

Amend Senate S6808, Assembly A9808, A BUDGET BILL, AN ACT to amend the elder law, in relation to reimbursement to participating provider pharmacies

Page	Line	Amendment
Page 1,	Unnumbered line 2 (AN ACT CLAUSE),	After "pharmacies" insert ", prescription drug coverage"
Page 4,	Line 34,	Before "two of section" strike out " <u>sion</u> " and insert " <u>sions one or</u> "
Page 13,	Line 44,	After "section" strike out "twenty-three" and insert "twenty-four"
Page 14,	Line 8,	After "section" strike out "twenty-three" and insert "twenty-four"
Page 16,	Between lines 40 and 41,	<p>Insert "§28. Paragraph a of subdivision 3 of section 903 of the education law, as designated by chapter 281 of the laws of 2007, is amended to read as follows:</p> <p>a. Within thirty days after the student's entrance in such schools or grades, the health certificate shall be submitted to the principal or his or her designee and shall be filed in the student's cumulative health record. If such student does not present a health certificate as required in this section, unless he or she has been accommodated on religious grounds, the principal or the principal's designee shall cause a notice to be sent to the parents or person in parental relationship to such student that if the required health certificate is not furnished within thirty days from the date of such notice, an examination will be made of such student, as provided in this article. Each school and school district chosen as part of an appropriate sampling methodology shall participate in surveys directed by the commissioner of health pursuant to the public health law in relation to students' BMI and weight status categories as reported on the school health certificate and which shall be subject to audit by the commissioner of health. Such surveys shall contain the information required pursuant to [this subdivision] <u>subdivision one of this section</u> in relation to students' BMI and weight status categories in aggregate. Parents or other persons in parental relation to a student may refuse to have the student's BMI and weight status category included in such survey. Each school and school district shall provide the commissioner of health with any information, records and reports he or she</p>

may require for the purpose of such audit. The BMI and weight status survey and audit as described in this subdivision shall be conducted consistent with confidentiality requirements imposed by federal law.

§29. Subdivision 1 of section 241 of the elder law, as amended by section 11 of part B of chapter 57 of the laws of 2006, is amended to read as follows:

1. "Covered drug" shall mean a drug dispensed subject to a legally authorized prescription pursuant to section sixty-eight hundred ten of the education law, and insulin, an insulin syringe, or an insulin needle. Such term shall not include: (a) any drug determined by the commissioner of the federal food and drug administration to be ineffective or unsafe; (b) any drug dispensed in a package, or form of dosage or administration, as to which the commissioner of health finally determines in accordance with the provisions of section two hundred fifty of this title that a less expensive package, or form of dosage or administration, is available that is pharmaceutically equivalent and equivalent in its therapeutic effect for the general health characteristics of the eligible program participant population; (c) any device for the aid or correction of vision; (d) any drug, including vitamins, which is generally available without a physician's prescription; [and] (e) drugs for the treatment of sexual or erectile dysfunction, unless such drugs are used to treat a condition, other than sexual or erectile dysfunction, for which the drugs have been approved by the federal food and drug administration; and (f) a brand name drug for which a multi-source therapeutically and generically equivalent drug, as determined by the federal food and drug administration, is available, unless previously authorized by the elderly pharmaceutical insurance coverage program, provided, however, that the elderly pharmaceutical insurance coverage panel is authorized to exempt, for good cause shown, any brand name drug from such restriction, and provided further that such restriction shall not apply to any drug that is included on the preferred drug list under section two hundred seventy-two of the public health law or is in the clinical drug review program under section two hundred seventy-four of the public health law to the extent that the preferred drug

program and the clinical drug review program are applied to the elderly pharmaceutical insurance coverage program pursuant to section two hundred seventy-five of the public health law, or to any drug covered under a program participant's Medicare part D or other primary insurance plan. Any of the drugs enumerated in the preceding sentence shall be considered a covered drug or a prescription drug for purposes of this article if it is added to the preferred drug list under article two-A of the public health law. For the purpose of this title, except as otherwise provided in this section, a covered drug shall be dispensed in quantities no greater than a thirty day supply or one hundred units, whichever is greater. In the case of a drug dispensed in a form of administration other than a tablet or capsule, the maximum allowed quantity shall be a thirty day supply; the panel is authorized to approve exceptions to these limits for specific products following consideration of recommendations from pharmaceutical or medical experts regarding commonly packaged quantities, unusual forms of administration, length of treatment or cost effectiveness. In the case of a drug prescribed pursuant to section thirty-three hundred thirty-two of the public health law to treat one of the conditions that have been enumerated by the commissioner of health pursuant to regulation as warranting the prescribing of greater than a thirty day supply, such drug shall be dispensed in quantities not to exceed a three month supply.

§30. Subdivision 4 of section 272 of the public health law, as added by section 10 of part C of chapter 58 of the laws of 2005, is amended to read as follows:

4. Notwithstanding any other provision of law to the contrary, no preferred drug program or prior authorization requirement for prescription drugs, except as created by this article, paragraph (a-1) or (a-2) of subdivision four of section three hundred sixty-five-a of the social services law, [and] paragraph (g) of subdivision two of section three hundred and sixty-five-a of the social services law, subdivision one of section two hundred forty-one of the elder law, or paragraph (i) of subdivision three of section two hundred forty-two of the elder law, shall apply to the state public health plans.

		<p>§31. Paragraphs (c) and (g) of subdivision 3 of section 242 of the elder law, paragraph (c) as amended by section 4 of part A of chapter 58 of the laws of 2005 and paragraph (g) as added by section 3 of part B of chapter 58 of the laws of 2007, are amended, and a new paragraph (i) of subdivision 3 is added, to read as follows:</p> <p>(c) The fact that some of an individual's prescription drug expenses are paid or reimbursable under the provisions of the medicare program shall not disqualify an individual, if he or she is otherwise eligible, from receiving assistance under this title. In such cases, the state shall, <u>subject to the provisions of paragraph (i) of this subdivision</u>, pay the portion of the cost of those prescriptions for qualified drugs for which no payment or reimbursement is made by the medicare program or any federally funded prescription drug benefit, less the participant's co-payment required on the amount not paid by the medicare program. In addition, the participant registration fee charged to eligible program participants for comprehensive coverage pursuant to section two hundred forty-seven of this title shall be waived for the portion of the annual coverage period that the participant is also enrolled as a transitional assistance beneficiary in the medicare prescription drug discount card program, authorized pursuant to title XVIII of the federal social security act, provided that: (i) any sponsor of such drug discount card program has signed an agreement to complete coordination of benefit functions with EPIC, and has been endorsed by the EPIC panel; or (ii) any exclusive sponsor of such drug discount card program authorized pursuant to title XVIII of the federal social security act that limits the participants to the medicare prescription drug discount card program sponsored by such exclusive sponsor, shall coordinate benefits available under such discount card program with EPIC. The participant registration fee charged to eligible program participants for comprehensive coverage pursuant to section two hundred forty-seven of this title shall be waived for the portion of the annual coverage period that the participant is also enrolled as a full subsidy individual in a prescription drug or MA-PD plan under Part D of title XVIII of the federal social security act.</p> <p>(g) The elderly pharmaceutical insurance</p>
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		<p>coverage program is authorized and directed to conduct an enrollment program to facilitate, in as prompt and streamlined a fashion as possible, the enrollment into Medicare part D of program participants who are required by the provisions of this section to enroll in part D. Provided, however, that a participant shall not, <u>subject to the provisions of paragraph (i) of this subdivision</u>, be prevented from receiving his or her drugs immediately at the pharmacy under the elderly pharmaceutical insurance coverage program as a result of such participant's enrollment in Medicare part D.</p> <p><u>(i) The elderly pharmaceutical insurance coverage program is authorized to establish prior authorization requirements for drugs that: are covered Medicare part D drugs as defined in section 1860D-2(e) of the federal social security act; are prescribed for program participants who are enrolled in Medicare part D; and for which the participant's part D prescription drug plan or MA-PD plan has not provided coverage. Prior authorization criteria under this paragraph are to be established by the panel and shall include, without limitation, a requirement for an approval of at least a 72-hour supply of a drug in an emergency situation and a requirement for a program response within 24 hours of a request for prior authorization and a requirement that if after exhaustion of any and all appeals available under Medicare with respect to the prescribed drug, the prescriber, in his or her reasonable professional judgment, determines that the use of the drug not covered by Medicare but otherwise covered by EPIC is warranted, the prescriber's determination shall be final."</u></p>
Page 16,	Line 41,	Strike out "§28" and insert "§32"
Page 16,	Line 45,	After "July 1, 2008;" insert "provided, however, that section 28 of this act shall take effect September 1, 2008; provided further, that sections twenty-nine, thirty, and thirty-one of this act shall take effect October 1, 2008;"
Page 25,	Line 44,	After "thousand six," insert "[" and after "and" insert "]"
Page 25,	Line 45,	After "thousand seven," insert " <u>up to twenty million dollars annually for the period January first, two thousand eight through December thirty-first, two thousand</u>

		<u>ten, and up to five million dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven,</u> "
Page 37,	Line 35,	After " <u>hundred</u> " strike out " <u>one</u> " and insert " <u>three</u> "
Page 37,	Line 36,	Before " <u>thousand</u> " strike out " <u>five hundred</u> " and insert " <u>seven hundred fifty</u> "
Page 37,	Line 39,	After " <u>hundred</u> " strike out " <u>twenty-nine</u> " and insert " <u>thirty-one</u> " and after " <u>million</u> " insert " <u>two hundred fifty thousand</u> "
Page 37,	Line 42,	After " <u>hundred</u> " strike out " <u>seventy-nine</u> " and insert " <u>eighty-one</u> " and after " <u>million</u> " insert " <u>two hundred fifty thousand</u> "
Page 37,	Line 45,	After " <u>up to</u> " strike out " <u>forty-four</u> " and insert " <u>forty-five</u> "
Page 37,	Line 45,	After " <u>million</u> " strike out " <u>seven</u> " and insert " <u>three</u> "
Page 37,	Line 45,	After " <u>hundred</u> " strike out " <u>fifty</u> " and insert " <u>twelve</u> "
Page 37,	Line 45,	After " <u>thousand</u> " insert " <u>five hundred</u> "
Page 38,	Line 18,	After " <u>hundred</u> " strike out " <u>one</u> " and insert " <u>three</u> "
Page 38,	Line 19,	Before " <u>thousand</u> " strike out " <u>five hundred</u> " and insert " <u>seven hundred fifty</u> "
Page 38,	Line 22,	After " <u>hundred</u> " strike out " <u>twenty-nine</u> " and insert " <u>thirty-one</u> " and after " <u>million</u> " insert " <u>two hundred fifty thousand</u> "
Page 38,	Line 25,	After " <u>hundred</u> " strike out " <u>seventy-nine</u> " and insert " <u>eighty-one</u> " and after " <u>million</u> " insert " <u>two hundred fifty thousand</u> "
Page 38,	Line 28,	After " <u>up to</u> " strike out " <u>forty-four</u> " and insert " <u>forty-five</u> "
Page 38,	Line 28,	After " <u>million</u> " strike out " <u>seven</u> " and insert " <u>three</u> "
Page 38,	Line 28,	After " <u>hundred</u> " strike out " <u>fifty</u> " and insert " <u>twelve</u> "
Page 38,	Line 28,	After " <u>thousand</u> " insert " <u>five hundred</u> "
Page 40,	Line 28,	After " <u>hundred</u> " strike out " <u>twenty-five</u> " and insert " <u>sixteen</u> "

Page 40,	Line 33,	After " <u>hundred</u> " strike out " <u>twenty-five</u> " and insert " <u>sixteen</u> "
Page 40,	Line 37,	After " <u>hundred</u> " strike out " <u>twenty-five</u> " and insert " <u>sixteen</u> "
Page 40,	Line 41,	After " <u>(xii)</u> " strike out " <u>thirty-one</u> " and insert " <u>twenty-nine</u> " and after " <u>million</u> " strike out " <u>four hundred eighty-seven</u> " insert " <u>two hundred thirty-seven</u> "
Page 42,	Line 37,	Before " <u>million</u> " strike out " <u>eighty-one</u> " and insert " <u>sixty-five</u> "
Page 42,	Line 37,	Strike out " <u>five</u> " and insert " <u>seven</u> "
Page 42,	Line 40,	After " <u>hundred</u> " strike out " <u>seventy</u> " and insert " <u>thirty-two</u> "
Page 42,	Line 40,	After " <u>million</u> " strike out " <u>eight</u> " and insert " <u>four</u> "
Page 42,	Line 40,	Before " <u>thousand dollars</u> " insert " <u>seventy-five</u> "
Page 42,	Line 43,	Before " <u>million</u> " strike out " <u>ninety-six</u> " and insert " <u>forty-two</u> "
Page 42,	Line 43,	Before " <u>hundred</u> " strike out " <u>eight</u> " and insert " <u>five</u> "
Page 42,	Line 43,	Before " <u>thousand dollars</u> " insert " <u>fifty</u> "
Page 42,	Line 46,	After " <u>(xii)</u> " strike out " <u>ninety-nine</u> " and insert " <u>eighty-seven</u> "
Page 57,	Line 49,	Before " <u>hundred</u> " strike out " <u>four</u> " and insert " <u>five</u> "
Page 57,	Line 49,	Before " <u>million</u> " strike out " <u>thirty-four</u> " and insert " <u>seventy-eight</u> "
Page 57,	Line 49,	After " <u>million</u> " insert " <u>nine hundred twenty five thousand</u> "
Page 57,	Line 53,	After " <u>up to</u> " strike out " <u>four</u> " and insert " <u>five</u> "
Page 57,	Line 53,	Before " <u>million</u> " strike out " <u>forty-one</u> " and insert " <u>fifty</u> "
Page 57,	Line 53,	After " <u>million</u> " strike out " <u>five hundred thousand</u> "
Page 58,	Line 1,	After " <u>up to</u> " strike out " <u>four</u> " and insert " <u>three</u> "

Page 58,	Line 1,	Before " <u>million</u> " strike out " <u>fifty-three</u> " and insert " <u>twenty</u> "
Page 58,	Line 1,	After " <u>million</u> " strike out " <u>seven</u> " and insert " <u>six</u> "
Page 58,	Line 1,	Before " <u>thou-</u> " strike out " <u>fifty</u> " and insert " <u>twenty-five</u> "
Page 58,	Line 4,	After " <u>up to</u> " strike out " <u>one hundred fourteen</u> " and insert " <u>sixty-one</u> "
Page 58,	Line 4,	After " <u>million</u> " strike out " <u>two</u> " and insert " <u>one</u> "
Page 58,	Line 4,	Before " <u>thousand</u> " strike out " <u>fifty</u> " and insert " <u>twenty-five</u> "
Page 59,	Line 40,	Before " <u>million</u> " strike out " <u>sixty-two</u> " and insert " <u>seventy</u> "
Page 59,	Line 40,	After "[<u>seven</u> " strike out "]" and before " <u>hundred</u> " strike out " <u>one</u> " and after " <u>hundred</u> " insert "]"
Page 59,	Line 41,	Before " <u>thousand dollars</u> " strike out " <u>fifty</u> " and insert " <u>twenty-five</u> "
Page 59,	Line 43,	After " <u>six hundred</u> " insert " <u>ten</u> "
Page 59,	Line 43,	After " <u>million</u> " strike out " <u>two</u> " and insert " <u>seven</u> "
Page 59,	Line 46,	After " <u>six hundred</u> " strike out " <u>sixteen</u> " and insert " <u>twenty-seven</u> "
Page 59,	Line 46,	After " <u>million</u> " strike out " <u>seven</u> " and insert " <u>two</u> "
Page 59,	Line 49,	After " <u>one hundred</u> " strike out " <u>fifty-five</u> " and insert " <u>fifty-seven</u> "
Page 59,	Line 49,	After " <u>million</u> " strike out " <u>two hundred fifty</u> " and insert " <u>eight hundred seventy-five</u> "
Page 70,	Line 21,	After " <u>up to</u> " strike out " <u>\$137,000,000</u> " and insert " <u>\$182,000,000</u> "
Page 71,	Line 53,	After " <u>seven hundred</u> " insert " <u>fifty</u> "
Page 71,	Line 56,	Before " <u>hundred</u> " strike out " <u>eight</u> " and insert " <u>nine</u> "
Page 71,	Line 56,	After " <u>hundred</u> " strike out " <u>eighty-nine</u> " and insert " <u>thirty-nine</u> "

Page 72,	Line 3,	Before " <u>million</u> " strike out " <u>twenty-two</u> " and insert " <u>thirty-four</u> "
Page 72,	Line 3,	After " <u>million</u> " strike out " <u>two</u> " and insert " <u>seven</u> "
Page 72,	Between lines 42 and 43,	Insert " <u>(xii) The clinical review plan submitted in accordance with this paragraph may be reviewed by the commissioner in consultation with experts outside the department of health.</u> "
Page 73,	Line 49,	After " <u>means</u> " insert " <u>, for purposes of subparagraph (i) of paragraph (b) of subdivision five-a of this section,</u> "
Page 73,	Line 50,	After " <u>residency</u> " insert " <u>in the United States</u> "
Page 74,	Line 15,	After " <u>this section,</u> " insert " <u>except distributions made in accordance with paragraph (a) of subdivision five-a of this section,</u> "
Page 77,	Lines 51 through 53,	After " <u>however,</u> " strike out " <u>distributions shall be made within the regions as defined in paragraph (m) of subdivision one of this section and,</u> "
Page 78,	Line 1,	After " <u>New York,</u> " insert " <u>distributions shall be made using two regions defined as New York city and the rest of the state and</u> "
Page 78,	Lines 36 and 37,	After " <u>nine</u> " strike out " <u>and updated each year thereafter,</u> "
Page 78,	Line 53,	After " <u>nearest</u> " strike out " <u>on</u> " and insert " <u>one</u> "
Page 80,	Lines 54 through 56,	After " <u>commissioner</u> " strike out " <u>with no less than fifty percent of the funds available to be distributed to general hospitals</u> "
Page 81,	Line 1,	After " <u>first be</u> " strike out " <u>distributed to</u> " and insert " <u>awarded to repay loans of up to twenty-five physicians who train in primary care or specialty tracks in</u> "
Page 81,	Lines 2 and 3,	Strike out " <u>for up to twenty-five awards, to repay loans of physicians who train in primary care or specialty tracks</u> "
Page 81,	Line 3,	After " <u>, and</u> " insert " <u>who</u> "
Page 81,	Line 7,	After " <u>shall be</u> " strike out " <u>distributed to physicians,</u> " and insert " <u>awarded to repay</u> "

		<u>loans of physicians who enter and remain in primary care or specialty practices in underserved communities, as determined by the commissioner, including but not limited to physicians working in"</u>
Page 81,	Line 8,	After " <u>health care</u> " strike out " <u>providers to repay loans</u> " and insert " <u>facilities</u> "
Page 81,	Between lines 8 and 9,	Insert "(iii) <u>In no case shall less than fifty percent of the funds available pursuant to this paragraph be distributed in accordance with subparagraphs (i) and (ii) of this paragraph to physicians identified by general hospitals.</u> "
Page 81,	Lines 20 through 23,	After " <u>distributed</u> " strike out " <u>pursuant to a request for application or request for proposal process with no less than fifty percent of the funds available to be awarded to general hospitals to administer as part of their recruitment packages and further</u> " and insert " <u>in a manner to be determined by the commissioner</u> "
Page 81,	Line 24,	After "(i)" strike out " <u>Funding</u> " and insert " <u>Preference in funding</u> " and after " <u>first be</u> " strike out " <u>awarded</u> " and insert " <u>accorded</u> "
Page 81,	Between lines 33 and 34,	Insert "(iii) <u>In no case shall less than fifty percent of the funds available pursuant to this paragraph be distributed to general hospitals in accordance with subparagraphs (i) and (ii) of this paragraph.</u> "
Page 83,	Line 42,	After " <u>awards</u> " strike out "':"
Page 83,	Line 43,	Before " <u>to primary</u> " strike out "(i)"
Page 83,	Line 55,	After " <u>area</u> " strike out "; and" and insert "."
Page 84,	Line 1 through 4,	Strike out " <u>(ii) to general hospitals and other health care providers to administer as part of their recruitment packages; provided the loan repayment awards shall be administered consistent with the provisions of this subdivision.</u> "
Page 84,	Line 27,	After " <u>obligation</u> " insert " <u>and repayment amounts</u> "
Page 84,	Lines 27 and 28,	After " <u>forth in</u> " strike out " <u>subparagraph (i) of paragraph</u> " and insert " <u>paragraphs</u> "

Page 84,	Line 28,	After " <u>(a)</u> " insert " <u>and (c), respectively</u> "
Page 104,	Line 23,	After " <u>or after</u> " strike out " <u>September</u> " and insert " <u>July</u> "
Page 104,	Lines 38 and 39,	Strike out " <u>(e) for periods on or after July first, two thousand eight, amounts as follows:</u> "
Page 111,	Line 29,	After " <u>implement a</u> " strike out " <u>speciality</u> " and insert " <u>specialty</u> "
Page 113,	Line 20,	After "equal to" strike out "seventy-five" and insert "sixty-five"
Page 115,	Line 34,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 115,	Line 50,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 116,	Line 3,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 116,	Between lines 9 and 10,	Insert " <u>(E) Capital cost reimbursement for general hospitals otherwise subject to the provisions of this paragraph shall remain subject to the provisions of subdivision eight of this section.</u> "
Page 116,	Line 32,	After " <u>subparagraph (i)</u> " insert " <u>,</u> "
Page 116,	Line 54,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 117,	Line 14,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 117,	Line 32,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 118,	Line 9,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 118,	Line 23,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 118,	Line 37,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 119,	Line 11,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 119,	Line 22,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "

Page 119,	Line 35,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 119,	Line 56,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 120,	Line 11,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 120,	Line 22,	After " <u>percent of</u> " insert " <u>the operating cost component of</u> "
Page 120,	Between lines 44 and 45,	Insert " <u>(vii) Capital cost reimbursement for general hospitals otherwise subject to the provisions of this paragraph shall remain subject to the provisions of subdivision eight of this section.</u> "
Page 120,	Line 45,	Strike out " <u>(vii)</u> " insert " <u>(viii)</u> "
Page 120,	Between lines 46 and 47,	Insert " <u>§14-a. Notwithstanding any contrary provision of law, references to paragraph (e) of subdivision four of section twenty-eight hundred seven - c of the public health law in section twelve of part A of chapter one of the laws of two thousand two, and in section thirteen of part B of chapter one of the laws of two thousand two, shall, for periods on and after July first, two thousand eight, be deemed to also constitute references to paragraph (e-2) of subdivision four of section twenty-eight hundred seven - c of the public health law.</u> "
Page 122,	Between lines 12 and 13,	Insert " <u>(vii) Capital cost reimbursement for general hospitals otherwise subject to the provisions of this paragraph shall remain subject to the provisions of subdivision eight of this section.</u> "
Page 123,	Line 2,	After " <u>shall</u> " insert " <u>, for the operating cost component,</u> "
Page 123,	Line 11,	After " <u>shall</u> " insert " <u>, for the operating cost component,</u> "
Page 123,	Line 20,	After " <u>shall</u> " insert " <u>, for the operating cost component,</u> "
Page 123,	Line 29,	After " <u>center</u> " insert " <u>and each free-standing ambulatory surgery center</u> "
Page 123,	Line 34,	After " <u>shall</u> " insert " <u>, for the operating cost component,</u> "

Page 123,	Line 43,	After " <u>shall</u> " insert " <u>, for the operating cost component,</u> "
Page 123,	Line 52,	After " <u>shall</u> " insert " <u>, for the operating cost component,</u> "
Page 124,	Line 4,	After " <u>services</u> " insert " <u>provided by general hospitals</u> "
Page 124,	Line 25,	After " <u>performed</u> " insert " <u>,</u> "
Page 124,	Line 37,	After " <u>services</u> " strike out " <u>provided by</u> " and insert " <u>and emergency services established for</u> "
Page 124,	Line 37,	After " <u>with</u> " strike out " <u>paragraph</u> " insert " <u>paragraphs</u> "
Page 124,	Line 37,	After " <u>(a)</u> " insert " <u>and(d)</u> "
Page 124,	Line 38,	After " <u>subdivision</u> " insert " <u>and from all rates of payment for ambulatory surgery services established pursuant to this subdivision,</u> "
Page 125,	Line 5,	After " <u>subdivision</u> " insert " <u>,</u> "
Page 125,	Line 6,	After " <u>year</u> " strike out " <u>,</u> "
Page 125,	Between lines 9 and 10,	<p>Insert "<u>(h)(i) To the degree that rates of payment computed in accordance with paragraphs (a) and (d) of this subdivision reflect utilization of the ambulatory patient groups reimbursement methodology described in paragraph(e) of this subdivision for purposes of computing the operating component of such rates, the computation of the capital cost component of such rates shall remain subject to the provisions of subparagraphs (i) and (ii) of paragraph (g) of subdivision two of this section, provided, however, that this subparagraph shall not be understood as applying to those portions of rates of payment computed pursuant to paragraph (a) of this subdivision which are based on average Medicaid payments per claim.</u></p> <p><u>(ii)To the degree that rates of payment computed in accordance with paragraph (b) of this subdivision reflect utilization of the ambulatory patient groups reimbursement methodology described in paragraph (e) of this subdivision for purposes of computing the operating component of such rates, the computation of the capital cost component of such rates shall, for diagnostic and treatment centers, remain subject to the provisions of paragraph (b) of subdivision</u></p>

		<p><u>two of this section and shall, for free-standing ambulatory surgery centers, be separately computed in accordance with regulations promulgated in accordance with paragraph (e) of this subdivision, provided, however, that this subparagraph shall not be understood as applying to those portions of rates of payment which are based on average Medicaid payments per claim.</u></p> <p>§18-a. Notwithstanding any contrary provision of law, references to paragraph (g) of subdivision two of section twenty-eight hundred seven of the public health law in section fourteen of part A of chapter one of the laws of two thousand two and section fourteen of part B of chapter one of the laws of two thousand two shall, for periods on and after July first, two thousand eight, be deemed to also constitute references to subdivision two - a of section twenty-eight hundred seven of the public health law."</p>
Page 125,	Line 37,	After "and (iii)" strike out "that"
Page 125,	Line 37,	After "event" strike out " <u>shall such</u> " insert " <u>result in</u> "
Page 125,	Line 37,	After " <u>rates</u> " insert " <u>that are</u> "
Page 125,	Line 37,	After " <u>aggregate,</u> " strike out " <u>be</u> "
Page 131,	Line 22,	After " <u>positive</u> " strike out " <u>operating</u> " and insert " <u>total</u> "
Page 136,	Lines 7 and 8,	After " <u>plan</u> " strike out " <u>,unless required to participate in a managed care program pursuant to paragraph (g) of this subdivision</u> "
Page 137,	Between lines 30 and 31,	<p>Insert "§ 33-a. The social services law is amended by adding a new section 367-x to read as follows:</p> <p><u>§ 367-x. Nurse-Family Partnership. 1. The commissioner of health is authorized to establish, subject to federal financial participation and within amounts appropriated therefor, the nurse-family partnership program, a Medicaid case management program aimed at improving the health of first-time pregnant women and their children at risk for poor outcomes.</u></p> <p><u>2. Nurse-family partnership is a nurse home-visiting program. A nurse-family partnership provider provides case management and nursing services to first-time mothers and their newborns up to the</u></p>

		<p><u>second birthday who are eligible for services under this title. Case management services are services that assist individuals in gaining access to needed medical, social, educational, and other services. Case management includes: an assessment to determine service needs; development of a care plan based on the assessment; referral to medical, social, educational and other providers; and monitoring and other follow-up activities to ensure that the care plan is effectively implemented and addresses the assessed needs.</u></p> <p><u>3. For purposes of this section, a "nurse-family partnership provider" means a county health department, including the health department of the city of New York, or an entity in contract with such a health department. A nurse-family partnership provider shall be approved by the national nurse-family partnership, or its successor, and shall meet such other criteria as established by the commissioner.</u></p> <p><u>4. The commissioner may establish the nurse-family partnership program in all, or a subset of all, counties in the state and may establish program enrollment limits based on analysis of need and available appropriations.</u></p> <p><u>5. The commissioner is authorized to establish, subject to the approval of the director of the division of the budget, nurse-family partnership rates or fees.</u></p> <p><u>6. The commissioner shall submit all appropriate amendments to the state plan for medical assistance and shall submit applications for waivers of the federal social security act as shall be necessary to obtain federal financial participation in the costs of services provided pursuant to this section."</u></p>
<p>Page 138,</p>	<p>Lines 14 through 16,</p>	<p>After "<u>general</u>" strike out "<u>tax returns and other tax information in the possession or control of the commissioner.</u>" and insert "<u>information derived from New York state personal income tax returns, estate tax returns or corporate franchise tax returns or reports filed with the department of taxation and finance.</u>"</p>
<p>Page 138,</p>	<p>Line 16,</p>	<p>After "<u>redisclosed</u>" insert "<u>only</u>"</p>
<p>Page 138,</p>	<p>Lines 17 through 19,</p>	<p>After "<u>any</u>" strike out "<u>other federal, state or local agency that has jurisdiction over the medical assistance program for operations, investigation, prosecution, recovery or settlement of any claims to</u></p>

		<p><u>medical assistance funds.” and insert “federal or state law enforcement agency which has prosecutorial authority or other investigatory jurisdiction over the medical assistance program.”</u></p>
Page 139,	Lines 54 through 56,	<p>After “<u>birthday</u>” strike out “<u>,has net available income that does not exceed one hundred percent of the applicable federal income official poverty line, as defined and updated by the United States department of health and human</u>”</p>
Page 140,	Lines 1 through 3,	<p>Strike out “<u>services, and whose net available resources do not exceed the amount described in subparagraph four of paragraph (a) of subdivision two of this section</u>”</p>
Page 140,	Between lines 38 and 39,	<p>Insert “§43-a. Paragraphs (d), (e), (f), and (g) of subdivision 4 of section 132 of the social services law are amended to read as follows:</p> <p>(d) A person who fails to participate in the screening or in the assessment shall be ineligible for public assistance [and medical assistance]. Other members of a household which includes a person who has failed to participate in the screening or assessment shall, if otherwise eligible, [receive medical assistance and shall] receive public assistance only through safety net assistance if they are otherwise eligible for public assistance.</p> <p>(e) A person referred to a treatment program pursuant to paragraph (c) of this subdivision, and the household with which he or she resides shall receive safety net assistance [and medical assistance] while the person is participating in such treatment, if the household is otherwise eligible for public assistance [and medical assistance]. If a person referred to treatment cannot participate in that treatment because treatment is not presently available, that person and the household with which he or she resides shall receive safety net assistance [and medical assistance] if the household is otherwise eligible for public assistance [and medical assistance].</p> <p>(f) If an applicant or recipient is required, pursuant to paragraph (c) of this subdivision, to participate in an appropriate rehabilitation program and refuses to participate in such program without good cause or leaves such program prior to completion of the program without good cause, provided that program</p>

		<p>completion shall be solely determined by the guidelines and rules of such rehabilitation program, or if an applicant or recipient has been suspended from the receipt of social security disability benefits or supplemental security income benefits by reason of noncompliance with requirements of the federal social security administration for treatment for substance abuse or alcohol abuse, the person will be disqualified from receiving public assistance [and medical assistance] as follows:</p> <p>(i) for the first failure to participate in or complete the program, until the failure ceases or for forty-five days, whichever period of time is longer;</p> <p>(ii) for the second such failure, until the failure ceases or for one hundred twenty days, whichever period of time is longer; and</p> <p>(iii) for the third and subsequent failures, until the failure ceases or for one hundred eighty days, whichever period is longer.</p> <p>Good cause shall be defined in regulations by the commissioner.</p> <p>The household with which the person resides shall continue to receive safety net assistance [and medical assistance] if otherwise eligible.</p> <p>(g) Persons disqualified from receiving public assistance [and medical assistance] pursuant to paragraph (f) of this subdivision who would otherwise be eligible for public assistance [and medical assistance] and who return to required treatment prior to the end of the disqualification period and are receiving residential care as defined in paragraph (d) of subdivision three of section two hundred nine of this chapter shall be eligible for safety net assistance [and medical assistance]."</p>
Page 149,	Line 24,	After "paragraph" strike out "(d)" insert "(e)"
Page 149,	Lines 25 and 26,	After "by" strike "chapter 170 of the laws of 1994" insert "section 26-a of part C of chapter 109 of the laws of 2006"
Page 149,	Line 31,	After "who is" insert "["
Page 149,	Line 33,	After "security act" insert "]" and strike out " <u>and is</u> "

Page 149,	Line 33,	After "of" strike out " <u>such</u> " insert " <u>the federal social security</u> "
Page 155,	Between lines 8 and 9,	Insert "§ 69-a. Section 3 of chapter 906 of the laws of 1984, amending the social services law relating to expanding medical assistance eligibility and the scope of services available to certain persons with disabilities, as amended by chapter 95 of the laws of 2006, is amended to read as follows: § 3. This act shall take effect on the thirtieth day after it shall have become a law and shall be of no further force and effect after December 31, [2008] <u>2013</u> , at which time the provisions of this act shall be deemed to be repealed."
Page 157,	Line 19,	After " <u>into</u> " insert " <u>an intra-state agreement and/or</u> "
Page 157,	Line 21,	Before " <u>pharmacy</u> " strike out " <u>multi-state</u> "
Page 157,	Line 23,	After " <u>using the</u> " strike out " <u>states'</u> "
Page 157,	Line 24,	After " <u>power</u> " insert " <u>of pool participants</u> "
Page 157,	Line 50,	After "seventeen," strike out "eighteen,"
Page 158,	Between lines 47 and 48,	Insert "(m-1) section fifty-two of this act shall expire and be deemed repealed on March 31, 2010; provided that such section shall not apply to any person as to whom federal financial participation is available for the costs of services provided under the provisions of subdivision 4 of section 366-c of the social services law in effect immediately prior to the effective date of this act;"
Page 162,	Line 3,	After "2006" insert ","
Page 163,	Line 19,	After "foundation;" insert "[" and after "education" insert "] <u>comprehensive adolescent pregnancy prevention</u> "
Page 163,	Line 27,	After "immunization;" insert " <u>universal prenatal and postpartum home visitation;</u> "

