

Amend Senate S8007, Assembly A9007, AN ACT to amend the public health law, in relation to implementation of the Nurses Across New York (NANY) program...

Page	Line	Amendment
Page 36,	Line 50,	After " <u>hundred</u> " insert " <u>twenty-five</u> "
Page 37,	Line 2,	After " <u>of</u> " insert " <u>the</u> "
Page 37,	Line 17,	Before " <u>pharmacies</u> " strike " <u>and</u> "
Page 37,	Line 18,	After " <u>law</u> " insert " <u>, school based health centers, a health district as defined in section two of the public health law, or a municipal corporation</u> "
Page 37,	Between line 29 and 30,	<p>Insert "<u>(c) Notwithstanding the definition of employer in paragraph (b) of this subdivision, and without regard to the availability of federal financial participation, "employer" shall also include an institution of higher education, a public or nonpublic school, a charter school, an approved preschool program for students with disabilities, a school district or boards of cooperative educational services, programs funded by the office of mental health, programs funded by the office of addiction services and supports, programs funded by the office for people with developmental disabilities, programs funded by the office for the aging, a health district as defined in section two of the public health law, or a municipal corporation, where such program or entity employs at least one employee. Such employers shall be required to enroll in the system designated by the commissioner, or relevant agency commissioners, in consultation with the director of the budget, for the purpose of claiming bonus payments under this section. Such system or process for claiming bonus payments may be different from the system and process used under subdivision three of this section.</u></p> <p><u>(d) "Vesting period" shall mean a series of six-month periods between the dates of October first, two thousand twenty-one and March thirty-first, two thousand twenty-four for which employees that are continuously employed by an employer during such six-month periods, in accordance with a schedule issued by the commissioner or relevant agency commissioner as applicable, may become eligible for a bonus pursuant to subdivision four of this section.</u></p> <p><u>(e) "Base salary" shall mean, for the purposes of this section, the employee's gross wages with the employer during the vesting period, excluding any bonuses or overtime pay.</u></p>

		(f) " <u>Municipal corporation</u> " means a county outside the city of New York, a city, including the city of New York, a town, a village, or a school district."
Page 37,	Line 50,	After " <u>records</u> " strike out "from calendar year two thousand twenty one, if available to the employer"
Page 38,	Line 9,	After " <u>(a)</u> " strike out " <u>Employers</u> " and insert " <u>Upon issuance of a vesting schedule by the commissioner, or relevant agency commissioner as applicable, employers</u> "
Page 38,	Line 10,	After " <u>pursuant to</u> " strike out " <u>a</u> "
Page 38,	Line 10,	Before " <u>schedule</u> " insert " <u>such</u> " and after " <u>schedule</u> " strike out " <u>issued by the commissioner</u> "
Page 38,	Line 11 through 16,	After " <u>period.</u> " strike out " <u>The schedule shall divide the payment of bonuses into two vesting periods based on the employee's start date with the employer. No employee's first vesting period may begin later than March thirty-first, two thousand twenty-three, and in total both vesting periods may not exceed one year in duration.</u> "
Page 38,	Line 22,	After " <u>than</u> " strike out " <u>forty</u> " and insert " <u>thirty-five</u> "
Page 38,	Line 24,	After " <u>least</u> " strike out " <u>forty</u> " and insert " <u>thirty-five</u> "
Page 38,	Between line 26 and 27,	Insert " <u>(iv) full-time employees who are exempt from overtime compensation as established in the labor commissioner's minimum wage orders or otherwise provided by New York state law or regulation over the course of a vesting period would receive a one thousand five hundred dollar bonus for such vesting period.</u> "
Page 38,	Line 32,	After " <u>periods</u> " insert " <u>per employer</u> "
Page 38,	Line 33,	After " <u>employee</u> " insert " <u>across all employers</u> "
Page 38,	Between line 33 and 34,	Insert " <u>(d) Upon completion of a vesting period with an employer, an employee shall be entitled to receive the bonus and the employer shall be required to pay the bonus no later than the date specified under this subdivision, provided however that prior to such date the employee does not terminate, through action or inaction, the employment relationship with the employer, in accordance with any employment agreement, including a collectively bargained agreement, if any, between the employee and employer.</u> "

Page 38,	Line 34,	Before " <u>Any</u> " Strike out " <u>(d)</u> " and insert " <u>(e)</u> "
Page 38,	Between lines 36 and 37,	Insert " <u>(f) an employer shall be required to submit a claim for a bonus to the department no later than thirty days after an employee's eligibility for a bonus vests, in accordance with and upon issuance of the schedule issued by the commissioner or relevant agency commissioner.</u> "
Page 38,	Line 37,	Before " <u>No</u> " strike out " <u>(e)</u> " and insert " <u>(g)</u> "
Page 38,	Line 45,	Before " <u>No</u> " strike out " <u>(f)</u> " and insert " <u>(h)</u> "
Page 38,	Between line 48 and 49,	Insert " <u>(i) The use of any accruals or other leave, including but not limited to sick, vacation, or time used under the family medical leave act, shall be credited towards and included in the calculation of the average number of hours worked per week over the course of the vesting period.</u> "
Page 39,	Line 55	After " <u>article</u> " insert " <u>and</u> "
Page 40,	Line 14	Before "budget" insert "the"
Page 40,	Line 15,	After "bonus." strike out "Such" and insert "Notwithstanding the definition of base salary pursuant to paragraph (d) of subdivision 2 of section 367-w, such"
Page 40,	Line 16,	After "hundred" insert "twenty-five"
Page 40,	Line 39,	After "eligible" insert "or whether the employee is eligible to receive a bonus from more than one employer"
Page 41,	Line 27,	After " <u>municipality's</u> " insert " <u>documented</u> "
Page 41,	Line 27,	After " <u>costs</u> " insert " <u>submitted under an application for state aid and otherwise eligible for reimbursement under this article</u> "
Page 41,	Line 27 and 28,	After " <u>shall</u> " strike out " <u>be eligible for reimbursement at a fringe benefit rate</u> "
Page 41,	Line 28,	After " <u>not</u> " strike out " <u>to</u> "
Page 41,	Line 29,	Before "No such" strike out " <u>as defined by section six hundred sixteen of this article</u> " and insert " <u>of the municipality's eligible personnel services</u> "
Page 41,	Line 32,	After "\$ 3." strike out "Subdivisions 1 and" and insert "Subdivision"

Page 41,	Line 33 and 34,	Strike out "subdivision 1 as amended by section 2 of part O of chapter 57 of the laws of 2019 and subdivision 2"
Page 41,	Line 35,	After "1986," strike out "are" and insert "is"
Page 41,	Line 36 through 48,	Strike out "1. The total amount of state aid provided pursuant to this article shall be limited to the amount of the annual appropriation made by the legislature. In no event, however, shall such state aid be less than an amount to provide the full base grant and, as otherwise provided by subdivision two of section six hundred five of this article, no less than thirty-six per centum, except for the city of New York which shall receive no less than twenty per centum, and reimbursement of a municipality's fringe benefit costs not to exceed a fringe benefit rate of fifty per centum as defined by subdivision four of this section, of the difference between the amount of moneys expended by the municipality for eligible public health services pursuant to an approved application for state aid during the fiscal year and the base grant provided pursuant to subdivision one of section six hundred five of this article."
Page 42,	Line 2,	After " <u>insurance.</u> " insert " <u>However, costs submitted under an application for state aid must be consistent with a municipality's documented fringe benefit costs and shall not exceed fifty per centum of the municipality's eligible personnel services.</u> "
Page 42,	Line 14,	After " <u>standards,</u> " insert " <u>standards for triage,</u> "
Page 42,	Line 14,	After " <u>treatment</u> " insert " <u>,and transportation</u> "
Page 42,	Line 14,	After " <u>protocols,</u> " insert " <u>workforce recruitment, development, and retention,</u> "
Page 42,	Line 24,	After " <u>facility care,</u> " strike out "and" and after " <u>medical care,</u> " insert " <u>the workforce,</u> "
Page 42,	Line 28,	After " <u>services</u> " strike out " <u>quality</u> " and insert " <u>system</u> "
Page 42,	Line 28,	After " <u>and</u> " insert " <u>agency</u> "
Page 42,	Line 30,	After " <u>medical</u> " strike out " <u>advisory committee</u> " and insert " <u>services council</u> "
Page 42,	Line 31,	Before " <u>and</u> " strike out " <u>quality</u> " and insert " <u>system</u> "

Page 42,	Line 31	After " <u>and</u> " insert " <u>agency</u> "
Page 42,	Line 31,	After " <u>program</u> " insert " <u>(hereinafter referred to as "the program")</u> "
Page 42,	Line 31,	After " <u>Standards and</u> " strike out " <u>requirements</u> " and insert " <u>metrics</u> "
Page 42,	Line 32,	Before " <u>program</u> " strike out " <u>quality and sustainability assurance</u> "
Page 42,	Line 33,	After " <u>to:</u> " strike out " <u>clinical standards, quality metrics,</u> "
Page 42,	Line 33 and 34,	After " <u>safety</u> " strike out " <u>standards</u> " and insert " <u>initiatives</u> "
Page 42,	Line 34,	After " <u>vehicle</u> " strike out " <u>operator standards, clinical</u> " and insert " <u>operations, operational</u> "
Page 42,	Line 34,	After " <u>competencies</u> " insert " <u>planning, training, onboarding, workforce development, and other standards and metrics as determined by the commissioner in consultation with the state emergency medical services council</u> "
Page 42,	Line 35 through 37,	Strike out " <u>sustainability metrics and minimum requirements for quality assurance and sustainability assurance programs to be followed by emergency medical services agencies</u> "
Page 42,	Line 40 and 41,	After " <u>requirements of</u> " strike out " <u>the quality and sustainability assurance program. Quality and sustainability assurance programs</u> " and insert " <u>the program, and</u> "
Page 42,	Line 42,	After " <u>medical services</u> " insert " <u>system and</u> "
Page 42,	Line 43,	After " <u>review of</u> " strike out " <u>quality and sustainability assurance</u> "
Page 42,	Line 44,	After " <u>metrics</u> " insert " <u>and standards, including but not limited to</u> "
Page 42,	Line 46,	After " <u>sustainability</u> " insert " <u>and operations</u> " and after " <u>, and</u> " strike out " <u>continuous monitoring of</u> "
Page 42,	Line 46,	Before " <u>care</u> " insert " <u>improve the delivery of</u> "
Page 42,	Line 46,	After " <u>care</u> " strike out " <u>provided</u> "
Page 42,	Line 47,	Before " <u>of these metrics</u> " strike out " <u>oversight</u> " and insert " <u>development and maintenance</u> "
Page 42,	Line 47,	After " <u>metrics</u> " insert " <u>and standards</u> "

Page 42,	Line 50,	After " <u>metrics and</u> " strike out " <u>regulations</u> " and insert " <u>standards</u> "
Page 42,	Line 52 and 53,	After " <u>in the</u> " strike out " <u>quality assurance</u> "
Page 43,	Line 8 and 9,	After " <u>medical</u> " strike out " <u>advisory committee</u> " and insert " <u>services council</u> "
Page 43,	Line 13,	After " <u>facilities,</u> " insert " <u>agency types,</u> "
Page 43,	Line 14,	After " <u>other</u> " insert " <u>components of the emergency medical system</u> "
Page 43,	Line 14,	After " <u>medical</u> " strike out " <u>service</u> " and insert " <u>services</u> "
Page 43,	Line 19,	After " <u>developing</u> " strike out " <u>approaches</u> " and insert " <u>alternative delivery models</u> "
Page 43,	Line 21,	After " <u>medical care</u> " strike out " <u>will</u> " and insert " <u>may</u> " and after " <u>served</u> " insert " <u>more</u> "
Page 43,	Line 22,	Strike out " <u>and economically</u> "
Page 43,	Line 26,	After " <u>regions</u> " strike out " <u>underserved by</u> " insert " <u>with limited access to</u> "
Page 43,	Line 26,	After " <u>services</u> " insert " <u>training</u> "
Page 43,	Line 32,	After " <u>medical</u> " strike out " <u>advisory committee</u> " and insert " <u>services council</u> "
Page 43,	Line 33 and 34,	After " <u>system plan</u> " strike out " <u>that shall</u> " and insert " <u>, or adapt the statewide comprehensive emergency medical system plan to</u> "
Page 43,	Line 36,	After " <u>medical</u> " strike out " <u>advisory committee</u> " and insert " <u>services council</u> "
Page 43,	Line 39 through 41,	After " <u>county.</u> " strike out " <u>The county office of emergency medical services shall be responsible for the development and maintenance of the comprehensive county emergency medical system plan.</u> "
Page 43,	Line 42,	After " <u>medical</u> " strike out " <u>advisory committee</u> " and insert " <u>services council</u> "
Page 43,	Line 43,	After " <u>state</u> " strike out " <u>advisory</u> " and insert " <u>emergency medical services</u> "
Page 43,	Line 50,	After " <u>medical</u> " strike out " <u>systems</u> " and insert " <u>services</u> "

Page 43,	Line 50,	After " <u>1.</u> " strike out " <u>There is hereby established</u> "
Page 43,	Line 51,	Before " <u>a training</u> " insert " <u>The department shall establish, in consultation with the state emergency medical services council,</u> "
Page 43,	Line 51,	After " <u>medical</u> " strike out " <u>systems</u> " and insert " <u>services</u> "
Page 43,	Line 54,	After " <u>programs</u> " insert " <u>in consultation with the state emergency medical services council</u> "
Page 44,	Line 4,	Before " <u>council,</u> " strike out " <u>advisory</u> " and insert " <u>services</u> "
Page 44,	Line 5,	After " <u>medical</u> " strike out " <u>system</u> " and insert " <u>services</u> "
Page 44,	Line 6,	After " <u>medical</u> " strike out " <u>system</u> " and insert " <u>services</u> "
Page 44,	Line 9,	After " <u>medical</u> " strike out " <u>system</u> " and insert " <u>services</u> "
Page 44,	Line 10,	After " <u>system</u> " strike out " <u>agency</u> " and insert " <u>services</u> "
Page 44,	Line 12,	After " <u>recruit</u> " insert " <u>and offer training to</u> "
Page 44,	Line 15,	After " <u>compliance.</u> " insert " <u>The department may delegate responsibilities to the state or regional emergency medical services councils to assist in the compliance, maintenance, and coordination of training programs.</u> "
Page 44,	Line 23,	After " <u>department</u> " insert " <u>, in consultation with the state emergency medical services council,</u> "
Page 44,	Line 34,	After " <u>need.</u> " insert " <u>Until such time as the state emergency medical system plan is established, the definition of determination of need will be developed by the department in consultation with the state emergency medical services council.</u> "
Page 44,	Line 42,	After " <u>services</u> " strike out " <u>advisory</u> "
Page 47,	Line 44 through 45,	Strike out " <u>and ending on March 31, 2024</u> " and insert " <u>, and thereafter</u> "
Page 60,	Line 1,	Strike out " <u>(E) an adult care facility</u> "
Page 60,	Line 2,	Strike out " <u>(F)</u> " and insert " <u>(E)</u> "
Page 60,	Line 13,	Strike out " <u>(G)</u> " and insert " <u>(F)</u> "

Page 71,	Line 4 through 56,	<p>After "adults." strike out "In establishing rates of payment under this subdivision, the commissioner shall consider the cost neutrality of such rates as related to the cost effectiveness of caring for medically fragile adults in a non-institutional setting as compared to an institutional setting. Such increased rates for services rendered to such adults may take into consideration the elements of cost, geographical differentials in the elements of cost considered, economic factors in the area in which the private duty nursing service is provided, costs associated with the provision of private duty nursing services to medically fragile adults, and the need for incentives to improve services and institute economies and such increased rates shall be payable only to those private duty nurses who can demonstrate, to the satisfaction of the department of health, satisfactory training and experience to provide services to such adults. Such increased rates shall be determined based on application of the case mix adjustment factor for AIDS home care program services rates as determined pursuant to applicable regulations of the department of health. The commissioner may promulgate regulations to implement the provisions of this subdivision. (b) Private duty nursing services providers which have their rates adjusted pursuant to paragraph (a) of this subdivision shall use such funds solely for the purposes of recruitment and retention of private duty nurses or to ensure the delivery of private duty nursing services to medically fragile adults and are prohibited from using such funds for any other purpose. Funds provided under paragraph (a) of this subdivision are not intended to supplant support provided by a local government. Each such provider, with the exception of self-employed private duty nurses, shall submit, at a time and in a manner to be determined by the commissioner of health, a written certification attesting that such funds will be used solely for the purpose of recruitment and retention of private duty nurses or to ensure the delivery of private duty nursing services to medically fragile adults. The commissioner of health and their designees are authorized to audit each such provider to ensure compliance with the written certification required by this subdivision and shall recoup all funds determined to have been used for purposes other than recruitment and retention of private duty nurses or the delivery of private duty nursing services to medically fragile adults. Such recoupment shall be in addition to any other penalties provided by law. (c) The commissioner of health shall, subject to the provisions of paragraph (b) of this</p>
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	<p>subdivision, and the provisions of subdivision three of this section, and subject to the availability of federal financial participation, increase fees for the fee-for-service reimbursement of private duty nursing services provided to medically fragile adults by fee-for-service private duty nursing services providers who enroll and participate in the provider directory pursuant to subdivision three of this section, commencing April first, two thousand twenty-two, such that such fees for reimbursement equal the final benchmark payment designed to ensure adequate access to the service. In developing such benchmark the commissioner of health may utilize the average two thousand eighteen Medicaid managed care payments for reimbursement of such private duty nursing services. The commissioner may promulgate regulations to implement the provisions of this paragraph." and insert "<u>In establishing rates of payment under this subdivision, the commissioner shall consider the cost neutrality of such rates as related to the cost effectiveness of caring for medically fragile adults in a non-institutional setting as compared to an institutional setting. Such increased rates for services rendered to such adults may take into consideration the elements of cost, geographical differentials in the elements of cost considered, economic factors in the area in which the private duty nursing service is provided, costs associated with the provision of private duty nursing services to medically fragile adults, and the need for incentives to improve services and institute economies and such increased rates shall be payable only to those private duty nurses who can demonstrate, to the satisfaction of the department of health, satisfactory training and experience to provide services to such adults. Such increased rates shall be determined based on application of the case mix adjustment factor for AIDS home care program services rates as determined pursuant to applicable regulations of the department of health. The commissioner may promulgate regulations to implement the provisions of this subdivision. (b) Private duty nursing services providers which have their rates adjusted pursuant to paragraph (a) of this subdivision shall use such funds solely for the purposes of recruitment and retention of private duty nurses or to ensure the delivery of private duty nursing services to medically fragile adults and are prohibited from using such funds for any other purpose. Funds provided under paragraph (a) of this subdivision are not intended to supplant support provided by a local government. Each such provider, with the exception of self-employed private duty nurses,</u></p>
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		<p>shall submit, at a time and in a manner to be determined by the commissioner of health, a written certification attesting that such funds will be used solely for the purpose of recruitment and retention of private duty nurses or to ensure the delivery of private duty nursing services to medically fragile adults. The commissioner of health and their designees are authorized to audit each such provider to ensure compliance with the written certification required by this subdivision and shall recoup all funds determined to have been used for purposes other than recruitment and retention of private duty nurses or the delivery of private duty nursing services to medically fragile adults. Such recoupment shall be in addition to any other penalties provided by law.</p> <p>(c) The commissioner of health shall, subject to the provisions of paragraph (b) of this subdivision, and the provisions of subdivision three of this section, and subject to the availability of federal financial participation, increase fees for the fee-for-service reimbursement of private duty nursing services provided to medically fragile adults by fee-for-service private duty nursing services providers who enroll and participate in the provider directory pursuant to subdivision three of this section, commencing April first, two thousand twenty-two, such that such fees for reimbursement equal the final benchmark payment designed to ensure adequate access to the service. In developing such benchmark the commissioner of health may utilize the average two thousand eighteen Medicaid managed care payments for reimbursement of such private duty nursing services. The commissioner may promulgate regulations to implement the provisions of this paragraph."</p>
Page 73,	Line 7,	After "2." strike out " <u>Program of all-inclusive care for the elderly</u> ,"
Page 73,	Line 8,	After " <u>program</u> " insert " <u>means the program of all-inclusive care for the elderly, which</u> "
Page 88,	Line 5,	After " <u>eligible</u> " strike out " <u>to receive</u> " and insert " <u>for and receiving</u> "
Page 88,	Line 6 through 7,	After " <u>pursuant to</u> " strike out " <u>subparagraph (i) or (ii) of this paragraph</u> " and insert " <u>this title</u> "
Page 88,	Line 7,	After " <u>eligible</u> " strike out " <u>to receive and/or</u> "
Page 88,	Line 12,	After " <u>title;</u> " strike out " <u>or</u> "

Page 88,	Line 15,	After " <u>title</u> " insert " <u>who would be eligible for coverage pursuant to subparagraphs (2) or (4) of paragraph (b) of subdivision 1 of section three hundred and sixty-six of the social services law</u> "
Page 88,	Line 54,	After " <u>eligible</u> " strike out " <u>to receive</u> " and insert " <u>for and receiving</u> "
Page 88,	Line 55,	After " <u>pursuant to</u> " strike out " <u>subparagraph (i) or (ii) of this paragraph</u> " and insert " <u>this title</u> "
Page 88,	Line 56,	After " <u>eligible</u> " strike out " <u>to receive and/or</u> "
Page 89,	Line 5,	After " <u>title;</u> " strike out " <u>or</u> "
Page 89,	Line 8,	After " <u>title</u> " insert " <u>who would be eligible for coverage pursuant to subparagraphs (2) or (4) of paragraph (b) of subdivision 1 of section three hundred and sixty-six of the social services law</u> "
Page 90,	Line 37,	After " <u>act</u> " strike out " <u>shall take effect January 1, 2023 and</u> "
Page 93,	Line 44,	After " <u>effect</u> " strike out " <u>January</u> " and insert " <u>March</u> "
Page 95,	Between Line 49 and 50,	<p>After "<u>§ 5.</u>" Insert "<u>Section 2511 of the public health law is amended by adding subdivision 22 to read as follows:</u></p> <p><u>22. Notwithstanding the provisions of this title and effective on and after January first, two thousand twenty-three, the consultative, review, and approval functions of the superintendent of financial services related to administration of the child health insurance plan are no longer applicable and references to those functions in this title shall be null and void. The child health insurance plan set forth in this title shall be administered solely by the commissioner. All child health insurance plan policies reviewed and approved by the superintendent of financial services in accordance with section eleven hundred twenty of the insurance law shall remain in effect until the commissioner establishes a process to review and approve member handbooks in accordance with the requirements of Title XXI of the federal social security act and implementing regulations, and such member handbooks are issued by approved organizations to enrollees in place of child health insurance plan policies which were subject to review under section eleven hundred twenty of the insurance law.</u>"</p>
Page 95,	Line 50,	After " <u>§</u> " strike out " <u>5</u> " and insert " <u>6</u> "

Page 95,	Line 52,	After "2023 and" strike out "section" and insert "sections" and after "two" insert "and five"
Page 104,	Line 36,	After "(9)" insert "(a)"
Page 104,	Line 40,	Before "Notwithstanding" strike out "(a)" and insert "(b)"
Page 104,	Lines 40 through 43,	After " <u>contrary,</u> " strike out " <u>for any policy period beginning on or after July 1, 2021, excess coverage shall be purchased by a physician or dentist directly from a provider of excess insurance coverage or equivalent excess coverage.</u> At" and insert "at"
Page 104,	Line 44,	After " <u>period</u> " insert " <u>beginning on or after July 1, 2021,</u> "
Page 104,	Line 47,	Before " <u>fifty</u> " strike out " <u>reimburse</u> " and insert " <u>pay</u> "
Page 104,	Line 47,	After " <u>premium</u> " insert " <u>for the excess insurance coverage or equivalent excess coverage provided in the immediately prior policy period</u> "
Page 104,	Line 47,	After " <u>to</u> " strike out " <u>the physician or dentist</u> " and insert " <u>each provider of such coverage</u> "
Page 104,	Line 47,	After " <u>, and</u> " insert " <u>shall pay to each such provider of such coverage</u> "
Page 104,	Line 48,	After " <u>percent</u> " strike out " <u>shall be paid</u> "
Page 104,	Line 50,	After " <u>to</u> " strike out " <u>meet the percent of</u> " and insert " <u>cover</u> "
Page 104,	Line 50,	After " <u>percent of the</u> " strike out " <u>costs of the</u> " and insert " <u>aggregate premium for such</u> "
Page 104,	Line 52 through 54,	Strike out "(b) No provider of excess insurance coverage or equivalent excess coverage shall issue excess coverage to which this subdivision applies to any physician or dentist unless that physician or dentist meets the"
Page 105,	Line 1 through 9,	Strike out " <u>eligibility requirements for such coverage set forth in this section. The superintendent of financial services and the commissioner of health or their designee shall not make any payment under this subdivision to a physician or dentist who does not meet the eligibility requirements for participating in the hospital excess liability pool program set forth in this section.</u> (c) The superintendent of financial services in consultation with the commissioner of health may

		<u>promulgate regulations giving effect to the provisions of this subdivision."</u>
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