

STATE OF NEW YORK

S. 3007--C

A. 3007--C

SENATE - ASSEMBLY

January 22, 2025

IN SENATE -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read twice and ordered printed, and when printed to be committed to the Committee on Finance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

IN ASSEMBLY -- A BUDGET BILL, submitted by the Governor pursuant to article seven of the Constitution -- read once and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee

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 part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates, in relation to extending the expiration thereof; to amend chapter 942 of the laws of 1983 and chapter 541 of the laws of 1984 relating to foster family care demonstration programs, in relation to extending the expirations thereof; to amend chapter 256 of the laws of 1985, amending the social services law and other laws relating to foster family care demonstration programs, in relation to extending the expiration thereof; to amend part C of chapter 58 of the laws of 2009, amending the public health law relating to payment by governmental agencies for general hospital inpatient services, in relation to the effectiveness thereof; to amend chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential healthcare facilities, in relation to the effectiveness thereof; to amend the public health law, in relation to mobile integrated and community paramedicine; to amend section 2 of chapter 137 of the

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [] is old law to be omitted.

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laws of 2023, amending the public health law relating to establishing a community-based paramedicine demonstration program, in relation to extending the effectiveness thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of certain provisions thereof; to amend part FFF of chapter 59 of the laws of 2018, amending the public health law relating to authorizing the commissioner of health to redeploy excess reserves of certain not-for-profit managed care organizations, in relation to the effectiveness thereof; to amend chapter 451 of the laws of 2007, amending the public health law, the social services law and the insurance law relating to providing enhanced consumer and provider protections, in relation to the effectiveness of certain provisions relating to contracts between plans, insurers, or corporations and hospitals; to amend the public health law, in relation to reimbursement rate promulgation for residential health care facilities, and in relation to certified home health agency services payments; to amend part C of chapter 60 of the laws of 2014, amending the social services law relating to fair hearings within the Fully Integrated Duals Advantage program, in relation to the effectiveness thereof; to amend chapter 884 of the laws of 1990, amending the public health law relating to authorizing bad debt and charity care allowances for certified home health agencies, in relation to extending the provisions thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to the effectiveness of certain provisions thereof; to amend part A of chapter 56 of the laws of 2013, amending 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 extending government rates for behavioral services; to amend the public health law, in relation to gross receipts for general hospital assessments; to amend part MM of chapter 57 of the laws of 2021 amending the public health law relating to aiding in the transition to adulthood for children with medical fragility living in pediatric nursing homes and other settings, in relation to the effectiveness thereof; to amend chapter 633 of the laws of 2006, amending the public health law relating to the home based primary care for the elderly demonstration project, in relation to the effectiveness thereof; to amend chapter 19 of the laws of 1998, amending the social services law relating to limiting the method of payment for prescription drugs under the medical assistance program, in relation to the effectiveness thereof; 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; to amend the social services law, in relation to which contracts stay in force after September 30, 2025; to amend part MM of chapter 56 of the laws of 2020 directing the department of health to establish or procure the services of an independent panel of clinical professionals and to develop and implement a uniform task-based assessment tool, in relation to which contracts stay in force after September 30, 2025; and to amend chapter 769 of the laws of 2023 amending the public



health law relating to the adult cystic fibrosis assistance program, in relation to the effectiveness thereof (Part B); intentionally omitted (Part C); to amend the public health law, in relation to supplemental hospital payments (Part D); to amend the social services law, in relation to shifting long-term nursing home stays from managed care to fee for service, and authorizing penalties for managed care plans that do not meet contractual obligations (Part E); to amend the public health law, in relation to establishing a tax on managed care providers; to amend the state finance law, in relation to the healthcare stability fund; and 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 certain Medicaid payments made for certain medical services (Part F); 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 G); intentionally omitted (Part H); to amend the public health law, in relation to eliminating the fees paid by funeral directors for permits for burials and removals which are used to support the electronic death registration system; and to repeal certain provisions of such law relating thereto (Part I); to amend the public health law, in relation to the due date for awards applied for under the statewide health care facility transformation III program (Part J); intentionally omitted (Part K); intentionally omitted (Part L); to amend the public health law, in relation to requiring general hospitals to report community benefit spending (Part M); intentionally omitted (Part N); intentionally omitted (Part O); to amend the public health law, in relation to requiring hospitals to provide stabilizing care to pregnant individuals; and to repeal section 2803-o-1 of the public health law, relating to required protocols for fetal demise (Part P); to amend the social services law, in relation to establishing increased coverage of care as well as availability of care for infertility treatments; and to amend section 4 of part K of chapter 82 of the laws of 2002 amending the insurance law and the public health law relating to coverage for the diagnosis and treatment of infertility, relating to a program to provide grants to health care providers for improving access to infertility (Part Q); intentionally omitted (Part R); intentionally omitted (Part S); to amend the public health law, in relation to requiring hospitals to maintain sexual assault forensic examiners at their facilities; and to amend the executive law, in relation to making technical corrections thereto (Part T); intentionally omitted (Part U); intentionally omitted (Part V); intentionally omitted (Part W); intentionally omitted (Part X); intentionally omitted (Part Y); to amend chapter 565 of the laws of 2022 amending the state finance law relating to preferred source status for entities that provide employment to certain persons; and to amend chapter 91 of the laws of 2023 amending the state finance law relating



to establishing a threshold for the amount of work needed to be performed by a preferred source which is an approved charitable non-profit-making agency for the blind, in relation to the effectiveness thereof (Part Z); 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 the effectiveness thereof (Part AA); to amend part L of chapter 59 of the laws of 2016, amending the mental hygiene law relating to the appointment of temporary operators for the continued operation of programs and the provision of services for persons with serious mental illness and/or developmental disabilities and/or chemical dependence, in relation to the effectiveness thereof (Part BB); to amend part A of chapter 56 of the laws of 2013, amending the social services law and other laws relating to enacting the major components of legislation necessary to implement the health and mental hygiene budget for the 2013-2014 state fiscal year, in relation to the effectiveness of certain provisions thereof (Part CC); to amend the mental hygiene law and the public health law, in relation to adding homeless youth to the definition of minors for the purpose of consent for certain treatment (Part DD); to amend the mental hygiene law, in relation to involuntary admission and assisted outpatient treatment and establishing the behavioral health crisis technical assistance center; and to amend the executive law, the general municipal law, and the county law, in relation to required training and maintaining of records relating to persons dealing with mental health and substance use crises (Part EE); in relation to establishing a targeted inflationary increase for designated programs (Part FF); to amend the mental hygiene law, in relation to mental health incident review panels (Part GG); to amend the social services law, in relation to extending provisions of law relating to school-based health centers (Part HH); to amend the mental hygiene law, in relation to requiring any New York subdivision that directly received funds pursuant to a statewide opioid settlement agreement to post and submit to the office of addiction services and supports certain information relating to such funds (Part II); to amend the public health law, in relation to reporting pregnancy losses and clarifying which agencies are responsible for such reports; and providing for the repeal of certain provisions upon expiration thereof (Part JJ); to amend chapter 55 of the laws of 2022, amending the general municipal law and the town law relating to authorizing fees and charges for emergency medical services, in relation to the effectiveness thereof (Part KK); to amend the public authorities law, in relation to the Nassau health care corporation (Part LL); and to amend chapter 517 of the laws of 2016, amending the public health law relating to payments from the New York state medical indemnity fund, in relation to the effectiveness thereof (Part MM)

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

- 1 Section 1. This act enacts into law major components of legislation
- 2 necessary to implement the state health and mental hygiene budget for
- 3 the 2025-2026 state fiscal year. Each component is wholly contained
- 4 within a Part identified as Parts A through MM. The effective date for
- 5 each particular provision contained within such Part is set forth in the



1 last section of such Part. Any provision in any section contained within
2 a Part, including the effective date of the Part, which makes a refer-
3 ence to a section "of this act", when used in connection with that
4 particular component, shall be deemed to mean and refer to the corre-
5 sponding section of the Part in which it is found. Section three of this
6 act sets forth the general effective date of this act.

7 PART A

8 Section 1. Paragraph (a) of subdivision 1 of section 92 of part H of
9 chapter 59 of the laws of 2011, amending the public health law and other
10 laws relating to general hospital reimbursement for annual rates, as
11 amended by section 1 of part A of chapter 57 of the laws of 2024, is
12 amended to read as follows:

13 (a) For state fiscal years 2011-12 through [2025-26] 2026-27, the
14 director of the budget, in consultation with the commissioner of health
15 referenced as "commissioner" for purposes of this section, shall assess
16 on a quarterly basis, as reflected in quarterly reports pursuant to
17 subdivision five of this section known and projected department of
18 health state funds medicaid expenditures by category of service and by
19 geographic regions, as defined by the commissioner.

20 § 2. This act shall take effect immediately and shall be deemed to
21 have been in full force and effect on and after April 1, 2025.

22 PART B

23 Section 1. Subdivision 1-a of section 60 of part B of chapter 57 of
24 the laws of 2015, amending the social services law and other laws relat-
25 ing to supplemental rebates, as amended by section 10 of part BB of
26 chapter 56 of the laws of 2020, is amended to read as follows:

27 1-a. section fifty-two of this act shall expire and be deemed repealed
28 March 31, [2025] 2030;

29 § 2. Section 3 of chapter 942 of the laws of 1983, relating to foster
30 family care demonstration programs, as amended by chapter 264 of the
31 laws of 2021, is amended to read as follows:

32 § 3. This act shall take effect immediately and shall expire December
33 31, [2025] 2027.

34 § 3. Section 3 of chapter 541 of the laws of 1984, relating to foster
35 family care demonstration programs, as amended by chapter 264 of the
36 laws of 2021, is amended to read as follows:

37 § 3. This section and subdivision two of section two of this act shall
38 take effect immediately and the remaining provisions of this act shall
39 take effect on the one hundred twentieth day next thereafter. This act
40 shall expire December 31, [2025] 2027.

41 § 4. Section 6 of chapter 256 of the laws of 1985, amending the social
42 services law and other laws relating to foster family care demonstration
43 programs, as amended by chapter 264 of the laws of 2021, is amended to
44 read as follows:

45 § 6. This act shall take effect immediately and shall expire December
46 31, [2025] 2027 and upon such date the provisions of this act shall be
47 deemed to be repealed.

48 § 5. Intentionally omitted.

49 § 6. Subdivision (f) of section 129 of part C of chapter 58 of the
50 laws of 2009, amending the public health law relating to payment by
51 governmental agencies for general hospital inpatient services, as

1 amended by section 2 of part CC of chapter 57 of the laws of 2022, is
2 amended to read as follows:

3 (f) section twenty-five of this act shall expire and be deemed
4 repealed April 1, [2025] 2028;

5 § 7. Paragraph (a) of subdivision 1 of section 212 of chapter 474 of
6 the laws of 1996, amending the education law and other laws relating to
7 rates for residential healthcare facilities, as amended by section 4 of
8 part CC of chapter 57 of the laws of 2022, is amended to read as
9 follows:

10 (a) Notwithstanding any inconsistent provision of law or regulation to
11 the contrary, effective beginning August 1, 1996, for the period April
12 1, 1997 through March 31, 1998, April 1, 1998 for the period April 1,
13 1998 through March 31, 1999, August 1, 1999, for the period April 1,
14 1999 through March 31, 2000, April 1, 2000, for the period April 1, 2000
15 through March 31, 2001, April 1, 2001, for the period April 1, 2001
16 through March 31, 2002, April 1, 2002, for the period April 1, 2002
17 through March 31, 2003, and for the state fiscal year beginning April 1,
18 2005 through March 31, 2006, and for the state fiscal year beginning
19 April 1, 2006 through March 31, 2007, and for the state fiscal year
20 beginning April 1, 2007 through March 31, 2008, and for the state fiscal
21 year beginning April 1, 2008 through March 31, 2009, and for the state
22 fiscal year beginning April 1, 2009 through March 31, 2010, and for the
23 state fiscal year beginning April 1, 2010 through March 31, 2016, and
24 for the state fiscal year beginning April 1, 2016 through March 31,
25 2019, and for the state fiscal year beginning April 1, 2019 through
26 March 31, 2022, and for the state fiscal year beginning April 1, 2022
27 through March 31, 2025, and for the state fiscal year beginning April 1,
28 2025 through March 31, 2028, the department of health is authorized to
29 pay public general hospitals, as defined in subdivision 10 of section
30 2801 of the public health law, operated by the state of New York or by
31 the state university of New York or by a county, which shall not include
32 a city with a population of over one million, of the state of New York,
33 and those public general hospitals located in the county of Westchester,
34 the county of Erie or the county of Nassau, additional payments for
35 inpatient hospital services as medical assistance payments pursuant to
36 title 11 of article 5 of the social services law for patients eligible
37 for federal financial participation under title XIX of the federal
38 social security act in medical assistance pursuant to the federal laws
39 and regulations governing disproportionate share payments to hospitals
40 up to one hundred percent of each such public general hospital's medical
41 assistance and uninsured patient losses after all other medical assist-
42 ance, including disproportionate share payments to such public general
43 hospital for 1996, 1997, 1998, and 1999, based initially for 1996 on
44 reported 1994 reconciled data as further reconciled to actual reported
45 1996 reconciled data, and for 1997 based initially on reported 1995
46 reconciled data as further reconciled to actual reported 1997 reconciled
47 data, for 1998 based initially on reported 1995 reconciled data as
48 further reconciled to actual reported 1998 reconciled data, for 1999
49 based initially on reported 1995 reconciled data as further reconciled
50 to actual reported 1999 reconciled data, for 2000 based initially on
51 reported 1995 reconciled data as further reconciled to actual reported
52 2000 data, for 2001 based initially on reported 1995 reconciled data as
53 further reconciled to actual reported 2001 data, for 2002 based initial-
54 ly on reported 2000 reconciled data as further reconciled to actual
55 reported 2002 data, and for state fiscal years beginning on April 1,
56 2005, based initially on reported 2000 reconciled data as further recon-



1 ciled to actual reported data for 2005, and for state fiscal years
2 beginning on April 1, 2006, based initially on reported 2000 reconciled
3 data as further reconciled to actual reported data for 2006, for state
4 fiscal years beginning on and after April 1, 2007 through March 31,
5 2009, based initially on reported 2000 reconciled data as further recon-
6 ciled to actual reported data for 2007 and 2008, respectively, for state
7 fiscal years beginning on and after April 1, 2009, based initially on
8 reported 2007 reconciled data, adjusted for authorized Medicaid rate
9 changes applicable to the state fiscal year, and as further reconciled
10 to actual reported data for 2009, for state fiscal years beginning on
11 and after April 1, 2010, based initially on reported reconciled data
12 from the base year two years prior to the payment year, adjusted for
13 authorized Medicaid rate changes applicable to the state fiscal year,
14 and further reconciled to actual reported data from such payment year,
15 and to actual reported data for each respective succeeding year. The
16 payments may be added to rates of payment or made as aggregate payments
17 to an eligible public general hospital.

18 § 8. Subdivision 3 of section 3018 of the public health law, as added
19 by section 2 of chapter 137 of the laws of 2023, is amended to read as
20 follows:

21 3. This program shall authorize mobile integrated and community param-
22 edicine programs presently operating and approved by the department as
23 of May eleventh, two thousand twenty-three, under the authority of Exec-
24 utive Order Number 4 of two thousand twenty-one, entitled "Declaring a
25 Statewide Disaster Emergency Due to Healthcare staffing shortages in the
26 State of New York" to continue in the same manner and capacity as
27 currently approved for a period of [two] four years following the effec-
28 tive date of this section.

29 § 8-a. Section 2 of chapter 137 of the laws of 2023, amending the
30 public health law relating to establishing a community-based paramedi-
31 cine demonstration program, is amended to read as follows:

32 § 2. This act shall take effect immediately and shall expire and be
33 deemed repealed [2] 4 years after such date; provided, however, that if
34 this act shall have become a law on or after May 22, 2023 this act shall
35 take effect immediately and shall be deemed to have been in full force
36 and effect on and after May 22, 2023.

37 § 9. Subdivision 12 of section 246 of chapter 81 of the laws of 1995,
38 amending the public health law and other laws relating to medical
39 reimbursement and welfare reform, as amended by chapter 161 of the laws
40 of 2023, is amended to read as follows:

41 12. Sections one hundred five-b through one hundred five-f of this act
42 shall expire June 30, [2025] 2027.

43 § 10. Section 2 of subpart B of part FFF of chapter 59 of the laws of
44 2018, amending the public health law relating to authorizing the commis-
45 sioner of health to redeploy excess reserves of certain not-for-profit
46 managed care organizations, as amended by chapter 197 of the laws of
47 2023, is amended to read as follows:

48 § 2. This act shall take effect August 1, 2018 and shall expire and be
49 deemed repealed August 1, [2025] 2027, but, shall not apply to any enti-
50 ty or any subsidiary or affiliate of such entity that disposes of all or
51 a material portion of its assets pursuant to a transaction that: (1) was
52 the subject of a request for regulatory approval first made to the
53 commissioner of health between January 1, 2017, and December 31, 2017;
54 and (2) receives regulatory approval from the commissioner of health
55 prior to July 31, 2018.



1 § 11. Subdivision 1 of section 20 of chapter 451 of the laws of 2007,
2 amending the public health law, the social services law and the insur-
3 ance law relating to providing enhanced consumer and provider
4 protections, as amended by section 1 of part B of chapter 57 of the laws
5 of 2023, is amended to read as follows:

6 1. sections four, eleven and thirteen of this act shall take effect
7 immediately and shall expire and be deemed repealed June 30, [2025]
8 2027;

9 § 12. Paragraph (b) of subdivision 17 of section 2808 of the public
10 health law, as amended by section 12 of part B of chapter 57 of the laws
11 of 2023, is amended to read as follows:

12 (b) Notwithstanding any inconsistent provision of law or regulation to
13 the contrary, for the state fiscal years beginning April first, two
14 thousand ten and ending March thirty-first, two thousand [twenty-five]
15 twenty-nine, the commissioner shall not be required to revise certified
16 rates of payment established pursuant to this article for rate periods
17 prior to April first, two thousand [twenty-five] twenty-nine, based on
18 consideration of rate appeals filed by residential health care facili-
19 ties or based upon adjustments to capital cost reimbursement as a result
20 of approval by the commissioner of an application for construction under
21 section twenty-eight hundred two of this article, in excess of an aggre-
22 gate annual amount of eighty million dollars for each such state fiscal
23 year provided, however, that for the period April first, two thousand
24 eleven through March thirty-first, two thousand twelve such aggregate
25 annual amount shall be fifty million dollars. In revising such rates
26 within such fiscal limit, the commissioner shall, in prioritizing such
27 rate appeals, include consideration of which facilities the commissioner
28 determines are facing significant financial hardship as well as such
29 other considerations as the commissioner deems appropriate and, further,
30 the commissioner is authorized to enter into agreements with such facil-
31 ities or any other facility to resolve multiple pending rate appeals
32 based upon a negotiated aggregate amount and may offset such negotiated
33 aggregate amounts against any amounts owed by the facility to the
34 department, including, but not limited to, amounts owed pursuant to
35 section twenty-eight hundred seven-d of this article; provided, however,
36 that the commissioner's authority to negotiate such agreements resolving
37 multiple pending rate appeals as hereinbefore described shall continue
38 on and after April first, two thousand [twenty-five] twenty-nine. Rate
39 adjustments made pursuant to this paragraph remain fully subject to
40 approval by the director of the budget in accordance with the provisions
41 of subdivision two of section twenty-eight hundred seven of this arti-
42 cle.

43 § 13. Paragraph (a) of subdivision 13 of section 3614 of the public
44 health law, as amended by section 13 of part B of chapter 57 of the laws
45 of 2023, is amended to read as follows:

46 (a) Notwithstanding any inconsistent provision of law or regulation
47 and subject to the availability of federal financial participation,
48 effective April first, two thousand twelve through March thirty-first,
49 two thousand [twenty-five] twenty-nine, payments by government agencies
50 for services provided by certified home health agencies, except for such
51 services provided to children under eighteen years of age and other
52 discreet groups as may be determined by the commissioner pursuant to
53 regulations, shall be based on episodic payments. In establishing such
54 payments, a statewide base price shall be established for each sixty day
55 episode of care and adjusted by a regional wage index factor and an
56 individual patient case mix index. Such episodic payments may be further

1 adjusted for low utilization cases and to reflect a percentage limita-
2 tion of the cost for high-utilization cases that exceed outlier thresh-
3 olds of such payments.

4 § 14. Subdivision 4-a of section 71 of part C of chapter 60 of the
5 laws of 2014, amending the social services law relating to fair hearings
6 within the Fully Integrated Duals Advantage program, as amended by
7 section 27 of part B of chapter 57 of the laws of 2023, is amended to
8 read as follows:

9 4-a. section twenty-two of this act shall take effect April 1, 2014,
10 and shall be deemed expired January 1, [2026] 2028;

11 § 15. Section 11 of chapter 884 of the laws of 1990, amending the
12 public health law relating to authorizing bad debt and charity care
13 allowances for certified home health agencies, as amended by section 29
14 of part B of chapter 57 of the laws of 2023, is amended to read as
15 follows:

16 § 11. This act shall take effect immediately and:

17 (a) sections one and three shall expire on December 31, 1996,

18 (b) sections four through ten shall expire on June 30, [2025] 2029,
19 and

20 (c) provided that the amendment to section 2807-b of the public health
21 law by section two of this act shall not affect the expiration of such
22 section 2807-b as otherwise provided by law and shall be deemed to
23 expire therewith.

24 § 16. Subdivision 5-a of section 246 of chapter 81 of the laws of
25 1995, amending the public health law and other laws relating to medical
26 reimbursement and welfare reform, as amended by section 30 of part B of
27 chapter 57 of the laws of 2023, is amended to read as follows:

28 5-a. Section sixty-four-a of this act shall be deemed to have been in
29 full force and effect on and after April 1, 1995 through March 31, 1999
30 and on and after July 1, 1999 through March 31, 2000 and on and after
31 April 1, 2000 through March 31, 2003 and on and after April 1, 2003
32 through March 31, 2007, and on and after April 1, 2007 through March 31,
33 2009, and on and after April 1, 2009 through March 31, 2011, and on and
34 after April 1, 2011 through March 31, 2013, and on and after April 1,
35 2013 through March 31, 2015, and on and after April 1, 2015 through
36 March 31, 2017 and on and after April 1, 2017 through March 31, 2019,
37 and on and after April 1, 2019 through March 31, 2021, and on and after
38 April 1, 2021 through March 31, 2023, and on and after April 1, 2023
39 through March 31, 2025, and on and after April 1, 2025 through March 31,
40 2029;

41 § 17. Section 64-b of chapter 81 of the laws of 1995, amending the
42 public health law and other laws relating to medical reimbursement and
43 welfare reform, as amended by section 31 of part B of chapter 57 of the
44 laws of 2023, is amended to read as follows:

45 § 64-b. Notwithstanding any inconsistent provision of law, the
46 provisions of subdivision 7 of section 3614 of the public health law, as
47 amended, shall remain and be in full force and effect on April 1, 1995
48 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on
49 and after April 1, 2000 through March 31, 2003 and on and after April 1,
50 2003 through March 31, 2007, and on and after April 1, 2007 through
51 March 31, 2009, and on and after April 1, 2009 through March 31, 2011,
52 and on and after April 1, 2011 through March 31, 2013, and on and after
53 April 1, 2013 through March 31, 2015, and on and after April 1, 2015
54 through March 31, 2017 and on and after April 1, 2017 through March 31,
55 2019, and on and after April 1, 2019 through March 31, 2021, and on and
56 after April 1, 2021 through March 31, 2023, and on and after April 1,



1 2023 through March 31, 2025, and on and after April 1, 2025 through
2 March 31, 2029.

3 § 18. Section 4-a of part A of chapter 56 of the laws of 2013, amend-
4 ing chapter 59 of the laws of 2011 amending the public health law and
5 other laws relating to general hospital reimbursement for annual rates,
6 as amended by section 32 of part B of chapter 57 of the laws of 2023, is
7 amended to read as follows:

8 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section
9 2807-c of the public health law, section 21 of chapter 1 of the laws of
10 1999, or any other contrary provision of law, in determining rates of
11 payments by state governmental agencies effective for services provided
12 on and after January 1, 2017 through March 31, [2025] 2029, for inpa-
13 tient and outpatient services provided by general hospitals, for inpa-
14 tient services and adult day health care outpatient services provided by
15 residential health care facilities pursuant to article 28 of the public
16 health law, except for residential health care facilities or units of
17 such facilities providing services primarily to children under twenty-
18 one years of age, for home health care services provided pursuant to
19 article 36 of the public health law by certified home health agencies,
20 long term home health care programs and AIDS home care programs, and for
21 personal care services provided pursuant to section 365-a of the social
22 services law, the commissioner of health shall apply no greater than
23 zero trend factors attributable to the 2017, 2018, 2019, 2020, 2021,
24 2022, 2023, 2024 [and], 2025, 2026, 2027, 2028, and 2029 calendar years
25 in accordance with paragraph (c) of subdivision 10 of section 2807-c of
26 the public health law, provided, however, that such no greater than zero
27 trend factors attributable to such 2017, 2018, 2019, 2020, 2021, 2022,
28 2023, 2024 [and], 2025, 2026, 2027, 2028, and 2029 calendar years shall
29 also be applied to rates of payment provided on and after January 1,
30 2017 through March 31, [2025] 2029 for personal care services provided
31 in those local social services districts, including New York city, whose
32 rates of payment for such services are established by such local social
33 services districts pursuant to a rate-setting exemption issued by the
34 commissioner of health to such local social services districts in
35 accordance with applicable regulations; and provided further, however,
36 that for rates of payment for assisted living program services provided
37 on and after January 1, 2017 through March 31, [2025] 2029, such trend
38 factors attributable to the 2017, 2018, 2019, 2020, 2021, 2022, 2023,
39 2024 [and], 2025, 2026, 2027, 2028, and 2029 calendar years shall be
40 established at no greater than zero percent.

41 § 19. Subdivision 2 of section 246 of chapter 81 of the laws of 1995,
42 amending the public health law and other laws relating to medical
43 reimbursement and welfare reform, as amended by section 33 of part B of
44 chapter 57 of the laws of 2023, is amended to read as follows:

45 2. Sections five, seven through nine, twelve through fourteen, and
46 eighteen of this act shall be deemed to have been in full force and
47 effect on and after April 1, 1995 through March 31, 1999 and on and
48 after July 1, 1999 through March 31, 2000 and on and after April 1, 2000
49 through March 31, 2003 and on and after April 1, 2003 through March 31,
50 2006 and on and after April 1, 2006 through March 31, 2007 and on and
51 after April 1, 2007 through March 31, 2009 and on and after April 1,
52 2009 through March 31, 2011 and sections twelve, thirteen and fourteen
53 of this act shall be deemed to be in full force and effect on and after
54 April 1, 2011 through March 31, 2015 and on and after April 1, 2015
55 through March 31, 2017 and on and after April 1, 2017 through March 31,
56 2019, and on and after April 1, 2019 through March 31, 2021, and on and

1 after April 1, 2021 through March 31, 2023, and on and after April 1,
2 2023 through March 31, 2025, and on and after April 1, 2025 through
3 March 31, 2029;

4 § 20. Subparagraph (vi) of paragraph (b) of subdivision 2 of section
5 2807-d of the public health law, as amended by section 34 of part B of
6 chapter 57 of the laws of 2023, is amended to read as follows:

7 (vi) Notwithstanding any contrary provision of this paragraph or any
8 other provision of law or regulation to the contrary, for residential
9 health care facilities the assessment shall be six percent of each resi-
10 dential health care facility's gross receipts received from all patient
11 care services and other operating income on a cash basis for the period
12 April first, two thousand two through March thirty-first, two thousand
13 three for hospital or health-related services, including adult day
14 services; provided, however, that residential health care facilities'
15 gross receipts attributable to payments received pursuant to title XVIII
16 of the federal social security act (medicare) shall be excluded from the
17 assessment; provided, however, that for all such gross receipts received
18 on or after April first, two thousand three through March thirty-first,
19 two thousand five, such assessment shall be five percent, and further
20 provided that for all such gross receipts received on or after April
21 first, two thousand five through March thirty-first, two thousand nine,
22 and on or after April first, two thousand nine through March thirty-
23 first, two thousand eleven such assessment shall be six percent, and
24 further provided that for all such gross receipts received on or after
25 April first, two thousand eleven through March thirty-first, two thou-
26 sand thirteen such assessment shall be six percent, and further provided
27 that for all such gross receipts received on or after April first, two
28 thousand thirteen through March thirty-first, two thousand fifteen such
29 assessment shall be six percent, and further provided that for all such
30 gross receipts received on or after April first, two thousand fifteen
31 through March thirty-first, two thousand seventeen such assessment shall
32 be six percent, and further provided that for all such gross receipts
33 received on or after April first, two thousand seventeen through March
34 thirty-first, two thousand nineteen such assessment shall be six
35 percent, and further provided that for all such gross receipts received
36 on or after April first, two thousand nineteen through March thirty-
37 first, two thousand twenty-one such assessment shall be six percent, and
38 further provided that for all such gross receipts received on or after
39 April first, two thousand twenty-one through March thirty-first, two
40 thousand twenty-three such assessment shall be six percent, and further
41 provided that for all such gross receipts received on or after April
42 first, two thousand twenty-three through March thirty-first, two thou-
43 sand twenty-five such assessment shall be six percent, and further
44 provided that for all such gross receipts received on or after April
45 first, two thousand twenty-five through March thirty-first, two thousand
46 twenty-nine such assessment shall be six percent.

47 § 21. Section 3 of part MM of chapter 57 of the laws of 2021, amending
48 the public health law relating to aiding in the transition to adulthood
49 for children with medical fragility living in pediatric nursing homes
50 and other settings, as amended by section 35 of part B of chapter 57 of
51 the laws of 2023, is amended to read as follows:

52 § 3. This act shall take effect on the one hundred twentieth day after
53 it shall have become a law; provided however, that section one of this
54 act shall expire and be deemed repealed [four] six years after such
55 effective date; and provided further, that section two of this act shall



1 expire and be deemed repealed [five] seven years after such effective
2 date.

3 § 22. Section 2 of chapter 633 of the laws of 2006, amending the
4 public health law relating to the home based primary care for the elder-
5 ly demonstration project, as amended by section 1 of item 000 of subpart
6 B of part XXX of chapter 58 of the laws of 2020, is amended to read as
7 follows:

8 § 2. This act shall take effect immediately and shall expire and be
9 deemed repealed January 1, [2026] 2031.

10 § 23. Section 4 of chapter 19 of the laws of 1998, amending the social
11 services law relating to limiting the method of payment for prescription
12 drugs under the medical assistance program, as amended by section 14 of
13 part B of chapter 57 of the laws of 2023, is amended to read as follows:

14 § 4. This act shall take effect 120 days after it shall have become a
15 law and shall expire and be deemed repealed March 31, [2025] 2029.

16 § 24. Subdivisions (b) and (c) of section 8 of part BBB of chapter 56
17 of the laws of 2022, amending the public health law and other laws
18 relating to permitting the commissioner of health to submit a waiver
19 that expands eligibility for New York's basic health program and
20 increases the federal poverty limit cap for basic health program eligi-
21 bility from two hundred to two hundred fifty percent, as amended by
22 section 3 of part J of chapter 57 of the laws of 2024, are amended to
23 read as follows:

24 (b) section four of this act shall expire and be deemed repealed
25 December 31, [2025] 2030; provided, however, the amendments to paragraph
26 (c) of subdivision 1 of section 369-gg of the social services law made
27 by such section of this act shall be subject to the expiration and
28 reversion of such paragraph pursuant to section 2 of part H of chapter
29 57 of the laws of 2021 when upon such date, the provisions of section
30 five of this act shall take effect; provided, however, the amendments to
31 such paragraph made by section five of this act shall expire and be
32 deemed repealed December 31, [2025] 2030;

33 (c) section six of this act shall take effect January 1, [2026] 2031;
34 provided, however, the amendments to paragraph (c) of subdivision 1 of
35 section 369-gg of the social services law made by such section of this
36 act shall be subject to the expiration and reversion of such paragraph
37 pursuant to section 2 of part H of chapter 57 of the laws of 2021 when
38 upon such date, the provisions of section seven of this act shall take
39 effect; and

40 § 25. Subdivision 10 of section 365-a of the social services law, as
41 amended by section 1 of part QQ of chapter 57 of the laws of 2022, is
42 amended to read as follows:

43 10. The department of health shall establish or procure the services
44 of an independent assessor or assessors no later than October 1, 2022,
45 in a manner and schedule as determined by the commissioner of health, to
46 take over from local departments of social services, Medicaid Managed
47 Care providers, and Medicaid managed long term care plans performance of
48 assessments and reassessments required for determining individuals'
49 needs for personal care services, including as provided through the
50 consumer directed personal assistance program, and other services or
51 programs available pursuant to the state's medical assistance program as
52 determined by such commissioner for the purpose of improving efficiency,
53 quality, and reliability in assessment and to determine individuals'
54 eligibility for Medicaid managed long term care plans. Notwithstanding
55 the provisions of section one hundred sixty-three of the state finance
56 law, or sections one hundred forty-two and one hundred forty-three of

1 the economic development law, or any contrary provision of law,
2 contracts may be entered or the commissioner may amend and extend the
3 terms of a contract awarded prior to the effective date and entered into
4 to conduct enrollment broker and conflict-free evaluation services for
5 the Medicaid program, if such contract or contract amendment is for the
6 purpose of procuring such assessment services from an independent asses-
7 sor. Contracts entered into, amended, or extended pursuant to this
8 subdivision shall not remain in force beyond September 30, [2025] 2028.

9 § 26. Section 20 of part MM of chapter 56 of the laws of 2020, direct-
10 ing the department of health to establish or procure the services of an
11 independent panel of clinical professionals and to develop and implement
12 a uniform task-based assessment tool, as amended by section 3 of part QQ
13 of chapter 57 of the laws of 2022, is amended to read as follows:

14 § 20. The department of health shall establish or procure services of
15 an independent panel or panels of clinical professionals no later than
16 October 1, 2022, in a manner and schedule as determined by the commis-
17 sioner of health, to provide as appropriate independent physician or
18 other applicable clinician orders for personal care services, including
19 as provided through the consumer directed personal assistance program,
20 available pursuant to the state's medical assistance program and to
21 determine eligibility for the consumer directed personal assistance
22 program. Notwithstanding the provisions of section 163 of the state
23 finance law, or sections 142 and 143 of the economic development law, or
24 any contrary provision of law, contracts may be entered or the commis-
25 sioner of health may amend and extend the terms of a contract awarded
26 prior to the effective date and entered into to conduct enrollment
27 broker and conflict-free evaluation services for the Medicaid program,
28 if such contract or contract amendment is for the purpose of establish-
29 ing an independent panel or panels of clinical professionals as
30 described in this section. Contracts entered into, amended, or extended
31 pursuant to this section shall not remain in force beyond September 30,
32 [2025] 2028.

33 § 26-a. Section 2 of chapter 769 of the laws of 2023, amending the
34 public health law relating to the adult cystic fibrosis assistance
35 program, as amended by section 14 of part B of chapter 57 of the laws of
36 2024, is amended to read as follows:

37 § 2. This act shall take effect immediately and shall expire March 31,
38 [2025] 2027 when upon such date the provisions of this act shall be
39 deemed repealed.

40 § 27. This act shall take effect immediately and shall be deemed to
41 have been in full force and effect on and after April 1, 2025.

42 PART C

43 Intentionally Omitted

44 PART D

45 Section 1. The opening paragraph of subparagraph (i) of paragraph (i)
46 of subdivision 35 of section 2807-c of the public health law, as amended
47 by section 5 of part D of chapter 57 of the laws of 2024, is amended to
48 read as follows:

49 Notwithstanding any inconsistent provision of this subdivision or any
50 other contrary provision of law and subject to the availability of
51 federal financial participation, for each state fiscal year from July



1 first, two thousand ten through December thirty-first, two thousand
2 twenty-four; and for the calendar year January first, two thousand twen-
3 ty-five through December thirty-first, two thousand twenty-five[; and
4 for each calendar year thereafter], the commissioner shall make addi-
5 tional inpatient hospital payments up to the aggregate upper payment
6 limit for inpatient hospital services after all other medical assistance
7 payments, but not to exceed two hundred thirty-five million five hundred
8 thousand dollars for the period July first, two thousand ten through
9 March thirty-first, two thousand eleven, three hundred fourteen million
10 dollars for each state fiscal year beginning April first, two thousand
11 eleven, through March thirty-first, two thousand thirteen, and no less
12 than three hundred thirty-nine million dollars for each state fiscal
13 year until December thirty-first, two thousand twenty-four; and then
14 from calendar year January first, two thousand twenty-five through
15 December thirty-first, two thousand twenty-five[; and for each calendar
16 year thereafter], to general hospitals, other than major public general
17 hospitals, providing emergency room services and including safety net
18 hospitals, which shall, for the purpose of this paragraph, be defined as
19 having either: a Medicaid share of total inpatient hospital discharges
20 of at least thirty-five percent, including both fee-for-service and
21 managed care discharges for acute and exempt services; or a Medicaid
22 share of total discharges of at least thirty percent, including both
23 fee-for-service and managed care discharges for acute and exempt
24 services, and also providing obstetrical services. Eligibility to
25 receive such additional payments shall be based on data from the period
26 two years prior to the rate year, as reported on the institutional cost
27 report submitted to the department as of October first of the prior rate
28 year. Such payments shall be made as medical assistance payments for
29 fee-for-service inpatient hospital services pursuant to title eleven of
30 article five of the social services law for patients eligible for feder-
31 al financial participation under title XIX of the federal social securi-
32 ty act and in accordance with the following:

33 § 2. Clause (A) of subparagraph (ii) of paragraph (b) of subdivision
34 5-d of section 2807-k of the public health law, as amended by section 1
35 of part E of chapter 57 of the laws of 2023, is amended to read as
36 follows:

37 (A) (1) one hundred thirty-nine million four hundred thousand dollars
38 shall be distributed as Medicaid Disproportionate Share Hospital ("DSH")
39 payments to major public general hospitals;

40 (2) for the calendar years two thousand twenty-five and thereafter,
41 the total distributions to major public general hospitals shall be
42 subject to an aggregate reduction of one hundred thirteen million four
43 hundred thousand dollars annually, provided that general hospitals oper-
44 ated by the New York city health and hospitals corporation as estab-
45 lished by chapter one thousand sixteen of the laws of nineteen hundred
46 sixty-nine, as amended, shall not receive distributions pursuant to this
47 subdivision; and

48 § 3. This act shall take effect immediately and shall be deemed to
49 have been in full force and effect on and after April 1, 2025.

50

PART E

51 Section 1. Subdivision 3 of section 364-j of the social services law
52 is amended by adding a new paragraph (d-4) to read as follows:

53 (d-4) Notwithstanding paragraph (a) of this subdivision, the following
54 medical assistance recipients shall not be eligible to participate in



1 the managed care program authorized by this section or other care coor-
2 dination model established by article forty-four of the public health
3 law: any person who is permanently placed in a residential health care
4 facility for a consecutive period of three months or more. However,
5 nothing in this paragraph should be construed to apply to enrollees in
6 the Medicaid Advantage Plus Program, developed to enroll persons in
7 managed long-term care who are nursing home certifiable and who are
8 dually eligible pursuant to section forty-four hundred three-f of the
9 public health law. In implementing this provision, the department shall
10 continue to support service delivery and outcomes that result in commu-
11 nity living for enrollees.

12 § 2. Section 364-j of the social services law is amended by adding a
13 new subdivision 40 to read as follows:

14 40. (a) The commissioner shall be entitled to penalize managed care
15 providers for failure to meet the contractual obligations and perform-
16 ance standards of the executed contract between the state and a managed
17 care provider in place at the time of the failure.

18 (b) The commissioner shall have sole discretion in determining whether
19 to impose a penalty for noncompliance with any provision of such
20 contract.

21 (c) (i) Penalties imposed by this subdivision against a managed care
22 provider shall be from two hundred fifty dollars up to twenty-five thou-
23 sand dollars per violation depending on the severity of the noncompli-
24 ance as determined by the commissioner.

25 (ii) The commissioner may elect, in their sole discretion, to assess
26 penalties imposed by this section from, and as a set off against,
27 payments due to the managed care provider, or payments that become due
28 any time after the assessment of penalties. Deductions may continue
29 until the full amount of the noticed penalties are paid in full.

30 (iii) All penalties imposed by the commissioner pursuant to this
31 subdivision shall be paid out of the administrative costs and profits of
32 the managed care provider. The managed care provider shall not pass the
33 penalties imposed by the commissioner pursuant to this subdivision
34 through to any medical services provider and/or subcontractor.

35 (d) For the purposes of this subdivision a violation shall mean a
36 determination by the commissioner that the managed care provider failed
37 to act as required under the contract between the state and the managed
38 care provider in place at the time of the failure, or applicable federal
39 and state statutes, rules or regulations governing managed care provid-
40 ers. Each instance of a managed care provider failing to furnish neces-
41 sary and/or required medical services or items to each enrollee shall be
42 a separate violation and each day that an ongoing violation continues
43 shall be a separate violation.

44 (e) No penalties shall be assessed pursuant to this subdivision with-
45 out providing an opportunity for a formal hearing conducted in accord-
46 ance with section twelve-a of the public health law.

47 (f) Nothing in this subdivision shall prohibit the imposition of
48 damages, penalties or other relief, otherwise authorized by law, includ-
49 ing but not limited to cases of fraud, waste or abuse.

50 (g) The commissioner may promulgate any regulations necessary to
51 implement the provisions of this subdivision.

52 § 3. This act shall take effect immediately; provided, however, that
53 section one of this act is subject to federal financial participation;
54 and provided further, however, that the amendments to section 364-j of
55 the social services law made by sections one and two of this act shall

1 not affect the repeal of such section and shall be deemed repealed ther-
2 ewith.

3 PART F

4 Section 1. Section 2807-ff of the public health law, as added by
5 section 1 of part II of chapter 57 of the laws of 2024, is amended to
6 read as follows:

7 § 2807-ff. New York managed care organization provider tax. 1. The
8 commissioner, subject to the approval of the director of the budget,
9 shall: apply for a waiver or waivers of the broad-based and uniformity
10 requirements related to the establishment of a New York managed care
11 organization provider tax (the "MCO provider tax") in order to secure
12 federal financial participation for the costs of the medical assistance
13 program; [issue regulations to implement the MCO provider tax;] and,
14 subject to approval by the centers for [medicare and medicaid] Medicare
15 and Medicaid services, impose the MCO provider tax as an assessment upon
16 insurers, health maintenance organizations, and managed care organiza-
17 tions (collectively referred to as "health plan") offering the following
18 plans or products:

19 (a) Medical assistance program coverage provided by managed care
20 providers pursuant to section three hundred sixty-four-j of the social
21 services law;

22 (b) A [child] health insurance plan [certified] serving individuals
23 enrolled pursuant to [section twenty-five hundred eleven] title one-A of
24 article twenty-five of this chapter;

25 (c) Essential plan coverage certified pursuant to [section three
26 hundred sixty-nine-gg] title eleven-D of article five of the social
27 services law;

28 (d) Coverage purchased on the New York insurance exchange established
29 pursuant to section two hundred sixty-eight-b of this chapter; or

30 (e) Any other comprehensive coverage subject to articles thirty-two,
31 forty-two and forty-three of the insurance law, or article forty-four of
32 this chapter.

33 2. The MCO provider tax shall comply with all relevant provisions of
34 federal laws, rules and regulations.

35 3. The department shall post on its website the MCO provider tax
36 approval letter by the centers for Medicare and Medicaid services (the
37 "approval letter").

38 4. A health plan, as defined in subdivision one of this section, shall
39 pay the MCO provider tax for each calendar year as follows:

40 (a) For Medicaid member months below two hundred fifty thousand member
41 months, a health plan shall pay one hundred twenty-six dollars per
42 member month;

43 (b) For Medicaid member months greater than or equal to two hundred
44 fifty thousand member months but less than five hundred thousand member
45 months, a health plan shall pay eighty-eight dollars per member month;

46 (c) For Medicaid member months greater than or equal to five hundred
47 thousand member months, a health plan shall pay twenty-five dollars per
48 member month;

49 (d) For essential plan member months less than two hundred fifty thou-
50 sand member months, a health plan shall pay thirteen dollars per member
51 month;

52 (e) For essential plan member months greater than or equal to two
53 hundred fifty thousand member months, a health plan shall pay seven
54 dollars per member month;

1 (f) For non-essential plan non-Medicaid member months, consisting of
2 the populations covered by the products described in paragraphs (b),
3 (d), and (e) of subdivision one of this section, less than two hundred
4 fifty thousand member months, a health plan shall pay two dollars per
5 member month; and

6 (g) For non-essential plan non-Medicaid member months greater than or
7 equal to two hundred fifty thousand member months, a health plan shall
8 pay one dollar and fifty cents per member month.

9 5. A health plan shall remit the MCO provider tax due pursuant to this
10 section to the commissioner or their designee quarterly or at a frequen-
11 cy defined by the commissioner.

12 6. Funds accumulated from the MCO provider tax, including interest and
13 penalties, shall be deposited and credited by the commissioner, or the
14 commissioner's designee, to the healthcare stability fund established in
15 section ninety-nine-ss of the state finance law.

16 7. (a) Every health plan subject to the approved MCO provider tax
17 shall submit reports in a form prescribed by the commissioner to accu-
18 rately disclose information required to implement this section.

19 (b) If a health plan fails to file reports required pursuant to this
20 subdivision within sixty days of the date such reports are due and after
21 notification of such reporting delinquency, the commissioner may assess
22 a civil penalty of up to ten thousand dollars for each failure;
23 provided, however, that such civil penalty shall not be imposed if the
24 health plan demonstrates good cause for the failure to timely file such
25 reports.

26 8. (a) If a payment made pursuant to this section is not timely,
27 interest shall be payable in the same rate and manner as defined in
28 subdivision eight of section twenty-eight hundred seven-j of this arti-
29 cle.

30 (b) The commissioner may waive a portion or all of either the interest
31 or penalties, or both, assessed under this section if the commissioner
32 determines, in their sole discretion, that the health plan has demon-
33 strated that imposition of the full amount of the MCO provider tax
34 pursuant to the timelines applicable under the approval letter has a
35 high likelihood of creating an undue financial hardship for the health
36 plan or creates a significant financial difficulty in providing needed
37 services to Medicaid beneficiaries. In addition, the commissioner may
38 waive a portion or all of either the interest or penalties, or both,
39 assessed under this section if the commissioner determines, in their
40 sole discretion, that the health plan did not have the information
41 necessary from the department to pay the tax required in this section.
42 Waiver of some or all of the interest or penalties pursuant to this
43 subdivision shall be conditioned on the health plan's agreement to make
44 MCO provider tax payments on an alternative schedule developed by the
45 department that takes into account the financial situation of the health
46 plan and the potential impact on the delivery of services to Medicaid
47 beneficiaries.

48 (c) Overpayment by or on behalf of a health plan of a payment shall be
49 applied to any other payment due from the health plan pursuant to this
50 section, or, if no payment is due, at the election of the health plan,
51 shall be applied to future payments or refunded to the health plan.
52 Interest shall be paid on overpayments from the date of overpayment to
53 the date of crediting or refunding at the rate determined in accordance
54 with this subdivision only if the overpayment was made at the direction
55 of the commissioner. Interest under this paragraph shall not be paid if
56 the amount thereof is less than one dollar.



1 9. Payments and reports submitted or required to be submitted to the
2 commissioner pursuant to this section by a health plan shall be subject
3 to audit by the commissioner for a period of six years following the
4 close of the calendar year in which such payments and reports are due,
5 after which such payments shall be deemed final and not subject to
6 further adjustment or reconciliation, including through offset adjust-
7 ments or reconciliations made by a health plan; provided, however, that
8 nothing in this section shall be construed as precluding the commission-
9 er from pursuing collection of any such payments which are identified as
10 delinquent within such six-year period, or which are identified as
11 delinquent as a result of an audit commenced within such six-year peri-
12 od, or from conducting an audit of any adjustment or reconciliation made
13 by a health plan, or from conducting an audit of payments made prior to
14 such six-year period which are found to be commingled with payments
15 which are otherwise subject to timely audit pursuant to this section.

16 10. In the event of a merger, acquisition, establishment, or any other
17 similar transaction that results in the transfer of health plan respon-
18 sibility for all enrollees under this section from a health plan to
19 another health plan or similar entity, and that occurs at any time
20 during which this section is effective, the resultant health plan or
21 similar entity shall be responsible for paying the full tax amount as
22 provided in this section that would have been the responsibility of the
23 health plan to which that full tax amount was assessed upon the effec-
24 tive date of any such transaction. If a merger, acquisition, establish-
25 ment, or any other similar transaction results in the transfer of health
26 plan responsibility for only some of a health plan's enrollees under
27 this section but not all enrollees, the full tax amount as provided in
28 this section shall remain the responsibility of that health plan to
29 which that full tax amount was assessed.

30 § 2. Section 99-rr of the state finance law, as added by section 2 of
31 part II of chapter 57 of the laws of 2024, is renumbered section 99-ss
32 and is amended to read to as follows:

33 § 99-ss. Healthcare stability fund. 1. There is hereby established in
34 the joint custody of the state comptroller and the commissioner of taxa-
35 tion and finance a special fund to be known as the "healthcare stability
36 fund" ("fund").

37 2. (a) The fund shall consist of monies received from the imposition
38 of the centers for medicare and medicaid services-approved MCO provider
39 tax established pursuant to section twenty-eight hundred seven-ff of the
40 public health law, and all other monies appropriated, credited, or
41 transferred thereto from any other fund or source pursuant to law.

42 (b) The pool administrator under contract with the commissioner of
43 health pursuant to section twenty-eight hundred seven-y of the public
44 health law shall collect moneys required to be collected as a result of
45 the implementation of the MCO provider tax.

46 3. Notwithstanding any provision of law to the contrary and subject to
47 available legislative appropriation and approval of the director of the
48 budget, monies of the fund may be available [for] to the department of
49 health for the purpose of:

50 (a) funding the non-federal share of increased capitation payments to
51 managed care providers, as defined in section three hundred sixty-four-j
52 of the social services law, for the medical assistance program, pursuant
53 to a plan developed and approved by the director of the budget;

54 (b) funding the non-federal share of the medical assistance program,
55 including supplemental support for the delivery of health care services
56 to medical assistance program enrollees and quality incentive programs;



(c) reimbursement to the general fund for expenditures incurred in the medical assistance program, including, but not limited to, reimbursement pursuant to a savings allocation plan established in accordance with section ninety-two of part H of chapter fifty-nine of the laws of two thousand eleven, as amended; and

(d) transfer to the capital projects fund, or any other capital projects fund of the state to support the delivery of health care services.

4. The monies shall be paid out of the fund on the audit and warrant of the comptroller on vouchers certified or approved by the commissioner of health, or by an officer or employee of the department of health designated by the commissioner.

5. Monies disbursed from the fund shall be exempt from the calculation of department of health state funds medicaid expenditures under subdivision one of section ninety-two of part H of chapter fifty-nine of the laws of two thousand eleven, as amended.

[5] 6. Monies in such fund shall be kept separate from and shall not be commingled with any other monies in the custody of the comptroller or the commissioner of taxation and finance. Any monies of the fund not required for immediate use may, at the discretion of the comptroller, in consultation with the director of the budget, be invested by the comptroller in obligations of the United States or the state. Any income earned by the investment of such monies shall be added to and become a part of and shall be used for the purposes of such fund.

[6] 7. The director of the budget shall provide quarterly reports to the speaker of the assembly, the temporary president of the senate, the chair of the senate finance committee and the chair of the assembly ways and means committee, on the receipts and distributions of the healthcare stability fund, including an itemization of such receipts and disbursements, the historical and projected expenditures, and the projected fund balance.

8. The comptroller shall provide the pool administrator with any information needed, in a form or format prescribed by the pool administrator, to meet reporting requirements as set forth in section twenty-eight hundred seven-y of the public health law or as otherwise provided by law.

§ 3. Section 1-a of 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, as amended by section 1 of part NN of chapter 57 of the laws of 2024, is amended to read as follows:

§ 1-a. Notwithstanding any provision of law to the contrary, for the state fiscal years beginning April 1, 2023, and thereafter, Medicaid payments made for the operating component of hospital inpatient services shall be subject to a uniform rate increase of seven and one-half percent in addition to the increase contained in section one of this act, subject to the approval of the commissioner of health and the director of the budget. Notwithstanding any provision of law to the contrary, for the state fiscal years beginning April 1, 2023, and thereafter, Medicaid payments made for the operating component of hospital outpatient services shall be subject to a uniform rate increase of six and one-half percent in addition to the increase contained in section one of this act, subject to the approval of the commissioner of health and the director of the budget. Notwithstanding any provision of law to the contrary, for the period April 1, 2024 through March 31, 2025 Medicaid payments made for hospital services shall be increased by an aggregate amount of up to \$525,000,000 in addition to the increase contained

1 in sections one and one-b of this act subject to the approval of the
2 commissioner of health and the director of the budget. Notwithstanding
3 any provision of law to the contrary, for the state fiscal years begin-
4 ning April 1, 2025, and thereafter, Medicaid payments made for the oper-
5 ating component of hospital outpatient services shall be subject to a
6 uniform rate increase pursuant to a plan approved by the director of the
7 budget in addition to the applicable increase contained in section one
8 of this act and this section, subject to the approval of the commission-
9 er of health and the director of the budget. Notwithstanding any
10 provision of law to the contrary, for the period April 1, 2025, and
11 thereafter, Medicaid payments made for hospital services shall be
12 increased by an aggregate amount of up to \$425,000,000 in addition to
13 the increase contained in section one of this act and this section,
14 subject to the approval of the commissioner of health and the director
15 of the budget. Such rate increases shall be subject to federal financial
16 participation and the provisions established under section one-f of this
17 act.

18 § 4. Section 1-b of part I of chapter 57 of the laws of 2022 providing
19 a one percent across the board payment increase to all qualifying fee-
20 for-service Medicaid rates, as added by section 2 of part NN of chapter
21 57 of the laws of 2024, is amended to read as follows:

22 § 1-b. Notwithstanding any provision of law to the contrary, for the
23 state fiscal years beginning April 1, 2023, and thereafter, Medicaid
24 payments made for the operating component of residential health care
25 facilities services shall be subject to a uniform rate increase of 6.5
26 percent in addition to the increase contained in subdivision 1 of
27 section 1 of this part, subject to the approval of the commissioner of
28 the department of health and the director of the division of the budget;
29 provided, however, that such Medicaid payments shall be subject to a
30 uniform rate increase of up to 7.5 percent in addition to the increase
31 contained in subdivision 1 of section 1 of this part contingent upon
32 approval of the commissioner of the department of health, the director
33 of the division of the budget, and the Centers for Medicare and Medicaid
34 Services. Notwithstanding any provision of law to the contrary, for the
35 period April 1, 2024 through March 31, 2025 Medicaid payments made for
36 nursing home services shall be increased by an aggregate amount of up to
37 \$285,000,000 in addition to the increase contained in [sections] section
38 one [and one-c] of this act and this section subject to the approval of
39 the commissioner of health and the director of the budget. Such rate
40 increases shall be subject to federal financial participation. Notwith-
41 standing any provision of law to the contrary, for the period April 1,
42 2025 through March 31, 2026 Medicaid payments made for nursing home
43 services shall be increased by an aggregate amount of up to \$445,000,000
44 in addition to the increase contained in section one of this act and
45 this section, subject to the approval of the commissioner of health and
46 the director of the budget. Notwithstanding any provision of law to the
47 contrary, for state fiscal years beginning April 1, 2026, and thereafter
48 Medicaid payments made for nursing home services shall be increased by
49 an aggregate amount of up to \$385,000,000 in addition to the increase
50 contained in section one of this act and this section, subject to the
51 approval of the commissioner of health and the director of the budget.
52 Such rate increases shall be subject to federal financial participation
53 and the provisions established under section one-f of this act.

54 § 5. Sections 1-c and 1-d of part I of chapter 57 of the laws of 2022
55 providing a one percent across the board payment increase to all quali-

1 fying fee-for-service Medicaid rates, are renumbered sections 1-d and
2 1-e and a new section 1-c is added to read as follows:

3 § 1-c. Notwithstanding any provision of law to the contrary, for the
4 period April 1, 2025 through March 31, 2026 Medicaid payments made for
5 clinic service provided by federally qualified health centers and diag-
6 nostic and treatment centers licensed pursuant to article 28 of the
7 public health law shall be increased by an aggregate amount of up to
8 \$40,000,000 in addition to any applicable increase contained in section
9 one of this act subject to the approval of the commissioner of health
10 and the director of the budget. Notwithstanding any provision of law to
11 the contrary, for the period April 1, 2026, and thereafter, Medicaid
12 payments made for clinic service provided by federally qualified health
13 centers and diagnostic and treatment centers licensed pursuant to arti-
14 cle twenty-eight of the public health law shall be increased by an
15 aggregate amount of up to \$20,000,000 in addition to any applicable
16 increase contained in section one of this act subject to the approval of
17 the commissioner of health and the director of the budget. Such rate
18 increases shall be subject to federal financial participation and the
19 provisions established under section one-f of this act.

20 § 6. Section 1-d of part I of chapter 57 of the laws of 2022 providing
21 a one percent across the board payment increase to all qualifying fee-
22 for-service Medicaid rates, as amended by section 3 of part NN of chap-
23 ter 57 of the laws of 2024, and as renumbered by section five of this
24 act, is amended to read as follows:

25 § 1-d. Notwithstanding any provision of law to the contrary, for the
26 state fiscal years beginning April 1, 2023, and thereafter, Medicaid
27 payments made for the operating component of assisted living programs as
28 defined by paragraph (a) of subdivision one of section 461-1 of the
29 social services law shall be subject to a uniform rate increase of 6.5
30 percent in addition to the increase contained in section one of this
31 part, subject to the approval of the commissioner of the department of
32 health and the director of division of the budget. Notwithstanding any
33 provision of law to the contrary, for the period April 1, 2024 through
34 March 31, 2025, Medicaid payments for assisted living programs shall be
35 increased by up to \$15,000,000 in addition to the increase contained in
36 this section subject to the approval of the commissioner of health and
37 the director of the budget. Notwithstanding any provision of law to the
38 contrary, for the state fiscal years beginning on April 1, 2025 and
39 thereafter, Medicaid payments for assisted living programs shall be
40 increased by up to \$15,000,000 in addition to the increase contained in
41 this section subject to the approval of the commissioner of health and
42 the director of the budget. Such rate increases shall be subject to
43 federal financial participation and the provisions established under
44 section one-f of this act.

45 § 7. Section 1-e of part I of chapter 57 of the laws of 2022 providing
46 a one percent across the board payment increase to all qualifying fee-
47 for-service Medicaid rates, as added by section 4 of part NN of chapter
48 57 of the laws of 2024, and as renumbered by section five of this act,
49 is amended and a new section 1-f is added to read as follows:

50 § 1-e. Such increases as added by the chapter of the laws of 2024 that
51 added this section may take the form of increased rates of payment in
52 Medicaid fee-for-service and/or Medicaid managed care, lump sum
53 payments, or state directed payments under 42 CFR 438.6(c). Such rate
54 increases shall be subject to federal financial participation and the
55 provisions established under section one-f of this act.



1 § 1-f. Such increases as added by the chapter of the laws of 2025 that
2 added this section shall be contingent upon the availability of funds
3 within the healthcare stability fund established by section 99-ss of the
4 state finance law. Upon a determination by the director of the budget
5 that the balance of such fund is projected to be insufficient to support
6 the continuation of such increases, the commissioner of health, subject
7 to the approval of the director of the budget, shall take steps neces-
8 sary to suspend or terminate such increases, until a determination is
9 made that there are sufficient balances to support these increases.

10 § 8. This act shall take effect immediately; provided, however, that
11 sections three, four, five, six and seven of this act shall be deemed to
12 have been in full force and effect on and after April 1, 2025.

13 PART G

14 Section 1. Paragraph (a) of subdivision 1 of section 18 of chapter 266
15 of the laws of 1986, amending the civil practice law and rules and other
16 laws relating to malpractice and professional medical conduct, as
17 amended by section 1 of part K of chapter 57 of the laws of 2024, is
18 amended to read as follows:

19 (a) The superintendent of financial services and the commissioner of
20 health or their designee shall, from funds available in the hospital
21 excess liability pool created pursuant to subdivision 5 of this section,
22 purchase a policy or policies for excess insurance coverage, as author-
23 ized by paragraph 1 of subsection (e) of section 5502 of the insurance
24 law; or from an insurer, other than an insurer described in section 5502
25 of the insurance law, duly authorized to write such coverage and actual-
26 ly writing medical malpractice insurance in this state; or shall
27 purchase equivalent excess coverage in a form previously approved by the
28 superintendent of financial services for purposes of providing equiv-
29 alent excess coverage in accordance with section 19 of chapter 294 of
30 the laws of 1985, for medical or dental malpractice occurrences between
31 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,
32 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June
33 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991
34 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July
35 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
36 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
37 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
38 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
39 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
40 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
41 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
42 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
43 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
44 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June
45 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
46 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July
47 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,
48 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June
49 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019
50 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July
51 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023,
52 between July 1, 2023 and June 30, 2024, [and] between July 1, 2024 and
53 June 30, 2025, and between July 1, 2025 and June 30, 2026 or reimburse
54 the hospital where the hospital purchases equivalent excess coverage as



1 defined in subparagraph (i) of paragraph (a) of subdivision 1-a of this
2 section for medical or dental malpractice occurrences between July 1,
3 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between
4 July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991,
5 between July 1, 1991 and June 30, 1992, between July 1, 1992 and June
6 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994
7 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July
8 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998,
9 between July 1, 1998 and June 30, 1999, between July 1, 1999 and June
10 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001
11 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July
12 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005,
13 between July 1, 2005 and June 30, 2006, between July 1, 2006 and June
14 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008
15 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July
16 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012,
17 between July 1, 2012 and June 30, 2013, between July 1, 2013 and June
18 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015
19 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July
20 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019,
21 between July 1, 2019 and June 30, 2020, between July 1, 2020 and June
22 30, 2021, between July 1, 2021 and June 30, 2022, between July 1, 2022
23 and June 30, 2023, between July 1, 2023 and June 30, 2024, [and] between
24 July 1, 2024 and June 30, 2025, and between July 1, 2025 and June 30,
25 2026 for physicians or dentists certified as eligible for each such
26 period or periods pursuant to subdivision 2 of this section by a general
27 hospital licensed pursuant to article 28 of the public health law;
28 provided that no single insurer shall write more than fifty percent of
29 the total excess premium for a given policy year; and provided, however,
30 that such eligible physicians or dentists must have in force an individ-
31 ual policy, from an insurer licensed in this state of primary malprac-
32 tice insurance coverage in amounts of no less than one million three
33 hundred thousand dollars for each claimant and three million nine
34 hundred thousand dollars for all claimants under that policy during the
35 period of such excess coverage for such occurrences or be endorsed as
36 additional insureds under a hospital professional liability policy which
37 is offered through a voluntary attending physician ("channeling")
38 program previously permitted by the superintendent of financial services
39 during the period of such excess coverage for such occurrences. During
40 such period, such policy for excess coverage or such equivalent excess
41 coverage shall, when combined with the physician's or dentist's primary
42 malpractice insurance coverage or coverage provided through a voluntary
43 attending physician ("channeling") program, total an aggregate level of
44 two million three hundred thousand dollars for each claimant and six
45 million nine hundred thousand dollars for all claimants from all such
46 policies with respect to occurrences in each of such years provided,
47 however, if the cost of primary malpractice insurance coverage in excess
48 of one million dollars, but below the excess medical malpractice insur-
49 ance coverage provided pursuant to this act, exceeds the rate of nine
50 percent per annum, then the required level of primary malpractice insur-
51 ance coverage in excess of one million dollars for each claimant shall
52 be in an amount of not less than the dollar amount of such coverage
53 available at nine percent per annum; the required level of such coverage
54 for all claimants under that policy shall be in an amount not less than
55 three times the dollar amount of coverage for each claimant; and excess
56 coverage, when combined with such primary malpractice insurance cover-



1 age, shall increase the aggregate level for each claimant by one million
2 dollars and three million dollars for all claimants; and provided
3 further, that, with respect to policies of primary medical malpractice
4 coverage that include occurrences between April 1, 2002 and June 30,
5 2002, such requirement that coverage be in amounts no less than one
6 million three hundred thousand dollars for each claimant and three
7 million nine hundred thousand dollars for all claimants for such occur-
8 rences shall be effective April 1, 2002.

9 § 2. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,
10 amending the civil practice law and rules and other laws relating to
11 malpractice and professional medical conduct, as amended by section 2 of
12 part K of chapter 57 of the laws of 2024, is amended to read as follows:

13 (3)(a) The superintendent of financial services shall determine and
14 certify to each general hospital and to the commissioner of health the
15 cost of excess malpractice insurance for medical or dental malpractice
16 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988
17 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July
18 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,
19 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June
20 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995
21 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July
22 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,
23 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June
24 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002
25 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July
26 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,
27 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June
28 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009
29 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July
30 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,
31 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June
32 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016
33 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July
34 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,
35 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June
36 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023
37 and June 30, 2024, [and] between July 1, 2024 and June 30, 2025, and
38 between July 1, 2025 and June 30, 2026 allocable to each general hospi-
39 tal for physicians or dentists certified as eligible for purchase of a
40 policy for excess insurance coverage by such general hospital in accord-
41 ance with subdivision 2 of this section, and may amend such determi-
42 nation and certification as necessary.

43 (b) The superintendent of financial services shall determine and
44 certify to each general hospital and to the commissioner of health the
45 cost of excess malpractice insurance or equivalent excess coverage for
46 medical or dental malpractice occurrences between July 1, 1987 and June
47 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989
48 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July
49 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,
50 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June
51 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996
52 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July
53 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,
54 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June
55 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003
56 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July

1 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,
2 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June
3 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010
4 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July
5 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,
6 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June
7 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017
8 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July
9 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021,
10 between July 1, 2021 and June 30, 2022, between July 1, 2022 and June
11 30, 2023, between July 1, 2023 and June 30, 2024, [and] between July 1,
12 2024 and June 30, 2025, and between July 1, 2025 and June 30, 2026 allo-
13 cable to each general hospital for physicians or dentists certified as
14 eligible for purchase of a policy for excess insurance coverage or
15 equivalent excess coverage by such general hospital in accordance with
16 subdivision 2 of this section, and may amend such determination and
17 certification as necessary. The superintendent of financial services
18 shall determine and certify to each general hospital and to the commis-
19 sioner of health the ratable share of such cost allocable to the period
20 July 1, 1987 to December 31, 1987, to the period January 1, 1988 to June
21 30, 1988, to the period July 1, 1988 to December 31, 1988, to the period
22 January 1, 1989 to June 30, 1989, to the period July 1, 1989 to December
23 31, 1989, to the period January 1, 1990 to June 30, 1990, to the period
24 July 1, 1990 to December 31, 1990, to the period January 1, 1991 to June
25 30, 1991, to the period July 1, 1991 to December 31, 1991, to the period
26 January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December
27 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period
28 July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June
29 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period
30 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December
31 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period
32 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June
33 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period
34 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December
35 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period
36 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June
37 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period
38 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,
39 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,
40 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to
41 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006
42 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the
43 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and
44 June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the
45 period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and
46 June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the
47 period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and
48 June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the
49 period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June
50 30, 2019, to the period July 1, 2019 to June 30, 2020, to the period
51 July 1, 2020 to June 30, 2021, to the period July 1, 2021 to June 30,
52 2022, to the period July 1, 2022 to June 30, 2023, to the period July 1,
53 2023 to June 30, 2024, [and] to the period July 1, 2024 to June 30,
54 2025, and to the period July 1, 2025 to June 30, 2026.

55 § 3. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section
56 18 of chapter 266 of the laws of 1986, amending the civil practice law



1 and rules and other laws relating to malpractice and professional
2 medical conduct, as amended by section 3 of part K of chapter 57 of the
3 laws of 2024, are amended to read as follows:

4 (a) To the extent funds available to the hospital excess liability
5 pool pursuant to subdivision 5 of this section as amended, and pursuant
6 to section 6 of part J of chapter 63 of the laws of 2001, as may from
7 time to time be amended, which amended this subdivision, are insuffi-
8 cient to meet the costs of excess insurance coverage or equivalent
9 excess coverage for coverage periods during the period July 1, 1992 to
10 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during
11 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995
12 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,
13 during the period July 1, 1997 to June 30, 1998, during the period July
14 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,
15 2000, during the period July 1, 2000 to June 30, 2001, during the period
16 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to
17 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during
18 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004
19 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,
20 during the period July 1, 2006 to June 30, 2007, during the period July
21 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,
22 2009, during the period July 1, 2009 to June 30, 2010, during the period
23 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June
24 30, 2012, during the period July 1, 2012 to June 30, 2013, during the
25 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to
26 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during
27 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017
28 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,
29 during the period July 1, 2019 to June 30, 2020, during the period July
30 1, 2020 to June 30, 2021, during the period July 1, 2021 to June 30,
31 2022, during the period July 1, 2022 to June 30, 2023, during the period
32 July 1, 2023 to June 30, 2024, [and] during the period July 1, 2024 to
33 June 30, 2025, and during the period July 1, 2025 to June 30 2026 allo-
34 cated or reallocated in accordance with paragraph (a) of subdivision 4-a
35 of this section to rates of payment applicable to state governmental
36 agencies, each physician or dentist for whom a policy for excess insur-
37 ance coverage or equivalent excess coverage is purchased for such period
38 shall be responsible for payment to the provider of excess insurance
39 coverage or equivalent excess coverage of an allocable share of such
40 insufficiency, based on the ratio of the total cost of such coverage for
41 such physician to the sum of the total cost of such coverage for all
42 physicians applied to such insufficiency.

43 (b) Each provider of excess insurance coverage or equivalent excess
44 coverage covering the period July 1, 1992 to June 30, 1993, or covering
45 the period July 1, 1993 to June 30, 1994, or covering the period July 1,
46 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,
47 1996, or covering the period July 1, 1996 to June 30, 1997, or covering
48 the period July 1, 1997 to June 30, 1998, or covering the period July 1,
49 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,
50 2000, or covering the period July 1, 2000 to June 30, 2001, or covering
51 the period July 1, 2001 to October 29, 2001, or covering the period
52 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to
53 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or
54 covering the period July 1, 2004 to June 30, 2005, or covering the peri-
55 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to
56 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or



1 covering the period July 1, 2008 to June 30, 2009, or covering the peri-
2 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to
3 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or
4 covering the period July 1, 2012 to June 30, 2013, or covering the peri-
5 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to
6 June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or
7 covering the period July 1, 2016 to June 30, 2017, or covering the peri-
8 od July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to
9 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or
10 covering the period July 1, 2020 to June 30, 2021, or covering the peri-
11 od July 1, 2021 to June 30, 2022, or covering the period July 1, 2022 to
12 June 30, 2023, or covering the period July 1, 2023 to June 30, 2024, or
13 covering the period July 1, 2024 to June 30, 2025, or covering the peri-
14 od July 1, 2025 to June 30, 2026 shall notify a covered physician or
15 dentist by mail, mailed to the address shown on the last application for
16 excess insurance coverage or equivalent excess coverage, of the amount
17 due to such provider from such physician or dentist for such coverage
18 period determined in accordance with paragraph (a) of this subdivision.
19 Such amount shall be due from such physician or dentist to such provider
20 of excess insurance coverage or equivalent excess coverage in a time and
21 manner determined by the superintendent of financial services.

22 (c) If a physician or dentist liable for payment of a portion of the
23 costs of excess insurance coverage or equivalent excess coverage cover-
24 ing the period July 1, 1992 to June 30, 1993, or covering the period
25 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to
26 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or
27 covering the period July 1, 1996 to June 30, 1997, or covering the peri-
28 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to
29 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or
30 covering the period July 1, 2000 to June 30, 2001, or covering the peri-
31 od July 1, 2001 to October 29, 2001, or covering the period April 1,
32 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,
33 2003, or covering the period July 1, 2003 to June 30, 2004, or covering
34 the period July 1, 2004 to June 30, 2005, or covering the period July 1,
35 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,
36 2007, or covering the period July 1, 2007 to June 30, 2008, or covering
37 the period July 1, 2008 to June 30, 2009, or covering the period July 1,
38 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,
39 2011, or covering the period July 1, 2011 to June 30, 2012, or covering
40 the period July 1, 2012 to June 30, 2013, or covering the period July 1,
41 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,
42 2015, or covering the period July 1, 2015 to June 30, 2016, or covering
43 the period July 1, 2016 to June 30, 2017, or covering the period July 1,
44 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,
45 2019, or covering the period July 1, 2019 to June 30, 2020, or covering
46 the period July 1, 2020 to June 30, 2021, or covering the period July 1,
47 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30,
48 2023, or covering the period July 1, 2023 to June 30, 2024, or covering
49 the period July 1, 2024 to June 30, 2025, or covering the period July 1,
50 2025 to June 30, 2026 determined in accordance with paragraph (a) of
51 this subdivision fails, refuses or neglects to make payment to the
52 provider of excess insurance coverage or equivalent excess coverage in
53 such time and manner as determined by the superintendent of financial
54 services pursuant to paragraph (b) of this subdivision, excess insurance
55 coverage or equivalent excess coverage purchased for such physician or
56 dentist in accordance with this section for such coverage period shall



1 be cancelled and shall be null and void as of the first day on or after
2 the commencement of a policy period where the liability for payment
3 pursuant to this subdivision has not been met.

4 (d) Each provider of excess insurance coverage or equivalent excess
5 coverage shall notify the superintendent of financial services and the
6 commissioner of health or their designee of each physician and dentist
7 eligible for purchase of a policy for excess insurance coverage or
8 equivalent excess coverage covering the period July 1, 1992 to June 30,
9 1993, or covering the period July 1, 1993 to June 30, 1994, or covering
10 the period July 1, 1994 to June 30, 1995, or covering the period July 1,
11 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,
12 1997, or covering the period July 1, 1997 to June 30, 1998, or covering
13 the period July 1, 1998 to June 30, 1999, or covering the period July 1,
14 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,
15 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-
16 ing the period April 1, 2002 to June 30, 2002, or covering the period
17 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to
18 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or
19 covering the period July 1, 2005 to June 30, 2006, or covering the peri-
20 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to
21 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or
22 covering the period July 1, 2009 to June 30, 2010, or covering the peri-
23 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to
24 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or
25 covering the period July 1, 2013 to June 30, 2014, or covering the peri-
26 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to
27 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or
28 covering the period July 1, 2017 to June 30, 2018, or covering the peri-
29 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to
30 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or
31 covering the period July 1, 2021 to June 30, 2022, or covering the peri-
32 od July 1, 2022 to June 30, 2023, or covering the period July 1, 2023 to
33 June 30, 2024, or covering the period July 1, 2024 to June 30, 2025, or
34 covering the period July 1, 2025 to June 30, 2026 that has made payment
35 to such provider of excess insurance coverage or equivalent excess
36 coverage in accordance with paragraph (b) of this subdivision and of
37 each physician and dentist who has failed, refused or neglected to make
38 such payment.

39 (e) A provider of excess insurance coverage or equivalent excess
40 coverage shall refund to the hospital excess liability pool any amount
41 allocable to the period July 1, 1992 to June 30, 1993, and to the period
42 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June
43 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the
44 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to
45 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to
46 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000
47 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,
48 and to the period April 1, 2002 to June 30, 2002, and to the period July
49 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,
50 2004, and to the period July 1, 2004 to June 30, 2005, and to the period
51 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June
52 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the
53 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to
54 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to
55 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012
56 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and



1 to the period July 1, 2014 to June 30, 2015, and to the period July 1,
2 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and
3 to the period July 1, 2017 to June 30, 2018, and to the period July 1,
4 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,
5 and to the period July 1, 2020 to June 30, 2021, and to the period July
6 1, 2021 to June 30, 2022, and to the period July 1, 2022 to June 30,
7 2023, and to the period July 1, 2023 to June 30, 2024, and to the period
8 July 1, 2024 to June 30, 2025, and to the period July 1, 2025 to June
9 30, 2026 received from the hospital excess liability pool for purchase
10 of excess insurance coverage or equivalent excess coverage covering the
11 period July 1, 1992 to June 30, 1993, and covering the period July 1,
12 1993 to June 30, 1994, and covering the period July 1, 1994 to June 30,
13 1995, and covering the period July 1, 1995 to June 30, 1996, and cover-
14 ing the period July 1, 1996 to June 30, 1997, and covering the period
15 July 1, 1997 to June 30, 1998, and covering the period July 1, 1998 to
16 June 30, 1999, and covering the period July 1, 1999 to June 30, 2000,
17 and covering the period July 1, 2000 to June 30, 2001, and covering the
18 period July 1, 2001 to October 29, 2001, and covering the period April
19 1, 2002 to June 30, 2002, and covering the period July 1, 2002 to June
20 30, 2003, and covering the period July 1, 2003 to June 30, 2004, and
21 covering the period July 1, 2004 to June 30, 2005, and covering the
22 period July 1, 2005 to June 30, 2006, and covering the period July 1,
23 2006 to June 30, 2007, and covering the period July 1, 2007 to June 30,
24 2008, and covering the period July 1, 2008 to June 30, 2009, and cover-
25 ing the period July 1, 2009 to June 30, 2010, and covering the period
26 July 1, 2010 to June 30, 2011, and covering the period July 1, 2011 to
27 June 30, 2012, and covering the period July 1, 2012 to June 30, 2013,
28 and covering the period July 1, 2013 to June 30, 2014, and covering the
29 period July 1, 2014 to June 30, 2015, and covering the period July 1,
30 2015 to June 30, 2016, and covering the period July 1, 2016 to June 30,
31 2017, and covering the period July 1, 2017 to June 30, 2018, and cover-
32 ing the period July 1, 2018 to June 30, 2019, and covering the period
33 July 1, 2019 to June 30, 2020, and covering the period July 1, 2020 to
34 June 30, 2021, and covering the period July 1, 2021 to June 30, 2022,
35 and covering the period July 1, 2022 to June 30, 2023 for, and covering
36 the period July 1, 2023 to June 30, 2024, and covering the period July
37 1, 2024 to June 30, 2025, and covering the period July 1, 2025 to June
38 30, 2026 a physician or dentist where such excess insurance coverage or
39 equivalent excess coverage is cancelled in accordance with paragraph (c)
40 of this subdivision.

41 § 4. Section 40 of chapter 266 of the laws of 1986, amending the civil
42 practice law and rules and other laws relating to malpractice and
43 professional medical conduct, as amended by section 4 of part K of chap-
44 ter 57 of the laws of 2024, is amended to read as follows:

45 § 40. The superintendent of financial services shall establish rates
46 for policies providing coverage for physicians and surgeons medical
47 malpractice for the periods commencing July 1, 1985 and ending June 30,
48 [2025] 2026; provided, however, that notwithstanding any other provision
49 of law, the superintendent shall not establish or approve any increase
50 in rates for the period commencing July 1, 2009 and ending June 30,
51 2010. The superintendent shall direct insurers to establish segregated
52 accounts for premiums, payments, reserves and investment income attrib-
53 utable to such premium periods and shall require periodic reports by the
54 insurers regarding claims and expenses attributable to such periods to
55 monitor whether such accounts will be sufficient to meet incurred claims
56 and expenses. On or after July 1, 1989, the superintendent shall impose



1 a surcharge on premiums to satisfy a projected deficiency that is
2 attributable to the premium levels established pursuant to this section
3 for such periods; provided, however, that such annual surcharge shall
4 not exceed eight percent of the established rate until July 1, [2025]
5 2026, at which time and thereafter such surcharge shall not exceed twen-
6 ty-five percent of the approved adequate rate, and that such annual
7 surcharges shall continue for such period of time as shall be sufficient
8 to satisfy such deficiency. The superintendent shall not impose such
9 surcharge during the period commencing July 1, 2009 and ending June 30,
10 2010. On and after July 1, 1989, the surcharge prescribed by this
11 section shall be retained by insurers to the extent that they insured
12 physicians and surgeons during the July 1, 1985 through June 30, [2025]
13 2026 policy periods; in the event and to the extent physicians and
14 surgeons were insured by another insurer during such periods, all or a
15 pro rata share of the surcharge, as the case may be, shall be remitted
16 to such other insurer in accordance with rules and regulations to be
17 promulgated by the superintendent. Surcharges collected from physicians
18 and surgeons who were not insured during such policy periods shall be
19 apportioned among all insurers in proportion to the premium written by
20 each insurer during such policy periods; if a physician or surgeon was
21 insured by an insurer subject to rates established by the superintendent
22 during such policy periods, and at any time thereafter a hospital,
23 health maintenance organization, employer or institution is responsible
24 for responding in damages for liability arising out of such physician's
25 or surgeon's practice of medicine, such responsible entity shall also
26 remit to such prior insurer the equivalent amount that would then be
27 collected as a surcharge if the physician or surgeon had continued to
28 remain insured by such prior insurer. In the event any insurer that
29 provided coverage during such policy periods is in liquidation, the
30 property/casualty insurance security fund shall receive the portion of
31 surcharges to which the insurer in liquidation would have been entitled.
32 The surcharges authorized herein shall be deemed to be income earned for
33 the purposes of section 2303 of the insurance law. The superintendent,
34 in establishing adequate rates and in determining any projected defi-
35 ciency pursuant to the requirements of this section and the insurance
36 law, shall give substantial weight, determined in his discretion and
37 judgment, to the prospective anticipated effect of any regulations
38 promulgated and laws enacted and the public benefit of stabilizing
39 malpractice rates and minimizing rate level fluctuation during the peri-
40 od of time necessary for the development of more reliable statistical
41 experience as to the efficacy of such laws and regulations affecting
42 medical, dental or podiatric malpractice enacted or promulgated in 1985,
43 1986, by this act and at any other time. Notwithstanding any provision
44 of the insurance law, rates already established and to be established by
45 the superintendent pursuant to this section are deemed adequate if such
46 rates would be adequate when taken together with the maximum authorized
47 annual surcharges to be imposed for a reasonable period of time whether
48 or not any such annual surcharge has been actually imposed as of the
49 establishment of such rates.

50 § 5. Section 5 and subdivisions (a) and (e) of section 6 of part J of
51 chapter 63 of the laws of 2001, amending chapter 266 of the laws of
52 1986, amending the civil practice law and rules and other laws relating
53 to malpractice and professional medical conduct, as amended by section 5
54 of part K of chapter 57 of the laws of 2024, are amended to read as
55 follows:



1 § 5. The superintendent of financial services and the commissioner of
2 health shall determine, no later than June 15, 2002, June 15, 2003, June
3 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,
4 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,
5 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June
6 15, 2018, June 15, 2019, June 15, 2020, June 15, 2021, June 15, 2022,
7 June 15, 2023, June 15, 2024, [and] June 15, 2025, and June 15, 2026 the
8 amount of funds available in the hospital excess liability pool, created
9 pursuant to section 18 of chapter 266 of the laws of 1986, and whether
10 such funds are sufficient for purposes of purchasing excess insurance
11 coverage for eligible participating physicians and dentists during the
12 period July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003,
13 or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or
14 July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July
15 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1,
16 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011
17 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to
18 June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June
19 30, 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,
20 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,
21 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,
22 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,
23 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30, 2026
24 as applicable.

25 (a) This section shall be effective only upon a determination, pursu-
26 ant to section five of this act, by the superintendent of financial
27 services and the commissioner of health, and a certification of such
28 determination to the state director of the budget, the chair of the
29 senate committee on finance and the chair of the assembly committee on
30 ways and means, that the amount of funds in the hospital excess liabil-
31 ity pool, created pursuant to section 18 of chapter 266 of the laws of
32 1986, is insufficient for purposes of purchasing excess insurance cover-
33 age for eligible participating physicians and dentists during the period
34 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July
35 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,
36 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007
37 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to
38 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June
39 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,
40 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,
41 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,
42 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,
43 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,
44 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,
45 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30, 2026
46 as applicable.

47 (e) The commissioner of health shall transfer for deposit to the
48 hospital excess liability pool created pursuant to section 18 of chapter
49 266 of the laws of 1986 such amounts as directed by the superintendent
50 of financial services for the purchase of excess liability insurance
51 coverage for eligible participating physicians and dentists for the
52 policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30,
53 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,
54 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,
55 2007, as applicable, and the cost of administering the hospital excess
56 liability pool for such applicable policy year, pursuant to the program



1 established in chapter 266 of the laws of 1986, as amended, no later
2 than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June
3 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010,
4 June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15,
5 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June
6 15, 2020, June 15, 2021, June 15, 2022, June 15, 2023, June 15, 2024,
7 [and] June 15, 2025, and June 15, 2026 as applicable.

8 § 6. Section 20 of part H of chapter 57 of the laws of 2017, amending
9 the New York Health Care Reform Act of 1996 and other laws relating to
10 extending certain provisions thereto, as amended by section 6 of part K
11 of chapter 57 of the laws of 2024, is amended to read as follows:

12 § 20. Notwithstanding any law, rule or regulation to the contrary,
13 only physicians or dentists who were eligible, and for whom the super-
14 intendent of financial services and the commissioner of health, or their
15 designee, purchased, with funds available in the hospital excess liabil-
16 ity pool, a full or partial policy for excess coverage or equivalent
17 excess coverage for the coverage period ending the thirtieth of June,
18 two thousand [twenty-four] twenty-five, shall be eligible to apply for
19 such coverage for the coverage period beginning the first of July, two
20 thousand [twenty-four] twenty-five; provided, however, if the total
21 number of physicians or dentists for whom such excess coverage or equiv-
22 alent excess coverage was purchased for the policy year ending the thir-
23 tieth of June, two thousand [twenty-four] twenty-five exceeds the total
24 number of physicians or dentists certified as eligible for the coverage
25 period beginning the first of July, two thousand [twenty-four] twenty-
26 five, then the general hospitals may certify additional eligible physi-
27 cians or dentists in a number equal to such general hospital's propor-
28 tional share of the total number of physicians or dentists for whom
29 excess coverage or equivalent excess coverage was purchased with funds
30 available in the hospital excess liability pool as of the thirtieth of
31 June, two thousand [twenty-four] twenty-five, as applied to the differ-
32 ence between the number of eligible physicians or dentists for whom a
33 policy for excess coverage or equivalent excess coverage was purchased
34 for the coverage period ending the thirtieth of June, two thousand
35 [twenty-four] twenty-five and the number of such eligible physicians or
36 dentists who have applied for excess coverage or equivalent excess
37 coverage for the coverage period beginning the first of July, two thou-
38 sand [twenty-four] twenty-five.

39 § 7. This act shall take effect immediately and shall be deemed to
40 have been in full force and effect on and after April 1, 2025.

41 PART H

42 Intentionally Omitted

43 PART I

44 Section 1. Subdivision 1 of section 4148 of the public health law, as
45 added by chapter 352 of the laws of 2013, is amended to read as follows:

46 1. The department is hereby authorized and directed to design, imple-
47 ment and maintain an electronic death registration system for collect-
48 ing, storing, recording, transmitting, amending, correcting and authen-
49 ticating information, as necessary and appropriate to complete a death
50 registration, and to generate such documents as determined by the
51 department in relation to a death occurring in this state. As part of



1 the design and implementation of the system established by this section,
2 the department shall consult with all persons authorized to use such
3 system to the extent practicable and feasible. [The payment referenced
4 in subdivision five of this section shall be collected for each burial
5 or removal permit issued on or after the effective date of this section
6 from the licensed funeral director or undertaker to whom such permit is
7 issued, in the manner specified by the department and shall be used
8 solely for the purpose set forth in subdivision five of this section.]
9 Except as specifically provided in this section, the existing general
10 duties of, and remuneration received by, local registrars in accepting
11 and filing certificates of death and issuing burial and removal permits
12 pursuant to any statute or regulation shall be maintained, and not
13 altered or abridged in any way by this section.

14 § 2. Subdivision 5 of section 4148 of the public health law is
15 REPEALED.

16 § 3. This act shall take effect immediately and shall be deemed to
17 have been in full force and effect on and after April 1, 2025.

18 PART J

19 Section 1. The opening paragraph of subdivision 3 of section 2825-g of
20 the public health law, as added by section 1 of part K of chapter 57 of
21 the laws of 2022, is amended to read as follows:

22 Notwithstanding subdivision two of this section or any inconsistent
23 provision of law to the contrary, and upon approval of the director of
24 the budget, the commissioner may, subject to the availability of lawful
25 appropriation, award up to four hundred fifty million dollars of the
26 funds made available pursuant to this section for unfunded project
27 applications submitted in response to the request for application number
28 18406 issued by the department on September thirtieth, two thousand
29 twenty-one pursuant to section twenty-eight hundred twenty-five-f of
30 this article. Authorized amounts to be awarded pursuant to applications
31 submitted in response to the request for application number 18406 shall
32 be awarded no later than [December thirty-first, two thousand twenty-
33 two] February twenty-eighth, two thousand twenty-three. Provided, howev-
34 er, that a minimum of:

35 § 2. This act shall take effect immediately and shall be deemed to
36 have been in full force and effect on and after April 1, 2025.

37 PART K

38 Intentionally Omitted

39 PART L

40 Intentionally Omitted

41 PART M

42 Section 1. Subdivision 4 of section 2805-a of the public health law,
43 as renumbered by chapter 2 of the laws of 1988, is renumbered subdivi-
44 sion 5 and a new subdivision 4 is added to read as follows:

45 4. (a) Every general hospital operating under the provisions of this
46 article that is required to file an IRS Form 990 in accordance with



1 federal regulations shall file with the commissioner, by July first of
2 each calendar year, a completed copy of the most recent IRS Form 990 as
3 submitted to the IRS, and the information the general hospital used to
4 complete the IRS Form 990 in a manner prescribed by the department,
5 showing how the hospital spent community benefit expenses, which shall
6 include but not be limited to, information to identify the specific
7 community benefit expenses supporting the hospital's local community.
8 General hospitals operating under the provisions of this article that
9 are not required to file an IRS Form 990 shall be required to submit
10 information, in a manner prescribed by the department, showing how the
11 hospital spent community benefit expenses in the same manner.

12 (b) The department shall compile the information reported in a report
13 issued and posted on the department's website by October first, two
14 thousand twenty-six, and on an annual basis thereafter, and delivered to
15 the governor, the speaker of the assembly, the temporary president of
16 the senate, the chair of the assembly health committee, the chair of the
17 senate health committee, the chair of the senate finance committee, the
18 chair of the assembly ways and means committee, and the minority leaders
19 of the assembly and the senate. The report shall include, at a minimum,
20 information on:

21 (i) Total community benefit expenses in the state reported by each
22 general hospital;

23 (ii) How such community benefit expenses were distributed in the
24 aggregate across the following categories:

25 (1) Financial assistance at cost, which shall include any free or
26 discounted services for those who cannot afford to pay and meet the
27 hospital's financial assistance criteria;

28 (2) Unreimbursed costs from Medicaid;

29 (3) Unreimbursed costs from the children's health insurance program or
30 other means-tested government programs;

31 (4) Community health improvement services and community benefit oper-
32 ations, which shall include costs associated with planning or operating
33 community benefit programs, but shall not include activities or programs
34 if they are provided primarily for marketing purposes or if they are
35 more beneficial to the hospital than to the community;

36 (5) Health professions education programs that result in a degree or
37 certificate or training necessary for residents or interns to be certi-
38 fied;

39 (6) Subsidized health services, which shall include services with a
40 negative margin, services that meet an identifiable community need and
41 services that if no longer offered would be unavailable or fall to the
42 responsibility of another nonprofit or government agency;

43 (7) Research that produces generalizable knowledge and is funded by
44 tax-exempt sources; and

45 (8) Cash and in-kind contributions for community benefit, for which
46 in-kind donations may include the indirect cost of space donated to
47 community groups and the direct cost of donated food or supplies;

48 (iii) Details on negative-margin services that were reported by hospi-
49 tals as part of community benefit expenses; and

50 (iv) Details on community benefit programs reported by hospitals as
51 part of community benefit expenses.

52 § 2. This act shall take effect October 1, 2025.

53 PART N

54 Intentionally Omitted



1

PART O

2

Intentionally Omitted

3

PART P

4 Section 1. Section 2805-b of the public health law, as amended by
5 chapter 787 of the laws of 1983, subdivision 1 as amended by chapter 121
6 of the laws of 1987, subdivision 3 as amended by chapter 723 of the laws
7 of 1989, and subdivision 5 as amended by section 77 of part PP of chap-
8 ter 56 of the laws of 2022, is amended to read as follows:

9 § 2805-b. Admission of patients and emergency treatment of nonadmitted
10 patients. 1. For purposes of this section, the following terms shall
11 have the following meanings:

12 (a) "Emergency medical condition" shall mean:

13 (i) a medical condition manifesting itself by acute symptoms of suffi-
14 cient severity (including severe pain) such that the absence of immedi-
15 ate medical attention could reasonably be expected to result in:

16 (1) placing the health of the individual in serious jeopardy;

17 (2) serious impairment to bodily functions, including risks to future
18 fertility;

19 (3) serious dysfunction of any bodily organ or part; or

20 (ii) with respect to a pregnant person who is in active labor:

21 (1) that there is inadequate time to effect a safe transfer to another
22 hospital before delivery; or

23 (2) that transfer poses a threat to the health or safety of the preg-
24 nant person or the pregnancy.

25 (b) "Stabilize" shall mean, with respect to an emergency medical
26 condition described in subparagraph (i) of paragraph (a) of this subdi-
27 vision, to provide such medical treatment of the condition as may be
28 necessary to assure, within reasonable medical probability, that no
29 material deterioration of the condition is likely to result from or
30 occur during the transfer of the individual from a facility, or, with
31 respect to an emergency medical condition described in subparagraph (ii)
32 of paragraph (a) of this subdivision, to deliver, including the placen-
33 ta. "Stabilizing treatment" includes abortion pursuant to section twen-
34 ty-five hundred ninety-nine-bb of this article when failure to provide
35 an abortion will, within reasonable probability, result in material
36 deterioration of the patient's condition upon or during transfer of the
37 patient from the facility.

38 (c) "Transfer" shall mean the movement (including the discharge) of an
39 individual outside of a general hospital's facilities at the direction
40 of any person employed by, or affiliated or associated, directly or
41 indirectly, with, the general hospital, but does not include such a
42 movement of an individual who (i) has been declared dead, or (ii) leaves
43 the facility without the permission of any such person.

44 (d) "Appropriate transfer" shall mean a transfer to a medical facili-
45 ty:

46 (i) in which the transferring general hospital provides the medical
47 treatment within its capacity which minimizes the risks to the individ-
48 ual's health;

49 (ii) in which the receiving facility:

50 (1) has available space and qualified personnel for the treatment of
51 the individual; and



1 (2) has agreed to accept transfer of the individual and to provide
2 appropriate medical treatment;

3 (iii) in which the transferring general hospital sends to the receiv-
4 ing facility all medical records related to the emergency condition for
5 which the individual has presented available at the time of the trans-
6 fer, including records related to the individual's emergency medical
7 condition, observations of signs or symptoms, preliminary diagnosis,
8 treatment provided, results of any tests and the informed written
9 consent or certification or copy thereof provided under paragraph (d) of
10 subdivision three of this section, unless the patient objects; and

11 (iv) in which the transfer is effected through qualified personnel and
12 transportation equipment, as required, including the use of necessary
13 and medically appropriate life support measures during the transfer.

14 2. Every general hospital as defined in this article shall admit any
15 person who is in need of immediate hospitalization with all convenient
16 speed and shall not before admission question the patient or any member
17 of [his or her] the patient's family concerning insurance, credit or
18 payment of charges, provided, however, that the patient or a member of
19 [his or her] the patient's family shall agree to supply such information
20 promptly after the patient's admission. However, no general hospital
21 shall require any patient or member of [his or her] the patient's family
22 to write or to sign during those times when the religious tenets of such
23 person temporarily prohibit [him or her] such person from performing
24 such acts. No general hospital shall transfer any patient to another
25 hospital or health care facility on the grounds that the patient is
26 unable to pay or guarantee payment for services rendered. Every general
27 hospital which maintains facilities for providing out-patient emergency
28 medical care must provide such care to any person who, in the opinion of
29 a [physician] health care practitioner licensed, certified, or author-
30 ized under title eight of the education law, acting within their lawful
31 scope of practice, requires such care.

32 [2. In cities with a population of one million or more, (a) a general
33 hospital shall provide emergency medical care and treatment to all
34 persons in need of such care and treatment who arrive at the entrance to
35 such hospital therefor. Any general hospital which fails to provide such
36 treatment shall be guilty of a misdemeanor. However, the commissioner
37 may exempt a general hospital from the provisions of this paragraph if
38 he determines such general hospital is structured to provide specialized
39 or limited treatment.

40 (b) Any licensed medical practitioner who refuses to treat a person
41 arriving at a general hospital to receive emergency medical treatment
42 who is in need of such treatment; or any person who in any manner
43 excludes, obstructs or interferes with the ingress of another person
44 into a general hospital who appears there for the purpose of being exam-
45 ined or diagnosed or treated; or any person who obstructs or prevents
46 such other person from being examined or diagnosed or treated by an
47 attending physician thereat shall be guilty of a misdemeanor and subject
48 to a term of imprisonment not to exceed one year and a fine not to
49 exceed one thousand dollars. Any emergency medical technician, paramedic
50 or ambulance driver who transports a person to a general hospital where
51 such person is refused entrance by anyone or is refused examination,
52 diagnosis or treatment by an attending physician thereat shall report
53 all such incidents to the state commissioner of health or his designee,
54 on a form which shall be promulgated by such commissioner. After exam-
55 ination, diagnosis and treatment by an attending physician and where, in
56 the opinion of such physician, the patient has been stabilized suffi-



ciently to permit it, subsequent medical care may be provided or procured by the general hospital at a location other than the general hospital if, in the opinion of the attending physician, it is in the best interest of the patient because the general hospital does not have the proper equipment or personnel at hand to deal with the particular medical emergency or because all appropriate beds are filled and none are likely to become available within a reasonable time after the patient has been stabilized.

(c) Whenever a previously stabilized emergency room patient is thereafter transferred for medical care to another location by means of an ambulance, the attending physician authorizing the transfer in the general hospital from which the patient is transferred shall determine that a receiving hospital is available and willing to receive such patient and that an attending physician thereat is available and willing to admit such patient. Just prior to the transfer, the emergency medical technician or paramedic assigned to accompany the patient in the ambulance shall be provided with a completed form which shall include at least the following information and such additional information as the commissioner may require:

- (i) the patient's name;
- (ii) the diagnosed condition of the patient;
- (iii) any treatment administered to the patient;
- (iv) any medication given to the patient;
- (v) the name of the physician ordering the transfer;
- (vi) the name of the hospital from which the patient is being transferred;
- (vii) the name of the physician or physicians who is or are willing and authorized to receive the patient at the new location;
- (viii) the name of the hospital or other facility that is to receive the patient;
- (ix) the date and time of transfer; and
- (x) the signature of the physician ordering the transfer.

The form for this purpose shall be promulgated by the commissioner and distributed to all general hospitals in any such city. The completed form shall be given to the receiving facility upon completion of the ambulance trip for use by the receiving physician.]

3. (a) Medical screening required. Every general hospital must provide appropriate medical screening examination within the capability of the general hospital's emergency department, including ancillary services routinely available to the emergency department when a request is made by an individual or on the individual's behalf for examination or treatment for a medical condition to determine whether an emergency medical condition exists. With respect to a pregnant person, such medical screening examination must include a determination by a health care practitioner licensed, certified, or authorized under title eight of the education law, acting within their lawful scope of practice as to whether the individual is in active labor. A general hospital may not delay provision of an appropriate medical screening examination or further medical examination, and treatment required under paragraph (b) of this subdivision in order to inquire about the individual's method of payment or insurance status.

(b) Necessary stabilizing treatment for emergency medical conditions and labor. If any individual comes to a general hospital and the general hospital determines that the individual has an emergency medical condition, the general hospital must provide either:

1 (i) within the staff and facilities available at the general hospital,
2 for such further medical examination and such treatment as may be
3 required to stabilize the medical condition; or

4 (ii) for transfer of the individual to another medical facility in
5 accordance with paragraph (e) of this subdivision.

6 (c) Obligation to provide treatment in accordance with applicable
7 standard of care. Admission of an individual experiencing an emergency
8 medical condition does not relieve a general hospital of the obligation
9 to provide treatment that is within the hospital's abilities and
10 consistent with the applicable standard of care.

11 (d) Refusal to consent to treatment. A general hospital is deemed to
12 meet the requirements of paragraph (b) of this subdivision with respect
13 to an individual if the general hospital offers the individual the
14 further medical examination and treatment described in such paragraph
15 and informs the individual, or a person legally authorized to make
16 health care decisions on behalf of the individual, of the risks and
17 benefits to the individual of such examination and treatment, but the
18 individual, or a person legally authorized to make health care decisions
19 on behalf of the individual, refuses to consent to the examination and
20 treatment. The general hospital shall take all reasonable steps to
21 secure the individual's written informed consent, or that of an individ-
22 ual legally authorized to make health care decisions on behalf of the
23 individual, to refuse such examination and treatment.

24 (e) Restricting transfers until individual stabilized. (i) If an indi-
25 vidual at a general hospital has an emergency medical condition which
26 has not been stabilized, the general hospital may not transfer the indi-
27 vidual unless:

28 (1) the individual, or a person legally authorized to make health care
29 decisions on behalf of the individual, after being informed of the
30 general hospital's obligations under this section and of the risk of
31 transfer, in writing requests transfer to another medical facility; and

32 (2) a health care practitioner licensed, certified, or authorized
33 under title eight of the education law, acting within their lawful scope
34 of practice has signed a certification that:

35 (A) based upon the information available at the time of transfer, the
36 medical benefits reasonably expected from the provision of appropriate
37 medical treatment at another medical facility outweigh the increased
38 risks to the individual; and

39 (B) the transfer is an appropriate transfer to that facility;

40 (ii) A certification described in clauses one and two of subparagraph
41 (i) of this paragraph shall include a summary of the risks and benefits
42 upon which the certification is based.

43 (f) Acceptance of transfer. A general hospital shall not refuse to
44 accept an appropriate transfer of an individual who requires such
45 specialized capabilities or facilities if the general hospital has the
46 capacity to treat the individual.

47 (g) No delay in examination or treatment. A general hospital may not
48 delay provision of an appropriate medical screening examination required
49 under paragraph (a) of this subdivision or further medical examination
50 and treatment required under paragraph (b) of this subdivision in order
51 to inquire about the individual's method of payment or insurance status.

52 (h) Retaliation prohibited. A general hospital may not penalize,
53 retaliate, discriminate or otherwise take an adverse action against a
54 health care practitioner, because the practitioner refuses to authorize
55 the transfer of an individual with an emergency medical condition that
56 has not been stabilized or because the practitioner provides treatment



1 necessary to stabilize a patient who is, in the practitioner's reason-
2 able medical judgment, experiencing an emergency medical condition. A
3 general hospital may not penalize, retaliate, discriminate or otherwise
4 take an adverse action against any individual because the individual
5 reports a violation of a requirement of this subdivision.

6 (i) Nothing herein shall be interpreted as requiring the provision of
7 care in violation of state or federal law.

8 4. General hospitals shall adopt, implement, and periodically update
9 standard protocols for the management of emergency medical conditions,
10 including diagnosis, stabilization, treatment, or transfer to another
11 medical unit or facility.

12 5. A general hospital within a city with a population of one million
13 or more may request the emergency medical service of such city's health
14 and hospitals corporation or any person, firm, organization or corpo-
15 ration providing ambulance service to divert ambulances to another
16 hospital only under the following circumstances:

17 A request for diversion of emergency patients with life threatening
18 conditions shall only be made by a hospital when acceptance of an addi-
19 tional critical patient may endanger the life of that patient or the
20 life of another patient. A request for the diversion of other emergency
21 patients shall only be made when all appropriate beds are filled and
22 shall be withdrawn as soon as a bed is available. Notwithstanding the
23 foregoing, all requests for diversion must be renewed at the beginning
24 of each tour of duty as designated by the emergency medical service of
25 such city's health and hospitals corporation.

26 Diversion of patients with certain medical conditions which, in the
27 best interest of the patients, require their transport directly to
28 specialty referral centers shall be permitted following the designation
29 of such specialty referral centers. Diversion of patients with psychiat-
30 ric conditions to comprehensive psychiatric emergency programs, as such
31 term is defined in section 1.03 of the mental hygiene law, and subject
32 to the provisions of section 31.27 of such law, shall only be permitted
33 following the designation of the programs by the commissioners of health
34 and mental health to receive such patients.

35 [4.] 6. Nothing in this section shall be construed to deny to [the
36 attending physician] a health care practitioner licensed, certified, or
37 authorized under title eight of the education law, acting within their
38 lawful scope of practice the right to evaluate the medical needs of
39 persons arriving at the hospital for emergency treatment and to delay or
40 deny medical treatment where, in the opinion of the [attending physi-
41 cian] health care practitioner, no [actual medical] emergency medical
42 condition exists. [However, no person actually in need of emergency
43 treatment, as determined by the attending physician, shall be denied
44 such treatment by a general hospital in cities with a population of one
45 million or more for any reason whatsoever.]

46 [5.] 7. The staff of a general hospital shall: (a) inquire whether or
47 not the person admitted has served in the United States armed forces.
48 Such information shall be listed on the admissions form; (b) notify any
49 admittee who is a veteran of the possible availability of services at a
50 hospital operated by the United States veterans health administration,
51 and, upon request by the admittee, such staff shall make arrangements
52 for the individual's transfer to a United States veterans health admin-
53 istration hospital, provided, however, that transfers shall be author-
54 ized only after it has been determined, according to accepted clinical
55 and medical standards, that the patient's condition has stabilized and
56 transfer can be accomplished safely and without complication; and (c)

1 provide any admittee who has served in the United States armed forces
2 with a copy of the "Information for Veterans concerning Health Care
3 Options" fact sheet, maintained by the department of veterans' services
4 pursuant to subdivision twenty-nine of section four of the veterans'
5 services law prior to discharging or transferring the patient. The
6 commissioner shall promulgate rules and regulations for notifying such
7 admittees of possible available services and for arranging a requested
8 transfer.

9 § 2. Subdivision 3 of section 2805-b of the public health law, as
10 added by chapter 787 of the laws of 1983, is renumbered subdivision 5.

11 § 3. Section 2803-o-1 of the public health law is REPEALED.

12 § 4. Severability. If any clause, sentence, paragraph, section or part
13 of this act be adjudged by any court of competent jurisdiction to be
14 invalid, such judgment shall not affect, impair or invalidate the
15 remainder hereof but shall be applied in its operation to the clause,
16 sentence, paragraph, section or part hereof directly involved in the
17 controversy in which such judgment shall have been rendered.

18 § 5. This act shall take effect immediately; provided, however, that
19 the amendments to subdivision 3 of section 2805-b of the public health
20 law made by section one of this act shall be subject to the expiration
21 and reversion of such subdivision pursuant to section 21 of chapter 723
22 of the laws of 1989, as amended, when upon such date the provisions of
23 section two of this act shall take effect.

24 PART Q

25 Section 1. Subdivision 2 of section 365-a of the social services law
26 is amended by adding a new paragraph (nn) to read as follows:

27 (nn) (i) Medical assistance shall include the coverage of the follow-
28 ing services for individuals when a medical treatment may directly or
29 indirectly cause iatrogenic infertility, which is an impairment of
30 fertility resulting from surgery, radiation, chemotherapy, sickle cell
31 treatment, or other medical treatment affecting reproductive organs or
32 processes:

33 (1) standard fertility preservation services to prevent or treat
34 infertility, which shall include medically necessary collection, freez-
35 ing, preservation and storage of oocytes or sperm, and such other stand-
36 ard services that are not experimental or investigational; together with
37 prescription drugs, which shall be limited to federal food and drug
38 administration approved medications and subject to medical assistance
39 program coverage requirements. In vitro fertilization (IVF) shall not be
40 covered as a fertility preservation service; and

41 (2) coverage of the costs of storage of oocytes or sperm shall be
42 subject to continued medical assistance program eligibility for individ-
43 uals when a medical treatment may directly or indirectly cause iatrogen-
44 ic infertility, and shall terminate upon any discontinuance of medical
45 assistance eligibility.

46 (ii) In the event that federal financial participation for such
47 fertility preservation services is not available, medical assistance
48 shall not include coverage of these services.

49 § 2. Section 4 of part K of chapter 82 of the laws of 2002 amending
50 the insurance law and the public health law relating to coverage for the
51 diagnosis and treatment of infertility, is amended to read as follows:

52 § 4. 1. The commissioner of health, subject to the availability of
53 funds pursuant to section 2807-v of the public health law, shall estab-
54 lish a program to provide grants to health care providers for the

1 purpose of improving access to and expanding health care services
2 related to the range of care for infertility [services, treatments and
3 procedures. At least one such provider shall be located in the city of
4 New York and one such provider shall be located in an upstate region].

5 Such program shall [be targeted to assist individuals in meeting the
6 cost of] fund uncompensated health care services related to the range of
7 care for infertility [services not covered pursuant to sections 3221 and
8 4303 of the insurance law as such sections are amended by sections one
9 and two of this act relating to expanded coverage of infertility
10 services], to ensure the affordability of and access to care for indi-
11 viduals who lack the ability to pay for care, lack insurance coverage,
12 are underinsured, or whose insurance is deemed unusable by the rendering
13 provider.

14 2. Services, treatments and procedures paid for pursuant to the grant
15 program shall [be limited to those who meet the criteria for such
16 expanded coverage provided pursuant to the insurance law but for whom
17 the covered services are not effective for treating infertility.
18 Services, treatments and procedures paid for pursuant to the grant
19 program shall be further limited to assisted reproductive technology
20 utilizing in vitro fertilization and gamete intrafallopian tube trans-
21 fer, and shall] be made available only in accordance with standards,
22 protocols, and other parameters [as shall be] established by the commis-
23 sioner of health, which shall [include] incorporate but not be limited
24 to [ASRM] the American Society for Reproductive Medicine (ASRM) and
25 [ACOG] the American College of Obstetricians and Gynecologists (ACOG)
26 standards for the appropriateness of individuals, providers [and],
27 treatments, and [standards relating to cost-sharing based on income.
28 Services, treatments and] procedures [under the grant program, except
29 for those specified herein, shall not include those services, treatments
30 and procedures explicitly excluded under the expanded coverage provided
31 for in the insurance law as amended by sections one and two of this
32 act]. Notwithstanding sections 112 and 163 of the state finance law,
33 grants provided pursuant to such program may be made without competitive
34 bid or request for proposal.

35 [The commissioner of health shall promote public awareness of this
36 program.]

37 3. At least one such provider shall be located in the city of New York
38 and one such provider shall be located in an upstate region. Any organ-
39 ization or provider receiving funds from the program shall take all
40 necessary steps to ensure the confidentiality of the individuals receiv-
41 ing services, treatments, or procedures paid for pursuant to the grant
42 program pursuant to state and federal laws.

43 § 3. This act shall take effect immediately and shall be deemed to
44 have been in full force and effect on and after April 1, 2025; provided,
45 however, that section one of this act shall take effect October 1, 2025.
46 Effective immediately, the addition, amendment and/or repeal of any rule
47 or regulation necessary for the implementation of this act on its effec-
48 tive date are authorized to be made and completed on or before such
49 date.

50 PART R

51 Intentionally Omitted

52 PART S



1 Intentionally Omitted

2 PART T

3 Section 1. Paragraphs (a), (b), (c) and (d) of subdivision 1 of
4 section 2805-i of the public health law are relettered paragraphs (d),
5 (e), (f) and (g) and three new paragraphs (a), (b) and (c) are added to
6 read as follows:

7 (a) Maintaining the following full-time, part-time, contracted, or
8 on-call staff:

9 (1) One or more hospital sexual violence response coordinators who are
10 designated to ensure that the hospital's sexual violence response is
11 integrated within the hospital's clinical oversight and quality improve-
12 ment structure, to ensure chain of custody is maintained, and to ensure
13 availability and coordination of certified sexual assault forensic exam-
14 iners;

15 (2) Certified sexual assault forensic examiners sufficient to meet
16 hospital needs. Such individuals shall:

17 (i) be a registered professional nurse, certified nurse practitioner,
18 licensed physician assistant or licensed physician acting within their
19 lawful scope of practice and specially trained in forensic examination
20 of sexual offense victims and the preservation of forensic evidence in
21 such cases and qualified to provide such services, pursuant to regu-
22 lations promulgated by the commissioner; and

23 (ii) have successfully completed a didactic and clinical training
24 course and post course preceptorship as appropriate to scope of practice
25 that aligns with guidance released by the commissioner.

26 (b) Ensuring that such sexual assault forensic examiners are on-call
27 and available on a twenty-four hour a day basis every day of the year;

28 (c) Ensuring that such sexual assault forensic examiners maintain a
29 current certification from the department, pursuant to regulations, in
30 providing sexual assault examinations. The commissioner shall issue
31 regulations consistent with subparagraph one of paragraph (b) of subdi-
32 vision four-b of this section, establishing a process for individuals to
33 apply for and receive certification upon meeting the required criteria,
34 as well as a process for recertification.

35 § 2. Paragraph (a) of subdivision 13 of section 631 of the executive
36 law, as amended by section 3 of subpart S of part XX of chapter 55 of
37 the laws of 2020, is amended to read as follows:

38 (a) Notwithstanding any other provision of law, rule, or regulation to
39 the contrary, when any New York state accredited hospital, accredited
40 sexual assault examiner program, or licensed health care provider
41 furnishes services to any sexual assault survivor, including but not
42 limited to a health care forensic examination in accordance with the sex
43 offense evidence collection protocol and standards established by the
44 department of health, such hospital, sexual assault examiner program, or
45 licensed healthcare provider shall provide such services to the person
46 without charge and shall bill the office directly. The office, in
47 consultation with the department of health, shall define the specific
48 services to be covered by the sexual assault forensic exam reimbursement
49 fee, which must include at a minimum forensic examiner services, hospi-
50 tal or healthcare facility services related to the exam, and any neces-
51 sary related laboratory tests or pharmaceuticals; including but not
52 limited to HIV post-exposure prophylaxis provided by a hospital emergen-
53 cy room at the time of the forensic rape examination pursuant to para-

1 graph [(c)] (f) of subdivision one of section twenty-eight hundred
2 five-i of the public health law. For a person eighteen years of age or
3 older, follow-up HIV post-exposure prophylaxis costs shall continue to
4 be reimbursed according to established office procedure. The office, in
5 consultation with the department of health, shall also generate the
6 necessary regulations and forms for the direct reimbursement procedure.

7 § 3. Paragraph (d) of subdivision 1 and paragraph (c) of subdivision 2
8 of section 2805-p of the public health law, as added by chapter 625 of
9 the laws of 2003, are amended to read as follows:

10 (d) "Rape survivor" or "survivor" shall mean any [female] person who
11 alleges or is alleged to have been raped and who presents as a patient.

12 (c) provide emergency contraception to such survivor, unless contrain-
13 dicated, upon [her] such survivor's request. No hospital may be required
14 to provide emergency contraception to a rape survivor who is pregnant.

15 § 4. This act shall take effect two years after it shall have become a
16 law. Effective immediately, the addition, amendment or repeal of any
17 rule or regulation necessary for the implementation of this act on its
18 effective date are authorized to be made and completed on or before such
19 effective date.

20 PART U

21 Intentionally Omitted

22 PART V

23 Intentionally Omitted

24 PART W

25 Intentionally Omitted

26 PART X

27 Intentionally Omitted

28 PART Y

29 Intentionally Omitted

30 PART Z

31 Section 1. Section 4 of chapter 565 of the laws of 2022 amending the
32 state finance law relating to preferred source status for entities that
33 provide employment to certain persons, is amended to read as follows:

34 § 4. This act shall take effect immediately; provided that section one
35 of this act shall expire and be deemed repealed [three] six years after
36 such effective date; and provided further that this act shall not apply
37 to any contracts or requests for proposals issued by government entities
38 before such date.



1 § 2. Section 2 of chapter 91 of the laws of 2023 amending the state
2 finance law relating to establishing a threshold for the amount of work
3 needed to be performed by a preferred source which is an approved chari-
4 table non-profit-making agency for the blind, is amended to read as
5 follows:

6 § 2. This act shall take effect on the same date and in the same
7 manner as a chapter of the laws of 2022, amending the state finance law
8 relating to preferred source status for entities that provide employment
9 to certain persons, as proposed in legislative bills numbers S. 7578-C
10 and A. 8549-C, takes effect, and shall expire and be deemed repealed
11 [three years after such effective date] on the same date and in the same
12 manner as section one of such chapter.

13 § 3. This act shall take effect immediately.

14 PART AA

15 Section 1. Section 2 of part NN of chapter 58 of the laws of 2015,
16 amending the mental hygiene law relating to clarifying the authority of
17 the commissioners in the department of mental hygiene to design and
18 implement time-limited demonstration programs, as amended by section 1
19 of part Z of chapter 57 of the laws of 2024, is amended to read as
20 follows:

21 § 2. This act shall take effect immediately and shall expire and be
22 deemed repealed March 31, [2025] 2028.

23 § 2. This act shall take effect immediately.

24 PART BB

25 Section 1. Section 4 of part L of chapter 59 of the laws of 2016,
26 amending the mental hygiene law relating to the appointment of temporary
27 operators for the continued operation of programs and the provision of
28 services for persons with serious mental illness and/or developmental
29 disabilities and/or chemical dependence, as amended by section 1 of part
30 OO of chapter 57 of the laws of 2022, is amended to read as follows:

31 § 4. This act shall take effect immediately and shall be deemed to
32 have been in full force and effect on and after April 1, 2016; provided,
33 however, that sections one and two of this act shall expire and be
34 deemed repealed on March 31, [2025] 2028.

35 § 2. This act shall take effect immediately.

36 PART CC

37 Section 1. Subdivision 1-a of section 84 of part A of chapter 56 of
38 the laws of 2013, amending the social services law and other laws relat-
39 ing to enacting the major components of legislation necessary to imple-
40 ment the health and mental hygiene budget for the 2013-2014 state fiscal
41 year, as amended by section 1 of part EE of chapter 57 of the laws of
42 2023, is amended to read as follows:

43 1-a. sections seventy-three through eighty-a shall expire and be
44 deemed repealed December 31, [2025] 2027;

45 § 2. This act shall take effect immediately and shall be deemed to
46 have been in full force and effect on and after April 1, 2025.

47 PART DD



1 Section 1. Subdivision (a) of section 22.11 of the mental hygiene law,
2 as added by chapter 558 of the laws of 1999, is amended to read as
3 follows:

4 (a) For the purposes of this section, the word "minor" shall mean a
5 person under eighteen years of age, but does not include a person who is
6 the parent of a child or has married or who is emancipated, or is a
7 homeless youth, as defined in section five hundred thirty-two-a of the
8 executive law, or receives services at an approved runaway and homeless
9 youth crisis services program or a transitional independent living
10 support program as defined in section five hundred thirty-two-a of the
11 executive law.

12 § 2. Paragraph 1 of subdivision (a) of section 33.21 of the mental
13 hygiene law, as amended by chapter 461 of the laws of 1994, is amended
14 to read as follows:

15 (1) "minor" shall mean a person under eighteen years of age, but shall
16 not include a person who is the parent of a child, emancipated, has
17 married or is on voluntary status on [his or her] their own application
18 pursuant to section 9.13 of this chapter, or is a homeless youth, as
19 defined in section five hundred thirty-two-a of the executive law, or
20 receives services at an approved runaway and homeless youth crisis
21 services program or a transitional independent living support program as
22 defined in section five hundred thirty-two-a of the executive law;

23 § 3. Subdivision 1 of section 2504 of the public health law, as
24 amended by chapter 107 of the laws of 2023, is amended to read as
25 follows:

26 1. Any person who is eighteen years of age or older, or is the parent
27 of a child or has married, or is a homeless youth as defined in section
28 five hundred thirty-two-a of the executive law, or receives services at
29 an approved runaway and homeless youth crisis services program or a
30 transitional independent living support program as defined in section
31 five hundred thirty-two-a of the executive law, may give effective
32 consent for medical, dental, health and hospital services, including
33 behavioral health services, for themselves, and the consent of no other
34 person shall be necessary.

35 § 4. This act shall take effect on the ninetieth day after it shall
36 have become a law.

37 PART EE

38 Section 1. Section 9.01 of the mental hygiene law, as amended by chap-
39 ter 723 of the laws of 1989, the seventh undesignated paragraph as
40 amended by chapter 595 of the laws of 2000, is amended to read as
41 follows:

42 § 9.01 Definitions.

43 As used in this article:

44 (a) "in need of care and treatment" means that a person has a mental
45 illness for which in-patient care and treatment in a hospital is appro-
46 priate.

47 (b) "in need of involuntary care and treatment" means that a person
48 has a mental illness for which care and treatment as a patient in a
49 hospital is essential to such person's welfare and whose judgment is so
50 impaired that [he] the person is unable to understand the need for such
51 care and treatment.

52 (c) "likelihood to result in serious harm" or "likely to result in
53 serious harm" means [(a)] 1. a substantial risk of physical harm to the
54 person as manifested by threats of or attempts at suicide or serious

1 bodily harm or other conduct demonstrating that the person is dangerous
2 to [himself or herself] themselves, or [(b)] 2. a substantial risk of
3 physical harm to other persons as manifested by homicidal or other
4 violent behavior by which others are placed in reasonable fear of seri-
5 ous physical harm, or 3. a substantial risk of physical harm to the
6 person due to an inability or refusal, as a result of their mental
7 illness, to provide for their own essential needs such as food, cloth-
8 ing, necessary medical care, personal safety, or shelter.

9 (d) "need for retention" means that a person who has been admitted to
10 a hospital pursuant to this article is in need of involuntary care and
11 treatment in a hospital for a further period.

12 (e) "record" of a patient shall consist of admission, transfer or
13 retention papers and orders, and accompanying data required by this
14 article and by the regulations of the commissioner.

15 (f) "director of community services" means the director of community
16 services [for the mentally disabled] appointed pursuant to article
17 forty-one of this chapter.

18 (g) "qualified psychiatrist" means a physician licensed to practice
19 medicine in New York state who: [(a)] 1. is a diplomate of the American
20 board of psychiatry and neurology or is eligible to be certified by that
21 board; or [(b)] 2. is certified by the American osteopathic board of
22 neurology and psychiatry or is eligible to be certified by that board.

23 § 2. Section 9.05 of the mental hygiene law, as renumbered by chapter
24 978 of the laws of 1977, is amended to read as follows:

25 § 9.05 Examining physicians, examining psychiatric nurse practitioners
26 and medical certificates.

27 (a) A person is disqualified from acting as an examining physician or
28 examining psychiatric nurse practitioner in the following cases:

29 1. if [he is] they are a relative of the person applying for the
30 admission or of the person alleged to be mentally ill.

31 2. if [he is] they are a manager, trustee, visitor, proprietor, offi-
32 cer, director, or stockholder of the hospital in which the patient is
33 hospitalized or to which it is proposed to admit such person, except as
34 otherwise provided in this chapter, or if [he has] they have any pecuni-
35 ary interest, directly or indirectly, in such hospital, provided that
36 receipt of fees, privileges, or compensation for treating or examining
37 patients in such hospital shall not be deemed to be a pecuniary inter-
38 est.

39 3. if [he is] they are on the staff of a proprietary facility to which
40 it is proposed to admit such person.

41 (b) A certificate, as required by this article, must show that the
42 person is mentally ill and shall be based on an examination of the
43 person alleged to be mentally ill made within ten days prior to the date
44 of admission. The date of the certificate shall be the date of such
45 examination. All certificates shall contain the facts and circumstances
46 upon which the judgment of the [physicians] physician or psychiatric
47 nurse practitioner is based and shall show that the condition of the
48 person examined is such that [he needs] they need involuntary care and
49 treatment in a hospital and such other information as the commissioner
50 may by regulation require.

51 § 3. Subdivisions (a), (d), (e), and (i) of section 9.27 of the mental
52 hygiene law, such section as renumbered by chapter 978 of the laws of
53 1977 and subdivision (i) as amended by chapter 847 of the laws of 1987,
54 are amended to read as follows:

55 (a) The director of a hospital may receive and retain therein as a
56 patient any person alleged to be mentally ill and in need of involuntary

1 care and treatment upon the [certificate] certificates of two examining
2 physicians, or upon the certificates of an examining physician and a
3 psychiatric nurse practitioner. Such certificates shall be accompanied
4 by an application for the admission of such person. The examination may
5 be conducted jointly but each [examining physician] certifying practi-
6 tioner shall execute a separate certificate.

7 (d) Before an examining physician or psychiatric nurse practitioner
8 completes the certificate of examination of a person for involuntary
9 care and treatment, [he] they shall consider alternative forms of care
10 and treatment that might be adequate to provide for the person's needs
11 without requiring involuntary hospitalization. If the examining physi-
12 cian or psychiatric nurse practitioner knows that the person [he is]
13 they are examining for involuntary care and treatment has been under
14 prior treatment, [he] they shall, insofar as possible, consult with the
15 physician or psychologist furnishing such prior treatment prior to
16 completing [his] their certificate. Nothing in this section shall
17 prohibit or invalidate any involuntary admission made in accordance with
18 the provisions of this chapter.

19 (e) The director of the hospital where such person is brought shall
20 cause such person to be examined forthwith by a physician who shall be a
21 member of the psychiatric staff of such hospital other than the original
22 examining physicians or psychiatric nurse practitioner whose certificate
23 or certificates accompanied the application and, if such person is found
24 to be in need of involuntary care and treatment, [he] they may be admit-
25 ted thereto as a patient as herein provided.

26 (i) After an application for the admission of a person has been
27 completed and both [physicians] certifying practitioners have examined
28 such person and separately certified that [he or she] such person is
29 mentally ill and in need of involuntary care and treatment in a hospi-
30 tal, either [physician] certifying practitioner is authorized to request
31 peace officers, when acting pursuant to their special duties, or police
32 officers, who are members of an authorized police department or force or
33 of a sheriff's department, to take into custody and transport such
34 person to a hospital for determination by the director whether such
35 person qualifies for admission pursuant to this section. Upon the
36 request of either [physician] certifying practitioner, an ambulance
37 service, as defined by subdivision two of section three thousand one of
38 the public health law, is authorized to transport such person to a
39 hospital for determination by the director whether such person qualifies
40 for admission pursuant to this section.

41 § 4. Subdivision (a) of section 9.37 of the mental hygiene law, such
42 section as renumbered by chapter 978 of the laws of 1977, is amended to
43 read as follows:

44 (a) The director of a hospital, upon application by a director of
45 community services or an examining physician duly designated by [him]
46 them, may receive and care for in such hospital as a patient any person
47 who, in the opinion of the director of community services or [his] their
48 designee, has a mental illness for which immediate inpatient care and
49 treatment in a hospital is appropriate and which is likely to result in
50 serious harm to [himself] themselves or others[;]. ["likelihood"] "Likeli-
51 hood of serious harm" shall mean:

52 1. substantial risk of physical harm to [himself] themselves as mani-
53 fested by threats of or attempts at suicide or serious bodily harm or
54 other conduct demonstrating that [he is] they are dangerous to [himself]
55 themselves, or

1 2. a substantial risk of physical harm to other persons as manifested
2 by homicidal or other violent behavior by which others are placed in
3 reasonable fear or serious physical harm[.], or

4 3. a substantial risk of physical harm to the person due to an inabil-
5 ity or refusal, as a result of their mental illness, to provide for
6 their own essential needs such as food, clothing, necessary medical
7 care, personal safety, or shelter.

8 The need for immediate hospitalization shall be confirmed by a staff
9 physician of the hospital prior to admission. Within seventy-two hours,
10 excluding Sunday and holidays, after such admission, if such patient is
11 to be retained for care and treatment beyond such time and [he does]
12 they do not agree to remain in such hospital as a voluntary patient, the
13 certificate of another examining physician who is a member of the
14 psychiatric staff of the hospital that the patient is in need of invol-
15 untary care and treatment shall be filed with the hospital. From the
16 time of [his] their admission under this section the retention of such
17 patient for care and treatment shall be subject to the provisions for
18 notice, hearing, review, and judicial approval of continued retention or
19 transfer and continued retention provided by this article for the admis-
20 sion and retention of involuntary patients, provided that, for the
21 purposes of such provisions, the date of admission of the patient shall
22 be deemed to be the date when the patient was first received in the
23 hospital under this section.

24 § 5. Subdivision (a) of section 9.39 of the mental hygiene law, as
25 amended by chapter 789 of the laws of 1985, is amended and a new subdi-
26 vision (a-1) is added to read as follows:

27 (a) The director of any hospital maintaining adequate staff and facil-
28 ities for the observation, examination, care, and treatment of persons
29 alleged to be mentally ill and approved by the commissioner to receive
30 and retain patients pursuant to this section may receive and retain
31 therein as a patient for a period of fifteen days any person alleged to
32 have a mental illness for which immediate observation, care, and treat-
33 ment in a hospital is appropriate and which is likely to result in seri-
34 ous harm to [himself] themselves or others. "Likelihood to result in seri-
35 ous harm" as used in this [article] section shall mean:

36 1. substantial risk of physical harm to [himself] themselves as mani-
37 fested by threats of or attempts at suicide or serious bodily harm or
38 other conduct demonstrating that [he is] they are dangerous to [himself]
39 themselves, or

40 2. a substantial risk of physical harm to other persons as manifested
41 by homicidal or other violent behavior by which others are placed in
42 reasonable fear of serious physical harm[.], or

43 3. a substantial risk of physical harm to the person due to an inabil-
44 ity or refusal, as a result of their mental illness, to provide for
45 their own essential needs such as food, clothing, necessary medical
46 care, personal safety, or shelter.

47 The director shall cause to be entered upon the hospital records the
48 name of the person or persons, if any, who have brought such person to
49 the hospital and the details of the circumstances leading to the hospi-
50 talization of such person. The director shall, in accordance with
51 section 33.13 of this chapter, upon admission of a person under this
52 section, ensure that reasonable efforts are made to identify and prompt-
53 ly notify any community provider of mental health services that main-
54 tains such person on its caseload that such person has been received for
55 examination under this section.



1 The director shall admit such person pursuant to the provisions of
2 this section only if a staff physician of the hospital upon examination
3 of such person finds that such person qualifies under the requirements
4 of this section. Such person shall not be retained for a period of more
5 than forty-eight hours unless within such period such finding is
6 confirmed after examination by another physician who shall be a member
7 of the psychiatric staff of the hospital. Such person shall be served,
8 at the time of admission, with written notice of [his] their status and
9 rights as a patient under this section. Such notice shall contain the
10 patient's name. At the same time, such notice shall also be given to the
11 mental hygiene legal service and personally or by mail to such person or
12 persons, not to exceed three in number, as may be designated in writing
13 to receive such notice by the person alleged to be mentally ill. If at
14 any time after admission, the patient, any relative, friend, or the
15 mental hygiene legal service gives notice to the director in writing of
16 request for court hearing on the question of need for immediate observa-
17 tion, care, and treatment, a hearing shall be held as herein provided as
18 soon as practicable but in any event not more than five days after such
19 request is received, except that the commencement of such hearing may be
20 adjourned at the request of the patient. It shall be the duty of the
21 director upon receiving notice of such request for hearing to forward
22 forthwith a copy of such notice with a record of the patient to the
23 supreme court or county court in the county where such hospital is
24 located. A copy of such notice and record shall also be given to the
25 mental hygiene legal service. The court which receives such notice shall
26 fix the date of such hearing and cause the patient or other person
27 requesting the hearing, the director, the mental hygiene legal service
28 and such other persons as the court may determine to be advised of such
29 date. Upon such date, or upon such other date to which the proceeding
30 may be adjourned, the court shall hear testimony and examine the person
31 alleged to be mentally ill, if it be deemed advisable in or out of
32 court, and shall render a decision in writing that there is reasonable
33 cause to believe that the patient has a mental illness for which immedi-
34 ate inpatient care and treatment in a hospital is appropriate and which
35 is likely to result in serious harm to [himself] themselves or others. If
36 it be determined that there is such reasonable cause, the court shall
37 forthwith issue an order authorizing the retention of such patient for
38 any such purpose or purposes in the hospital for a period not to exceed
39 fifteen days from the date of admission. Any such order entered by the
40 court shall not be deemed to be an adjudication that the patient is
41 mentally ill, but only a determination that there is reasonable cause to
42 retain the patient for the purposes of this section.

43 (a-1) 1. If a patient admitted under this section is discharged at any
44 time before such patient has been admitted to a psychiatric center or
45 inpatient psychiatric service subject to licensure by the office of
46 mental health, the facility shall:

47 (i) advise such patient of clinically appropriate follow up services;
48 and

49 (ii) for individuals with complex needs, as defined by the regulations
50 of the office:

51 (A) for individuals in care management programs, coordinate discharge
52 planning with such care management program; and

53 (B) provide referrals, if clinically appropriate and available, for
54 care management services, community-based services, residential
55 services, or peerbased programs.



1 2. Discharges pursuant to this subdivision shall comply with discharge
2 obligations under article twenty-eight of the public health law and the
3 regulations of the department of health, as applicable.

4 § 6. Subdivisions (a) and (d) of section 9.40 of the mental hygiene
5 law, as added by chapter 723 of the laws of 1989, are amended to read as
6 follows:

7 (a) The director of any comprehensive psychiatric emergency program
8 may receive and retain therein for a period not to exceed seventy-two
9 hours, any person alleged to have a mental illness for which immediate
10 observation, care and treatment in such program is appropriate and which
11 is likely to result in serious harm to the person or others. The direc-
12 tor shall cause to be entered upon the program records the name of the
13 person or persons, if any, who have brought the person alleged to have a
14 mental illness to the program and the details of the circumstances lead-
15 ing the person or persons to bring the person alleged to have a mental
16 illness to the program. The director shall, in accordance with section
17 33.13 of this chapter, upon receipt of a person under this section,
18 ensure that reasonable efforts are made to identify and promptly notify
19 any community provider of mental health services that maintains such
20 person on its caseload.

21 (d) If at any time it is determined that the person is no longer in
22 need of immediate observation, care and treatment in accordance with
23 this section and is not in need of involuntary care and treatment in a
24 hospital, such person shall be released without regard to the provisions
25 of section 29.15 of this chapter, unless such person agrees to be admit-
26 ted to another appropriate hospital as a voluntary or informal patient.
27 Provided, however, the facility shall:

28 1. advise such person of clinically appropriate aftercare services;
29 and

30 2. for individuals with complex needs, as defined by the regulations
31 of the office:

32 (i) for individuals in care management programs, coordinate discharge
33 planning with the care management program; and

34 (ii) provide referrals, if clinically appropriate and available, for
35 care management services, community-based services, residential
36 services, or peerbased programs; and

37 3. comply with additional requirements as may be set forth by the
38 regulations of the office of mental health.

39 § 7. Subdivision (a) of section 9.41 of the mental hygiene law, as
40 amended by section 4 of part AA of chapter 57 of the laws of 2021, is
41 amended to read as follows:

42 (a) Any peace officer, when acting pursuant to [his or her] their
43 special duties, or police officer who is a member of the state police or
44 of an authorized police department or force or of a sheriff's department
45 may take into custody any person who appears to be mentally ill and is
46 conducting [himself or herself] themselves in a manner which is likely to
47 result in serious harm to the person or others. Such officer may direct
48 the removal of such person or remove [him or her] such person to any
49 hospital specified in subdivision (a) of section 9.39 of this article,
50 or any comprehensive psychiatric emergency program specified in subdivi-
51 sion (a) of section 9.40 of this article, or pending [his or her] such
52 person's examination or admission to any such hospital or program,
53 temporarily detain any such person in another safe and comfortable
54 place, in which event, such officer shall immediately notify the direc-
55 tor of community services or, if there be none, the health officer of
56 the city or county of such action. Provided, however, a peace officer

1 or police officer directing the removal of a person who is conducting
2 themselves in a manner which is likely to result in serious harm as
3 defined by paragraph three of subdivision (c) of section 9.01 of this
4 chapter, shall request the transport of such person be conducted by
5 emergency medical services, if practicable based on: the person's poten-
6 tial medical needs and the capacity limits of the local emergency
7 medical services agencies, as determined by the local emergency medical
8 services agencies; and the safety of the person being removed, as deter-
9 mined by the officer.

10 § 7-a. Section 9.41 of the mental hygiene law, as amended by chapter
11 843 of the laws of 1980, is amended to read as follows:

12 § 9.41 Emergency admissions for immediate observation, care, and treat-
13 ment; powers of certain peace officers and police officers.

14 Any peace officer, when acting pursuant to [his] their special duties,
15 or police officer who is a member of the state police or of an author-
16 ized police department or force or of a sheriff's department may take
17 into custody any person who appears to be mentally ill and is conducting
18 [himself] themselves in a manner which is likely to result in serious harm
19 to [himself] themselves or others. ["Likelihood to result in serious
20 harm" shall mean (1) substantial risk of physical harm to himself as
21 manifested by threats of or attempts at suicide or serious bodily harm
22 or other conduct demonstrating that he is dangerous to himself, or (2) a
23 substantial risk of physical harm to other persons as manifested by
24 homicidal or other violent behavior by which others are placed in
25 reasonable fear of serious physical harm.] Such officer may direct the
26 removal of such person or remove [him] such person to any hospital spec-
27 ified in subdivision (a) of section 9.39 of this article or, pending
28 [his] such person's examination or admission to any such hospital,
29 temporarily detain any such person in another safe and comfortable
30 place, in which event, such officer shall immediately notify the direc-
31 tor of community services or, if there be none, the health officer of
32 the city or county of such action. Provided, however, a peace officer or
33 police officer directing the removal of a person who is conducting them-
34 self in a manner which is likely to result in serious harm as defined by
35 paragraph three of subdivision (c) of section 9.01 of this article,
36 shall request the transport of such person be conducted by emergency
37 medical services, if practicable based on: the person's potential
38 medical needs and the capacity limits of the local emergency medical
39 services agencies, as determined by the local emergency medical services
40 agencies; and the safety of the person being removed, as determined by
41 the officer.

42 § 8. Subdivision (a) of section 9.45 of the mental hygiene law, as
43 amended by section 6 of part AA of chapter 57 of the laws of 2021, is
44 amended to read as follows:

45 (a) The director of community services or the director's designee
46 shall have the power to direct the removal of any person, within [his or
47 her] their jurisdiction, to a hospital approved by the commissioner
48 pursuant to subdivision (a) of section 9.39 of this article, or to a
49 comprehensive psychiatric emergency program pursuant to subdivision (a)
50 of section 9.40 of this article, if the parent, adult sibling, spouse,
51 domestic partner as defined in section twenty-nine hundred ninety-four-a
52 of the public health law or child of the person, the committee or legal
53 guardian of the person, a licensed psychologist, registered professional
54 nurse or certified social worker currently responsible for providing
55 treatment services to the person, a supportive or intensive case manager
56 currently assigned to the person by a case management program which



1 program is approved by the office of mental health for the purpose of
2 reporting under this section, a licensed physician, health officer,
3 peace officer or police officer reports to [him or her] the director of
4 community services or the director's designee that such person has a
5 mental illness for which immediate care and treatment is appropriate and
6 [which] that is likely to result in serious harm to [himself or herself]
7 self or others. It shall be the duty of peace officers, when acting
8 pursuant to their special duties, or police officers[,], who are members
9 of an authorized police department, or force or of a sheriff's depart-
10 ment to assist representatives of such director to take into custody and
11 transport any such person. Upon the request of a director of community
12 services or the director's designee, an ambulance service, as defined in
13 subdivision two of section three thousand one of the public health law,
14 is authorized to transport any such person. Such person may then be
15 retained in a hospital pursuant to the provisions of section 9.39 of
16 this article or in a comprehensive psychiatric emergency program pursu-
17 ant to the provisions of section 9.40 of this article.

18 § 8-a. Section 9.45 of the mental hygiene law, as amended by chapter
19 343 of the laws of 1985, is amended to read as follows:

20 § 9.45 Emergency admissions for immediate observation, care, and treat-
21 ment; powers of directors of community services.

22 The director of community services or [his] the director's designee
23 shall have the power to direct the removal of any person, within [his]
24 their jurisdiction, to a hospital approved by the commissioner pursuant
25 to subdivision (a) of section 9.39 of this article if the parent,
26 spouse, domestic partner as defined in section twenty-nine hundred nine-
27 ty-four-a of the public health law or child of the person, a licensed
28 physician, health officer, peace officer or police officer reports to
29 [him] such director of community services or the director's designee
30 that such person has a mental illness for which immediate care and
31 treatment in a hospital is appropriate and which is likely to result in
32 serious harm to [himself] self or others, as defined in section 9.39 of
33 this article. It shall be the duty of peace officers, when acting pursu-
34 ant to their special duties, or police officers, who are members of an
35 authorized police department or force or of a sheriff's department to
36 assist representatives of such director to take into custody and trans-
37 port any such person. Upon the request of a director of community
38 services or [his] their designee an ambulance service, as defined in
39 subdivision two of section three thousand one of the public health law,
40 is authorized to transport any such person. Such person may then be
41 retained pursuant to the provisions of section 9.39 of this article.

42 § 9. Subparagraph (iii) of paragraph 4 and paragraph 7 of subdivision
43 (c), and subparagraph (ii) of paragraph 1 of subdivision (e) of section
44 9.60 of the mental hygiene law, as amended by chapter 158 of the laws of
45 2005, and subparagraph (iii) of paragraph 4 of subdivision (c) as
46 amended by section 2 of subpart H of part UU of chapter 56 of the laws
47 of 2022, are amended to read as follows:

48 (iii) notwithstanding subparagraphs (i) and (ii) of this paragraph,
49 resulted in the issuance of a court order for assisted outpatient treat-
50 ment [which] that has expired within the last six months, and since the
51 expiration of the order[,], (a) the person has experienced a substantial
52 increase in symptoms of mental illness [and such symptoms] that substan-
53 tially interferes with or limits [one or more major life activities as
54 determined by a director of community services who previously was
55 required to coordinate and monitor the care of any individual who was
56 subject to such expired assisted outpatient treatment order. The appli-



1 cable director of community services or their designee shall arrange for
2 the individual to be evaluated by a physician. If the physician deter-
3 mines court ordered services are clinically necessary and the least
4 restrictive option, the director of community services may initiate a
5 court proceeding.] the person's ability to comply with recommended
6 treatment; or (b) the person, due to a lack of compliance with recom-
7 mended treatment, has undergone emergency observation, care, and treat-
8 ment or has been admitted for inpatient care or has been incarcerated;

9 (7) is likely to benefit from assisted outpatient treatment. Previous
10 non-compliance with court oversight or mandated treatment shall not
11 preclude a finding that the person is likely to benefit from assisted
12 outpatient treatment.

13 (ii) the parent, spouse, domestic partner, sibling eighteen years of
14 age or older, or child eighteen years of age or older of the subject of
15 the petition; or

16 § 10. The mental hygiene law is amended by adding a new section 9.64
17 to read as follows:

18 § 9.64 Notice of admission determination to community provider.

19 Upon an admission to a hospital or received as a patient in a compre-
20 hensive psychiatric emergency program, the director of such hospital or
21 program shall, in accordance with section 33.13 of this chapter, ensure
22 that reasonable efforts are made to identify and promptly notify of such
23 determination any community provider of mental health services that
24 maintains such person on its caseload.

25 § 11. Subdivision (f) of section 29.15 of the mental hygiene law, as
26 amended by chapter 135 of the laws of 1993, is amended and two new
27 subdivisions (g-1) and (o) are added to read as follows:

28 (f) The discharge or conditional release of all clients at develop-
29 mental centers, patients at psychiatric centers or patients at psychiat-
30 ric inpatient services subject to licensure by the office of mental
31 health shall be in accordance with a written service plan prepared by
32 staff familiar with the case history of the client or patient to be
33 discharged or conditionally released and in cooperation with appropriate
34 social services officials and directors of local governmental units. In
35 causing such plan to be prepared, the director of the facility shall
36 take steps to assure that the following persons are interviewed,
37 provided an opportunity to actively participate in the development of
38 such plan and advised of whatever services might be available to the
39 patient through the mental hygiene legal service: the patient to be
40 discharged or conditionally released; with the consent of the patient, a
41 representative of a community provider of mental health services,
42 including a provider of case management services, that maintains the
43 patient on its caseload, if applicable, and local programs that provide
44 peer supports and services, if available; an authorized representative
45 of the patient, to include the parent or parents if the patient is a
46 minor, unless such minor sixteen years of age or older objects to the
47 participation of the parent or parents and there has been a clinical
48 determination by a physician that the involvement of the parent or
49 parents is not clinically appropriate and such determination is docu-
50 mented in the clinical record and there is no plan to discharge or
51 release the minor to the home of such parent or parents; and upon the
52 request of the patient sixteen years of age or older, [a significant] an
53 individual significant to the patient including any relative, close
54 friend or individual otherwise concerned with the welfare of the
55 patient, other than an employee of the facility. With the consent of
56 the patient and consistent with section 33.13 of this chapter, such



1 service plan may be provided to a parent or parents, any relative, close
2 friend, or individual otherwise concerned with the welfare of the
3 patient.

4 (g-1) For patients at psychiatric centers or psychiatric inpatient
5 services subject to licensure by the office, it shall also be the
6 responsibility of the director of any department facility from which a
7 client or patient has been discharged or conditionally released, in
8 collaboration, when appropriate, with appropriate social services offi-
9 cials and directors of local governmental units, and consistent with
10 section 33.13 of this chapter:

11 1. to provide a discharge summary to the service provider or providers
12 responsible for the patient's care after discharge under the service
13 plan as described in subdivisions (f) and (g) of this section. Such
14 discharge summary shall include relevant clinical information and post-
15 discharge treatment recommendations in accordance with regulations
16 promulgated by the commissioner;

17 2. to obtain contact information of the patient, if possible, and
18 confirm a follow-up appointment has been scheduled for the patient with
19 the appropriate service provider or providers to occur within seven days
20 of discharge. If, after making diligent efforts, the facility cannot
21 identify an aftercare provider with an available appointment within
22 seven days, the facility shall document its efforts and schedule the
23 appointment for as soon as possible thereafter. Individuals who are
24 leaving the facility against medical advice or who decline aftercare
25 services shall be provided with information about available treatment
26 options, and have an appointment scheduled whenever possible; and

27 3. for a patient with an elevated risk of violence, to work collabora-
28 tively with the director of community service of the county where the
29 patient resides, if available, such patient's outpatient treatment
30 providers, residential providers, if applicable, and school, if applica-
31 ble, to incorporate strategies to address violence risk factors and
32 access to weapons into their overall discharge plan.

33 (o) Service plans and discharge summaries for individuals with complex
34 needs at psychiatric centers or psychiatric inpatient services subject
35 to licensure by the office. For purposes of this subdivision, an "indi-
36 vidual or patient with complex needs" shall be defined by regulations of
37 the commissioner. The facility shall comply with all other provisions of
38 this section, in addition to the following:

39 1. service plans and discharge summaries shall be provided in writing
40 to the patient;

41 2. referrals to services described in service plans shall be facili-
42 tated at the time of discharge;

43 3. a verbal clinical sign-out shall be provided on or before the day
44 of discharge to the receiving outpatient treatment program and if appli-
45 cable, the licensed residential program;

46 4. the patient's discharge plan shall be communicated to the desig-
47 nated post-discharge care manager, if applicable, to facilitate continu-
48 ity of care and service coordination; and

49 5. referrals for care management services or community-based services
50 and peer based programs shall be facilitated, as clinically appropriate
51 and in accordance with regulations promulgated by the commissioner.

52 § 12. Subdivision (g) of section 29.15 of the mental hygiene law is
53 amended by adding a new paragraph 7 to read as follows:

54 7. For patients at psychiatric centers or psychiatric inpatient
55 services subject to licensure by the office of mental health, a screen-
56 ing to determine the patient's suicide, violence, and substance use risk

1 to be incorporated into safety planning for the patient's discharge
2 plan. Individuals with an elevated risk of self-harm or suicide shall
3 have an individualized community suicide safety plan completed before
4 discharge and such plan shall be provided to the patient's aftercare
5 providers.

6 § 13. The mental hygiene law is amended by adding new section 36.07 to
7 read as follows:

8 § 36.07 Behavioral health crisis technical assistance center.

9 (a) The commissioner, in conjunction with the commissioner of the
10 office of addiction services and supports, shall establish a behavioral
11 health crisis technical assistance center within the office of mental
12 health. The commissioners shall jointly be responsible for the structure
13 and operation of the behavioral health crisis technical assistance
14 center.

15 (b) The behavioral health crisis technical assistance center, shall:

16 1. develop standardized protocols and procedures for a community-based
17 public health-led response to behavioral health crises. The protocols
18 and procedures shall be designed to:

19 (i) de-escalate situations involving individuals experiencing a mental
20 health or substance use crisis, when possible;

21 (ii) utilize the most appropriate treatment for individuals experienc-
22 ing a mental health or substance use crisis;

23 (iii) maximize the use of voluntary assessment and voluntary referral
24 of individuals experiencing a mental health or substance use crisis;

25 (iv) minimize physical harm and trauma for individuals who experience
26 a mental health or substance use crisis; and

27 (v) deliver culturally competent care;

28 2. assist local government units in the development of local service
29 plans that address their local crisis service needs and implements a
30 community-based public health-led crisis response. Such assistance shall
31 include tailoring such plans to meet the needs of urban, suburban, and
32 rural communities;

33 3. support implementation of standardized procedures and protocols;

34 4. in collaboration with the division of homeland security and emer-
35 gency services and the state emergency medical services council, pursue
36 efforts to improve coordination between the 9-1-1, 9-8-8, local govern-
37 ment units, and statewide emergency response systems;

38 5. provide consultation and training to local government units and
39 local crisis response teams on best practices on the assessment and
40 response to mental health and substance use crises; and

41 6. maintain a database of best practices for a community-based public
42 health-led response to behavioral health crises.

43 (c) In execution of its duties under this section, the technical
44 assistance center shall employ a peer or peers with lived experience and
45 shall consult with, as appropriate: peers with lived experience of
46 mental illness or substance use disorders, or family of such peers
47 and/or peer-led organizations; licensed mental health or addiction
48 clinicians; licensed mental health or addiction counselors; licensed
49 physicians, nurses, or mental health or addiction providers; mental
50 health or addiction counselors; representatives of not-for-profit disa-
51 bility justice organizations; emergency medical technicians; and crisis
52 health care workers.

53 (d) 1. The center shall prepare an annual report which shall include,
54 but not be limited to, the following information:



1 (i) data on the extent to which local governmental units have imple-
2 mented community-based public health-led responses to behavioral health
3 crises and the effectiveness of such efforts;

4 (ii) a summary of any assistance provided, action taken, or progress
5 made in relation to the duties required under this section;

6 (iii) recommendations to improve the operation and financing of a
7 behavioral health crisis response system; and

8 (iv) any other information deemed relevant by the center.

9 2. Such report shall be submitted to the governor, speaker of the
10 assembly and temporary president of the senate no later than December
11 thirty-first, two thousand twenty-seven and annually thereafter and
12 shall be made available on the official agency website for the office of
13 mental health and the office of addiction services and supports.

14 § 14. Section 840 of the executive law is amended by adding a new
15 subdivision 8 to read as follows:

16 8. The council shall, in addition:

17 (a) Develop, maintain and disseminate, in consultation with the
18 commissioner of the office of mental health, written policies and proce-
19 dures regarding the handling of situations involving individuals who
20 appear to be mentally ill and are conducting themselves in a manner
21 which is likely to result in serious harm to the person or others. Such
22 policies and procedures shall make provisions for the education and
23 training of new and veteran police officers. Such training and education
24 shall focus on appropriate recognition and response techniques for
25 handling emergency situations involving individuals with mental illness
26 including, but not limited to, how to de-escalate a situation involving
27 an individual who may be experiencing a mental health crisis while mini-
28 mizing the use of force and identifying alternatives to the criminal
29 justice system; and

30 (b) Recommend to the division, rules and regulations establishing and
31 implementing a required training program for all current and new police
32 officers regarding the policies and procedures established pursuant to
33 this subdivision, along with recommendations for periodic retraining of
34 police officers. Such required training for current officers shall be
35 completed within thirty-six months of the effective date of this subdi-
36 vision; provided however it shall be completed within twenty-four months
37 of the effective date of this subdivision in a city with a population of
38 one million or more. The division shall review such recommendations and
39 promulgate regulations consistent with this subdivision.

40 § 15. Subparagraph (i) of paragraph (b) of subdivision 1 of section
41 209-q of the general municipal law, as amended by chapter 551 of the
42 laws of 2001, is amended to read as follows:

43 (i) during the holder's continuous service as a police officer or
44 peace officer who has an equivalency certificate for police officer
45 training or an approved course for state university of New York public
46 safety officers issued in accordance with subdivision three of section
47 eight hundred forty-one of the executive law, provided that such police
48 officer received training as set forth under subdivision eight of
49 section eight hundred forty of the executive law, consistent with the
50 rules and regulations promulgated therein; and

51 § 16. Subdivision 4 of section 308 of the county law, as amended by
52 chapter 309 of the laws of 1996, is amended to read as follows:

53 4. Records, in whatever form they may be kept, of calls made to a
54 municipality's E911 system shall not be made available to or obtained by
55 any entity or person, other than that municipality's public safety agen-
56 cy, another government agency or body, or a private entity or a person



1 providing medical, ambulance, mental health crisis, substance use
2 crisis, or other emergency services, and shall not be utilized for any
3 commercial purpose other than the provision of emergency services.

4 § 17. Severability. If any provision of this act, or any application
5 of any provision of this act, is held to be invalid, or to violate or be
6 inconsistent with any federal law or regulation, that shall not affect
7 the validity or effectiveness of any other provision of this act, or of
8 any other application of any provision of this act.

9 § 18. This act shall take effect ninety days after it shall have
10 become a law; provided, however, section four of this act shall take
11 effect on the same date as the reversion of subdivision (a) of section
12 9.37 of the mental hygiene law as provided in section 21 of chapter 723
13 of the laws of 1989, as amended; provided further, however, that the
14 amendments to subdivisions (a) and (d) of section 9.40 of the mental
15 hygiene law made by section six of this act shall not affect the repeal
16 of such section and shall be deemed repealed therewith; provided
17 further, however, that the amendments to subdivision (a) of section 9.41
18 of the mental hygiene law made by section seven of this act shall be
19 subject to the expiration and reversion of such section pursuant to
20 section 21 of chapter 723 of the laws of 1989, as amended, when upon
21 such date the provisions of section seven-a of this act shall take
22 effect, provided further, however, the amendments to section 9.45 of the
23 mental hygiene law made by section eight of this act shall be subject to
24 the expiration and reversion of such section pursuant to section 21 of
25 chapter 723 of the laws of 1989, as amended, when upon such date the
26 provisions of section eight-a of this act shall take effect; and
27 provided further, however, the amendments to section 9.60 of the mental
28 hygiene law made by section nine of this act shall not affect the repeal
29 of such section and shall be deemed repealed therewith.

30

PART FF

31 Section 1. 1. Subject to available appropriations and approval of the
32 director of the budget, the commissioners of the office of mental
33 health, office for people with developmental disabilities, office of
34 addiction services and supports, office of temporary and disability
35 assistance, office of children and family services, and the state office
36 for the aging (hereinafter "the commissioners") shall establish a state
37 fiscal year 2025-2026 targeted inflationary increase, effective April 1,
38 2025, for projecting for the effects of inflation upon rates of
39 payments, contracts, or any other form of reimbursement for the programs
40 and services listed in subdivision four of this section. The targeted
41 inflationary increase established herein shall be applied to the appro-
42 priate portion of reimbursable costs or contract amounts. Where appro-
43 priate, transfers to the department of health (DOH) shall be made as
44 reimbursement for the state and/or local share of medical assistance.

45 2. Notwithstanding any inconsistent provision of law, subject to the
46 approval of the director of the budget and available appropriations
47 therefor, for the period of April 1, 2025 through March 31, 2026, the
48 commissioners shall provide funding to support a two and six-tenths
49 percent (2.6%) targeted inflationary increase under this section for all
50 eligible programs and services as determined pursuant to subdivision
51 four of this section.

52 3. Notwithstanding any inconsistent provision of law, and as approved
53 by the director of the budget, the 2.6 percent targeted inflationary
54 increase established herein shall be inclusive of all other inflationary



1 increases, cost of living type increases, inflation factors, or trend
2 factors that are newly applied effective April 1, 2025. Except for the
3 2.6 percent targeted inflationary increase established herein, for the
4 period commencing on April 1, 2025 and ending March 31, 2026 the commis-
5 sioners shall not apply any other new targeted inflationary increases or
6 cost of living adjustments for the purpose of establishing rates of
7 payments, contracts or any other form of reimbursement. The phrase "all
8 other inflationary increases, cost of living type increases, inflation
9 factors, or trend factors" as defined in this subdivision shall not
10 include payments made pursuant to the American Rescue Plan Act or other
11 federal relief programs related to the Coronavirus Disease 2019 (COVID-
12 19) pandemic public health emergency. This subdivision shall not
13 prevent the office of children and family services from applying addi-
14 tional trend factors or staff retention factors to eligible programs and
15 services under paragraph (v) of subdivision four of this section.

16 4. Eligible programs and services. (i) Programs and services funded,
17 licensed, or certified by the office of mental health (OMH) eligible for
18 the targeted inflationary increase established herein, pending federal
19 approval where applicable, include: office of mental health licensed
20 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of
21 the office of mental health regulations including clinic (mental health
22 outpatient treatment and rehabilitative services programs), continuing
23 day treatment, day treatment, intensive outpatient programs and partial
24 hospitalization; outreach; crisis residence; crisis stabilization,
25 crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric
26 emergency program services; crisis intervention; home based crisis
27 intervention; family care; supported single room occupancy; supported
28 housing programs/services excluding rent; treatment congregate;
29 supported congregate; community residence - children and youth;
30 treatment/apartment; supported apartment; community residence single
31 room occupancy; on-site rehabilitation; employment programs; recreation;
32 respite care; transportation; psychosocial club; assertive community
33 treatment; case management; care coordination, including health home
34 plus services; local government unit administration; monitoring and
35 evaluation; children and youth vocational services; single point of
36 access; school-based mental health program; family support children and
37 youth; advocacy/support services; drop in centers; recovery centers;
38 transition management services; bridger; home and community based waiver
39 services; behavioral health waiver services authorized pursuant to the
40 section 1115 MRT waiver; self-help programs; consumer service dollars;
41 conference of local mental hygiene directors; multicultural initiative;
42 ongoing integrated supported employment services; supported education;
43 mentally ill/chemical abuse (MICA) network; personalized recovery
44 oriented services; children and family treatment and support services;
45 residential treatment facilities operating pursuant to part 584 of title
46 14-NYCRR; geriatric demonstration programs; community-based mental
47 health family treatment and support; coordinated children's service
48 initiative; homeless services; and promise zones.

49 (ii) Programs and services funded, licensed, or certified by the
50 office for people with developmental disabilities (OPWDD) eligible for
51 the targeted inflationary increase established herein, pending federal
52 approval where applicable, include: local/unified services; chapter 620
53 services; voluntary operated community residential services; article 16
54 clinics; day treatment services; family support services; 100% day
55 training; epilepsy services; traumatic brain injury services; hepatitis
56 B services; independent practitioner services for individuals with

1 intellectual and/or developmental disabilities; crisis services for
2 individuals with intellectual and/or developmental disabilities; family
3 care residential habilitation; supervised residential habilitation;
4 supportive residential habilitation; respite; day habilitation; prevoca-
5 tional services; supported employment; community habilitation; interme-
6 diate care facility day and residential services; specialty hospital;
7 pathways to employment; intensive behavioral services; community transi-
8 tion services; family education and training; fiscal intermediary;
9 support broker; and personal resource accounts.

10 (iii) Programs and services funded, licensed, or certified by the
11 office of addiction services and supports (OASAS) eligible for the
12 targeted inflationary increase established herein, pending federal
13 approval where applicable, include: medically supervised withdrawal
14 services - residential; medically supervised withdrawal services -
15 outpatient; medically managed detoxification; inpatient rehabilitation
16 services; outpatient opioid treatment; residential opioid treatment;
17 residential opioid treatment to abstinence; problem gambling treatment;
18 medically supervised outpatient; outpatient rehabilitation; specialized
19 services substance abuse programs; home and community based waiver
20 services pursuant to subdivision 9 of section 366 of the social services
21 law; children and family treatment and support services; continuum of
22 care rental assistance case management; NY/NY III post-treatment hous-
23 ing; NY/NY III housing for persons at risk for homelessness; permanent
24 supported housing; youth clubhouse; recovery community centers; recovery
25 community organizing initiative; residential rehabilitation services for
26 youth (RRSY); intensive residential; community residential; supportive
27 living; residential services; job placement initiative; case management;
28 family support navigator; local government unit administration; peer
29 engagement; vocational rehabilitation; HIV early intervention services;
30 dual diagnosis coordinator; problem gambling resource centers; problem
31 gambling prevention; prevention resource centers; primary prevention
32 services; other prevention services; comprehensive outpatient clinic;
33 jail-based supports; and regional addiction resource centers.

34 (iv) Programs and services funded, licensed, or certified by the
35 office of temporary and disability assistance (OTDA) eligible for the
36 targeted inflationary increase established herein, pending federal
37 approval where applicable, include: the nutrition outreach and education
38 program (NOEP).

39 (v) Programs and services funded, licensed, or certified by the office
40 of children and family services (OCFS) eligible for the targeted infla-
41 tionary increase established herein, pending federal approval where
42 applicable, include: programs for which the office of children and fami-
43 ly services establishes maximum state aid rates pursuant to section
44 398-a of the social services law and section 4003 of the education law;
45 emergency foster homes; foster family boarding homes and therapeutic
46 foster homes; supervised settings as defined by subdivision twenty-two
47 of section 371 of the social services law; adoptive parents receiving
48 adoption subsidy pursuant to section 453 of the social services law; and
49 congregate and scattered supportive housing programs and supportive
50 services provided under the NY/NY III supportive housing agreement to
51 young adults leaving or having recently left foster care.

52 (vi) Programs and services funded, licensed, or certified by the state
53 office for the aging (SOFA) eligible for the targeted inflationary
54 increase established herein, pending federal approval where applicable,
55 include: community services for the elderly; expanded in-home services
56 for the elderly; and the wellness in nutrition program.



1 5. Each local government unit or direct contract provider receiving
2 funding for the targeted inflationary increase established herein shall
3 submit a written certification, in such form and at such time as each
4 commissioner shall prescribe, attesting how such funding will be or was
5 used to first promote the recruitment and retention of support staff,
6 direct care staff, clinical staff, non-executive administrative staff,
7 or respond to other critical non-personal service costs prior to
8 supporting any salary increases or other compensation for executive
9 level job titles.

10 6. Notwithstanding any inconsistent provision of law to the contrary,
11 agency commissioners shall be authorized to recoup funding from a local
12 governmental unit or direct contract provider for the targeted infla-
13 tionary increase established herein determined to have been used in a
14 manner inconsistent with the appropriation, or any other provision of
15 this section. Such agency commissioners shall be authorized to employ
16 any legal mechanism to recoup such funds, including an offset of other
17 funds that are owed to such local governmental unit or direct contract
18 provider.

19 § 2. This act shall take effect immediately and shall be deemed to
20 have been in full force and effect on and after April 1, 2025.

21 PART GG

22 Section 1. Subdivisions (a), (b), (g) and (h) of section 31.37 of the
23 mental hygiene law, as added by section 1 of part L of chapter 56 of the
24 laws of 2013, are amended to read as follows:

25 (a) The commissioner [is authorized to] shall establish[, on his or
26 her own accord or pursuant to a request by a] no less than one mental
27 health incident review panel per quarter to review the circumstances and
28 events related to an incident involving a person with serious mental
29 illness occurring in the community that involved the use of deadly phys-
30 ical force, as defined by subdivision eleven of section 10.00 of the
31 penal law, and resulted in serious physical injury, as defined by subdi-
32 vision ten of section 10.00 of the penal law, to another. In selecting
33 an incident to be reviewed, the commissioner shall review requests from
34 local governmental [unit, a mental health incident review panel for the
35 purposes of reviewing in conjunction with local representation, the
36 circumstances and events related to a serious incident involving a
37 person with mental illness. For purposes of this section, a "serious
38 incident involving a person with mental illness" means an incident
39 occurring in the community in which a person with a serious mental
40 illness suffers physical injury as defined in subdivision nine of
41 section 10.00 of the penal law or causes such physical injury to another
42 person, or suffers a serious and preventable medical complication or
43 becomes involved in a criminal incident involving violence] units, or
44 non-governmental organizations or not-for-profit entities involved with
45 the provision of mental health care or that represent the interests of
46 people with mental illness and shall identify an incident appropriate
47 for an incident review panel, consistent with the purposes of this
48 section.

49 (a-1) The commissioner may establish, on their own accord, additional
50 mental health incident review panels for the purposes of reviewing in
51 conjunction with local representation, the circumstances and events
52 related to a serious incident involving a person with mental illness.
53 For purposes of this section, a "serious incident involving a person
54 with mental illness" means an incident occurring in the community in



1 which a person with a serious mental illness suffers physical injury as
2 defined in subdivision nine of section 10.00 of the penal law or causes
3 such physical injury to another person, or suffers a serious and
4 preventable medical complication or becomes involved in a criminal inci-
5 dent involving violence.

6 (a-2) A panel established under this section shall [be authorized to]
7 conduct a review of such [serious] incident [in an attempt to identify]
8 for the purpose of identifying problems or gaps in mental health deliv-
9 ery systems and to make recommendations for corrective actions to
10 improve the provision of mental health or related services, to improve
11 the coordination, integration and accountability of care in the mental
12 health service system, and to enhance individual and public safety.

13 (b) A mental health incident review panel shall include represen-
14 tatives from the office of mental health, the division of criminal
15 justice services, and the chief executive officer or designee of the
16 local governmental unit where the serious incident involving a person
17 with a mental illness occurred. A mental health incident review panel
18 may also include, if deemed appropriate by the commissioner based on the
19 nature of the serious incident being reviewed, one or more represen-
20 tatives from mental health providers, local departments of social
21 services, human services programs, hospitals, local schools, emergency
22 medical or mental health services, the office of the county attorney,
23 state or local police agencies, the office of the medical examiner or
24 the office of the coroner, the judiciary, or other appropriate state or
25 local officials; provided, however, that a local law enforcement offi-
26 cial may not serve as a member of such a review panel if [his or her]
27 such local law enforcement official's office or agency is directly
28 involved in any ongoing investigation or prosecution of a crime under
29 review by the panel, or any appeal of a criminal conviction for such
30 crime.

31 (g) [In his or her discretion,] In accordance with section 33.13 of
32 this title, the commissioner shall [be authorized to] provide the final
33 report of a review panel or portions thereof to any individual or entity
34 for whom the report makes recommendations for corrective or other appro-
35 priate actions [that should be taken]. Any final report or portion ther-
36 eof shall [not be] be confidential. Any individual or entity receiving
37 the report shall be prohibited from further [disseminated by the indi-
38 vidual or entity receiving] disseminating such report. Further, the
39 commissioner shall [submit the final report of a review panel to the
40 governor,] notify the temporary president of the senate and the speaker
41 of the assembly[, consistent with federal and state confidentiality
42 protections] of the issuance of the reports.

43 (h) The commissioner shall, every two years, submit [an annual] a
44 cumulative report to the governor and the legislature incorporating the
45 data in the mental health incident review panel reports and including a
46 summary of the findings and recommendations made by such review panels
47 and, to the extent practicable, any recommendations that have been
48 implemented, including recommendations from prior [year] reports, and
49 the impact of such implementations. The [annual] cumulative reports
50 shall thereafter be made available to the public on the official agency
51 website for the office of mental health, consistent with federal and
52 state confidentiality protections.

53 § 2. This act shall take effect April 1, 2025.



1 Section 1. Paragraph (d-3) of subdivision 3 of section 364-j of the
2 social services law, as added by section 1 of part JJ of chapter 57 of
3 the laws of 2024, is amended to read as follows:

4 (d-3) Services provided in school-based health centers shall not be
5 provided to medical assistance recipients through managed care programs
6 established pursuant to this section until at least April first, two
7 thousand [twenty-five] ~~twenty-six~~.

8 § 2. This act shall take effect immediately; provided, however, that
9 the amendments to section 364-j of the social services law made by this
10 act shall not affect the repeal of such section and shall be deemed
11 repealed therewith.

12 PART II

13 Section 1. Paragraph 10 of subdivision (c) of section 25.18 of the
14 mental hygiene law, as amended by chapter 171 of the laws of 2022, is
15 amended and a new subdivision (c-1) is added to read as follows:

16 10. On or before November first of each year, beginning one year after
17 the initial deposit of monies in the opioid settlement fund, the rele-
18 vant commissioners[,] shall provide a written report to the governor,
19 temporary president of the senate, speaker of the assembly, chair of the
20 senate finance committee, chair of the assembly ways and means commit-
21 tee, chair of the senate alcoholism and substance [abuse] use disorders
22 committee, chair of the assembly alcoholism and drug abuse committee,
23 and the opioid settlement advisory board. Such report shall be presented
24 as a consolidated dashboard and be made publicly available on the
25 respective offices' websites. The report shall, to the extent practica-
26 ble after making all diligent efforts to obtain such information,
27 include the following: (i) the baseline funding for any entity that
28 receives funding from the opioid settlement fund, prior to the receipt
29 of such [opioid settlement] funds; (ii) how funds deposited in the
30 opioid settlement fund had been utilized in the preceding calendar year,
31 including but not limited to: (A) the amount of money disbursed [from
32 the fund] and the award process used for such disbursement, if applica-
33 ble; (B) the names of the recipients, the amounts awarded to such recip-
34 ient and details about the purpose such funds were awarded for, includ-
35 ing what specific services and programs the funds were used on and what
36 populations such services or programs served; (C) the main criteria
37 utilized to determine the award, including how the program or service
38 assists to reduce the effects of substance use disorders; (D) an analy-
39 sis of the effectiveness of the services and/or programs that received
40 opioid settlement funding in their efforts to reduce the effects of the
41 overdose and substance use disorder epidemic. Such analysis shall
42 utilize evidence-based uniform metrics when reviewing the effects the
43 service and/or program had on prevention, harm reduction, treatment, and
44 recovery advancements; (E) any relevant information provided by the New
45 York subdivisions pursuant to this section; and (F) any other informa-
46 tion the commissioner deems necessary to help inform future appropri-
47 ations and funding decisions, and ensure such funding is not being used
48 to supplant local, state, or federal funding.

49 (c-1) On or before November first of each year, any New York subdivi-
50 sion that directly received funds pursuant to a statewide opioid settle-
51 ment agreement shall publicly post on their website information regard-
52 ing how such funding was utilized and shall submit such information to
53 the office of addiction services and supports. Such information shall be



1 updated on an annual basis. The office of addiction services and
2 supports shall re-post such information on its website.

3 § 2. This act shall take effect immediately.

4 PART JJ

5 Section 1. The title heading of title 5 of article 41 of the public
6 health law, as amended by chapter 436 of the laws of 1967, is amended to
7 read as follows:

8 [REGISTRATION OF FETAL DEATHS] REPORTING OF PREGNANCY LOSS

9 § 2. Section 4160 of the public health law, as amended by chapter 436
10 of the laws of 1967, subdivision 2 as amended and subdivisions 4 and 5
11 as added by chapter 809 of the laws of 1987 and subdivision 3 as amended
12 by chapter 552 of the laws of 2011, is amended to read as follows:

13 § 4160. [Fetal deaths; registration] Pregnancy loss; reporting. 1.
14 [Fetal death] Pregnancy loss is defined as [death prior to the complete
15 expulsion or extraction from its mother of a product of conception; the
16 death is indicated by the fact that after such separation, the fetus
17 does not breathe or show any other evidence of life such as beating of
18 the heart, pulsation of the umbilical cord, or definite movement of
19 voluntary muscles] the loss of a pregnancy at any gestation, as
20 confirmed by a health care provider licensed pursuant to title eight of
21 the education law and acting within such health care provider's scope of
22 practice, including spontaneous miscarriage, still birth, or any termi-
23 nation of pregnancy which is consistent with the requirements of article
24 twenty-five-A of this chapter.

25 2. A pregnancy loss caused by spontaneous miscarriage or still birth
26 shall be registered within seventy-two hours of the pregnancy loss by
27 electronically filing directly with the department of health, a report
28 of such loss.

29 3. A [fetal death] pregnancy loss due to an induced termination of
30 pregnancy shall be registered within seventy-two hours [after expulsion
31 of such fetus] of such pregnancy loss if the individual experiencing the
32 pregnancy loss requests such registration to facilitate disposition of
33 the products of conception in accordance with section forty-one hundred
34 sixty-two of this title, by filing directly with the [commissioner]
35 department of health, a [certificate] report of such [death] loss. [In
36 addition, a] Such report [of fetal death] shall be [reported] limited to
37 the [registrar in the district in which the fetal death occurred] infor-
38 mation strictly necessary to facilitate disposition.

39 [3. For the purposes of this article, a fetal death shall be consid-
40 ered as a birth and as a death except that, for a fetal death, separate
41 birth and death certificates shall not be required to be prepared and
42 recorded, except as provided in section forty-one hundred sixty-a of
43 this title.

44 4. Local registrars of each district in which fetal death certificates
45 were filed prior to the effective date of this subdivision shall dispose
46 of such certificates in the manner prescribed by the commissioner.

47 5.] 4. Notwithstanding any other provision of this chapter, the
48 disclosure of information filed pursuant to this section shall be limit-
49 ed to the [mother] individual who experienced the pregnancy loss, [her]
50 such individual's lawful representative and to authorized personnel of
51 the department. Nothing in this section shall prohibit disclosure of
52 deidentified information in compliance with federal reporting require-
53 ments.

1 § 3. Subdivision 3 of section 4160 of the public health law, as
2 amended by section two of this act, is amended to read as follows:

3 3. A pregnancy loss due to an induced termination of pregnancy shall
4 be registered within seventy-two hours of such pregnancy loss if the
5 individual experiencing the pregnancy loss requests such registration to
6 facilitate disposition of the products of conception in accordance with
7 section forty-one hundred sixty-two of this title, by electronically
8 filing directly with the department of health, a report of such loss.
9 Such report shall be limited to the information strictly necessary to
10 facilitate disposition.

11 § 4. Section 4160-a of the public health law, as added by chapter 552
12 of the laws of 2011, is amended to read as follows:

13 § 4160-a. Certificate of still birth. 1. The department, or in the
14 city of New York, the [board] New York city department of health and
15 mental hygiene, shall establish a certificate of still birth. [The
16 registrar with whom a fetal death certificate is filed] The department,
17 or in the city of New York, the New York city department of health and
18 mental hygiene, shall issue a certificate of still birth [to the parent
19 or parents named on a fetal death certificate issued in the case of a
20 stillbirth,] upon the request of such parent or parents who experienced
21 the still birth. If both parents are deceased at the time of the
22 [stillbirth] still birth, the [registrar] department, or in the city of
23 New York, the New York city department of health and mental hygiene
24 shall issue the certificate to, and upon the request of, the lawful
25 estate representative, the sibling, parent, or parents of the [birth]
26 parents.

27 2. A certificate issued pursuant to this section shall include such
28 appropriate information as shall be determined by the department or if
29 the stillbirth occurred in the city of New York, by the [board] New York
30 city department of health and mental hygiene, and shall be on a form
31 established by the department or [city of] New York [board] city depart-
32 ment of health and mental hygiene which is similar, as applicable, to
33 the form of a certificate prescribed by section forty-one hundred thirty
34 of this article relating to a live birth. The department, or in the
35 city of New York, the New York city department of health and mental
36 hygiene, shall provide for the submission of such form through electron-
37 ic means.

38 3. [A person who prepares a fetal death certificate pursuant to
39 section forty-one hundred sixty of this title or, if the stillbirth
40 occurred in the city of New York, pursuant to the New York City health
41 code, or their designee, shall inform,] The provider attending the still
42 birth or such provider's designee shall inform the parents in writing,
43 [the parent or parents of a stillborn fetus] of the right to receive a
44 certificate of still birth. Provided, however that if both parents are
45 deceased at the time of such stillbirth, then the person shall so inform
46 the lawful estate representative, sibling, parent or parents of the
47 [birth] parent or parents.

48 4. The person who prepares a request for a certificate pursuant to
49 this section shall include thereon the name given to the stillborn fetus
50 by the parents, if the parent or parents wish to include such name on
51 such certificate.

52 5. A certificate issued pursuant to this section shall not constitute
53 proof of a live birth. Furthermore, such certificate shall not be used
54 to calculate live birth statistics.

55 6. Notwithstanding any other provision of this chapter, the parent or
56 parents may elect to have the disclosure of and access to the informa-

tion included on such certificate limited to the parents named on the certificate, their lawful representatives, to authorized personnel of the department, [and to the registrar] or, in the city of New York, personnel of the New York city department of health and mental hygiene.

7. For the purposes of this section, the term "stillbirth" shall mean the [unintended] intrauterine death of a fetus that occurs after the clinical estimate of the twentieth week of gestation.

8. A certificate of still birth may be requested and issued regardless of the date on which the [fetal death] pregnancy loss certificate was issued.

9. The [registrar] department, or in the city of New York, the New York city department of health and mental hygiene may charge a fee for the issuance of a certificate under this section equal to the fee authorized by law for the certification of a birth or death.

10. This section shall apply to the city of New York, notwithstanding section forty-one hundred four of this article. [For the purposes of this section, in relation to the city of New York, the term "registrar" shall mean the official of the city of New York with whom fetal death certificates are filed.]

§ 5. Section 4161 of the public health law, as amended by chapter 436 of the laws of 1967, the section heading and subdivisions 2 and 3 as amended by chapter 153 of the laws of 2011, subdivisions 1 and 4 as amended by chapter 352 of the laws of 2013, is amended to read as follows:

§ 4161. [Fetal death] Pregnancy loss certificates; form and content; [physicians, nurse practitioners, midwives, and hospital administrators] health care professionals and hospital administrators. 1. The certificate of [fetal death] pregnancy loss and the report of [fetal death] pregnancy loss shall contain such information and be in such form as the commissioner may prescribe; provided however that commencing on or after the implementation date under section forty-one hundred forty-eight of this article, information and signatures required by this subdivision shall be obtained and made in accordance with section forty-one hundred forty-eight of this article, except that unless requested by the [woman] individual who experienced the pregnancy loss neither the certificate nor the report of [fetal death] pregnancy loss shall contain the name of the [woman] individual, [her] such individual's social security number or any other information, alone or in combination, which would permit [her] such individual to be identified except as provided in this subdivision. The report shall state that a certificate of [fetal death] pregnancy loss was filed with the commissioner and the date of such filing. [The commissioner shall develop a unique, confidential identifier to be used on the certificate of fetal death to be used in connection with the exercise of the commissioner's authority to monitor the quality of care provided by any individual or entity licensed to perform an abortion in this state and to permit coordination of data concerning the medical history of the woman for purposes of conducting surveillance scientific studies and research pursuant to the provisions of paragraph (j) of subdivision one of section two hundred six of this chapter.]

2. In each case where a [physician or nurse practitioner] health care provider licensed pursuant to title eight of the education law and acting within the scope of such health care provider's practice was in attendance at or after a [fetal death] pregnancy loss, it is the duty of such [physician or nurse practitioner] health care provider to certify [to] the [birth and to the cause of death on the fetal death] pregnancy loss certificate. [Where a nurse-midwife was in attendance at a fetal

1 death it is the duty of such nurse-midwife to certify to the birth but,
2 he or she shall not certify to the cause of death on the fetal death
3 certificate.]

4 3. [Fetal deaths occurring] Where a pregnancy loss occurs without the
5 attendance of a [physician or nurse practitioner] health care provider
6 as provided in subdivision two of this section [shall be treated as
7 deaths without medical attendance, as provided in this article] and the
8 individual experiencing the pregnancy loss seeks disposition of the
9 products of conception in accordance with section forty-one hundred
10 sixty-two of this title, such individual may present themselves to the
11 coroner or medical director of the county, or if there be more than one,
12 to a coroner having jurisdiction, or to the medical examiner to certify
13 the pregnancy loss certificate. Provided, however, nothing in this
14 section shall provide the coroner, medical director, or medical examiner
15 with the authority to investigate an individual who experienced a preg-
16 nancy loss.

17 4. When a [fetal death] pregnancy loss occurs in a hospital, except in
18 those cases where certificates are issued by coroners or medical examin-
19 ers, the person in charge of such hospital or [his or her] such person's
20 designated representative shall ensure that the certificate is promptly
21 [present the certificate to the physician or nurse practitioner in
22 attendance, or a physician or nurse practitioner acting in his or her
23 behalf, who shall promptly certify to the facts of birth and of fetal
24 death, provide the medical information required by the certificate, sign
25 the medical certificate of birth and death, and thereupon return such
26 certificate to such person, so that the seventy-two hour registration
27 time limit prescribed in section four thousand one hundred sixty of this
28 title can be met; provided, however that commencing on or after the
29 implementation date under section forty-one hundred forty-eight of this
30 article, information and signatures required by this subdivision shall
31 be obtained and made in accordance with section forty-one hundred
32 forty-eight of this article] prepared in accordance with the provisions
33 of this article and regulations as promulgated by the commissioner.

34 § 6. Section 4163 of the public health law, as added by chapter 589 of
35 the laws of 1991, is amended to read as follows:

36 § 4163. Penalties. Any person who shall release information which
37 might disclose the identity of the [woman] pregnant person in connection
38 with a certificate of [fetal death] pregnancy loss or report of [fetal
39 death] pregnancy loss in violation of the provisions of this title shall
40 be subject to a civil penalty not to exceed five thousand dollars for
41 each such release. Such penalty may be recovered in the same manner as
42 the penalty provided in section twelve of this chapter.

43 § 7. Section 4162 of the public health law, as amended by chapter 809
44 of the laws of 1987, is amended to read as follows:

45 § 4162. [Fetal deaths] Products of conception; burial and removal;
46 permits. 1. [A] Upon request a permit shall be [required] issued for
47 the removal, transportation, burial or other disposition of [remains
48 resulting from a fetal death, other than fetal tissue, hydatidiform mole
49 or other evidence of pregnancy recovered by curettage or operative
50 procedures or other products of conception of under twenty weeks uterog-
51 estation] products of conception.

52 2. Such permit shall be issued by the local registrar of the district
53 in which the [fetal death] pregnancy loss occurred upon [presentation]
54 request by the funeral director [of a report of fetal death] seeking to
55 take possession of the products of conception, on the form prescribed by



1 the commissioner. The issuance of such permit shall be subject to the
2 provisions of title IV of this article.

3 § 8. Subdivisions 2 and 4 of section 4143 of the public health law,
4 as amended by chapter 545 of the laws of 1965, are amended to read as
5 follows:

6 2. When notified of any death occurring without medical attendance,
7 the coroner or medical examiner shall immediately investigate as
8 provided by law and shall certify as provided in subdivision three.
9 Provided, however, no coroner or medical examiner shall have the author-
10 ity to investigate a pregnancy loss as provided in section forty-one
11 hundred sixty-one of this article.

12 4. In case of any death occurring without medical attendance in the
13 county of Erie, it shall be the duty of the undertaker or other person
14 to whose knowledge the death may come, to notify the medical director of
15 such death, and when so notified the medical director shall immediately
16 investigate and certify as to the cause of death and shall, if [he] such
17 medical director has reason to believe that the death may have been due
18 to an unlawful act or neglect, cause a proper investigation and certifi-
19 cation in accordance with the provisions of this section. Provided,
20 however, the medical director shall not have the authority to investi-
21 gate a pregnancy loss as provided in section forty-one hundred sixty-one
22 of this article.

23 § 9. This act shall take effect immediately and shall be deemed to
24 have been in full force and effect on and after April 1, 2025; provided,
25 however that the amendments to subdivision 2 of section 4160 of the
26 public health law made by section two of this act shall expire and be
27 deemed repealed March 30, 2027, when upon such date the provisions of
28 section three of this act shall take effect.

29 PART KK

30 Section 1. Section 4 of part KK of chapter 55 of the laws of 2022,
31 amending the general municipal law and the town law relating to author-
32 izing fees and charges for emergency medical services, is amended to
33 read as follows:

34 § 4. This act shall take effect on the ninetieth day after it shall
35 have become a law and shall apply to health care claims submitted on or
36 after such date; provided, however, that this act shall expire and be
37 deemed repealed [four] nine years after it shall have become a law.

38 § 2. This act shall take effect immediately.

39 PART LL

40 Section 1. Subdivisions 1, 2 and 4 of section 3402 of the public
41 authorities law, as added by chapter 9 of the laws of 1997, are amended
42 and a new subdivision 11 is added to read as follows:

43 1. (a) There is hereby created a state board to be known as the Nassau
44 health care corporation which shall be a body corporate and politic
45 constituting a public benefit corporation. All health facilities estab-
46 lished, administered, operated, and/or overseen by the corporation shall
47 be subject to the provisions of article twenty-eight of the public
48 health law.

49 (a-1) Notwithstanding any inconsistent provision of law, on June
50 first, two thousand twenty-five, the term of each director currently in
51 office, including any vacant directorship, shall be deemed expired, and
52 the respective appointing authorities shall make new appointments in



1 accordance with this section. Each director may continue to serve in
2 holdover status until their successor is appointed.

3 (b) The corporation shall be governed by [fifteen] eleven voting
4 directors, [eight] six of whom shall be appointed by the governor as
5 provided in paragraph (c) of this subdivision, [three] two of whom shall
6 be appointed by the county executive for initial terms of two years,
7 [and four] two of whom shall be appointed by the majority leader of the
8 county legislature for initial terms of three years, and one of whom
9 shall be appointed by the minority leader of the county legislature for
10 an initial term of three years.

11 (c) Of the [eight] six directors appointed by the governor, [two shall
12 be appointed upon the recommendation of the county executive, three
13 shall be appointed upon the recommendation of the majority leader of the
14 county legislature, one shall be appointed upon the recommendation of
15 the minority leader of the county legislature,] one shall be appointed
16 upon the recommendation of the speaker of the assembly and one shall be
17 appointed upon the recommendation of the temporary president of the
18 senate. The directors appointed by the county executive, the majority
19 leader of the county legislature, and the minority leader of the county
20 legislature shall be residents of Nassau county. Of the directors
21 appointed by the governor, four of the directors, including the direc-
22 tors appointed upon the recommendation of the speaker of the assembly
23 and the temporary president of the senate, shall be residents of Nassau
24 county.

25 (d) Of the directors first appointed on or after June first, two thou-
26 sand twenty-five, by the governor, the director appointed upon the
27 recommendation of the temporary president of the senate[, and the
28 director appointed upon the recommendation of the speaker of the assem-
29 bly[, one of the directors appointed upon the recommendation of the
30 county executive and one of the directors appointed upon the recommenda-
31 tion of the majority leader of the county legislature] shall serve for
32 an initial term of [four] two years. The remaining directors first
33 appointed on or after June first, two thousand twenty-five by the gover-
34 nor shall serve for an initial term of [two] four years. Following
35 their initial terms, directors shall serve for a term of five years.

36 2. (a) The [county executive] governor shall designate one of the
37 [fifteen] eleven voting directors as the chairperson of the board. The
38 chairperson shall preside over all meetings of the board and shall have
39 such other duties as the voting directors may direct.

40 (b) The voting directors of the corporation shall receive no compen-
41 sation for their services, but may be reimbursed for their actual
42 reasonable expenses.

43 (c) [Sixty percent] A majority of the voting directors then in office
44 shall constitute a quorum. No action shall be taken by the board of
45 directors except pursuant to the favorable vote of a majority of the
46 board at a meeting at which a quorum is present.

47 4. The board of directors shall select the chief executive officer
48 [subject to the approval of the county executive] and [shall determine],
49 subject to approval of the Nassau county interim finance authority,
50 shall determine the salary and benefits of the chief executive officer
51 of the corporation. The chief executive officer shall serve at the
52 pleasure of the board of directors provided, however, that removal with-
53 out cause shall not prejudice the contract rights, if any, of the chief
54 executive officer.

1 11. All contracts or obligations entered into by the corporation for
2 over one million dollars shall be subject to the approval of the Nassau
3 county interim finance authority.

4 § 2. Subdivisions 4, 6 and 7 of section 3668 of the public authorities
5 law, as added by chapter 84 of the laws of 2000 and as renumbered by
6 section 3 of part LL of chapter 55 of the laws of 2022, are amended to
7 read as follows:

8 4. obtain from the county or the Nassau health care corporation all
9 information required pursuant to this section, and such other financial
10 statements and projections, budgetary data and information, and manage-
11 ment reports and materials as the authority deems necessary or desirable
12 to accomplish the purposes of this title;

13 6. consult with the county in the preparation of the budget of the
14 county, and consult with the Nassau health care corporation in the prep-
15 aration of the budget of the Nassau health care corporation;

16 7. with respect to any county or Nassau health care corporation
17 borrowing proposed to be issued after July first, two thousand, review
18 the terms of and comment, within thirty days after notification by the
19 county or the Nassau health care corporation of a proposed borrowing, on
20 the prudence of each proposed issuance of bonds or notes to be issued by
21 the county or the Nassau health care corporation and no such borrowing
22 shall be made unless first reviewed and commented upon by the authority.
23 The authority shall provide such comments within thirty days after
24 notification by the county or the Nassau health care corporation of a
25 proposed borrowing to the county executive, the comptroller, the legis-
26 lature, the director of the budget and the state comptroller;

27 § 3. Subdivision 1 and paragraph (a) and subparagraph (i) of paragraph
28 (d) of subdivision 2 of section 3669 of the public authorities law, as
29 added by chapter 84 of the laws of 2000, are amended and a new paragraph
30 (a-1) is added to subdivision 2 to read as follows:

31 1. The authority shall impose a control period over the county or the
32 Nassau health care corporation upon its determination at any time that
33 any of the following events has occurred or that there is a substantial
34 likelihood and imminence of such occurrence: (a) the county or the
35 Nassau health care corporation shall have failed to pay the principal of
36 or interest on any of its bonds or notes when due or payable, (b) the
37 county or the Nassau health care corporation shall have incurred a major
38 operating funds deficit of one percent or more in the aggregate results
39 of operations of such funds during its fiscal year assuming all revenues
40 and expenditures are reported in accordance with generally accepted
41 accounting principles, subject to the provisions of this title, (c) the
42 county or the Nassau health care corporation shall have otherwise
43 violated any provision of this title and such violation substantially
44 impairs the marketability of the county's bonds or notes or the Nassau
45 health care corporation's bonds or notes, (d) the chief fiscal officer's
46 certification at any time, at the request of the authority or on the
47 chief fiscal officer's initiative, which certification shall be made
48 from time to time as promptly as circumstances warrant and reported to
49 the authority, that on the basis of facts existing at such time such
50 officer could not make the certification described by paragraph (b) of
51 this subdivision in the definition of interim finance period in section
52 thirty-six hundred fifty-one of this title, or (e) the authority makes
53 the finding required under paragraph (g) of subdivision two of section
54 thirty-six hundred sixty-seven of this title. The authority shall termi-
55 nate any such control period when it determines that none of the condi-
56 tions which would permit the authority to impose a control period exist.



1 After termination of a control period the authority shall annually
2 consider paragraphs (a) through (e) of this subdivision and determine
3 whether, in its judgment, any of the events described in such paragraphs
4 have occurred and the authority shall publish each such determination.
5 Any certification made by the chief fiscal officer hereunder shall be
6 based on such officers' written determination which shall take into
7 account a report and opinion of an independent expert in the marketing
8 of municipal securities selected by the authority, and the opinion of
9 such expert and any other information taken into account shall be made
10 public when delivered to the authority. Notwithstanding any part of the
11 foregoing to the contrary, in no event shall any control period continue
12 beyond the later of (i) January first, two thousand thirty, or (ii) the
13 date when all bonds of the authority are refunded, discharged or other-
14 wise defeased.

15 (a) The authority shall (i) consult with the county [and] or the
16 covered organizations in the preparation of the financial plan, and
17 certify to the county the revenue estimates approved therein, (ii)
18 prescribe the form of the financial plan and the supporting information
19 required in connection therewith, (iii) exercise the rights of approval,
20 disapproval and modification with respect to the financial plan, includ-
21 ing but not limited to the revenue estimates contained therein, and (iv)
22 in the event the authority has made the finding required under section
23 thirty-six hundred sixty-seven of this title, formulate and adopt its
24 modifications to the financial plan, such modifications to become effec-
25 tive on their adoption by the authority.

26 (a-1) If a control period is imposed over the Nassau health care
27 corporation, the authority shall require the Nassau health care corpo-
28 ration to report financial information to the authority in such form and
29 manner and containing such information as the authority shall prescribe,
30 including, but not limited to, expenditure and cash flow projections,
31 disbursements and receipts, and budget data depicting overall trends of
32 actual revenue and expenditures and any other information described in
33 section thirty-six hundred sixty-seven of this title determined to be
34 relevant by the authority.

35 (i) Within twenty days from the commencement of a control period, the
36 county executive, or the chairperson of the Nassau health care corpo-
37 ration in the case of a control period imposed pursuant to paragraph
38 a-one of subdivision two of this section, shall present to the authority
39 proposed guidelines respecting the categories and types of contracts and
40 other obligations required to be reviewed by the authority pursuant to
41 this subdivision. Any such guidelines may provide a different standard
42 for review with respect to contracts of any covered organization as the
43 authority shall determine. Within thirty days from the commencement of a
44 control period, the authority shall approve or modify and approve such
45 proposed guidelines or promulgate its own in the event that such
46 proposed guidelines are not submitted to it within the twenty days as
47 provided for herein. Such guidelines may thereafter be modified by the
48 authority from time to time on not less than thirty days' notice to the
49 county executive or chairperson of the Nassau health care corporation
50 and the county executive or chairperson of the Nassau health care corpo-
51 ration may from time to time propose modifications to the authority.
52 Unless expressly disapproved or modified by the authority within thirty
53 days (or such additional time, not exceeding thirty days, as the author-
54 ity shall have notified the county or covered organization that it
55 requires to complete its review and analysis) from the date of
56 submission by the county executive or chairperson of the Nassau health

1 care corporation, any such proposed guidelines or modifications shall be
2 deemed approved by the authority;

3 § 4. The public authorities law is amended by adding a new section
4 3402-a to read as follows:

5 § 3402-a. Study for the modernization and revitalization of the Nassau
6 health care corporation. 1. Study. The Nassau health care corporation
7 (hereinafter referred to as "the corporation") shall review and examine
8 a variety of options to strengthen the Nassau University Medical Center
9 and the A. Holly Patterson Extended Care Facility, and promote longer
10 term viability for its dual education and health care mission. The
11 corporation shall complete a study to prioritize health care services
12 provided in the Nassau University Medical Center service area, including
13 a reasonable, scalable and fiscally responsible plan for the financial
14 health, viability and sustainability of the Nassau University Medical
15 Center and the A. Holly Patterson Extended Care Facility. Such study
16 shall be provided to the Nassau county interim finance authority no
17 later than December first, two thousand twenty-six. In conducting its
18 study, the corporation shall consider the following factors:

19 (a) overall health care service delivery trends and models;

20 (b) historic and projected financials for the Nassau University
21 Medical Center and the campus;

22 (c) the current state of building infrastructure and capital needs;

23 (d) community health care needs, outcomes, and health disparities;

24 (e) existing inpatient and outpatient service offerings and health
25 outcomes;

26 (f) capacity and availability of inpatient and outpatient services in
27 the broader primary and secondary service areas;

28 (g) efficiency of operations and quality of health care services
29 benchmarking; and

30 (h) training needs for students and employment outcomes.

31 2. Outreach. The corporation shall solicit input and recommendations
32 from health care experts, county health departments, community-based
33 organizations, state and regional health care industry associations,
34 labor unions, experts in hospital operations, and other interested
35 parties.

36 § 5. This act shall take effect immediately; provided, however,
37 section four of this act shall take effect June 1, 2025.

38 PART MM

39 Section 1. Section 5 of chapter 517 of the laws of 2016, amending the
40 public health law relating to payments from the New York state medical
41 indemnity fund, as amended by chapter 112 of the laws of 2023, is
42 amended to read as follows:

43 § 5. This act shall take effect on the forty-fifth day after it shall
44 have become a law, provided that the amendments to subdivision 4 of
45 section 2999-j of the public health law made by section two of this act
46 shall take effect on June 30, 2017 and shall expire and be deemed
47 repealed [December 31, 2025] June 1, 2026.

48 § 2. This act shall take effect immediately.

49 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
50 sion, section or part of this act shall be adjudged by any court of
51 competent jurisdiction to be invalid, such judgment shall not affect,
52 impair, or invalidate the remainder thereof, but shall be confined in
53 its operation to the clause, sentence, paragraph, subdivision, section
54 or part thereof directly involved in the controversy in which such judg-

1 ment shall have been rendered. It is hereby declared to be the intent of
2 the legislature that this act would have been enacted even if such
3 invalid provisions had not been included herein.
4 § 3. This act shall take effect immediately provided, however, that
5 the applicable effective date of Parts A through MM of this act shall be
6 as specifically set forth in the last section of such Parts.

