual on whose behalf an application is made for
21 admission to a residential treatment facility for children and youth.
22 Any clinical records received by [a pre-admission certification commit-
23 tee and all assessments submitted to the committee] the office or
24 commissioner's designee shall be kept confidential in accordance with
25 the provisions of section 33.13 of [the mental hygiene law, provided,
26 however, that the commissioner may have access to and receive copies of
27 such records for the purpose of evaluating the operation and effective-
28 ness of the committee] this chapter.

1 Confidentiality of clinical records of treatment of a person in a
2 residential treatment facility for children and youth shall be main-
3 tained as required in section 33.13 of this chapter. That portion of the
4 clinical record maintained by a residential treatment facility for chil-
5 dren and youth operated by an authorized agency specifically related to
6 medical care and treatment shall not be considered part of the record
7 required to be maintained by such authorized agency pursuant to section
8 three hundred seventy-two of the social services law and shall not be
9 discoverable in a proceeding under section three hundred fifty-eight-a
10 of the social services law or article ten-A of the family court act
11 except upon order of the family court; provided, however, that all other
12 information required by a local social services district or the office
13 of children and family services for purposes of sections three hundred
14 fifty-eight-a, four hundred nine-e and four hundred nine-f of the social
15 services law and article ten-A of the family court act shall be
16 furnished on request, and the confidentiality of such information shall
17 be safeguarded as provided in section four hundred sixty-e of the social
18 services law.

19 § 2. Subdivisions (b) and (c) of section 31.26 of the mental hygiene
20 law, as added by chapter 947 of the laws of 1981, are amended to read as
21 follows:

22 (b) The commissioner shall have the power to adopt rules and regu-
23 lations governing the establishment and operation of residential treat-
24 ment facilities for children and youth. Such rules and regulations shall
25 at least require, as a condition of issuance or retention of an operat-
26 ing certificate for a residential treatment facility for children and
27 youth, that admission of children into such facilities be in accordance
28 with priorities for admission of children most immediately in need of

1 such services [established by the pre-admission certification committee
2 serving the facility,] in accordance with [section 9.51 of this chapter]
3 standards established by the commissioner.

4 (c) The commissioner [and the commissioner of social services shall],
5 in consultation with the commissioner of education [and the director of
6 the division for youth], the commissioner of social services and the
7 commissioner of the office of children and family services, shall adopt
8 rules and regulations governing the [operation of the pre-admission
9 certification committees] standards for admissions of individuals to
10 residential treatment facilities required in section 9.51 of this chap-
11 ter.

12 § 3. Subdivision (g) of section 9.27 of the mental hygiene law, as
13 added by chapter 947 of the laws of 1981, is amended to read as follows:

14 (g) Applications for involuntary admission of patients to residential
15 treatment facilities for children and youth or transfer of involuntarily
16 admitted patients to such facilities [shall] may be reviewed by the
17 [pre-admission certification committee] office or commissioner's desig-
18 nee serving such facility in accordance with section 9.51 of this arti-
19 cle.

20 § 4. This act shall take effect July 1, 2020 and shall apply to all
21 applications received on or after such effective date.

22 PART W

23 Section 1. Subdivision 9 of section 730.10 of the criminal procedure
24 law, as added by section 1 of part Q of chapter 56 of the laws of 2012,
25 is amended to read as follows:

1 9. "Appropriate institution" means: (a) a hospital operated by the
2 office of mental health or a developmental center operated by the office
3 for people with developmental disabilities; [or] (b) a hospital licensed
4 by the department of health which operates a psychiatric unit licensed
5 by the office of mental health, as determined by the commissioner
6 provided, however, that any such hospital that is not operated by the
7 state shall qualify as an "appropriate institution" only pursuant to the
8 terms of an agreement between the commissioner and the hospital; or (c)
9 a mental health unit operating within a local correctional facility
10 except those located within a city with a population of one million or
11 more; provided however, that any such mental health unit operating with-
12 in a local correctional facility shall qualify as an "appropriate insti-
13 tution" only pursuant to the terms of an agreement between the commis-
14 sioner of mental health, director of community mental health services
15 and the sheriff for the respective locality. Nothing in this article
16 shall be construed as requiring a hospital or local correctional facili-
17 ty to consent to providing care and treatment to an incapacitated person
18 at such hospital or local correctional facility.

19 § 2. This act shall take effect immediately.

20 PART X

21 Section 1. Pursuant to section 7.18 of the mental hygiene law, the
22 office of mental health will establish a separate appointing authority
23 of secure treatment and rehabilitation center within the office of
24 mental health for the care and treatment of dangerous sex offenders
25 requiring confinement as described in article 10 of the mental hygiene
26 law. All office of mental health employees who are substantially engaged

1 in the care and treatment of article 10 sex offenders will be trans-
2 ferred to the secure treatment and rehabilitation center pursuant to
3 subdivision 2 of section 70 of the civil service law. Employees will
4 remain in their current geographic location, and civil service title and
5 status.

6 § 2. This act shall take effect immediately.

7 PART Y

8 Section 1. Sections 19 and 21 of chapter 723 of the laws of 1989
9 amending the mental hygiene law and other laws relating to comprehensive
10 psychiatric emergency programs, as amended by section 1 of part I of
11 chapter 59 of the laws of 2016, are amended to read as follows:

12 § 19. Notwithstanding any other provision of law, the commissioner of
13 mental health shall, until July 1, [2020] 2024, be solely authorized, in
14 his or her discretion, to designate those general hospitals, local
15 governmental units and voluntary agencies which may apply and be consid-
16 ered for the approval and issuance of an operating certificate pursuant
17 to article 31 of the mental hygiene law for the operation of a compre-
18 hensive psychiatric emergency program.

19 § 21. This act shall take effect immediately, and sections one, two
20 and four through twenty of this act shall remain in full force and
21 effect, until July 1, [2020] 2024, at which time the amendments and
22 additions made by such sections of this act shall be deemed to be
23 repealed, and any provision of law amended by any of such sections of
24 this act shall revert to its text as it existed prior to the effective
25 date of this act.

1 § 2. Subdivisions (a), (b), (e), (f) and (h) of section 9.40 of the
2 mental hygiene law, as added by chapter 723 of the laws of 1989, are
3 amended, and a new subdivision (a-1) is added to read as follows:

4 (a) The director of any comprehensive psychiatric emergency program
5 may receive and retain therein for a period not to exceed [seventy-two]
6 ninety-six hours, any person alleged to have a mental illness for which
7 immediate observation, care and treatment in such program is appropriate
8 and which is likely to result in serious harm to the person or others.
9 The director shall cause to be entered upon the program records the name
10 of the person or persons, if any, who have brought the person alleged to
11 have a mental illness to the program and the details of the circum-
12 stances leading the person or persons to bring the person alleged to
13 have a mental illness to the program.

14 (a-1) The director shall cause triage and referral services to be
15 provided by a psychiatric nurse practitioner or physician of the program
16 as soon as such person is received into the comprehensive psychiatric
17 emergency program. After receiving triage and referral services, such
18 person shall be appropriately treated and discharged, or referred for
19 further crisis intervention services including an examination by a
20 physician as described in subdivision (b) of this section.

21 (b) The director shall cause examination of such persons not
22 discharged after the provision of triage and referral services to be
23 initiated by a staff physician of the program as soon as practicable and
24 in any event within six hours after the person is received into the
25 program's emergency room. Such person may be retained for observation,
26 care and treatment and further examination for up to twenty-four hours
27 if, at the conclusion of such examination, such physician determines
28 that such person may have a mental illness for which immediate observa-

1 tion, care and treatment in a comprehensive psychiatric emergency
2 program is appropriate, and which is likely to result in serious harm to
3 the person or others.

4 (e) If at any time within the seventy-two [hour period it is deter-
5 mined that] hours after such person is admitted to an extended observa-
6 tion bed and continues to require immediate observation, care and treat-
7 ment in accordance with this section and the need for such [requirement]
8 care is likely to continue beyond [the seventy-two hour period] such
9 time period, such person shall be removed within a reasonable period of
10 time to an appropriate hospital authorized to receive and retain
11 patients pursuant to section 9.39 of this article and such person shall
12 be evaluated for admission and, if appropriate, shall be admitted to
13 such hospital in accordance with section 9.39 of this article, except
14 that if the person is admitted, the fifteen day retention period of
15 subdivision (b) of section 9.39 of this article shall be calculated from
16 the time such person was initially [registered] received into the emer-
17 gency room of the comprehensive psychiatric emergency program. Any
18 person removed to a hospital pursuant to this paragraph shall be removed
19 without regard to the provisions of section 29.11 or 29.15 of this chap-
20 ter and shall not be considered to have been transferred or discharged
21 to another hospital.

22 (f) Nothing in this section shall preclude the involuntary admission
23 of a person to an appropriate hospital pursuant to the provisions of
24 this article if at any time during the [seventy-two] ninety-six hour
25 period it is determined that the person is in need of involuntary care
26 and treatment in a hospital and the person does not agree to be admitted
27 to a hospital as a voluntary or informal patient. Efforts shall be made

1 to assure that any arrangements for such involuntary admissions in an
2 appropriate hospital shall be made within a reasonable period of time.

3 (h) All time periods referenced in this section shall be calculated
4 from the time such person is initially [registered] received into the
5 emergency room of the comprehensive psychiatric emergency program.

6 § 3. Paragraphs 2 and 5 of subdivision (a), paragraph 1 and subpara-
7 graph (ii) of paragraph 2 of subdivision (b) of section 31.27 of the
8 mental hygiene law, paragraph 2 of subdivision (a) as added by chapter
9 723 of the laws of 1989, paragraph 5 of subdivision (a) as amended by
10 section 1 of part M of chapter 57 of the laws of 2006, paragraph 1 of
11 subdivision (b) as amended by section 2 of part M of chapter 57 of the
12 laws of 2006 and subparagraph (ii) of paragraph 2 of subdivision (b) as
13 amended by section 2 of part E of chapter 111 of the laws of 2010, are
14 amended and a new paragraph 12 is added to subdivision (a) to read as
15 follows:

16 (2) "Crisis intervention services" means [psychiatric emergency]
17 services provided in an emergency room located within a general hospi-
18 tal, which shall include but not be limited to: psychiatric and medical
19 evaluations and assessments; prescription or adjustment of medication,
20 counseling, and other stabilization or treatment services intended to
21 reduce symptoms of mental illness[; extended observation beds; and other
22 on-site psychiatric emergency services] when appropriate.

23 (5) "Extended observation bed" means an inpatient bed which is in or
24 adjacent to an emergency room located within a general hospital or
25 satellite facility approved by the commissioner, designed to provide a
26 safe environment for an individual who, in the opinion of the examining
27 physician, requires extensive evaluation, assessment, or stabilization
28 of the person's acute psychiatric symptoms, except that, if the commis-

1 sioner determines that the program can provide for the privacy and safe-
2 ty of all patients receiving services in a hospital, he or she may
3 approve the location of one or more such beds within another unit of the
4 hospital.

5 (12) "Satellite facility" means a medical facility providing psychiat-
6 ric emergency services that is managed and operated by a general hospi-
7 tal who holds a valid operating certificate for a comprehensive psychi-
8 atric emergency program and is located away from the central campus of
9 the general hospital.

10 (1) The commissioner may license the operation of comprehensive
11 psychiatric emergency programs by general hospitals which are operated
12 by state or local governments or voluntary agencies. The provision of
13 such services in general hospitals may be located either within the
14 state or, with the approval of the commissioner and the director of the
15 budget and to the extent consistent with state and federal law, in a
16 contiguous state. The commissioner is further authorized to enter into
17 interstate agreements for the purpose of facilitating the development of
18 programs which provide services in another state. A comprehensive
19 psychiatric emergency program shall serve as a primary psychiatric emer-
20 gency service provider within a defined catchment area for persons in
21 need of psychiatric emergency services including persons who require
22 immediate observation, care and treatment in accordance with section
23 9.40 of this chapter. Each comprehensive psychiatric emergency program
24 shall provide or contract to provide psychiatric emergency services
25 twenty-four hours per day, seven days per week, including but not limit-
26 ed to: crisis intervention services, crisis outreach services, [crisis
27 residence services,] extended observation beds, and triage and referral
28 services.

1 (ii) a description of the program's psychiatric emergency services,
2 including but not limited to crisis intervention services, crisis
3 outreach services, [crisis residence services,] extended observation
4 beds, and triage and referral services, whether or not provided directly
5 or through agreement with other providers of services;

6 § 4. Paragraphs 4 and 8 of subdivision (a), and subdivision (i) of
7 section 31.27 of the mental hygiene law are REPEALED.

8 § 5. This act shall take effect immediately and shall be deemed to
9 have been in full force and effect on and after April 1, 2020; provided
10 however that:

11 (a) sections two through four of this act shall take effect on the one
12 hundred eightieth day after it shall have become a law;

13 (b) the amendments to section 19 of chapter 723 of the laws of 1989
14 amending the mental hygiene law and other laws relating to comprehensive
15 psychiatric emergency programs made by section one of this act shall not
16 affect the repeal of such section and shall be deemed repealed there-
17 with;

18 (c) the amendments to section 9.40 of the mental hygiene law made by
19 section two of this act shall not affect the repeal of such section and
20 shall be deemed repealed therewith; and

21 (d) the amendments to section 31.27 of the mental hygiene law made by
22 section three of this act shall not affect the repeal of such section
23 and shall be deemed repealed therewith.

24 PART Z

25 Section 1. The insurance law is amended by adding a new section 344 to
26 read as follows:

1 § 344. Mental health and substance use disorder parity compliance
2 programs. (a) Pursuant to the Paul Wellstone and Pete Domenici Mental
3 Health Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a) and
4 the requirement to provide mental health and substance use disorder
5 coverage that is comparable to medical and surgical services as refer-
6 enced in sections three thousand two hundred sixteen, three thousand two
7 hundred twenty-one and four thousand three hundred three of this chap-
8 ter, the superintendent and the commissioner of health, in consultation
9 with the commissioner of addiction services and supports and the commis-
10 sioner of mental health, shall promulgate regulations prior to October
11 first, two thousand twenty to establish mental health and substance use
12 disorder parity compliance program requirements. Such regulations
13 shall, at a minimum, set forth requirements for policies and procedures
14 for compliance, impermissible practices, requirements for training and
15 education programs, public notification and remediation requirements and
16 methods for designating an employee of the insurer who is responsible
17 for ensuring parity compliance consistent with this chapter and federal
18 requirements.

19 (b) Penalties collected for violations of section three thousand two
20 hundred sixteen, three thousand two hundred twenty-one and four thousand
21 three hundred three of the insurance law prior to October first, two
22 thousand twenty shall be deposited into the general fund. Penalties
23 collected on or after October first, two thousand twenty for violations
24 of section three thousand two hundred sixteen, three thousand two
25 hundred twenty-one and four thousand three hundred three of the insur-
26 ance law related to mental health and substance use disorder parity
27 compliance and violations of regulations promulgated pursuant to this

1 section shall be deposited in a fund established pursuant to section
2 ninety-nine-hh of the state finance law.

3 § 2. The state finance law is amended by adding a new section 99-hh to
4 read as follows:

5 § 99-hh. Behavioral health parity compliance fund. 1. There is hereby
6 established in the custody of the state comptroller and the department
7 of taxation and finance a special fund to be known as the behavioral
8 health parity compliance fund.

9 2. Moneys in the behavioral health parity compliance fund shall be
10 kept separate from and shall not be commingled with any other moneys in
11 the custody of the comptroller or the commissioner of taxation and
12 finance. Provided, however that any moneys of the fund not required for
13 immediate use may, at the discretion of the comptroller, in consultation
14 with the director of the budget, be invested by the comptroller in obli-
15 gations of the United States or the state. The proceeds of any such
16 investment shall be retained by the fund as assets to be used for
17 purposes of this fund.

18 3. Such fund shall consist of all moneys required to be deposited
19 thereto pursuant to section three hundred forty-four of the insurance
20 law, section forty-four hundred fourteen of the public health law or any
21 other provision of law, monetary grants, gifts or bequests received by
22 the state, and all other moneys credited or transferred thereto from any
23 other fund or source.

24 4. Moneys of the fund shall only be expended for initiatives support-
25 ing parity implementation and enforcement on behalf of consumers,
26 including the behavioral health ombudsman program.

1 § 3. Section 4414 of the public health law, as added by chapter 2 of
2 the laws of 1998, and as further amended by section 104 of part A of
3 chapter 62 of the laws of 2011, is amended to read as follows:

4 § 4414. Health care compliance programs. 1. The commissioner of
5 health, after consultation with the superintendent of financial
6 services, shall by regulation establish standards and criteria for
7 compliance programs to be implemented by persons providing coverage or
8 coverage and service pursuant to any public or governmentally-sponsored
9 or supported plan for health care coverage or services. Such regulations
10 shall include provisions for the design and implementation of programs
11 or processes to prevent, detect and address instances of fraud and
12 abuse. Such regulations shall take into account the nature of the enti-
13 ty's business and the size of its enrolled population. The commissioner
14 of health and the superintendent of financial services shall accept
15 programs and processes implemented pursuant to section four hundred nine
16 of the insurance law as satisfying the obligations of this section and
17 the regulations promulgated thereunder when such programs and processes
18 incorporate the objectives contemplated by this section.

19 2. (a) Pursuant to the Paul Wellstone and Pete Domenici Mental Health
20 Parity and Addiction Equity Act of 2008 (29 U.S.C. § 1185a) and the
21 requirement to provide mental health and substance use disorder coverage
22 that is comparable to medical and surgical services as referenced in
23 section four thousand three hundred three of the insurance law, the
24 commissioner and the superintendent of financial services, in consulta-
25 tion with the commissioner of addiction services and supports and the
26 commissioner of mental health, shall promulgate regulations prior to
27 October first, two thousand twenty to establish mental health and
28 substance use disorder parity compliance program requirements. Such

1 regulations shall, at a minimum, set forth requirements for policies and
2 procedures for compliance, impermissible practices, requirements for
3 training and education programs, public notification and remediation
4 requirements and methods for designating an employee of the health main-
5 tenance organization who is responsible for ensuring parity compliance
6 consistent with this chapter and federal requirements.

7 (b) Notwithstanding any provisions of section twelve of this chapter
8 to the contrary, penalties collected from any health maintenance organ-
9 ization certified pursuant to this article resulting from a violation of
10 the health maintenance organization's mental health and substance use
11 disorder parity compliance program shall be deposited into the behav-
12 ioral health parity compliance fund as established pursuant to section
13 ninety-nine-hh of the state finance law.

14 § 4. This act shall take effect immediately and shall be deemed to
15 have been in full force and effect on and after April 1, 2020.

16 PART AA

17 Section 1. Subparagraph (iv) of paragraph c of subdivision 3 of
18 section 492 of the social services law, as added by section 1 of part B
19 of chapter 501 of the laws of 2012, is amended to read as follows:

20 (iv) when determined to be relevant to an investigation, contact the
21 statewide central register of child abuse and maltreatment to determine
22 whether the subject of the report has been or is currently the subject
23 of an indicated child abuse and maltreatment report on file with the
24 statewide central register of child abuse and maltreatment;

25 § 2. This act shall take effect immediately.

1

PART BB

2 Section 1. Subdivision (a) of section 16.03 of the mental hygiene law
3 is amended by adding a new paragraph 5 to read as follows:

4 (5) The provision of services approved in a medicaid state plan
5 authorized pursuant to section nineteen hundred two of the federal
6 social security act, including optional state plan services authorized
7 pursuant to subdivision (g) of section nineteen hundred fifteen of the
8 federal social security act, and designated by the commissioner of
9 health, in consultation with the commissioner, as being for persons with
10 developmental disabilities.

11 § 2. Subdivision (d) of section 16.03 of the mental hygiene law, as
12 added by chapter 786 of the laws of 1983, is amended to read as follows:

13 (d) The operation of a facility or provision of services for which an
14 operating certificate is required pursuant to this article shall be in
15 accordance with the terms of the operating certificate and the regu-
16 lations of the commissioner.

17 § 3. Subdivision (a) of section 16.11 of the mental hygiene law is
18 amended by adding a new paragraph 3 to read as follows:

19 (3) The review of providers of services, as defined in paragraph five
20 of subdivision (a) of section 16.03 of this article, shall ensure that
21 the provider of services complies with all the requirements of the
22 applicable federal regulations and rules and the regulations adopted by
23 the commissioner.

24 § 4. Paragraph (a) of subdivision 4 of section 488 of the social
25 services law, as amended by section 2 of part MM of chapter 58 of the
26 laws of 2015, is amended to read as follows:

1 (a) a facility or program in which services are provided and which is
2 operated, licensed or certified by the office of mental health, the
3 office for people with developmental disabilities or the office of
4 [alcoholism and substance abuse services] addiction services and
5 supports, including but not limited to psychiatric centers, inpatient
6 psychiatric units of a general hospital, developmental centers, interme-
7 diate care facilities, community residences, group homes and family care
8 homes, provided, however, that such term shall not include a secure
9 treatment facility as defined in section 10.03 of the mental hygiene
10 law, services defined in [subparagraph] paragraphs four and five of
11 subdivision (a) of section 16.03 of the mental hygiene law, or services
12 provided in programs or facilities that are operated by the office of
13 mental health and located in state correctional facilities under the
14 jurisdiction of the department of corrections and community supervision;
15 § 5. Subdivision 6 of section 2899 of the public health law, as
16 amended by section 3 of part C of chapter 57 of the laws of 2018, is
17 amended to read as follows:

18 6. "Provider" shall mean: (a) any residential health care facility
19 licensed under article twenty-eight of this chapter; or any certified
20 home health agency, licensed home care services agency or long term home
21 health care program certified under article thirty-six of this chapter;
22 any hospice program certified pursuant to article forty of this chapter;
23 or any adult home, enriched housing program or residence for adults
24 licensed under article seven of the social services law; or (b) [a
25 health home, or any subcontractor of such health home, who contracts
26 with or is approved or otherwise authorized by the department to provide
27 health home services to all those enrolled pursuant to a diagnosis of a
28 developmental disability as defined in subdivision twenty-two of section

1 1.03 of the mental hygiene law and enrollees who are under twenty-one
2 years of age under section three hundred sixty-five-1 of the social
3 services law, or] any entity that provides home and community based
4 services to enrollees who are under twenty-one years of age under a
5 demonstration program pursuant to section eleven hundred fifteen of the
6 federal social security act.

7 § 6. Paragraph (b) of subdivision 9 of section 2899-a of the public
8 health law, as amended by section 4 of part C of chapter 57 of the laws
9 of 2018, is amended to read as follows:

10 (b) Residential health care facilities licensed pursuant to article
11 twenty-eight of this chapter and certified home health care agencies and
12 long-term home health care programs certified or approved pursuant to
13 article thirty-six of this chapter [or a health home, or any subcontrac-
14 tor of such health home, who contracts with or is approved or otherwise
15 authorized by the department to provide health home services to all
16 those enrolled pursuant to a diagnosis of a developmental disability as
17 defined in subdivision twenty-two of section 1.03 of the mental hygiene
18 law and enrollees who are under twenty-one years of age under section
19 three hundred sixty-five-1 of the social services law,] or any entity
20 that provides home and community based services to enrollees who are
21 under twenty-one years of age under a demonstration program pursuant to
22 section eleven hundred fifteen of the federal social security act, may,
23 subject to the availability of federal financial participation, claim as
24 reimbursable costs under the medical assistance program, costs reflect-
25 ing the fee established pursuant to law by the division of criminal
26 justice services for processing a criminal history information check,
27 the fee imposed by the federal bureau of investigation for a national
28 criminal history check, and costs associated with obtaining the finger-

1 prints, provided, however, that for the purposes of determining rates of
2 payment pursuant to article twenty-eight of this chapter for residential
3 health care facilities, such reimbursable fees and costs shall be
4 reflected as timely as practicable in such rates within the applicable
5 rate period.

6 § 7. Subdivision 10 of section 2899-a of the public health law, as
7 amended by section 1 of part EE of chapter 57 of the laws of 2019, is
8 amended to read as follows:

9 10. Notwithstanding subdivision eleven of section eight hundred
10 forty-five-b of the executive law, a certified home health agency,
11 licensed home care services agency or long term home health care program
12 certified, licensed or approved under article thirty-six of this chapter
13 or a home care services agency exempt from certification or licensure
14 under article thirty-six of this chapter, a hospice program under arti-
15 cle forty of this chapter, or an adult home, enriched housing program or
16 residence for adults licensed under article seven of the social services
17 law, [or a health home, or any subcontractor of such health home, who
18 contracts with or is approved or otherwise authorized by the department
19 to provide health home services to all enrollees enrolled pursuant to a
20 diagnosis of a developmental disability as defined in subdivision twen-
21 ty-two of section 1.03 of the mental hygiene law and enrollees who are
22 under twenty-one years of age under section three hundred sixty-five-1
23 of the social services law,] or any entity that provides home and commu-
24 nity based services to enrollees who are under twenty-one years of age
25 under a demonstration program pursuant to section eleven hundred fifteen
26 of the federal social security act may temporarily approve a prospective
27 employee while the results of the criminal history information check and
28 the determination are pending, upon the condition that the provider

1 conducts appropriate direct observation and evaluation of the temporary
2 employee, while he or she is temporarily employed, and the care recipi-
3 ent; provided, however, that for [a health home, or any subcontractor of
4 a health home, who contracts with or is approved or otherwise authorized
5 by the department to provide health home services to all enrollees
6 enrolled pursuant to a diagnosis of developmental disability as defined
7 in subdivision twenty-two of section 1.03 of the mental hygiene law and
8 enrollees who are under twenty-one years of age under section three
9 hundred sixty-five-1 of the social services law, or] any entity that
10 provides home and community based services to enrollees who are under
11 twenty-one years of age under a demonstration program pursuant to
12 section eleven hundred fifteen of the federal social security act,
13 direct observation and evaluation of temporary employees shall not be
14 required until July first, two thousand nineteen. The results of such
15 observations shall be documented in the temporary employee's personnel
16 file and shall be maintained. For purposes of providing such appropriate
17 direct observation and evaluation, the provider shall utilize an indi-
18 vidual employed by such provider with a minimum of one year's experience
19 working in an agency certified, licensed or approved under article thir-
20 ty-six of this chapter or an adult home, enriched housing program or
21 residence for adults licensed under article seven of the social services
22 law, [a health home, or any subcontractor of such health home, who
23 contracts with or is approved or otherwise authorized by the department
24 to provide health home services to those enrolled pursuant to a diagno-
25 sis of a developmental disability as defined in subdivision twenty-two
26 of section 1.03 of the mental hygiene law and enrollees who are under
27 twenty-one years of age under section three hundred sixty-five-1 of the
28 social services law,] or any entity that provides home and community

1 based services to enrollees who are under twenty-one years of age under
2 a demonstration program pursuant to section eleven hundred fifteen of
3 the federal social security act. If the temporary employee is working
4 under contract with another provider certified, licensed or approved
5 under article thirty-six of this chapter, such contract provider's
6 appropriate direct observation and evaluation of the temporary employee,
7 shall be considered sufficient for the purposes of complying with this
8 subdivision.

9 § 8. This act shall take effect on the ninetieth day after it shall
10 have become a law; provided, however, that the amendments to subdivision
11 6 of section 2899 of the public health law made by section five of this
12 act shall not affect the expiration of such subdivision and shall be
13 deemed to expire therewith.

14 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
15 sion, section or part of this act shall be adjudged by any court of
16 competent jurisdiction to be invalid, such judgment shall not affect,
17 impair, or invalidate the remainder thereof, but shall be confined in
18 its operation to the clause, sentence, paragraph, subdivision, section
19 or part thereof directly involved in the controversy in which such judg-
20 ment shall have been rendered. It is hereby declared to be the intent of
21 the legislature that this act would have been enacted even if such
22 invalid provisions had not been included herein.

23 § 3. This act shall take effect immediately provided, however, that
24 the applicable effective date of Parts A through BB of this act shall be
25 as specifically set forth in the last section of such Parts.