

FY 2025 NEW YORK STATE EXECUTIVE BUDGET

**HEALTH AND MENTAL HYGIENE
ARTICLE VII LEGISLATION**

MEMORANDUM IN SUPPORT

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MEMORANDUM IN SUPPORT

A BUDGET BILL submitted by the Governor in
Accordance with Article VII of the Constitution

AN ACT to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to general hospital reimbursement for annual rates, in relation to known and projected department of health state fund medicaid expenditures (Part A); to amend the public health law, in relation to extending certain provisions related to the issuance of accountable care organization certifications and state oversight of antitrust provisions; and to amend part D of chapter 56 of the laws of 2013 amending the social services law relating to eligibility conditions, chapter 649 of the laws of 1996 amending the public health law, the mental hygiene law and the social services law relating to authorizing the establishment of special needs plans, part V of chapter 57 of the laws of 2022 amending the public health law and the insurance law relating to reimbursement for commercial and Medicaid services provided via telehealth, chapter 659 of the laws of 1997 amending the public health law and other laws relating to creation of continuing care retirement communities, part NN of chapter 57 of the laws of 2018 amending the public health law and the state finance law relating to enacting the opioid stewardship act, part II of chapter 54 of the laws of 2016 amending part C of chapter 58 of the laws of 2005 relating to authorizing reimbursements for expenditures made by or on behalf of social services districts for medical assistance for needy persons and administration thereof, part B of chapter 57 of the laws of 2015 amending the social services law and other laws relating to energy audits and/or disaster preparedness reviews of residential healthcare facilities by the commissioner, and part H of chapter 57 of the laws of 2019 amending the public health law relating to waiver of certain regulations, in relation to the effectiveness thereof (Part B); to amend the education law, in relation to

removing the exemption for school psychologists to render early intervention services; and to amend chapter 217 of the laws of 2015, amending the education law relating to certified school psychologists and special education services and programs for preschool children with handicapping conditions, in relation to the effectiveness thereof (Part C); to amend the public health law, in relation to reducing the hospital capital rate add-on; to amend part ZZ of chapter 56 of the laws of 2020 amending the tax law and the social services law relating to certain Medicaid management, in relation to the effectiveness thereof; to amend part E of chapter 57 of the laws of 2015, amending the public health law relating to the payment of certain funds for uncompensated care, in relation to certain payments being made as outpatient upper payment limit payments for outpatient hospital services during certain state fiscal years and calendar years; to amend part B of chapter 57 of the laws of 2015, amending the social services law relating to supplemental rebates, in relation to authorizing the department of health to increase operating cost component of rates of payment for general hospital outpatient services and authorizing the department of health to pay a public hospital adjustment to public general hospitals during certain state fiscal years and calendar years; to amend the public health law, in relation to authorizing the commissioner to make additional inpatient hospital payments during certain state fiscal years and calendar years; and to amend part B of chapter 58 of the laws of 2010, amending the social services law and the public health law relating to prescription drug coverage for needy persons and health care initiatives pools, in relation to authorizing the department of health to make Medicaid payment increases for county operated free-standing clinics during certain state fiscal years and calendar years (Part D); to amend the public health law, in relation to freezing the operating component of the rates for skilled nursing facilities, reducing the capital component of the rates for skilled nursing facilities by an additional ten percent, and eligibility for admission to the New York state veterans' home (Part E); to amend the social services law, in

relation to making the special needs assisted living residence voucher program permanent; and to amend the public health law, in relation to assisted living quality improvement standards (Part F); to amend the public health law, in relation to home care worker wage parity; and to repeal certain provisions of the public health law relating thereto (Part G); to amend the financial services law, in relation to excluding managed care plans from the independent resolution process; to amend the social services law and the public health law, in relation to providing authority for the department of health to competitively procure managed care organizations participating in medicaid managed care programs; to amend part I of chapter 57 of the laws of 2022, providing a one percent across the board payment increase to all qualifying fee-for-service Medicaid rates, in relation to eliminating the one percent rate increase to managed care organizations; and to repeal certain provisions of the social services law relating thereto (Part H); to amend the social services law, in relation to copayments for drugs; to amend the public health law, in relation to prescriber prevails; to amend the public health law, in relation to the Medicaid drug cap and pharmacy cost reporting; and to repeal certain provisions of the social services law relating to coverage for certain prescription drugs (Part I); to amend the social services law, in relation to renaming the basic health program to the essential plan; to amend part H of chapter 57 of the laws of 2021, amending the social services law relating to eliminating consumer-paid premium payments in the basic health program, in relation to the effectiveness thereof; and to amend part BBB of chapter 56 of the laws of 2022, amending the public health law and other laws relating to permitting the commissioner of health to submit a waiver that expands eligibility for New York's basic health program and increases the federal poverty limit cap for basic health program eligibility from two hundred to two hundred fifty percent, in relation to extending certain provisions related to providing long-term services and supports under the essential plan; and to amend the public health law, in relation to adding references to the 1332 state innovation waiver, providing a new

subsidy to assist low-income New Yorkers with the payment of premiums, cost sharing or both through the marketplace, and adding the 1332 state innovation program to the functions of the marketplace (Part J); to amend chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to insurance coverage paid for by funds from the hospital excess liability pool and extending the effectiveness of certain provisions thereof; to amend part J of chapter 63 of the laws of 2001 amending chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to extending certain provisions concerning the hospital excess liability pool; and to amend part H of chapter 57 of the laws of 2017 amending the New York Health Care Reform Act of 1996 and other laws relating to extending certain provisions relating thereto, in relation to extending provisions relating to excess coverage (Part K); to amend the public health law and the state finance law, in relation to the discontinuation of the empire clinical research investigator program; to amend the public health law, in relation to the discontinuance of participation and membership during a three year demonstration period in a physician committee of the Medical Society of the State of New York or the New York State Osteopathic Society; to repeal subdivision 9 of section 2803 of the public health law, relating to the hospital audit program; to repeal section 461-s of the social services law, relating to enhancing the quality of adult living program for adult care facilities; to repeal paragraph (c) of subdivision 1 of section 461-b of the social services law, relating to an appropriation made available for the purposes of funding the operating assistance sub-program for enriched housing; to repeal article 27-H of the public health law, relating to the tick-borne disease institute; and to repeal paragraph (g) of subdivision 11 of section 230 of the public health law, relating to reporting of professional misconduct (Part L); to amend the social services law and the public health law, in relation to authorizing continuous coverage in Medicaid and child health

plus, for eligible children ages zero to six (Part M); to amend the public health law, in relation to authorizing the commissioner of health to issue a statewide standing order for the provision of doula services, providing medical services to pregnant minors, and to the provision of contraception (Part N); to amend the public health law, in relation to expanding financial assistance; and to amend the general business law, in relation to additional consumer protection for medical debt and restricting the applications for and use of credit cards and medical financial products (Part O); to amend part C of chapter 57 of the laws of 2022 amending the public health law and the education law relating to allowing pharmacists to direct limited service laboratories and order and administer COVID-19 and influenza tests and modernizing nurse practitioners, and chapter 21 of the laws of 2011 amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, in relation to the effectiveness thereof (Part P); to amend the education law and the public health law, in relation to the scope of practice of physician assistants, certified nurse aides, medical assistants, dentists and dental hygienists (Part Q); to amend the education law, in relation to enacting the interstate medical licensure compact; and to amend the education law, in relation to enacting the nurse licensure compact (Part R); to amend the public health law, in relation to establishing the healthcare safety net transformation program (Part S); to amend the public health law and the education law, in relation to making necessary changes to end the HIV, HCV, HBV, syphilis and mpox epidemics; and to repeal certain provisions the public health law relating thereto (Part T); to amend the public health law, in relation to increasing prescription monitoring program data retention periods and allowing enhanced data sharing to combat the opioid crisis, updating controlled substance schedules to conform with those of the federal drug enforcement administration, permitting providers to distribute three-day supplies of buprenorphine, and updating the term "addict" to "person with a substance use disorder" in certain provisions of such law; and to

repeal section 3372 of such law relating to practitioner patient reporting (Part U); to amend the public health law, in relation to expanding hospital services and home care collaboration into the home and community; to amend the public health law and the education law, in relation to modernizing the state of New York's emergency medical system and workforce; to amend the public health law, in relation to establishing the paramedic urgent care program; and to amend chapter 137 of the laws of 2023 amending the public health law relating to establishing a community-based paramedicine demonstration program, in relation to extending the effectiveness thereof (Part V); to amend the elder law, in relation to establishing the interagency elder justice coordinating council (Part W); to amend part NN of chapter 57 of the laws of 2018 amending the public health law and other laws relating to enacting the opioid stewardship act, in relation to making the opioid stewardship fund permanent (Part X); to amend chapter 62 of the laws of 2003, amending the mental hygiene law and the state finance law relating to the community mental health support and workforce reinvestment program, the membership of subcommittees for mental health of community services boards and the duties of such subcommittees and creating the community mental health and workforce reinvestment account, in relation to the effectiveness thereof (Part Y); to amend part NN of chapter 58 of the laws of 2015, amending the mental hygiene law relating to clarifying the authority of the commissioners in the department of mental hygiene to design and implement time-limited demonstration programs, in relation to making such provisions permanent (Part Z); to amend the insurance law, in relation to setting minimal reimbursement for behavioral health treatment (Part AA); to amend chapter 723 of the laws of 1989 amending the mental hygiene law and other laws relating to comprehensive psychiatric emergency programs, in relation to the effectiveness of certain provisions thereof (Part BB); to amend the social services law, in relation to clarifying the requirements related to referrals of substantiated reports of abuse or neglect from the justice center to the office of the Medicaid inspector general (Part

CC); to amend part A of chapter 111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, in relation to the effectiveness thereof (Part DD); to amend the education law, in relation to expanding the description of certain services which are not prohibited by statutes governing the practice of nursing (Part EE); and to establish a cost of living adjustment for designated human services programs (Part FF)

PURPOSE:

This bill contains provisions needed to implement the Health and Mental Hygiene portion of the FY 2025 Executive Budget.

This memorandum describes Parts A through FF of the bill which are described wholly within the parts listed below.

Part A – Medicaid Global Cap Extension

Purpose:

This bill would make statutory changes necessary to extend the Medicaid Global Cap. The Medicaid Global Cap is a mechanism to place limits on Medicaid spending to maintain a disciplined Medicaid budget.

Summary of Provisions and Statement in Support:

This bill would amend Chapter 57 of the Laws of 2023 to extend the two-year Medicaid Global Cap budgeting construct through FY 2026 in order to manage the State's Medicaid budget.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services, as prescribed in the FY 2023 Enacted Budget.

Effective Date:

This bill would take effect immediately.

Part B – Extend various provisions of the Public Health and Social Services Laws

Purpose:

This bill extends various expiring laws to maintain Financial Plan savings by continuing certain previously enacted Medicaid and health savings initiatives authorized in the Public Health and Social Services laws.

Summary of Provisions and Statement in Support:

Section one of this bill would amend Chapter 57 of the laws of 2019, extending Medicaid coverage for children who are 19 or 20 years old living with their parents who meet certain criteria through October 1, 2029.

Section two of this bill would amend Chapter 57 of the laws of 2019, extending the Commissioner of Mental Health's authority, in consultation with the Commissioner of Health, to certify Mental Health Special Needs Plans through March 31, 2030.

Section three of this bill would amend Chapter 56 of the laws of 2020, extending the issuance of certificates of authority to accountable care organizations through December 31, 2028.

Section four of this bill would amend Chapter 57 of the laws of 2021, extending the authority of the Commissioner of Health to issue certificates of public advantage through December 31, 2028.

Section five of this bill would amend Chapter 57 of the laws of 2022, extending payment parity for Medicaid fee-for-service and Medicaid managed care services, whether they are provided in a traditional in-person setting or provided via telehealth modalities, through April 1, 2025.

Section six of this bill would amend Chapter 57 of the laws of 2018, extending affiliation requirements to allow a managed care organization to affiliate with an entity or entities that are controlled by non-profit organizations to provide care coordination services, through December 31, 2029.

Section seven of this bill would amend Chapter 59 of the laws of 2019, extending the Opioid Stewardship Act, through June 30, 2027.

Section eight of this bill would amend Chapter 57 of the laws of 2022, extending a Statewide Medicaid integrity and efficiency initiative for the purpose of achieving audit recoveries through March 31, 2026.

Section nine of this bill would amend Chapter 125 of the laws of 2021, extending authorization for the Commissioner's preparation of an energy audit and/or disaster preparedness review of residential health care facilities, through July 1, 2027.

Section ten of this bill would amend Chapter 57 of the laws of 2022, extending the ability for the Department of Health (DOH), Office of Mental Health (OMH), Office for People With Developmental Disabilities (OPWDD), and Office of Addiction Services and Supports (OASAS) to waive any necessary regulatory requirements to allow providers involved in DSRIP projects, or authorized replication and scaling activities, to avoid duplicative requirements through April 1, 2026.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services.

Effective Date:

This provides an effective date of April 1, 2024.

Part C – Removal of the Temporary Allowance for School Psychologists to Render Early Intervention Services

Purpose:

This bill would remove the temporary exemption School Psychologists currently have that allows them to practice as Early Intervention (EI) providers but would extend their authorization to provide non-EI services for certain preschool programs.

Summary of Provisions and Statement in Support:

In order to achieve compliance with federal requirements, this bill would amend Education Law to remove language that allows for certified school Psychologists to practice as Early Intervention providers and render Early Intervention services.

Additionally, the bill would extend the ability for school psychologists to render services in certain preschool programs from June 30, 2024 to June 30, 2026.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and the State's multiyear Financial Plan during FY 2025 or FY 2026, as any costs would be supported within existing resources.

Effective Date:

This act would take effect on April 1, 2024.

Part D – Hospitals

Purpose:

This bill would set forth an additional 10 percent reduction to the hospital capital rate add-on, extend the Distressed Provider Assistance Program for three years, and update the upper payment limit (UPL) payment statute to align with the calendar year.

Summary of Provisions and Statement in Support:

This bill would reduce the capital rate add-on by an additional ten percent for hospital inpatient services, requiring providers to maximize existing resources. It would also extend for an additional three years the Distressed Provider Assistance Program, through March 31, 2028.

The federal government requires states to annually submit UPL demonstrations related to spending in the Medicaid program. Often UPL payments are based on calendar year demonstrations but are in statute as applicable to the state fiscal year. This bill would update the UPL payment statute to align the effective date with the calendar year, as requested by the federal Centers for Medicare and Medicaid Services (CMS). It would have no fiscal impact on providers.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and the State's multi-year Financial Plan. This bill would generate \$21.2 million in State savings in FY 2025 and a State benefit of \$192.5 million annually beginning in FY 2026.

Effective Date:

This act would take effect immediately; provided, however, section one of this act would take effect on October 1, 2024 and sections three through nine would take effect on January 1, 2025.

Part E – Nursing Home Program Reforms

Purpose:

This bill would freeze nursing home operating rates as they existed on January 1, 2024, and reduces the capital portion of nursing home rates by 10 percent. The bill would also amend the New York State residency requirements for a veteran seeking admission to a state-run Veterans Home, facilitating more timely admissions and improving access to care.

Summary of Provisions and Statement in Support:

This bill would suspend updates to the January 1, 2024, operating component of the rates for skilled nursing facilities while the Department of Health develops a methodology for patient acuity using the Patient Driven Payment Model. Effective October 1, 2023, the Center for Medicare and Medicaid Services (CMS) no longer collects the data that current law specifies to weight a base price for patient acuity levels. During the period of the suspension, the Department will work with critical stakeholders and develop a methodology to drive reimbursement that is consistent with levels of patient need within a nursing home. This operating component suspension will remain in place until the new methodology is tested and approved as sufficient and fair.

The bill would also reduce the capital component of the rates for skilled nursing facilities by 10 percent.

Finally, the bill would shorten the New York State residency requirements from one year to six months for admission to a state-run Veterans Home. By allowing aging veterans in the State to seek admission more promptly, the proposal would improve access to care.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and the State's multiyear Financial Plan. This bill would provide State savings of \$28.5 million in FY 2025 and FY 2026.

Effective Date:

This act would take effect April 1, 2024.

Part F – Long-Term Care Facilities

Purpose:

This bill would transition the Special Needs Assisted Living Residence (SNALR) Voucher program from a pilot program to a permanent program, allowing more New Yorkers to age in place in the most integrated setting possible. The bill would also establish quality improvement standards and scoring for Assisted Living Residences (ALRs) to enhance transparency, enabling consumers to be more informed about the cost and quality of long-term care facilities.

Summary of Provisions and Statement in Support:

This bill would transition the Special Needs Assisted Living Residence (SNALR) Voucher program from a pilot program to a permanent program.

The SNALR Voucher program has been a demonstration since being authorized under Chapter 57 of the Laws of 2018. It subsidizes the cost of assisted living for individuals with Alzheimer’s disease and dementia who are not eligible for Medicaid. By remaining as a pilot program, the SNALR Voucher program is without regulations to clearly define the expectations of the participating facilities. By making the SNALR Voucher program permanent, the Department of Health (DOH) would be able to promulgate regulations to clearly define the expectations, ensure uniformity, and allow more New Yorkers to age in place in the most integrated setting possible.

The bill would also require Assisted Living Residences (ALRs) to report annually on specific quality and cost measures to DOH, who will assign each ALR a quality score. Top scoring ALRs would receive a classification of advanced standing and reduced surveillance requirements (once every 12-18 months). Facilities without such classification would be surveyed on an unannounced basis, no less than annually.

Further, the bill would permit Adult Care Facilities who provide assisted living services to seek accreditation from nationally recognized accreditation agencies and, for the period of such accreditation, be exempt from duplicate State inspection requirements.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and the State’s multiyear Financial Plan. This bill would not result in any fiscal impact in FY 2025 and FY 2026.

Effective Date:

This bill would take effect April 1, 2024, provided that the quality reporting and accreditation would take effect on the 120th day after enactment.

Part G – Long Term Care Proposals

Purpose:

This bill would eliminate the requirement for wage parity for personal assistants in the Consumer Directed Personal Assistance Program (CDPAP).

Summary of Provisions and Statement in Support:

This bill eliminates the requirement for wage parity for CDPAP in New York City and in Nassau, Suffolk, and Westchester counties. This would provide a cost savings to the State.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services, as prescribed in the FY 2023 Enacted Budget.

This bill would provide State savings of \$200.4 million in FY 2025, and \$400.8 million in FY 2026.

Effective Date:

This act would take effect October 1, 2024.

Part H – Managed Care Proposals

Purpose:

This bill would make several programmatic changes to the State's delivery of Medicaid benefits through managed care organizations. This bill would exclude Medicaid from the independent dispute resolution process, require the State to procure Medicaid managed care benefits from Medicaid Managed Care (MMC) plans, Managed Long Term Care (MLTC) plans, Medicaid Advantage Plus (MAP) plans, and Health and Recovery Plans (HARP) plans.

Additionally, this bill would eliminate the 1 percent across the board (ATB) administrative rate increase provided to Medicaid managed care organizations as a result of the FY 2022-23 Enacted Budget.

Lastly, this bill would authorize the Department of Health to impose liquidated damages for managed care organizations who fail to comply with the model contract.

Summary of Provisions and Statement in Support:

This bill would exclude Medicaid services, including emergency services, from the independent dispute resolution (IDR) process administered through the Department of Financial Services.

This bill would also establish a moratorium on the processing and approval of applications seeking authority to establish MMC and MLTC plans, and require that such plans apply for procurement and outlines the criteria for applications.

This bill would also eliminate the previous 1% rate increase for all managed care organizations and all future rate adjustments.

Lastly, this bill would incorporate a more robust process for holding Medicaid managed care plans accountable when they fail to meet their contractual responsibilities to the Medicaid program by allowing the Department of Health to institute liquidated damages.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services, as prescribed in the FY 2023 Enacted Budget.

Effective Date:

This act would take effect immediately.

Part I – Pharmacy Related Recommendations

Purpose:

This bill would make the statutory changes necessary to reduce coverage for clinically-identified over-the-counter drugs, to discontinue prescriber prevails, and to streamline the Medicaid Drug Cap. This bill would also implement programmatic improvements to better manage physician administered drugs (PAD) and to enhance specialty pharmacy management.

Summary of Provisions and Statement in Support:

This bill would allow the Commissioner of Health to make modifications to the over-the-counter drugs that are covered by Medicaid, while also aligning New York State's Medicaid program's coverage for non-prescription drugs and over-the-counter products with other states and the Federal Medicare Part D program.

This bill would reduce inappropriate prescribing by eliminating the prescriber's ability to override a final determination by the Medicaid program that a drug's use is not clinically supported, allowing for further savings in New York State's pharmacy spending in Medicaid.

This bill would also streamline portions of the Medicaid Drug Cap, pursuant to which Medicaid manages its drug costs to ensure patient access and financial stability for the state and for participating providers. This is accomplished by a proposal to phase out the current pharmacy spending cap, allowing the State to directly negotiate enhanced rebates and generate additional savings to the State.

Building on the success of the Medicaid pharmacy benefit transition to the fee-for-service program, this bill would also make programmatic improvements to better manage physician administered drugs (PAD) and enhance specialty pharmacy management. Unlike retail drugs, there is currently no state imposed State Maximum Allowable Cost (SMAC) or formulary management for PAD/Specialty drugs, which are the fastest growing component of pharmacy spending. This would further allow the State to produce savings in the Medicaid program by optimizing pharmacy spending, while also maximizing rebate returns.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by the Office of the Actuary, in the Centers for Medicare & Medicaid Services, as prescribed in the FY 2023 Enacted Budget.

This bill would provide \$37.4 million in net State savings in FY 2025 and \$87.0 million in net State savings in FY 2026.

Effective Date:

Eliminating Prescriber Prevails would have an implementation date of 1/1/25.

Streamlining the Medicaid Drug Cap, Pharmacy Enhancements and the Integration of Specialty Drug Management, and Reducing Coverage for OTC Drugs would have an implementation date of 10/1/24.

Part J – Essential Plan Proposals

Purpose:

This bill would rename the Basic Health Program to “Essential Plan,” which is a more accurate description of the program which provides coverage for health care services for low- to moderate-income New Yorkers. It would also extend for one year the authority to provide long term supports and services (LTSS) in the Essential Plan to lawfully present individuals between 0-138% of the federal poverty level (FPL), and would delay for one year the implementation date to provide long term supports and services in the Essential Plan to individuals between 0-200% of the federal poverty level.

This bill would also add references to the 1332 State innovation waiver in the Public Health Law and Social Services Law. Additionally, this bill would provide the authority for the Commissioner of Health to establish a new subsidy to assist low-income New Yorkers with the payment of premiums, cost-sharing or both through the marketplace. Finally, this bill would add 1332 State innovation program to the functions of the marketplace.

Summary of Provisions and Statement in Support:

In addition to renaming the Essential Plan program to clarify that it may be operated pursuant to the Basic Health Program authority in Social Services Law § 369-gg or the 1332 Waiver authority in Social Services Law § 369-ii, this bill would make technical corrections. It would clarify that only certain amendments would expire and be repealed if federal approval were withdrawn. Specifically, the amendments that would expire are those which eliminated the \$20 premium for certain Essential Plan enrollees, added dental and vision, and eliminated certain cost-sharing obligations.

This bill would also extend for one year Department of Health's (DOH) authority to provide LTSS to lawfully present individuals between 0 and 138 percent of FPL (the "Aliessa" population in Essential Plan 3 and 4). This bill would also extend for one year DOH authority to provide LTSS to individuals between 0 and 200 percent of FPL (in Essential Plan 1 and 2).

This bill would add functions to the New York State of Health Marketplace related to the 1332 state innovation program. These include informing individuals of eligibility requirements and enrolling eligible individuals.

Lastly, this bill would allow the Commissioner of Health to seek federal approval to establish a program providing subsidies for the payment of premium, cost-sharing, or both to individuals with income up to 350 percent of the FPL who are eligible to purchase qualified health plans.

Budget Implications:

Enactment of this bill is necessary to achieve budgeted Medicaid savings for LTSS under the Essential Plan.

This bill would also provide subsidies to individuals in the marketplace using federal passthrough funds from the 1332 waiver.

Effective Date:

Sections one, two, and three of this act would take effect immediately. Sections four, five, six, and seven would take effect January 1st, 2025.

Part K – Physician's Excess Medical Malpractice

Purpose:

This bill would extend the provisions of the Hospital Excess Liability Pool and the Excess Medical Malpractice Insurance Program through June 30, 2025. This would also require that for excess coverage purchased on or after July 1, 2023, funds from the excess liability

pool would be used to pay 50% of the premium at the conclusion of the policy period, with the other 50% to be paid the following year. For excess coverage purchased on or after July 1, 2024, a provider of excess coverage or equivalent excess coverage would be required to bill the physician or dentist for an amount equal to 50% of the premium for such coverage during the policy period. At the conclusion of the policy period, funds available in the hospital excess liability pool would be used to pay 25% of the remaining half to the provider of excess insurance coverage or equivalent excess coverage, and the remaining 25% would be paid one year thereafter.

Summary of Provisions and Statement in Support:

The bill would amend Section 18 Civil Practice law by adding a new subdivision 9 and stating that it shall only apply to excess insurance coverage or equivalent excess coverage for eligible physicians and dentists in the Physician's Excess Medical Malpractice pool. It would also restructure the Physician's Excess Medical payments to insurers from one annual payment to two installments over two fiscal years equivalent to half of the current payment for FY 2024 and changes from one annual payment to two installments over two fiscal years, equivalent to a quarter of the current payment for FY 2025.

The bill would also amend enacted law to extend the Excess Medical Malpractice program by one year.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and the State's multiyear Financial Plan and will result in savings of \$39,300,000 in FY 2025 and \$19,600,000 in FY 2026.

Effective Date:

This act would take effect April 1, 2024.

Part L – Miscellaneous Public Health Recommendations

Purpose:

This bill would discontinue support for certain public health programs within the Department of Health (DOH), including the 405.4 Hospital Audit Program, the Enhanced Quality of Adult Living (EQUAL) program, the Empire Clinical Research Investigator Program (ECRIP), the operating assistance subprogram for enriched housing, the Tick-borne Disease Institute, and the Medical Society of the State of New York Committee for Physician Health contract.

Summary of Provisions and Statement in Support:

This bill would amend the Public Health Law to discontinue the Section 405.4 Hospital Audit Program, the Tick-Borne Disease program, the Medical Society of the State of New York Committee for Physician Health program and ECRIP. This would create efficiencies and avoid duplication.

It would also amend the Social Services Law to discontinue the EQUAL program and the Enriched Housing program.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025 Executive Budget and would achieve a total savings of \$12.1 million in Fiscal Year 2025 and \$12.3 million in Fiscal Year 2026.

Effective Date:

This bill would take effect immediately.

Part M – Continuous Eligibility for Children Ages 0-6

Purpose:

This bill would provide continuous eligibility for children up to the age of six in the Medicaid and Child Health Plus programs. This policy would allow children to remain enrolled in these programs without the requirement that they have their eligibility redetermined on an annual basis.

Summary of Provisions and Statement in Support:

This bill would provide continuous enrollment in Medicaid and Child Health Plus for children determined to be eligible, until age six. This would be regardless of any change in the income of the child's family, even if such change would have otherwise rendered the child ineligible for medical assistance.

Consistent and continuous access to healthcare coverage is vitally important, especially in infancy and early childhood. By providing continuous coverage, children would not lose vital services including check-ups and immunizations.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections

within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services, as prescribed in the FY 2023 Enacted Budget.

Effective Date:

This act would take effect January 1, 2025.

Part N – Maternal and Reproductive Health

Purpose:

This bill would authorize the Commissioner of Health to issue a statewide standing order for the provision of doula services.

Additionally, this bill would explicitly affirm the right of minors to obtain contraceptive services and to confidentially obtain any and all reproductive health care services.

Summary of Provisions and Statement in Support:

This bill would authorize the Commissioner of Health to issue a non-patient specific statewide standing order for doula services, expanding access for all birthing parents.

This bill would also include minors among pregnant people who are able to give consent for medical, dental, health, and hospital services, and include minors when referencing comprehensive health care as a fundamental component of an individual's health.

Lastly, this bill would codify contraception access under the Reproductive Health Act.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services, as prescribed in the FY 2023 Enacted Budget.

Effective Date:

This bill would take effect April 1, 2024.

Part O – Medical Debt Protections

Purpose:

This bill would update and expand New York’s hospital financial assistance law to better protect low income New Yorkers from medical debt. This bill would limit the ability of hospitals to commence legal action related to the recovery of medical debt or unpaid bills from patients earning less than 400 percent of the Federal Poverty Level (\$120,000 for a family of four). The legislation would also expand hospital financial assistance programs for low-income New Yorkers, limit the size of monthly payments and interest charged for medical debt and implement other protections to improve access to financial assistance.

Summary of Provisions and Statement in Support:

Today, a percentage of Indigent Care Pool payments are paid to hospitals contingent upon their compliance with the terms of the hospital financial assistance law. This bill would broaden the requirements of the hospital financial assistance law.

This bill would amend the Public Health Law to add a new definition of “underinsured”, and require hospitals to extend financial assistance to both uninsured and underinsured persons. The bill would also require hospitals to offer assistance to people up to 400% of the federal poverty line – an increase versus 300% today. This bill would also adjust the amount of financial assistance that hospitals must provide, requiring that hospitals offer more generous discounts than required by current law. This bill would then establish certain additional requirements such as ensuring that hospitals make patients aware of the availability of financial assistance and extending the period of time during which a patient can apply for such assistance.

This bill would also limit the ability of hospitals to sue patients earning less than four hundred percent of the Federal Poverty Level for the purposes of collecting on a medical debt. In any legal action related to the recovery of medical debt or unpaid bills by or on behalf of a hospital, the complaint would have to be accompanied by an affidavit by the hospital’s chief financial officer stating that the patient whom they are taking legal action against does not have an income below four hundred percent of the federal poverty level.

Additionally, this bill would amend the Public Health Law to require that patient consent for treatment is separate from a patient’s consent to pay for such treatment.

Finally, this bill would amend the General Business Law to prohibit the requirement that a patient pre-authorize their credit card before treatment or have a card on file and would require patients to be notified of the possible risks of paying for treatment with a credit card.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services, as prescribed in the FY 2023 Enacted Budget.

Effective Date:

This bill would take effect six months after enactment.

Part P – Scope of Practice Extender

Purpose:

This bill would extend provisions of the Public Health Law and Education Law by permanently authorizing pharmacists to be qualified health care professionals for purposes of directing limited-service laboratories and performing COVID-19 and influenza tests; extend for two years amendments to the Nurse Practitioner (NP) Modernization Act, which authorizes NPs with more than 3,600 hours to practice independently without a collaborative agreement with a physician as long as they meet documentation requirements of collaborative relationships with physicians and hospitals; make permanent amendments to the Education Law authorizing physicians and certified nurse practitioners to order non-patient specific regimen to registered professional nurses for tests to determine the presence of COVID-19 or its antibodies or influenza virus; and extend the Collaborative Drug Therapy Management (CDTM) Demonstration Program.

Summary of Provisions and Statement in Support:

This bill would amend the Public Health Law and the Education Law, extending authorization for pharmacists to direct limited-service laboratories and order and administer COVID-19 and influenza tests permanently. Additionally, this bill would extend the Nurse Practitioner Modernization Act through April 1, 2026. Finally, this bill would make permanent authorization for physicians and certified nurse practitioners to order non-patient specific regimen to registered professional nurses for tests to determine the presence of COVID-19 or its antibodies or influenza virus.

The bill would also amend the Education Law to make permanent the CDTM that was established in 2011. CDTM allows pharmacists to work in collaborative agreements with physicians to adjust, manage, evaluate and implement drug therapies for patients in certain settings.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and the State's multiyear Financial Plan and will not result in any fiscal impacts during FY 2025 or FY 2026, as any costs would be supported within existing resources.

Effective Date:

This act would take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2024.

Part Q – Expand Scope of Practice

Purpose:

This bill would expand the scope of practice for dentists, dental hygienists, physician assistants, medical assistants, and certified nurse aides.

Summary of Provisions and Statement in Support:

This bill would allow qualifying physician assistants to independently practice in primary care and hospitals, granting them the authority to prescribe, order, and perform other specific actions. Additionally, in residential health care facilities certified nurse aides could become certified medication aides able to administer routine medications to residents under the supervision of a registered nurse. In outpatient settings, licensed physicians, nurse practitioners, and physician assistants could assign and supervise medical assistants' tasks related to immunizations. The bill would also expand the scope of practice for dentists, allowing them to administer specified vaccines and tests for COVID-19, influenza, HPV or others as related to a declared public health emergency. Finally, dental hygienists would be allowed to handle additional procedures currently within the exclusive scope of dentists. Overall, these changes would enhance healthcare professionals' roles and responsibilities in various settings.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and the State's multiyear Financial Plan and will not result in any fiscal impacts during FY 2025 or FY 2026, as any costs would be supported within existing resources. The integration of this bill into the FY 2025 Executive Budget is imperative to expand the scope of practice for dentists, dental hygienists, physician assistants, medical assistants, and certified nurse aides. This bill will increase access to immunizations and other needed care, and free up clinical staff with more advanced licenses to devote a greater portion of their time to more complex tasks.

Effective Date:

Sections one through seven of this act would be effective one year after becoming law. Sections eight through seventeen of this act would take effect immediately.

Part R – Join Interstate Compacts

Purpose:

This bill would amend the Education Law to allow New York State to enter into two separate interstate licensure compacts for medical professionals: the Interstate Medical Compact for licensed physicians and the Interstate Nurse Licensure Compact for registered nurses (RNs) and licensed practical nurses (LPNs).

Summary of Provisions and Statement in Support:

This bill would amend the Education Law to allow the State of New York to enter into the Interstate Medical Compact for licensed physicians.

The bill would also amend the Education Law to allow the State of New York to enter into the Interstate Nurse Licensure Compact for RNs and LPNs.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025 Executive Budget and the State's multi-year Financial Plan. The integration of this bill into the FY 2025 Executive budget is imperative to make New York more attractive for physicians, RNs, and LPNs, and add mobility to the professions in order to attract and retain workers, particularly given ongoing staffing challenges in the healthcare industry.

Effective Date:

This act would take effect immediately April 1, 2024.

Part S – Healthcare Safety Net Transformation Program

Purpose:

This bill would establish the Healthcare Safety Net Transformation Program.

Summary of Provisions and Statement in Support:

This bill would establish the Healthcare Safety Net Transformation Program, which aims to support the transformation of safety net hospitals, enhancing access, equity, quality,

and outcomes while improving their financial sustainability. Safety net hospitals, meeting certain criteria, could apply for funding through this program, either individually or with partner organizations such as health systems, hospitals, or community-based entities. The Commissioner could enter agreements for fund distribution and could waive certain regulatory requirements for effective project implementation, excluding those related to patient safety and rights. Applicants would be required to submit a Transformation Plan outlining a strategic five-year vision, roles, responsibilities, and regulatory flexibility needed.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and the State's multiyear Financial Plan and will not result in any fiscal impacts during FY 2025 or FY 2026, as any costs would be supported within existing resources. The integration of this bill into the FY 2025 Executive Budget is imperative to enhance access, equity, quality, and outcomes of safety net hospitals while improving their financial sustainability.

Effective Date:

This act would take effect immediately and would be deemed to have been in full force and effect on and after April 1, 2024.

Part T – Ending the Epidemic

Purpose:

This bill would amend several sections of law to reduce the spread of human immunodeficiency virus (HIV), hepatitis C virus (HCV), hepatitis B virus (HBV) and Syphilis.

This bill would require notification and the opportunity to opt out prior to HIV testing, and the reporting of negative results for HIV, HCV, HBV and Syphilis. For the prevention of infections, this bill would allow pharmacists to administer vaccines and preventive medications, and registered nurses to collect specimens for testing based on a standing order.

Finally, this bill would decriminalize venereal diseases by repealing section 2307 of the Public Health Law.

Summary of Provisions and Statement in Support:

This bill would make a number of amendments to various laws in an effort to end preventable epidemics.

This bill would amend Public Health Law to mandate that clinics performing diagnostic HIV, HBV, and HCV tests report negative results as well as positive test results.

The bill would also amend the Public Health Law to ensure that notice in multiple languages is provided when an HIV test is ordered and that the patient is informed that testing is voluntary. The bill would require that a person receive information regarding medications at the time an HIV test result is communicated.

Additionally, the bill would amend Education Law to permit registered nurses to facilitate Hepatitis B testing through a non-patient specific standing order.

The Education Law would be amended to allow licensed pharmacists to dispense HIV Pre-exposure Prophylaxis (PrEP) without a patient specific order. Pharmacists would be mandated to ensure on at least an annual basis that the patient being prescribed PrEP is HIV negative.

Finally, the bill would decriminalize venereal diseases by repealing section 2307 of the Public Health Law.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and will result in a \$4.6M recurring cost to the State.

Effective Date:

Sections 1 through 3 would take effect 180 days after enactment.

Sections 4 through 9 would take effect on April 1, 2024.

Part U – Opioids and Overdose Prevention

Purpose:

This bill would increase Prescription Monitoring Program (PMP) data retention periods and allow enhanced data sharing to combat the opioid crisis. Additionally, this bill would make statutory changes necessary to update the State schedule of controlled substances, and permit providers to distribute a 3-day supply of buprenorphine.

Summary of Provisions and Statement in Support:

This bill would define Public Health Surveillance and Patient Identifying Information, add an exception to the requirement for practitioners to check the PMP registry before prescribing certain controlled substances, and extend the record expungement period from five to ten years. Significant progress has been made in New York State with

lowering the risk of opioid use disorder, and this bill will build on that success by authorizing enhanced data sharing within the State to allow for linkage of data while maintaining confidentiality and privacy.

Additionally, this bill would provide updates to the State's controlled substance schedules that align with the Federal Drug Enforcement Administration (DEA).

Finally, this bill would align State law with recently revised DEA regulations that permit providers to distribute up to a three-day supply of narcotic drugs for the purpose of initiating maintenance or detoxification treatment while arrangements are being made for a referral. These amendments aim to enhance public health monitoring and substance use disorder management.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and will result in a cost to the State of \$1.6 million in FY25 and \$2 million in FY26. The integration of this bill into the FY 2025 Executive Budget is imperative to address critical information gaps and inform effective interventions to improve public safety and reduce health disparities while continuing to maintain patient confidentiality and privacy. Updating the controlled substance schedules in New York State to align with those of the DEA is an important step toward protecting public health and reducing health disparities. Conformance scheduling will serve public health by reducing confusion among healthcare practitioners and pharmacies thereby improving access to care.

Effective Date:

This act would take effect immediately.

Part V – EMS and Hospital at Home

Purpose:

This bill would further the State's goal of meeting the needs of care in home and community settings. It would expand hospital services outside of a healthcare facility, by expanding existing home care collaboration models and making it easier to involve multiple types of licensed entities including hospitals, home care agencies and emergency medical services. The bill would also enhance and modernize emergency medical services to ensure comprehensive and efficient emergency medical responses.

Summary of Provisions and Statement in Support:

This bill would expand the types of providers that can participate in home care collaborations to include Article 40 hospice and Article 30 emergency medical services in addition to the existing Article 28 hospitals and Article 36 home care agencies.

Building on the “Acute Hospital Care At Home” demonstration program from the federal Centers for Medicare and Medicaid Services (CMS) during the COVID-19 public health emergency, this bill would authorize general hospitals to provide care in patient’s homes without obtaining a license as a home care agency. Participating hospitals would be required to submit operating cost data to the Department of Health annually.

Recognizing the diverse needs and scenarios in which emergency services operate, this bill takes several steps to expand accessibility to healthcare. It would authorize mobile integrated and community paramedicine programs for an additional seven years, through March 31, 2031, and allow the State to approve up to two hundred new or expanded programs. It would authorize nurse practitioners and licensed physicians to prescribe non-patient specific standing orders for vaccinations by emergency medical services practitioners. It would establish rules for essential medical emergency response services and encourage innovation in medical care provided by emergency medical services practitioners.

To promote wider access to care, this bill would also allow the Department of Health to license emergency medical technicians and establish specialized credentials to elevate their professional status. Finally, this bill would enable authorized organizations to operate paramedic urgent cares and expand healthcare access through telehealth services while complying with licensing and practice standards.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025 Executive Budget and the State’s multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services, as prescribed in the FY 2023 Enacted Budget.

Effective Date:

This act would take effect April 1, 2024.

Part W – Creation of an Interagency Council of Elder Justice

Purpose:

This bill would establish a council that will develop strategies to defend elders from abuse. The council would be comprised of members from various State agencies whose work involves elder justice.

Summary of Provisions and Statement in Support:

This bill would create a new section of Elder Law to establish an Interagency Elder Justice Council. The Council would be responsible for developing strategies to combat elder abuse, setting forth requirements to serve as members, and producing an annual report to the Governor and the Legislature.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget and the State's multiyear Financial Plan and will not result in any fiscal impacts during FY 2025 or FY 2026, as any costs would be supported within existing resources.

Effective Date:

This act would take effect immediately.

Part X – Make the Opioid Stewardship Fund Permanent

Purpose:

This bill would make the Opioid Stewardship Fund permanent in State Finance Law.

Summary of Provisions and Statement in Support:

This bill would make the Opioid Stewardship Fund permanent in the State Finance Law. The law authorizing the establishment of the Opioid Stewardship Fund is set to expire on June 30, 2024.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2024-25 Executive Budget because this extender would allow the Office of Addiction Services and Supports (OASAS) to continue utilizing revenues deposited into this fund to provide opioid treatment, recovery, prevention and education services.

Effective Date:

This bill would take effect immediately.

Part Y – Make the Community Mental Health Support and Workforce Reinvestment Program Permanent

Purpose:

This bill would make the Community Mental Health Support and Workforce Reinvestment program permanent.

Summary of Provisions and Statement in Support:

This bill would permanently require the Office of Mental Health (OMH) to reinvest savings from potential State Psychiatric Center inpatient bed closures for community mental health services and workforce.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2024-25 Executive Budget because it requires OMH to continue its practice of reinvesting savings from State Psychiatric Center inpatient bed closures for community mental health services and workforce to ensure the State still provides services across New York.

Effective Date:

This bill would take effect immediately.

Part Z – Make Flexibilities for Demonstration Programs Permanent

Purpose:

The bill would allow certain flexibilities for mental hygiene agencies developing time-limited demonstration programs.

Summary of Provisions and Statement in Support:

This bill would continue to allow the Office of Mental Health, the Office of Addiction Services and Supports, and the Office for People with Developmental Disabilities to utilize flexibilities to develop new methods of services through demonstration projects.

Budget Implications:

This bill is necessary to implement in the FY 2025 Executive Budget, as it makes permanent the essential flexibilities for developing program models that serve individuals with mental illness or intellectual or developmental disabilities.

Effective Date:

This bill would take effect immediately.

Part AA – Require Minimum Commercial Insurance Reimbursement Rates for Behavioral Health Services

Purpose:

This bill would require New York State-regulated insurers to reimburse providers licensed by Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) at or above the Medicaid rate for outpatient behavioral health services.

Summary of Provisions and Statement in Support:

This proposal amends various sections of the Insurance Law to require minimum reimbursement rates to authorized, in-network OMH- and OASAS-licensed mental health and addiction services providers. Reimbursements must be provided for covered services at rates that are no less than the Medicaid rates in effect for such services.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025 Executive Budget, as these amendments will further enforce insurers' compliance with State and Federal parity laws and improve access to behavioral health services.

The fiscal impact to the General State Charges budget is roughly a \$1,000,000 increase to the New York State Health Insurance Plan (NYSHIP).

Effective Date:

This act shall take effect on January 1, 2025.

Part BB – Make the Comprehensive Psychiatric Emergency Programs Permanent

Purpose:

This bill would make permanent the Comprehensive Psychiatric Emergency Programs (CPEP).

Summary of Provisions and Statement in Support:

CPEPs provide psychiatric emergency services which include hospital-based crisis intervention services, extended observation beds, crisis outreach services, and crisis

residential services. Permanency of these programs would stabilize the availability of crisis services provided in a safe environment. Currently, the statutes governing CPEPs are set to expire on July 1, 2024.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget as it continues essential services to at-risk individuals and provides funding for the continued improvement of licensed hospital operations providing CPEP services throughout the State.

Effective Date:

This bill would take effect immediately.

Part CC – Justice Center Notification to OMIG

Purpose:

This bill would clarify when substantiated reports of abuse or neglect submitted to the Justice Center for the Protection of People With Special Needs (Justice Center) should be reported to the Office of Medicaid Inspector General (OMIG).

Summary of Provisions and Statement in Support:

This bill would amend the Social Services Law to clarify the Justice Center’s obligation to refer reports of abuse or neglect to OMIG when such reports are no longer subject to amendment or appeal and could be subject to OMIG sanctions. The parameters of this process would be determined by the Justice Center in consultation with OMIG. The coordinated approach to sharing of information would protect Medicaid recipients from fraud, abuse and neglect.

Budget Implications:

The integration of this bill into the FY 2025 Executive budget is imperative to more efficiently allocate resources and ensure effective coordination to facilitate timely investigations and audit recoveries. This bill will not result in any fiscal impacts during FY 2025 or FY 2026, as any costs would be supported within existing resources.

Effective Date:

This act would take effect immediately.

Part DD – Representative payee authority for mental hygiene facility directors

Purpose:

This bill would make permanent the authority of mental hygiene facility directors, acting as federally appointed representative payees, to use funds for the cost of care and treatment of persons receiving services.

Summary of Provisions and Statement in Support:

This bill would make permanent the authority of State mental hygiene facility directors who act as federally appointed representative payees to use funds for the cost of an individual's care and treatment, consistent with federal law and regulations. This bill would continue current statutes that provide enhanced transparency and maintain additional parameters for the use of funds.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025 Executive Budget, as it will avoid a potential revenue loss of \$64 million from the Office for People with Developmental Disabilities and \$7 million from the Office of Mental Health on an annual basis.

Effective Date:

This bill would take effect immediately.

Part EE – Support Access to More Independent Living Settings

Purpose:

This bill would allow greater flexibility for the performance of certain nursing tasks by unlicensed employees of providers certified by the Office for People with Developmental Disabilities (OPWDD) in community-based settings that are not certified by OPWDD.

Summary of Provisions and Statement in Support:

This bill would allow Direct Support Professionals (DSPs) in certain OPWDD community-based settings, such as a person's private home or apartment, to perform certain nursing tasks. This would increase the availability of nursing task services outside of certified residential settings, allowing more people with developmental disabilities to remain in or transition to more independent settings, which could decrease the reliance on certified residential settings, such as group homes or intermediate care facilities (known as ICFs).

It would also provide parity between people with developmental disabilities and those with physical disabilities.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025 Executive Budget as it would allow for further community integration and reduce discrepancies and inequities in services. This would generate annual savings of \$700,000 starting in FY 2025.

Effective Date:

This bill would take effect April 1, 2024.

Part FF – Human Services Cost-of-Living Adjustment

Purpose:

This bill would provide a 1.5 percent Cost-of-Living Adjustment (COLA) for certain human services programs from April 1, 2024 to March 31, 2025.

Summary of Provisions and Statement in Support:

This bill would establish a one-time COLA for fiscal year 2025 at a rate of 1.5 percent to eligible human services programs. Last year, the State enacted a one-time COLA of 4.0 percent for these programs, but that statute expires on March 31, 2024. An additional COLA for this coming fiscal year would help to address providers' continued reports of increasing costs and staffing shortages and prevent program reductions. The bill would require local government units or direct contract providers receiving this COLA to account for their use of the funds and would authorize agency commissioners to recoup funding not utilized consistent with statute or appropriation.

Budget Implications:

This bill is necessary to implement the FY 2025 Executive Budget to provide the 1.5 percent COLA to eligible human services providers. The 1.5 percent COLA would cost a total of \$128.9 million.

Effective Date:

This bill would take effect April 1, 2024.

The provisions of this act shall take effect immediately, provided, however, that the applicable effective date of each part of this act shall be as specifically set forth in the last section of such part.