## Health, Department of

### **Mission**

The mission of the Department of Health (DOH) is to ensure high quality health services are available to all New Yorkers. The Department is also the principal State agency that administers the Medicaid Program, the NY State of Health (NYSOH) Exchange, and other public health and health insurance programs.

The Department operates health care facilities including Helen Hayes Hospital, four veteran's nursing homes, and the Wadsworth Centers for Laboratories and Research. In addition, DOH conducts oversight of health professionals and all other health care facilities to ensure that high quality, cost effective, health care alternatives are provided throughout the State.

## **Organization and Staffing**

DOH is headed by a Commissioner, who is appointed by the Governor subject to Senate confirmation. The agency is organized into five major business units: the Office of Public Health; the Office of Primary Care and Health Systems Management; Institutional Management; the NY State of Health; and the Office of Health Insurance Programs which operates the Medicaid Program. Each of these business units contains multiple divisions and bureaus that work together to carry out DOH's mission.

The workforce is spread out across the state, encompassing employees of the central office in Albany, and five regional offices (located in Albany, Syracuse, New York City, Long Island, and Buffalo), the Wadsworth Center Public Health Laboratories, Helen Hayes Hospital (located in Haverstraw) as well as employees of the New York State Veterans' Homes (located in Oxford, Queens, Batavia, and Montrose).

## **Budget Highlights**

The FY 2025 Executive Budget recommends \$120.7 billion for DOH, including \$100.7 billion for Medicaid, \$11.7 billion for the Essential Plan, and \$8.3 billion for remaining health program spending. The FY 2025 budget contains a one-year appropriation construct for Medicaid, in contrast to prior years when the Medicaid program contained a two-year construct.

The Budget recommends a workforce of 6,209 full time equivalent employees (FTEs) for the Department. This is an increase of 152 FTEs from the FY 2024 Budget. The increase of 152 FTEs builds upon the progress made in last year's budget by directing the newly established EMS statewide taskforce to create five EMS zones.

Major budget initiatives include:

**Continuing the State Takeover of Local Medicaid Costs.** In FY 2025, the State will assume nearly \$7.4 billion in costs that would have otherwise been incurred by localities. This is an annual multi-billion-dollar relief package to the localities that continues to grow by billions of dollars, annually. Since 2015, the counties have saved \$45.3 billion due to the local takeover.

Implements the Medicaid 1115 Waiver Amendment. The Executive Budget implements the recently approved amendment to New York's Medicaid Section 1115 Demonstration, which allows New York to make investments in critical Medicaid initiatives that will improve health equity and strengthen New York's continuing efforts to build a health care system that benefits all New Yorkers.

The demonstration bundles a comprehensive series of actions to advance health equity, reduce health disparities, and strengthen access to primary and behavioral health care across the state, and will be supported through \$7.5 billion in funding over the next three years.

- CMS' approval allows New York to make large investments across a series of wide-ranging Medicaid
  initiatives, including establishing Social Care Networks to integrate health, behavioral, and social care
  services that connect high-need members to critical nutritional and housing support services; enhancing
  access to coordinated and comprehensive treatment for substance use disorders; investing in primary
  care and making long-term, sustainable investments in the State's health care workforce.
- The demonstration amendment also includes funding to support transition to a Medicaid Hospital Global Budget Initiative for a subset of financially distressed safety net hospitals, under which payments would be based on value rather than volume of care provided. This initiative will support essential safety net hospitals that help serve the most vulnerable populations and have significantly more adverse health risk factors and poorer health outcomes.
- The demonstration will address significant health care workforce shortages in safety net settings through

innovative career pathways training programs for front-line health and social care professionals that will increase access to culturally appropriate services. These career pathways training programs will train and educate for the purpose of creating a reliable healthcare workforce pipeline to address workforce shortages, as well as increasing opportunities for employment and career advancement.

- The workforce initiatives also include a loan repayment program for certain healthcare workforce
  professionals who commit to working in community-based practices in underserved areas, including
  dentists, psychiatrists, and clinical nurse specialists.
- New York will submit a new 1115 amendment to allow children to remain continuously enrolled in Medicaid
  and Child Health Plus up to age six, with the goal of preventing gaps in coverage during important
  developmental years and improving outcomes for long-term health and well-being.

**Safety Net Hospital Transformation Program.** The Budget makes financial resources available and authorizes regulatory flexibilities to encourage partnerships that improve the resilience of and preserve long-term access to safety-net institutions.

**Expand Access to Primary Care.** The Budget includes funding in FY 2025 to build upon the historic primary care investments in the FY 2024 Budget, continuing to invest in access to care. The Budget supports increases to Medicaid reimbursement for adult and children's mental health services provided in a hospital setting or a private physician practice, increasing rates for providers serving Medicaid members with intellectual, developmental, or physical disabilities, and expanding coverage of Adverse Childhood Experiences screening to all adults in Medicaid.

**Easing Access to Gender-Affirming Care.** The Budget takes several actions to ensure access to gender-affirming care for adult transgender and nonbinary members in the Medicaid program, such as removing or reducing barriers to accessing gender affirming surgery.

**Pharmacy Initiatives**. In the second year of the successful transition of Medicaid pharmacy benefit from the Medicaid Managed Care plans to the Fee-For-Service coverage, the Budget continues its re-investment in 340B providers including Ryan White Clinics, Federal Qualified Health Centers, and Hospitals.

The Budget will build on the current program and make additional post-transition program improvements to better manage physician administered drugs and enhance specialty pharmacy management. Additionally, the Budget enhances pharmacy oversight by eliminating "prescriber prevails" and coverage for certain over-the-counter products.

**Managed Care Procurement:** The Budget includes language that will provide \$300 million in out-year savings related to competitive procurement of all managed care programs in the Medicaid program.

**Other Medicaid Managed Care Actions.** The Budget increases plan penalties for non-compliance (\$5 million); eliminates one percent plan surplus payments (\$204 million); excludes Medicaid from the independent dispute resolution (IDR) process (\$7.5 million) and increases plan penalties for plans that do not enforce Electronic Visit Verification requirements.

**Mandatory Dual Special Needs Plan (DSNPs) Dental Coverage.** The Budget would shift coverage of Medicaid dental benefits for dual eligibles within DNSPs to the Medicare program. This action will result in savings of \$3 million in FY 2025.

**Discontinuing Supplemental Funding for Managed Care Quality Pools.** This proposal will eliminate certain supplemental Medicaid pools and provide savings of \$112 million State-share in FY 2025.

**Restructure Health Facility Reimbursement.** The Budget would restructure Medicaid capital reimbursement for hospitals and nursing homes, providing \$50 million in State share savings in FY 2025; and reduce funding under the Nursing Home Vital Access Provider Assurance Program (VAPAP) to match the current spending levels.

**Discontinue Wage Parity for Consumer Directed Personal Assistance (CDPAP) Program –** This proposal eliminates wage parity for the CDPAP in New York City and in Nassau, Suffolk, and Westchester counties, saving the State \$200 million in FY 2025 and \$400 million in the out-years.

**Restructuring the Health Homes Program.** The Budget builds upon last year's restructuring of the health home program to focus care management on the most severe, acute patients, to coordinate these services with the new 1115 waiver care management programs.

**Increases to the Medicaid Audit Target.** The Budget proposes an increase to the Medicaid Audit target. With the increased growth in Medicaid claims, the budget assumes an additional \$100 million in savings to the Medicaid program.

Unallocated Medicaid Savings - In addition to the defined actions, the FY 2025 Executive Budget recognizes

the need to ensure further cost controls within the long-term care sector and the broader Medicaid Program. This budget proposes to work with industry leaders and stakeholders to develop a suite of proposals to achieve an additional \$200 million in savings for long-term care programs and \$200 million in other areas of Medicaid spending growth.

**Health Delivery System Reform**: The Budget makes a series of investments to strengthen and stabilize the State's healthcare delivery system as follows:

- Allowing Healthcare Providers to Do More. The Budget includes legislation to allow New York to join
  the Interstate Licensure Compact and the Nurse Licensure Compact, which will make it easier for
  physicians and nurses licensed in other states to practice in New York, either physically or virtually, and
  make it easier for New York providers to offer virtual care to their patients who travel to other states.
  Additionally, the Budget expands the scope of practice of dentists, certified medication aides, physician
  assistants, and medical assistants—allowing more licensed and credential health care workers to provide
  critical care where patients need it most.
- Reforming Approval Processes of Healthcare Projects. The Budget will modify the Certificate of Need (CON) program such raising the financial thresholds that qualify a project for more detailed review and streamlining the application and approval processes, including for now-routine services.
- Revitalizing Emergency Medical Services (EMS) and Medical Transportation. The Budget builds
  upon the progress made in last year's budget by directing the newly established EMS statewide taskforce
  to create five "EMS zones." Additionally, the FY 2025 Executive budget advance legislation to make EMS
  an essential service to ensure that emergency medical service providers are required to respond to
  emergencies.

#### Strengthening Public Health and Aging Programs, Improving Health Outcomes

New York State continues its efforts to return to normal operations after the height of the COVID-19 pandemic, and ensure the State has robust capacity to respond to new public health threats.

The Budget makes a series of investments to support a healthier New York, with better care outcomes and improved health equity, including:

**Expanding the American Indian Health Program.** The Budget makes critical investment in AIHP to address inequities in access, with a heightened focus on access to quality dental care. The AIHP program will also begin a process to update its pharmaceutical management program to reduce costs.

**Increasing Funding for School-Based Health Centers.** The Budget further invests in access to primary care by increasing funding for school-based health centers to provide increased services, including dental services.

**Increasing Rates in Early Intervention.** The Budget supports a 5 percent Early Intervention reimbursement rate increase, and a 4 percent Early Intervention rate

modifier targeted to support rural & underserved areas.

**Modify Early Intervention Billing.** The Budget advances various administrative changes to more closely align the State's billing practices and provider claiming requirements with federal regulations resulting in State and local savings.

**Excess Medical Malpractice Reform.** The Budget includes a change to reconfigure the timing of payments under the program, splitting payments over two years.

**Increased Investment into Hepatitis C Prevention.** The Budget will invest an additional \$2 million into Hepatitis C Prevention and an annualized \$3 million thereafter to assist in the integration of Hepatitis C prevention in opioid prevention services, provide funding to local health departments to support disease surveillance, and invest in innovative Hepatitis C care models to support people who inject drugs.

**Improving Access and Transparency for Assisted Living Residences**. Make the Special Needs Assisted Living Residence (SNALR) voucher program permanent, allowing more New Yorkers to age in place in the most integrated setting possible.

**Modernizing Vital Records.** The Budget will direct the Department of Health to digitize records that are not yet electronic and implement intelligent document software, with the goal of creating a searchable system that automatically extracts information.

**Appointing a Director of Patient Advocacy.** The Budget supports the appointment of a Director of Patient Advocacy (DPA) to work across programs advocating for patient issues, such as billing and financial assistance concerns, and uphold the NY Hospital Patient Bill of Rights.

Ending Preventable Epidemics. The Budget includes a series of proposals to end preventable epidemics by:

- Requiring labs to report all negative HIV, syphilis, Hepatitis B and C (HBV/HCV) testing results to inform targeted intervention and address gaps in testing.
- Making testing for HIV part of a routine annual exam.
- Allowing pharmacists to administer vaccines, screen for diseases, and dispense medication.
- Allowing registered nurses to perform HBV testing without a patient-specific standing order.
- Increased Investment into Hepatitis C Prevention.

**Investments for Sexuality-Related Programs and the LGBTQ+ Community.** The Budget continues the prior year action of a \$12 million annual investment in sexuality-related programs, which includes \$2 million dollars of funding to support the programs of the Lorena Borjas Trans Wellness and Equity Fund, while including an additional \$1 million in the fund for workforce development for Transgender, Gender Non-Conforming, Non-Binary, & Intersex individuals.

**Protecting New Yorkers from Opioid Overdose.** The Budget provides funding to combat the opioid epidemic that has harmed New Yorkers from all walks of life, by:

- Permitting providers to distribute three-day supplies of buprenorphine.
- Updating controlled substances schedules
- Establishing a committee focusing on pain management
- Expanding harm reduction services.

**Mobile Prostate and Breast Cancer Screening Services.** The Executive Budget will invest \$4 million in the Roswell Park Cancer Institute (RPCI) to finance new mobile breast and prostate cancer screening vans and expanded cancer screening activities.

**Alleviating Data Privacy Concerns for Abortion Providers.** The Budget will direct the Department of Health to modernize technology for the electronic reporting of induced abortions, eliminating the need for paper records, and better providing safeguards of sensitive health information.

**Investing in Rare Disease Research.** The Budget invests in research into treating and curing rare diseases, including Amyotrophic Lateral Sclerosis (ALS), an aggressive neurodegenerative disease with a typical survival rate ranging from two to five years. The Budget establishes a permanent Rare Disease Advisory Council to develop a statewide plan to combat rare diseases.

For more information on this agency's budget recommendations located in the Executive Budget Briefing Book, click on the following link:

Briefing Book - Healthcare (PDF)

For more information on this agency's budget recommendations located in the Executive Budget Briefing Book, click on the following link:

## **Program Highlights**

### Child Health Plus (CHP)

CHP provides comprehensive health coverage for children up to age 19 with family incomes above Medicaid eligibility levels. Like Medicaid, CHP is administered by states with guidance from the Centers for Medicare and Medicaid Services (CMS) and is jointly funded by the Federal government and states. Currently, over 440,000 New York children receive health coverage through CHP. Families with incomes below 160 percent of the Federal Poverty Level (FPL) receive free coverage for their children while families with incomes over that threshold pay on a sliding scale from about \$9-\$60/month per child. Enrollees in CHP receive primary, preventive, specialty and inpatient care. The FY 2023 Enacted budget expanded benefits under CHP to align with Medicaid. These services include Children and Family Treatment and Support Services (CFTSS). Children's Home and Community Based Services (HCBS). Assertive Community Treatment (ACT), and Residential Rehabilitation for Youth (RRSY).

Federal funding for the Children's Health Insurance Program (CHIP) has been reauthorized through FFY 2027.

## Elderly Pharmaceutical Insurance Coverage (EPIC)

The EPIC program provides drug coverage to income-eligible seniors aged 65 and older to supplement out-of-pocket Medicare Part D costs. This program serves approximately 313,000 seniors annually and is financed entirely with State funds, which are offset by revenues from fees paid by EPIC members and rebates from drug

manufacturers for generic drugs.

The Affordable Care Act (ACA) provides a phase-out of the Medicare Part D coverage gap (ended January 2020). The closure of the coverage gap will result in Medicare Part D picking up a larger share of program costs that were previously covered in EPIC.

### Essential Plan (EP)

The EP provides health coverage for individuals with family incomes between 138 and 200 percent of the Federal Poverty Level (FPL) and for individuals from 0-138 percent FPL who are lawfully present in the United States but do not qualify for Medicaid due to their immigration status. The program has been extraordinarily successful, with nearly 1.2 million New Yorkers enrolling at the end of FY 2023. The State receives Federal funding through the Essential Plan Trust Fund equal to 95 percent of what would have been provided to EP-eligible enrollees had they enrolled in the second lowest cost Silver Plan through the NYSOH. The EP offers a comprehensive package of benefits which include primary, preventive, specialty and inpatient care.

The Executive Budget makes significant investments to the Essential Plan that would reduce consumer costs and help to provide increased revenue to providers, including hospitals. These actions include:

- Utilizing 1332 pass through funds to offer supplemental insurance subsidies to the QHP eligible individuals up to 350 percent of the FPL.
- Eliminating premiums for all EP enrollees.
- Eliminating cost sharing for individuals with certain chronic conditions.
- Eliminating all cost-sharing for pregnancy-related benefits and add coverage of for doula services.
- Eliminating non-hospital cost sharing for pregnancy and postpartum care for QHP eligible individuals.
- Increasing funding for substance use disorder treatment.
- Expanding coverage for services related to mitigating the health risks of climate change for persons with asthma.

#### Medicaid

Medicaid is a means-tested program that finances health care services to approximately 7.6 million low-income individuals and long-term care services for the elderly and disabled, primarily through payments to over 80,000 health care providers and more than 37 fully and partially capitated managed care plans. The Medicaid program is financed jointly by the State, the Federal government, and local governments. Eligible services include inpatient hospital care, outpatient hospital services, clinics, nursing homes, managed care, prescription drugs, home care and services provided in a variety of community-based settings (including mental health, substance abuse treatment, developmental disabilities services, school-based services and foster care services).

## NY State of Health (NYSOH)

In 2013, in accordance with the Federal Affordable Care Act, the Governor issued Executive Order #42 to establish a New York Health Benefit Exchange. The Exchange – NY State of Health – serves as a centralized marketplace to shop for, compare, and enroll in a health plan. The health plans offered through NY State of Health are significantly less expensive than those available in 2013, prior to the creation of the marketplace. NY State of Health is the only place where consumers can qualify to get help paying for coverage through premium tax credits. Currently, over 6.7 million, or over 1 in 3 New Yorkers, are enrolled in coverage through the marketplace. Commensurate with increased enrollment in NY State of Health, the number of uninsured New Yorkers has declined by over 1.3 million since 2010, and as of 2022, the share of uninsured in New York fell below five percent for the first time ever. The Budget includes \$612 million in total funding in FY 2025 for the operation of NYSOH.

#### Public Health

DOH promotes and protects the health of people and the communities where they live, learn, work, and play. These efforts work to prevent people from getting sick or injured and promote wellness. DOH staff are responsible for a wide range of public health issues including tracking disease outbreaks, educating the public about the health risks caused by alcohol and tobacco, and developing school nutrition programs. Major programs include:

General Public Health Work (GPHW). The GPHW program, authorized under Article 6 of Public Health
Law, provides reimbursement to counties and New York City for six mandated core public health services
(Family Health, Communicable Disease Control, Chronic Disease Prevention, Community Health
Assessment, Emergency Preparedness, and Environmental Health) by providing base grants and
covering 36 percent of the remaining net costs, except for New York City, which is 20 percent.

• Early Intervention (EI). The EI program provides a comprehensive array of therapeutic and support services to children under the age of three with confirmed disabilities (e.g., autism, cerebral palsy) or developmental delays. The program serves approximately 71,000 children annually and is jointly financed by Federal, State and local governments.

## ALL FUNDS APPROPRIATIONS (dollars)

<u>Category</u>	Available FY 2024	Appropriations Recommended FY 2025	Change From FY 2024	Reappropriations Recommended FY 2025
State Operations	4,502,665,000	3,054,755,000	(1,447,910,000)	4,994,282,000
Aid To Localities	211,567,871,916	116,639,611,315	(94,928,260,601	)252,753,918,000
Capital Projects	2,494,670,000	519,204,000	(1,975,466,000)	6,547,377,000
Total	218,565,206,916	120,213,570,315	(98,351,636,601	264,295,577,000

## NYS DOB | FY2025 Executive Budget | Agency Appropriations **ALL FUND TYPES**

## PROJECTED LEVELS OF EMPLOYMENT BY PROGRAM FILLED ANNUAL SALARIED POSITIONS

Program	FY 2024 Estimated FTEs 03/31/24	FY 2025 Estimated FTEs 03/31/25	FTE Change
Administration			
General Fund	1,279	1,279	0
Special Revenue Funds - Federal	73	73	0
Special Revenue Funds - Other	118	118	0
Capital Projects Funds - Other	1	1	0
Child Health Insurance			
Special Revenue Funds - Other	14	14	0
Center for Community Health			
Special Revenue Funds - Federal	435	435	0
Special Revenue Funds - Other	58	58	0
Center for Environmental Health		'	
Special Revenue Funds - Federal	79	79	0
Special Revenue Funds - Other	59	59	0
Capital Projects Funds - Federal	68	68	0
Capital Projects Funds - Other	50	50	0
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	8	8	0
Essential Plan		Į.	
General Fund	6	6	0
Health Care Reform Act Program			
Special Revenue Funds - Other	10	10	0
Institutional Management			
Special Revenue Funds - Other	1,472	1,472	0
Capital Projects Funds - Other	51	51	0
Medical Assistance Administration		I	
General Fund	907	907	0
Special Revenue Funds - Federal	807	807	0
Special Revenue Funds - Other	10	10	0
New York State of Health		'	
Special Revenue Funds - Other	74	74	0
Office of Health Insurance Programs			
Special Revenue Funds - Federal	4	4	0
Office of Primary Care and Health Systems Management			
Special Revenue Funds - Federal	65	65	0
Special Revenue Funds - Other	193	345	152
Wadsworth Center for Laboratories and Research	1		
Special Revenue Funds - Federal	44	44	0
Special Revenue Funds - Other	142	142	0
Capital Projects Funds - Other	30	30	0
Total	6,057	6,209	152

## NYS DOB | FY2025 Executive Budget | Agency Appropriations STATE OPERATIONS

## STATE OPERATIONS ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE APPROPRIATIONS (dollars)

Fund Type	Available FY 2024	Recommended FY 2025	Change
General Fund	1,161,295,000	734,731,000	(426,564,000)
Special Revenue Funds - Federal	2,929,001,000	1,895,613,000	(1,033,388,000)
Special Revenue Funds - Other	412,369,000	424,411,000	12,042,000
Total	4,502,665,000	3,054,755,000	(1,447,910,000)
Adjustments:			
Transfer(s) From			
Special Pay Bill			
General Fund	(943,000)		
Appropriated FY 2024	4,501,722,000		

## NYS DOB | FY2025 Executive Budget | Agency Appropriations STATE OPERATIONS

## STATE OPERATIONS ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS

(dollars)

Program	Available FY 2024	Recommended FY 2025	Change
AIDS Institute			•
Special Revenue Funds - Federal	600,000	600,000	0
Administration		I	
General Fund	240,855,000	243,309,000	2,454,000
Special Revenue Funds - Federal	11,188,000	11,188,000	0
Special Revenue Funds - Other	31,557,000	30,643,000	(914,000)
Center for Community Health			,
Special Revenue Funds - Federal	367,729,000	226,313,000	(141,416,000)
Special Revenue Funds - Other	4,494,000	4,494,000	0
Center for Environmental Health	'		
Special Revenue Funds - Federal	19,495,000	19,495,000	0
Special Revenue Funds - Other	8,870,000	8,862,000	(8,000)
Child Health Insurance			
Special Revenue Funds - Federal	138,500,000	138,500,000	0
Special Revenue Funds - Other	17,683,000	18,507,000	824,000
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	13,250,000	13,250,000	0
Essential Plan			
General Fund	91,378,000	95,343,000	3,965,000
Health Care Reform Act Program			
Special Revenue Funds - Other	18,731,000	18,172,000	(559,000)
Institutional Management			
General Fund	200,000	200,000	0
Special Revenue Funds - Other	191,111,000	191,111,000	0
Medical Assistance Administration			
General Fund	828,862,000	395,879,000	(432,983,000)
Special Revenue Funds - Federal	1,748,032,000	856,060,000	(891,972,000)
Special Revenue Funds - Other	3,081,000	1,541,000	(1,540,000)
New York State of Health			
Special Revenue Funds - Other	44,235,000	48,740,000	4,505,000
Office of Health Insurance Programs			
Special Revenue Funds - Federal	603,491,000	603,491,000	0
Special Revenue Funds - Other	6,517,000	6,517,000	0
Office of Primary Care and Health Systems Management			
Special Revenue Funds - Federal	26,353,000	26,353,000	0
Special Revenue Funds - Other	47,674,000	60,365,000	12,691,000
Wadsworth Center for Laboratories and Research	, , ,	, -	. , ,
Special Revenue Funds - Federal	13,613,000	13,613,000	0
Special Revenue Funds - Other	25,166,000	22,209,000	(2,957,000)
Total	4,502,665,000	3,054,755,000	

# NYS DOB | FY 2025 Executive Budget | Agency Appropriations STATE OPERATIONS - GENERAL FUND SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES FY 2025 RECOMMENDED (dollars)

	Total		Personal Service Regular (Annual Salaried)	
Program	Amount	Change	Amount	Change
Administration	146,925,000	1,757,000	144,703,000	1,757,000
Essential Plan	5,452,000	128,000	5,415,000	128,000
Medical Assistance Administration	59,097,000	(58,994,000)	58,787,000	(58,684,000)
Total	211,474,000	(57,109,000)	208,905,000	(56,799,000)

	Temporar (Nonannua		Holiday/Ov	ertime Pay
Program	Amount	Change	Amount	Change
Administration	329,000	0	1,893,000	0
Essential Plan	0	0	37,000	0
Medical Assistance Administration	65,000	(65,000)	245,000	(245,000)
Total	394,000	(65,000)	2,175,000	(245,000)

# STATE OPERATIONS - GENERAL FUND SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED APPROPRIATIONS AND CHANGES FY 2025 RECOMMENDED (dollars)

	Total		Supplies an	d Materials
Program	Amount	Change	Amount	Change
Administration	96,384,000	697,000	7,808,000	0
Essential Plan	89,891,000	3,837,000	10,000	0
Institutional Management	200,000	0	0	0
Medical Assistance Administration	336,782,000	(373,989,000)	524,000	(524,000)
Total	523,257,000	(369,455,000)	8,342,000	(524,000)

	Travel		Contractual Services	
Program	Amount	Change	Amount	Change
Administration	2,284,000	0	83,823,000	697,000
Essential Plan	23,000	0	89,850,000	3,837,000
Institutional Management	0	0	200,000	0
Medical Assistance Administration	300,000	(300,000)	334,858,000	(372,065,000)
Total	2,607,000	(300,000)	508,731,000	(367,531,000)

	Equipment				
Program	Amount Change				
Administration	2,469,000	0			
Essential Plan	8,000	0			
Medical Assistance Administration	1,100,000	(1,100,000)			
Total	3,577,000	(1,100,000)			

## STATE OPERATIONS - OTHER THAN GENERAL FUND SUMMARY OF APPROPRIATIONS AND CHANGES FY 2025 RECOMMENDED (dollars)

	Tot	al	Personal	Service
Program	Amount	Change	Amount	Change
AIDS Institute	600,000	0	0	0
Administration	41,831,000	(914,000)	16,131,000	(700,000)
Center for Community Health	230,807,000	(141,416,000)	65,939,000	2,150,000
Center for Environmental Health	28,357,000	(8,000)	13,282,000	(9,000)
Child Health Insurance	157,007,000	824,000	49,039,000	152,000
Elderly Pharmaceutical Insurance Coverage	13,250,000	0	2,275,000	0
Health Care Reform Act Program	18,172,000	(559,000)	896,000	0
Institutional Management	191,111,000	0	120,836,000	0
Medical Assistance Administration	857,601,000	(893,512,000)	46,250,000	(56,243,000)
New York State of Health	48,740,000	4,505,000	5,023,000	220,000
Office of Health Insurance Programs	610,008,000	0	74,028,000	0
Office of Primary Care and Health Systems Management	86,718,000	12,691,000	40,009,000	13,273,000
Wadsworth Center for Laboratories and Research	35,822,000	(2,957,000)	16,163,000	(768,000)
Total	2,320,024,000	(1,021,346,000)	449,871,000	(41,925,000)

	Nonpersonal Service			
Program	Amount	Change		
AIDS Institute	600,000	0		
Administration	25,700,000	(214,000)		
Center for Community Health	164,868,000	(143,566,000)		
Center for Environmental Health	15,075,000	1,000		
Child Health Insurance	107,968,000	672,000		
Elderly Pharmaceutical Insurance Coverage	10,975,000	0		
Health Care Reform Act Program	17,276,000	(559,000)		
Institutional Management	70,275,000	0		
Medical Assistance Administration	811,351,000	(837,269,000)		
New York State of Health	43,717,000	4,285,000		
Office of Health Insurance Programs	535,980,000	0		
Office of Primary Care and Health Systems Management	46,709,000	(582,000)		
Wadsworth Center for Laboratories and Research	19,659,000	(2,189,000)		
Total	1,870,153,000	(979,421,000)		

## AID TO LOCALITIES ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE APPROPRIATIONS (dollars)

Fund Type	Available FY 2024	Recommended FY 2025	Change
Fiduciary	150,000,000	150,000,000	0
General Fund	57,961,107,971	30,689,039,370	(27,272,068,601)
Special Revenue Funds - Federal	140,034,442,945	77,943,540,945	(62,090,902,000)
Special Revenue Funds - Other	13,422,321,000	7,857,031,000	(5,565,290,000)
Total	211,567,871,916	116,639,611,315	(94,928,260,601)

## AID TO LOCALITIES ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

	Available	Recommended	
Program	FY 2024	FY 2025	Change
AIDS Institute	105.040.000	100 107 070	4 007 070
General Fund	125,849,200	130,187,070	4,337,870
Special Revenue Funds - Federal	600,000	600,000	0
Administration			  -
General Fund	266,000	266,000	0
Center for Community Health			
General Fund	808,592,771	782,579,300	(26,013,471)
Special Revenue Funds - Federal	1,083,918,945	1,083,918,945	0
Special Revenue Funds - Other	6,165,000	6,165,000	0
Center for Environmental Health			I
General Fund	6,512,000	6,512,000	
Special Revenue Funds - Federal	6,227,000	6,227,000	0
Special Revenue Funds - Other	9,560,000	9,560,000	0
Child Health Insurance			
Special Revenue Funds - Federal	1,764,098,000	1,537,954,000	(226,144,000)
Special Revenue Funds - Other	969,008,000	1,106,789,000	137,781,000
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	93,217,000	93,217,000	0
Essential Plan			
General Fund	386,218,000	1,000,000	(385,218,000)
Special Revenue Funds - Federal	8,587,552,000	11,601,403,000	3,013,851,000
Health Care Reform Act Program			
Special Revenue Funds - Other	362,820,000	317,525,000	(45,295,000)
Medical Assistance			
General Fund	55,082,674,000	28,977,411,000	(26,105,263,000
Special Revenue Funds - Federal	126,829,747,000	62,671,788,000	(64,157,959,000)
Special Revenue Funds - Other	11,954,931,000	6,298,145,000	(5,656,786,000)
Medical Assistance Administration			
General Fund	1,543,100,000	771,550,000	(771,550,000)
Special Revenue Funds - Federal	1,441,300,000	720,650,000	(720,650,000)
Office of Health Insurance Programs			
General Fund	2,061,000	120,000	(1,941,000)
Special Revenue Funds - Federal	320,000,000	320,000,000	0
Special Revenue Funds - Other	2,930,000	2,930,000	0
Office of Primary Care and Health Systems Managemen	t		1
Fiduciary	150,000,000	150,000,000	0
General Fund	5,258,000	13,927,000	8,669,000
Special Revenue Funds - Federal	1,000,000	1,000,000	
Special Revenue Funds - Other	12,560,000	11,570,000	(990,000)
Wadsworth Center for Laboratories and Research			, , ,
General Fund	577,000	5,487,000	4,910,000
Special Revenue Funds - Other	11,130,000	11,130,000	
- p - 3	, . 55,550	, . 55,550	

## CAPITAL PROJECTS ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

	•			
Comprehensive Construction Program	Available FY 2024	Recommended FY 2025	Change	Reappropriations FY 2025
All Payers Claims Database				
Capital Projects Fund - HCRA	10,000,000	10,000,000	0	0
Capital Restructuring Program for Healtl	n Care and Relate	d Facilities		
Capital Projects Fund - Authority Bonds	0	0	0	383,707,000
Economic Development				
Capital Projects Fund - Authority Bonds	967,000,000	0	(967,000,000)	1,660,114,000
Facilities Maintenance and Operations				
Capital Projects Fund	12,266,000	9,000,000	(3,266,000)	0
Health Care Data Modernization			l	
Capital Projects Fund - HCRA	30,000,000	0	(30,000,000)	30,000,000
Health Care Facility Transformation Pro-	gram		1	
Capital Projects Fund	10,000,000	0	(10,000,000)	10,000,000
Capital Projects Fund - Authority Bonds	990,000,000	0	(990,000,000)	3,496,474,000
IT Initiatives Program			'	
Health Care IT Capital	10,000,000	10,000,000	0	8,786,000
Laboratories and Research			'	
Capital Projects Fund	12,000,000	12,000,000	0	30,663,000
Maintenance and Improvements of Exist	ing Institutions			
Capital Projects Fund	7,600,000	7,600,000	0	33,575,000
Capital Projects Fund - HCRA	51,304,000	55,304,000	4,000,000	0
Safety and Security Projects for at Risk	Facilities			
Capital Projects Fund - Authority Bonds	0	18,300,000	18,300,000	0
Statewide Health Information Network F	or New York			
Capital Projects Fund - HCRA	32,500,000	35,000,000	2,500,000	0
Veterans Affairs				
Federal Capital Projects Fund	0	0	0	6,680,000
Water Resources				
Capital Projects Fund	2,000,000	2,000,000	0	2,000,000
Capital Projects Fund - Authority Bonds	30,000,000	30,000,000	0	43,314,000
Federal Capital Projects Fund	330,000,000	330,000,000	0	842,064,000
Total	2,494,670,000	519,204,000	(1,975,466,000)	6,547,377,000

Note: Most recent estimates as of 01/16/2024