

Amend Senate S2606-A, Assembly A3006-A, A BUDGET BILL, AN ACT to amend the chapter 59 of the laws of 2001, amending the public health law ...

Page	Line	Amendment
Page 1,	Unnumbered line 9 (AN ACT CLAUSE),	After "initiatives;" insert "to amend the state finance law, in relation to liability for certain acts under the false claims act; to amend the state finance law, in relation to civil actions pursuant to the false claims act;"
Page 5,	Unnumbered line 33 (AN ACT CLAUSE),	After "(Part M);" strike out "and"
Page 5,	Unnumbered line 37 (AN ACT CLAUSE),	After "(Part N)" insert "; and to authorize the actions necessary to manage the loss of federal revenue and create the Mental Hygiene Stabilization Fund (Part O)"
Page 5,	Line 4,	After "through" strike out "N" and insert "O"
Page 8,	Lines 54 and 55,	<p>Strike out "§ 8. Intentionally Omitted § 9. Intentionally Omitted" and insert "§ 8. Paragraph g of subdivision 1 of section 189 of the state finance law, as amended by sections 2 and 3 of chapter 379 of the laws of 2010, is amended to read as follows: (g) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the state or a local government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the state or a local government, shall be liable to the state or a local government, as applicable, for a civil penalty of not less than six thousand dollars and not more than twelve thousand dollars, plus three times the amount of all damages, including consequential damages, which the state or local government sustains because of the act of that person.</p> <p>§ 9. Subparagraphs d and e of subdivision 2 of section 190 of the state finance law, as amended by sections 2 and 3 of chapter 379 of the laws of 2010, is amended to read as follows: (d) If the state notifies the court that it intends to file a complaint against the defendant and thereby be substituted as the plaintiff in the action, or to permit a local government to do so, such complaint, <u>whether filed separately or as an amendment to the qui tam plaintiff's complaint,</u> must be filed within thirty days after the notification to the court. For statute of limitations purposes, any such complaint</p>

		<p>filed by the state or a local government shall relate back to the filing date of the complaint of the qui tam plaintiff, to the extent that the cause of action of the state or local government arises out of the conduct, transactions, or occurrences set forth, or attempted to be set forth, in the [prior] complaint of the qui tam plaintiff.</p> <p>(e) <u>If the state notifies the court that it intends to intervene in the action, or to permit a local government to do so, then such motion [for] [intervention] to intervene, whether filed separately or as an amendment to the qui tam plaintiff's complaint, shall be filed within thirty days after the notification to the court. For statute of limitations purposes, any such complaint filed by the state or a local government, whether filed separately or as an amendment to the qui tam plaintiff's complaint, shall relate back to the filing date of the complaint of the qui tam plaintiff, to the extent that the cause of action of the state or local government arises out of the conduct, transactions, or occurrences set forth, or attempted to be set forth, in the complaint of the qui tam plaintiff.</u></p> <p>§ 9-a. Subdivision 4 of section 190 of the state finance law, as amended by sections 2 and 3 of chapter 379 of the laws of 2010, is amended to read as follows:</p> <p>4. Related actions. When a person brings a qui tam action under this section, no person other than the attorney general, or a local government attorney acting pursuant to subdivision one of this section or paragraph (b) of subdivision two of this section, may intervene or bring a related civil action based upon the facts underlying the pending action[, unless such other person has first obtained the permission of the attorney general to intervene or to bring such related action]; provided, however, that nothing in this subdivision shall be deemed to deny persons the right, upon leave of court, to file briefs amicus curiae.</p> <p>§ 9-b. Subdivision 7 of section 190 of the state finance law, as amended by sections 2 and 3 of chapter 379 of the laws of 2010, is amended to read as follows:</p> <p>7. Costs, expenses, disbursements and attorneys' fees. In any action brought pursuant to this article, the court <u>shall</u> [may] award the attorney general, on behalf of the people of the state of New York, and any local government that participates as a party in the action, and any person who is</p>
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		a qui tam plaintiff, an amount for reasonable expenses which the court finds to have been necessarily incurred, plus reasonable attorneys' fees, plus costs pursuant to article eighty-one of the civil practice law and rules. All such expenses, fees and costs shall be awarded directly against the defendant and shall not be charged from the proceeds[, but shall only be awarded if the state or a local government or the qui tam civil action plaintiff prevails in the action].
Page 17,	Line 3,	After " <u>be</u> " insert " <u>used to develop enhanced systems to support Health Home operations including assignments, workflow, and transmission of data. Funding will also be</u> "
Page 17,	Line 4,	After " <u>commissioner</u> " insert " <u>to be designated health homes</u> "
Page 19,	Between lines 25 and 26,	Insert "§ 33-a. Subparagraphs (ii) and (x) of paragraph (b) of subdivision 35 of section 2807-c of the public health law are amended to read as follows: (ii) Only those two thousand five base year costs which relate to the cost of services provided to Medicaid inpatients, as determined by the applicable ratio of costs to charges methodology, shall be utilized for rate-setting purposes[;], <u>provided, however, that the commissioner may utilize updated Medicaid inpatient related base year costs and statistics as necessary to adjust inpatient rates in accordance with clause (C) of subparagraph (x) of this paragraph;</u> (x) Such regulations shall provide for administrative rate appeals, but only with regard to: (A) the correction of computational errors or omissions of data, including with regard to the hospital specific computations pertaining to graduate medical education, wage equalization factor adjustments, [and] (B) capital cost reimbursement[;], <u>and, (C) changes to the base year statistics and costs used to determine the direct and indirect graduate medical education components of the rates as a result of new teaching programs at new teaching hospitals and/or as a result of residents displaced and transferred as a result of teaching hospital closures;</u> "
Page 35,	Line 15,	After " <u>to</u> " strike out " <u>sixteen</u> " and insert " <u>thirty-two</u> "
Page 37,	Line 17,	After " <u>adult homes</u> " strike out " <u>(i)</u> "

Page 37,	Lines 22 and 23,	After " <u>commissioner of health</u> " strike out " <u>and (ii) located in a city with a population of over one million persons</u> "
Page 48,	Between lines 45 and 46,	Insert "1-b. section thirty-three-a. of this act shall take effect January 1, 2014;"
Page 49,	Between lines 31 and 32,	Insert "12. This act shall take effect immediately after it shall have become a law and shall apply to any pending cause of action brought pursuant to article thirteen of state finance law, and shall further apply to claims, records, statements or obligations, as defined by section one hundred eighty-eight of state finance law, that were made, used, or existing prior to, on or after April 1, 2007."
Page 62,	Line 37,	After " <u>section</u> " insert " <u>, except for funds distributed pursuant to subparagraph (v) of paragraph (b) of subdivision five-b of this section,</u> "
Page 62,	Line 38,	Before " <u>section</u> " insert " <u>all funds available for distribution pursuant to</u> "
Page 64,	Between lines 36 and 37,	Insert "§4. The opening paragraph of subparagraph (i) of subdivision 35 of section 2807-c of the public health law, as added by section 3-a of part B of chapter 109 of the laws of 2010, is amended to read as follows: (i) (i) Notwithstanding any inconsistent provision of this subdivision or any other contrary provision of law and subject to the availability of federal financial participation, for the period July first, two thousand ten through March thirty-first, two thousand eleven, and each state fiscal year period thereafter, the commissioner shall make additional inpatient hospital payments up to the aggregate upper payment limit for inpatient hospital services after all other medical assistance payments, but not to exceed two hundred thirty-five million five hundred thousand dollars for the period July first, two thousand ten through March thirty-first, two thousand eleven [and] , three hundred fourteen million dollars for each state fiscal year <u>beginning April first, two thousand eleven, through March thirty-first, two thousand thirteen, and no less than three hundred thirty-nine million dollars for each state fiscal year</u> thereafter, to general hospitals, other than major public general hospitals, providing emergency room services and including safety net hospitals, which shall, for the purpose of this paragraph, be defined

		as having either: a Medicaid share of total inpatient hospital discharges of at least thirty-five percent, including both fee-for-service and managed care discharges for acute and exempt services; or a Medicaid share of total discharges of at least thirty percent, including both fee-for-service and managed care discharges for acute and exempt services, and also providing obstetrical services. Eligibility to receive such additional payments shall be based on data from the period two years prior to the rate year, as reported on the institutional cost report submitted to the department as of October first of the prior rate year. Such payments shall be made as medical assistance payments for fee-for-service inpatient hospital services pursuant to title eleven of article five of the social services law for patients eligible for federal financial participation under title XIX of the federal social security act and in accordance with the following:"
Page 64,	Line 37,	Replace "4" with "5"
Page 64,	Line 40,	After "one" insert "," and strike out "and" and after "two" insert "and four"
Page 65,	Lines 32 and 33,	After " <u>household,</u> " strike out " <u>minus an amount equivalent to five percentage points of the federal poverty level for the applicable family size,</u> "
Page 65,	Line 46,	After " <u>income.</u> " insert " <u>In determining the eligibility of an individual for the MAGI eligibility group with the highest income standard under which the individual may qualify, an amount equivalent to five percentage points of the federal poverty level for the applicable family size will be deducted from the household income.</u> "
Page 66,	After line 55,	After "services." insert "(7) A child who is nineteen or twenty years of age living with his or her parent will be eligible for standard coverage if the sum of the MAGI-based income of every person included in the child's MAGI household exceeds one hundred thirty-three percent, but does not exceed one hundred fifty percent, of the federal poverty line for the applicable family size."
Page 70,	Line 25,	After " <u>collection of</u> " strike out " <u>child or</u> "
Page 78,	Line 18,	Strike out "Sections" and insert "Section" and strike out "and 369-ff" and strike out "are" and insert "is"

Page 78,	Between lines 19 and 20,	Insert " <u>§ 15-a. Section 369-ff of the social services law is REPEALED.</u> "
Page 78,	Line 33 and 34,	Strike out " <u>or as a child nineteen or twenty years of age living with his or her parent,</u> "
Page 78,	Line 40,	Replace " <u>qualified</u> " with " <u>standard</u> "
Page 89,	Between lines 37 and 38,	Insert " <u>§ 40-a. Paragraph 1 of subsection (d) of section 3221 of the insurance law, as added by chapter 367 of the laws of 1984, is amended to read as follows: (1) The superintendent may approve any form of certificate to be issued under a blanket accident and health insurance policy as defined in section four thousand two hundred thirty-seven of this chapter, which omits or modifies any of the provisions hereinbefore required, if [he] the superintendent deems such omission or modification suitable for the character of such insurance and not unjust to the persons insured thereunder. Certificates issued under a policy or contract of student accident and health insurance as defined in section three thousand two hundred forty of this article shall comply with such section.</u> "
Page 90,	Between lines 5 and 6,	Insert " <u>(c) An insurer or corporation shall condition eligibility including continuing eligibility, on the covered individual being enrolled as a student in an institution of higher education to which the student accident and health insurance policy or contract is issued.</u> "
Page 90,	Line 6,	Strike out " <u>(c)</u> " and insert " <u>(d)</u> "
Page 90,	Line 9,	Strike out " <u>(d)</u> " and insert " <u>(e)</u> "
Page 90,	Line 11,	After " <u>except</u> " strike out " <u>if</u> " and insert " <u>for one or more of the reasons set forth in</u> "
Page 90,	Lines 12 through 19,	Strike out " <u>(1) the individual covered under the student accident and health insurance policy or contract ceases to be enrolled as a student in the institution of higher education to which the student accident and health insurance policy or contract is issued, provided the insurer or corporation terminates the policy or contract uniformly without regard to any health status-related factor of any covered person;</u> <u>(2) the insurer terminates the policy for any of the reasons specified in</u> "

Page 90,	Line 19,	Before " <u>subparagraphs</u> " insert " <u>(1)</u> "
Page 90,	Line 19,	After " <u>(A)</u> " strike out "through (F)" and insert ", <u>(B)</u> , <u>(D)</u> , or <u>(G)</u> "
Page 90,	Line 19,	After " <u>paragraph</u> " strike out " <u>one</u> " and insert " <u>two</u> " and after " <u>subsection</u> " strike out " <u>(g)</u> " and insert " <u>(p)</u> "
Page 90,	Line 20,	After " <u>hundred</u> " strike out " <u>sixteen</u> " and insert " <u>twenty-one</u> "
Page 90,	Lines 21 and 22,	Strike out " <u>(3) the corporation terminates the contract for any of the reasons specified in</u> " and insert " <u>(2)</u> "
Page 90,	Line 22,	After " <u>(A)</u> " strike out " <u>through (D) or (F)</u> " and insert ", <u>(B)</u> , <u>(D)</u> , or <u>(G)</u> "
Page 90,	Line 23,	Strike out " <u>(c)</u> " and insert " <u>(j)</u> " and after " <u>hundred</u> " strike out " <u>four</u> " and insert " <u>five</u> "
Page 90,	Line 25,	Strike out " <u>(e)</u> " and insert " <u>(f)</u> "
Page 90,	Line 28,	Strike out " <u>(f)</u> " and insert " <u>(g)</u> "
Page 90,	Line 37,	Strike out " <u>(g)</u> " and insert " <u>(h)</u> "
Page 90,	Line 40,	Strike out " <u>(h)</u> " and insert " <u>(i)</u> "
Page 91,	Between lines 14 and 15,	<p>Insert "§ 43-a. Clause (i) subparagraph (C) of paragraph 2 of subsection (c) of section 4304 of the insurance law, as amended by chapter 1 of the laws of 2002, is amended to read as follows:</p> <p>(i) Discontinuance of a class of contract upon not less than five months' prior written notice[, except for subscribers to direct pay major medical or similar comprehensive-type coverage issued by a corporation organized pursuant to this article, or any successor corporation organized through a conversion pursuant to subsection (j) of section four thousand three hundred one of this article, and in effect prior to January first, nineteen hundred ninety-six who are ineligible to purchase policies offered after such date pursuant to section four thousand three hundred twenty-one or four thousand three hundred twenty-two of this article due to the provisions of 42 U.S.C. 1395ss in effect on the effective date of this item. In the event any such subscriber becomes eligible to purchase policies offered pursuant to section four thousand three hundred twenty-one or four thousand three hundred twenty-two of this article, then such subscriber may be discontinued upon</p>

		not less than five months' prior written notice]. In exercising the option to discontinue coverage pursuant to this item, the corporation must act uniformly without regard to any health status-related factor of enrolled individuals or individuals who may become eligible for such coverage and must offer to subscribers or group remitting agents, as may be appropriate, the option to purchase all other individual health insurance coverage currently being offered by the corporation to applicants in that market.
Page 93,	Line 10,	After " <u>thirteen</u> ," strike out " <u>all</u> " and insert " <u>every</u> "
Page 93,	Line 11,	After " <u>maintenance</u> " strike out " <u>organizations</u> " and insert " <u>organization</u> "
Page 93,	Line 14,	After " <u>section</u> " strike out " <u>,</u> " and insert " <u>;</u> "
Page 93,	Line 17,	After " <u>law</u> " insert " <u>,</u> " and strike out " <u>or</u> "
Page 93	Line 19,	Before " <u>a health</u> " insert " <u>or</u> "
Page 94,	Line 25,	Strike out " <u>and</u> " and insert " <u>subject to</u> "
Page 94,	Line 28,	After " <u>contracts</u> " insert " <u>, only</u> "
Page 94	Line 32,	Strike out " <u>at a minimum</u> " and insert " <u>also</u> " and strike out " <u>the same</u> " and insert " <u>at least one</u> "
Page 94,	Line 33,	Strike out " <u>contracts</u> " and insert " <u>contract at each level of coverage as defined in section 1302(d) of the affordable care act, 42 U.S.C. § 18022(d),</u> "
Page 94,	Line 38,	After " <u>to</u> " strike out " <u>January</u> " and insert " <u>October</u> " and after " <u>thousand</u> " strike out " <u>fourteen</u> " and insert " <u>thirteen</u> "
Page 94,	Line 40,	After " <u>to</u> " strike out " <u>January</u> " and insert " <u>October</u> " and after " <u>thousand</u> " strike out " <u>fourteen</u> " and insert " <u>thirteen</u> "
Page 94,	Line 55,	After " <u>of</u> " strike out " <u>benefits</u> " and insert " <u>coverage</u> "
Page 94,	After line 55,	Insert "§ 46-a. Paragraph 5 of subsection (c) of section 3216 of the insurance law, as amended by chapter 213 of the laws of 2002, is amended to read as follows: (5)(A) Any family policy providing hospital or surgical expense insurance (but not including such insurance against accidental injury only) shall provide that, in the event such insurance on any person, other

		<p>than the policyholder, is terminated because the person is no longer within the definition of the family as set forth in the policy but before such person has attained the limiting age, if any, for coverage of adults specified in the policy, such person shall be entitled to have issued to [him] <u>that person</u> by the insurer, without evidence of insurability, upon application therefor and payment of the first premium, within [thirty-one] <u>sixty</u> days after such insurance shall have terminated, an individual conversion policy. The conversion privilege afforded herein shall also be available upon the divorce or annulment of the marriage of the policyholder to the former spouse of such policyholder.</p> <p>(B) Written notice of entitlement to a conversion policy shall be given by the insurer to the policyholder at least fifteen and not more than sixty days prior to the termination of coverage due to the initial limiting age of the covered dependent. Such notice shall include an explanation of the rights of the dependent with respect to [his] <u>the dependent</u> being enrolled in an accredited institution of learning or his incapacity for self-sustaining employment by reason of mental illness, developmental disability or mental retardation as defined in the mental hygiene law or physical handicap.</p> <p>(C) Such individual conversion policy shall be subject to the following terms and conditions:</p> <p>(i) The premium shall be that applicable to the [class of risk to which such person belongs, to the age of such person and to the] form and amount of insurance therefor.</p> <p>(ii) [Such policy shall provide, on a basis specified in the family policy, the same or substantially the same benefits as those provided in the family policy or such benefits as are provided in a policy specifically approved as an individual conversion policy by the superintendent.</p> <p>(iii)] The benefits provided under such policy shall become effective upon the date that such person was no longer eligible under the family policy.</p> <p>[(iv) The policy may exclude any condition excluded by the family policy for such person at the time of the termination of his insurance thereunder. The policy shall not exclude any other pre-existing conditions, but the benefits paid under such policy may be reduced by the amount of any such benefits payable under the family policy after the termination of such person's insurance thereunder and, during</p>
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		<p>the first policy year of the conversion policy, the benefits payable under the policy may be reduced so that they are not in excess of those that would have been payable had such person's insurance under the family policy remained in force and effect.</p> <p>(v)] (iii) No insurer shall be required to issue a conversion policy if it appears that the person applying for such policy shall have at that time in force another insurance policy or hospital service or medical expense indemnity contract providing similar benefits or is covered by or is eligible for coverage by a group insurance policy or contract providing similar benefits or shall be covered by similar benefits required by any statute or provided by any welfare plan or program, which together with the conversion policy would result in overinsurance or duplication of benefits according to standards on file with the superintendent relating to individual policies.</p> <p>[(vi) The policy may include a provision whereby the insurer may request information at any premium due date of the policy of the person covered thereunder as to whether he is then covered by another policy or hospital service or medical expense indemnity corporation subscriber contract providing similar benefits or is then covered by a group contract or policy providing similar benefits or is then provided with similar benefits required by any statute or provided by any welfare plan or program. If any such person is so covered or so provided and fails to furnish the details of such coverage when requested, the benefits payable under the conversion policy may be based on the hospital surgical or medical expenses actually incurred after excluding expenses to the extent they are payable under such other coverage or provided under such statute, plan, or program.]”</p>
Page 95,	Line 16,	Strike out “ <u>forty-five</u> ” and insert “ <u>sixty</u> ”
Page 96,	Lines 41 and 43,	Strike out “Paragraph 1 of subsection (c) of section 4304 of the insurance law, as amended by chapter 661 of the laws of 1997 and as further amended by section 104 of part A of chapter 62 of the laws of 2011, is” and insert “Paragraph 3 of subsection (e) of section 4304 of the insurance law is REPEALED and paragraphs 4 and 5 are renumbered paragraphs 3 and 4, and paragraph 2, as amended by section 104 of part A of chapter 62 of the laws of 2011, are”

Page 97,	Line 7,	Strike out "thirty-one" and insert " <u>sixty</u> "
Page 97	Between lines 28 and 29,	Insert "(2) The corporation shall not be required to issue any such converted individual direct payment contract if its issuance would result in overinsurance or duplication of benefits according to standards on file with the superintendent and approved by [him] <u>the superintendent</u> with regard to such contracts. [The individual direct payment contract may include a provision whereby the corporation may request information when any payment is due under the contract of the person covered thereunder as to whether he is then covered by another individual contract providing similar benefits or is then covered by a group contract policy providing similar benefits or is then provided with similar benefits required by any statute or provided by any welfare plan or program which together with the converted individual direct payment contract would result in overinsurance or duplication of benefits according to the standards on file with the superintendent relating to individual contracts. If any such person is so covered or so provided and fails to furnish the details of such coverage when requested, the benefits provided under the converted individual direct payment contract may be based on the hospital, surgical or medical expenses actually incurred after excluding expenses to the extent they are payable under such other coverage or provided under such statute, plan or program.]"
Page 97,	Line 31,	After "2011," strike out "is" and insert "and paragraph 2, as amended by chapter 62 of the laws of 2011, are"
Page 97,	Line 44,	Before "forty-five" insert "[" and after "forty-five" insert "] <u>sixty</u> "
Page 98,	Between lines 14 and 15,	Insert "(2) The effective date of the coverage provided by the individual direct payment contract shall be the date of the termination of the individual's coverage under the group contract. [The individual direct payment converted contract may exclude any condition excluded by the group contract. The individual direct payment contract shall not exclude any other pre-existing conditions but the benefits provided under the individual direct payment converted contract may be reduced by the amount of any such benefits provided under the group contract after the termination of the individual's coverage

		<p>thereunder and during the first contract year of such individual direct payment converted contract the benefits provided under the contract may be reduced so that they are not in excess of those that would have been provided had the individual's contract under the group contract remained in force and effect.] The corporation shall not be required to issue such individual direct payment converted contract covering any person if it appears that such person shall then be covered by another individual contract providing similar coverage or if it shall appear that such person is covered by or eligible to be covered by a group contract or policy providing similar benefits or is provided with similar benefits required by any statute or provided by any welfare plan or program, which together with the individual direct payment converted contract would result in over-insurance or duplication of benefits according to standards on file with the superintendent of financial services relating to individual contracts. [The individual direct payment converted contract may include a provision whereby the corporation may request information when any payment is due under the contract of any person covered thereunder as to whether he is then covered by another contract or by a policy providing similar benefits or is then covered by a group contract or policy providing similar benefits or is then provided with similar benefits required by any statute or provided by any welfare plan or program. If any such person is so covered or so provided and fails to furnish the details of such coverage when requested, the benefits payable under the individual direct payment converted contract may be based on the hospital, surgical or medical expenses actually incurred after excluding expenses to the extent they are payable under such other coverage or provided under such statute, plan or program. In the event the benefits provided or payable are reduced in accordance with the provisions of this subsection the corporation shall return such portion of the premium paid as shall exceed the pro rata portion of the benefits thus determined.]"</p>
Page 98,	Line 29,	After " <u>policy</u> " insert " <u>or association group policy</u> "
Page 98,	Line 47,	Strike out "." and insert "; and"
Page 98,	Between lines	Insert "(4) "association group" means a

	47 and 48,	<u>group defined in subparagraphs (B), (D), (H), (K), (L) or (M) of paragraph one of subsection (c) of section four thousand two hundred thirty-five of this chapter, provided that:</u> <u>(A) the group includes one or more individual members; or</u> <u>(B) the group includes one or more member employers or other member groups that are small groups."</u>
Page 99,	Line 2,	After "(jj)" insert "subsection (hh) as added by chapter 597 of the laws of 2011, is relettered to be subsection (kk)"
Page 99,	Line 3,	Strike out "(kk)" and insert "(ll)"
Page 99,	Line 3,	Strike out "(ll)" and insert "(mm)"
Page 99,	Line 4,	Strike out "(kk)" and insert "(ll)" and after " <u>contract</u> " insert " <u>or association group contract</u> "
Page 99,	Line 21,	Strike out "." and insert "; and"
Page 99,	Line 22,	Strike out "(ll)" and insert "(mm)"
Page 99,	Between lines 21 and 22,	Before " <u>A corporation</u> "; insert " <u>(4) "association group" means a group defined in subparagraphs (B), (D), (H), (K), (L) or (M) of paragraph one of subsection (c) of section four thousand two hundred thirty-five of this chapter, provided that:</u> <u>(A) the group includes one or more individual members; or</u> <u>(B) the group includes one or more member employers or other member groups that are small groups."</u>
Page 113,	Line 25,	Strike out " <u>August</u> " and insert " <u>July</u> "
Page 113,	Line 47,	Strike out " <u>August</u> " and insert " <u>July</u> "
Page 114,	Line 18,	After "(7)" strike out " <u>An</u> " and insert " <u>Notwithstanding paragraph three of this subsection, an</u> "
Page 114,	Line 53,	After " <u>that</u> " strike out " <u>: (i)</u> "
Page 114,	Line 56,	After " <u>fourteen</u> " strike out " <u>;</u> " and insert " <u>."</u> " and strike out " <u>and (ii) the</u> "
Page 115,	Line 1 through 4,	Strike out " <u>replacement coverage offered in accordance with subparagraph (C) of this paragraph will not result in a loss of any benefit covered under the discontinued policy. For purposes of this subparagraph, a change in cost sharing shall not constitute a loss of a benefit."</u>

Page 115,	Line 31,	After " <u>(6)</u> " strike out " <u>A</u> " and insert " <u>Notwithstanding paragraph three of this subsection, a</u> "
Page 116,	Line 11,	After " <u>that</u> " strike out " <u>: (i)</u> "
Page 116,	Line 14 through 18,	After " <u>fourteen</u> " strike out " <u>;</u> " and insert " <u>.</u> " and strike out " <u>and (ii) the replacement coverage offered in accordance with subparagraph (C) of this paragraph will not result in a loss of any benefit covered under the discontinued contract. For purposes of this subparagraph, a change in cost sharing shall not constitute a loss of a benefit.</u> "
Page 116,	Line 42,	After " <u>coverage</u> " insert " <u>issued on or after January first two thousand fourteen,</u> "
Page 116,	Lines 44 through 47,	Strike out " <u>subsection (1) of section four thousand three hundred four, section four thousand three hundred twenty-one, section four thousand three hundred twenty-two and section four thousand three hundred twenty eight</u> "
Page 116,	Line 47,	Strike out " <u>chapter</u> " and insert " <u>article</u> "
Page 117,	Line 1,	After " <u>employees</u> " insert " <u>or between one and one hundred employees for policies issued or renewed on or after January first two thousand sixteen</u> "
Page 117,	Line 5,	Before " <u>as</u> " and insert " <u>[</u> " and after " <u>as</u> " insert " <u>] if</u> "
Page 117,	Line 16,	Before " <u>covered</u> " insert " <u>individuals or small groups</u> "
Page 117,	Line 16,	After " <u>insurance.</u> " insert " <u>For medicare supplemental insurance coverage, "community rated" means a rating methodology in which the premiums for all persons covered by a policy or contract form is the same based on the experience of the entire pool of risks covered by that policy or contract form without regard to age, sex, health status, tobacco usage or occupation.</u> "
Page 117,	Line 22,	Strike out " <u>shall</u> " and insert " <u>may</u> "
Page 117,	Line 24,	Strike out " <u>shall</u> " and insert " <u>may</u> "
Page 118,	Line 3,	After " <u>member</u> " insert " <u>small group</u> " and strike out " <u>or other member groups</u> "
Page 118	Line 4,	Strike out " <u>groups</u> " and insert " <u>employers</u> "
Page 118,	Line 7,	After " <u>to</u> " insert " <u>paragraph two of</u> " and after " <u>this</u> " strike out " <u>section</u> " and

		insert " <u>subsection</u> "
Page 118,	Line 31,	Strike out " <u>in effect</u> " and insert " <u>renewed</u> "
Page 119,	Line 1,	Strike out " <u>or small group health insurance coverage</u> "
Page 119,	Line 2,	After " <u>coverage</u> " insert " <u>issued on or after January first two thousand fourteen</u> "
Page 119,	Lines 2 and 3,	Strike out " <u>subsection (1) of section three thousand two hundred sixteen,</u> "
Page 119,	Lines 4 and 5,	Strike out " <u>section four thousand three hundred twenty-one, section four thousand three hundred twenty-two and section</u> "
Page 119,	Line 6,	Before " <u>four</u> " insert " <u>and section</u> "
Page 119,	Lines 6 through 9,	Strike out " <u>and included coverage that is offered within the health benefit exchange established pursuant to section 1311 of the affordable care act, 42 U.S.C. § 18031 and any regulations promulgated thereunder,</u> "
Page 119,	Line 24,	After " <u>individuals</u> " insert " <u>or small groups</u> "
Page 119,	Line 24,	After " <u>insurance.</u> " insert " <u>For medicare supplemental insurance coverage, "community rated" means a rating methodology in which the premiums for all persons covered by a policy or contract form is the same based on the experience of the entire pool of risks covered by that policy or contract form without regard to age, sex, health status, tobacco usage or occupation.</u> "
Page 119,	Line 30,	Strike out " <u>shall</u> " and insert " <u>may</u> "
Page 119,	Line 32,	Strike out " <u>shall</u> " and insert " <u>may</u> "
Page 120,	Line 3,	Strike out "["
Page 120,	Lines 3 and 4,	After "This" strike out "] <u>For policies issued on or before December thirty-first, two thousand thirteen, this</u> "
Page 120,	Line 6,	Strike out "["
Page 120,	Line 7,	Strike out "]"
Page 120,	Line 8,	Strike out "["
Page 120,	Lines 9 and 10,	Strike out "] <u>that would be subject to this subsection.</u> "
Page 120,	Line 12,	After " <u>member</u> " insert " <u>small group</u> "
Page 120,	Lines 12 and	After " <u>employers</u> " strike out " <u>or other</u> "

	13,	<u>member groups that have fifty or fewer employees or members exclusive of spouses and dependents</u> and insert <u>"eligible for coverage subject to this section"</u>
Page 120,	Line 14,	Strike out <u>"groups"</u> and insert <u>"employers"</u>
Page 120,	Line 16,	Before <u>"this"</u> insert <u>"paragraph two of"</u> and strike out <u>"section"</u> and insert <u>"subsection"</u>
Page 121,	Line 50,	Strike out <u>"in effect"</u> and insert <u>"renewed"</u>
Page 122,	Line 53,	After <u>"forty,"</u> insert <u>"forty-a,"</u> and after <u>"forty-one,"</u> insert <u>"forty-six-a,"</u>
Page 123	Line 3,	After <u>"forty-three,"</u> insert <u>"forty-three-a"</u>
Page 123,	Line 9,	After <u>"fifteen"</u> insert <u>","</u> and after <u>"fifteen"</u> strike out <u>"and"</u> and after <u>"fifty-eight"</u> insert <u>","</u> <u>sixty-one</u> and <u>sixty-two"</u>
Page 123,	Between lines 10 and 11,	Insert <u>"e-1. Section fifteen-a of this act shall take effect January 1, 2014;"</u>
Page 124,	Line 13,	After <u>"date;"</u> strike out <u>"and"</u>
Page 124,	Line 17,	After <u>"act"</u> strike out <u>."</u> And insert <u>;"</u> and"
Page 124,	Between lines 17 and 18,	Insert <u>"p. the amendments made to subparagraph (7) of paragraph (b) of subdivision 1 of section 366 of the social services law made by section one of this act shall expire and be deemed repealed October 1, 2019."</u>
Page 128,	Line 27,	After <u>"(b)"</u> insert <u>"A partial evaluation shall include the procedures set forth in paragraphs (a) through (d) of subdivision four of this section."</u>
Page 128,	Lines 30 and 31,	After <u>"in"</u> strike out <u>"paragraphs (a) through"</u> and insert <u>"paragraph"</u>
Page 138,	Line 29,	After <u>"Chronic"</u> strike out <u>"diseases services"</u> and insert <u>"disease prevention"</u>
Page 148,	Line 37,	After <u>"appropriated,"</u> insert <u>"in"</u>
Page 148,	Lines 37 and 38,	After <u>"disease"</u> strike out <u>"prevention and treatment"</u>
Page 149,	Line 45,	After <u>"AIDS,"</u> insert <u>"STD, and"</u>
Page 149,	Line 46,	After <u>"Hepatitis C"</u> strike out <u>"and sexuality transmitted diseases"</u>

Page 149,	Line 47,	After " <u>AIDS</u> ," insert " <u>STD and</u> "
Page 149,	Line 48,	After " <u>Hepatitis C</u> " strike out " <u>and sexuality transmitted disease</u> "
Page 151,	Line 22,	After " <u>involve</u> " insert " <u>: (A) "</u> "
Page 151,	Line 23,	After " <u>equipment</u> " strike out " <u>,</u> " and insert " <u>; (B) "</u> "
Page 151,	Line 23,	After " <u>replacement</u> " strike out " <u>,</u> " and insert " <u>;"</u> and after " <u>or</u> " insert " <u>(C) "</u> "
Page 182,	Line 14,	Before " <u>services</u> " insert " <u>or advanced life support first response</u> "
Page 182,	Line 16,	After " <u>ambulance</u> " insert " <u>or advanced life support first response</u> "
Page 182,	Line 21,	Before " <u>service</u> " insert " <u>or advanced life support first response</u> "
Page 185,	Line 45,	After " <u>shall</u> " insert " <u>be authorized to</u> "
Page 185,	Line 46,	After " <u>purposes of,</u> " insert "["
Page 185,	Line 47,	After " <u>thirty-one of</u> " insert "]"
Page 186,	Line 3,	Strike " <u>certification</u> " and insert " <u>recertification</u> "
Page 189,	Line 27,	After " <u>warranted</u> " insert " <u>, and such agency or program is approved by the department for participation in the demonstration program developed pursuant to this subparagraph</u> "
Page 189,	Line 55,	After " <u>aides</u> " insert " <u>and identifying permissible tasks and activities to be performed by advanced home health aides pursuant to paragraph (i) of subdivision one of section sixty-nine hundred eight of the education law</u> "
Page 191,	Line 28,	After " <u>hygienists</u> " strike out "["
Page 191,	Line 29,	After " <u>supervision</u> " strike out "]" and insert " <u>or by a registered dental hygienist working for a hospital as defined in article twenty-eight of the public health law who practices in collaboration with a licensed dentist in accordance with subdivision one of section sixty-six hundred six of this article</u> "

Page 191,	Lines 30 and 33,	After "§ 93." strike out "Subdivision 7 and 10 of section 6611 of the education law, subdivision 7 as amended by chapter 649 of the laws of 2006 and subdivision 10 as amended by chapter 65 of the laws of 2011, are amended to read as follows:" and insert "Subdivision 10 of section 6611 of the education law, as amended by chapter 649 of the laws of 2006, is amended to read as follows:"
Page 191,	Lines 34 through 44,	Strike out "7. Any dentist or dental hygienist <u>working under the supervision of a dentist</u> , who in the performance of dental services, x-rays the mouth or teeth of a patient shall during the performance of such x-rays shield the torso and thyroid area of such patient including but not limited to the gonads and other reproductive organs with a lead apron thyroid collar, or other similar protective garment or device. Notwithstanding the provisions of this subdivision, if in the dentist's professional judgment the use of a thyroid collar would be inappropriate under the circumstances, because of the nature of the patient, the type of x-ray being taken, or other factors, the dentist or <u>a dental hygienist working under the supervision of the dentist</u> need not shield the thyroid area."
Page 192,	Line 7,	After "An" insert "["
Page 192,	Line 8,	Before "and dental" insert "]" <u>assessment</u> "
Page 192,	Line 11,	After "dentist" insert ", <u>or a registered dental hygienist</u> "
Page 192,	Line 14,	After "which the" insert "[" and after "examination" insert "]" <u>assessment</u> "
Page 192,	Line 18,	After "the" insert "[" and after "examination" insert "]" <u>assessment</u> "
Page 192,	Line 20,	Before "examination" insert "[" and after "examination" insert "]" <u>assessment</u> "
Page 199,	Line 12	After "105." strike out "Intentionally omitted." and insert "Paragraph (b) of subdivision 2 of section 1676 of the public authorities law is amended by adding a new undesignated paragraph to read as follows: <u>Such business corporations as are established pursuant to subdivision 18 of section 2801-a of the public health law for the acquisition, construction, reconstruction, rehabilitation and improvement, or otherwise providing, furnishing and equipping of a hospital or hospitals.</u>

		<p>§ 105-a. Subdivision 1 of section 1680 of the public authorities law is amended by adding a new undesignated paragraph to read as follows:</p> <p><u>Such business corporations as are established pursuant to subdivision 18 of section 2801-a of the public health law for the acquisition, construction, reconstruction, rehabilitation and improvement, or otherwise providing, furnishing and equipping of a hospital or hospitals."</u></p>
Page 200,	Line 41,	<p>After "(d)" strike out "<u>Annually following the passage of the state budget, the superintendent of financial services shall determine the number of physicians or dentists for whom a policy or policies for excess insurance coverage, or for equivalent excess coverage, may be purchased from funds available in the excess medical malpractice liability coverage pool. The superintendent shall grant priority for purchasing policies in the next policy year to the highest risk class of physicians or dentists practicing in the highest risk territories. The superintendent and commissioner shall not be obligated to purchase any more policies than the number of policies at actuarially sound rates that can be supported within the limits of the appropriation. After the initial enrollment period, should the superintendent determine that additional policies can be purchased for an additional class of physicians or dentists or a different territory of practice, the superintendent shall make policies available on a first come first served basis up to the number of policies that can be supported by the appropriation.</u>" and insert "<u>Starting with the policy year beginning July first two thousand thirteen, and at least once every five years thereafter, the superintendent of financial services shall rank each specialty and geographic location combination used for the purpose of apportioning premium for policies purchased from funds available in the excess medical malpractice liability coverage pool according to risk, from highest to lowest. Annually, the superintendent shall determine the specialty and geographic location combinations within which a policy or policies for excess insurance coverage, or for equivalent excess insurance coverage, may be purchased for eligible physicians or dentists within the limits of the appropriation for the excess medical</u></p>

		<p><u>malpractice liability coverage pool. The superintendent shall grant priority for purchasing policies in each policy year in descending order beginning with the highest risk specialty and geographic location combination. The superintendent and commissioner shall not be obligated to purchase any more policies than the number of policies that can be purchased at actuarially determined adequate rates within the limits of the appropriation. Once the balance of the appropriation becomes insufficient to cover all physicians and dentists within a particular specialty and geographic location combination, the remaining funds for that combination shall be allocated to general hospitals in proportion to their share of the total number of physicians or dentists practicing in such specialty and geographic location combination who were certified by the general hospitals, and for whom policies were purchased, in the prior year, provided that any share less than one physician or dentist shall be deemed to equal zero. For the purposes of the foregoing sentence, with regard to policies issued for the coverage period beginning July first two thousand thirteen, prior year shall mean the policy year that began on July first two thousand eleven."</u></p>
Page 205,	Line 3,	After "sections" insert "thirty-two,"
Page 205,	Between lines 9 and 10,	Insert "(i-1) sections forty-three, forty-four, forty-six, forty-seven, forty-eight and one hundred and one of this act shall take effect on the one hundred and eightieth day after it shall have become a law;"
Page 205,	Line 10,	After "eighty-eight" strike out "and" and insert "," and after "eighty-nine" insert ", ninety, ninety-one, ninety-two, ninety-three, ninety-four, and ninety-five"
Page 205,	Between lines 15 and 16,	Insert "(j-1) section ninety-six of this act shall take effect on the ninetieth day after it shall have become law;"
Page 220,	Between lines 5 and 6,	Insert New Part O (LBD #71023-02-3)
Page 220,	Line 16,	After "through" strike out "N" and insert "O"