

FY 2025 Executive Budget Amendments

**Amendments to Senate S.8307; Assembly A.8807
(HMH Article VII Bill)**

Part E, relating to nursing home proposals, is amended to:

- Make technical amendments to clarify the scope of the nursing home rate freeze.

Part G, relating to long term care proposals, is amended to:

- Clarify that the definition of "home care aide" is being amended only as it relates to wage parity.

Part H, relating to Managed care proposals, is amended to:

- Include certain unintentionally omitted provisions necessary for the procurement of managed care plans.

Part J, relating to Essential Plan proposals, is amended to:

- Make technical changes to incorporate references to the 1332 waiver into the marketplace statute.

Part L, relating to Miscellaneous Public Health proposals, is amended to:

- Make a technical change.

Part N, relating to maternal and reproductive health, is amended to:

- Make changes to require that pregnant and post-partum individuals give informed consent prior to testing for alcohol, cannabis, or other drugs.

Part S, relating to Health Care Safety Net Transformation, is amended to:

- Clarify that a hospital organization must apply in conjunction with at least one partner organization in order to qualify for grants funding under this program and make various technical corrections.

Part U, relating to Opioids and Overdose Prevention, is amended to:

- Clarify data sharing language to allow sharing with other State agencies, in accordance with applicable laws, rules, and regulations.
- Create a veterinary exemption for Xylazine and establish safe storage, record keeping requirements, and make other technical changes.

Part V, relating to EMS and Hospital at Home, is amended to:

- Clarify that the Department of Health must approve the county medical emergency response plans, not the format of the plans.

- Clarify that the Commissioner will allow general hospitals to provide off-site acute care medical services, subject to the availability of Federal financial participation.
- Add nurse practitioner to the list of medical professionals that can provide off-site acute care to a patient with a pre-existing relationship with the hospital or medical professional, including care for patients who were admitted and resided through emergency departments and on inpatient hospital beds.
- Clarify that the ambulance services used by counties must be licensed by the Department of Health.
- Makes technical changes to allow counties time to adjust their medical emergency response plans in the event of a service no longer being available.
- Clarify that changes made to the Provision of Emergency Medical Dispatch section would apply only to dispatchers/dispatch agencies with primary role as emergency medical dispatch, and that all licensure/protocols/minimum standards will be established with the advice and consent of the State Interoperability Emergency Communications (SIEC) board.

Part X, relating to the opioid stewardship fund extender, is amended to:

- Intentionally omit HMH Part X to avoid duplication of provisions, the extender is carried in Part B.

Part FF, relating to establishing a cost-of-living adjustment (COLA) for designated human services programs, is amended to:

- Make a technical amendment to conform the exclusion of care coordination organizations from the list of eligible programs and services.

New Part GG, relating to contracting flexibility in relation to 1115 Medicaid waivers, is added to:

- Provide the Department of Health with additional contracting flexibilities in relation to the 1115 Medicaid waiver, in order to carry out provisions of the waiver.

New Part HH, relating to long term care reforms, is added to:

- Include regulation authority relating to quality of care standards and labor protections for the Consumer Directed Personal Assistance Program (CDPAP) and Personal Care.
- Require consumer self-direction in the CDPAP.
- Eliminate conflicts of interest between CDPAP Fiscal Intermediaries (FIs), Licensed Home Care Service Agencies (LHCSAs), and Managed Long-Term Care Plans (MLTCs).
- Repeal the FI request for proposals and replace with FI authorization process.