

FY 2022 NEW YORK STATE EXECUTIVE BUDGET

**HEALTH AND MENTAL HYGIENE
ARTICLE VII LEGISLATION**

MEMORANDUM IN SUPPORT

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MEMORANDUM IN SUPPORT

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

AN ACT to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to known and projected department of health state fund Medicaid expenditures, in relation to extending the Medicaid global cap (Part A); to amend the social services law, in relation to copayments for drugs; to amend the public health law, in relation to prescriber prevails; and to repeal certain provisions of the social services law relating to coverage for certain prescription drugs (Part B); to amend the public health law, in relation to community health centers (Part C); to amend the public health law, in relation to reducing the hospital capital rate add-on (Part D); to amend the public health law, in relation to adjusting the worker recruitment and retention funding (Part E); to amend the public health law, the education law and the insurance law, in relation to comprehensive telehealth reforms (Part F); to amend the public health law, in relation to authorizing the implementation of medical respite pilot programs (Part G); to amend the social services law, in relation to eliminating consumer-paid premium payments in the basic health program (Part H); to amend the public health law, in relation to federal waiver authorization for the NY State of Health, the official Health Plan Marketplace (Part I); to amend the insurance law, in relation to the licensing of pharmacy benefit managers (Part J); to amend chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to restructuring and extending the physicians medical malpractice program; 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, relating to the effectiveness of certain provisions of such chapter, in relation to extending certain provisions concerning the hospital excess liability pool; and to amend part H of chapter 57 of the laws of 2017, amending the New York Health Care Reform Act of 1996 and other laws

relating to extending certain provisions relating thereto, in relation to extending provisions relating to excess coverage (Part K); to amend the public health law, in relation to the general public health work program (Part L); to amend the public health law, the state finance law, chapter 338 of the laws of 1998 amending the public health law, the public officers law and the state finance law relating to establishing a spinal cord injury research board and part H of chapter 58 of the laws of 2007 amending the public health law, the public officers law and the state finance law relating to establishing the empire state stem cell board, in relation to the discontinuation of the empire clinical research investigator program (Part M); to amend the public health law and the education law, in relation to eliminating certain electronic prescription exemptions; and to repeal certain provisions of the public health law and the education law relating thereto (Part N); to repeal certain provisions of the social services law relating to the enhanced quality of adult living program ("EQUAL") grants; to repeal certain provisions of the public health law relating to requiring that the department of health audit hospital working hours; and to repeal certain provisions of the social services law relating to the provision providing operating subsidies to certain publicly operated adult care facilities (Part O); to amend the public health law, the education law, the insurance law and the social services law, in relation to expanding the role of pharmacists; to amend chapter 563 of the laws of 2008, amending the education law and the public health law relating to immunizing agents to be administered to adults by pharmacists, in relation to making such provisions permanent; to amend chapter 116 of the laws of 2012, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents, in relation to the effectiveness thereof; to amend chapter 274 of the laws of 2013, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer meningococcal disease immunizing agents, in relation to the effectiveness thereof; and to amend chapter 21 of the laws of 2011, amending the education law relating to authorizing pharmacists to

perform collaborative drug therapy management with physicians in certain settings, in relation to making such provisions permanent (Part P); to amend the education law and the public health law, in relation to the state's physician profiles and enhancing the ability of the department of education to investigate, discipline, and monitor licensed physicians, physician assistants, and specialist assistants (Part Q); to amend the civil rights law, in relation to a change of sex designation (Part R); 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 109 of the laws of 2010, amending the social services law relating to transportation costs, in relation to 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 the effectiveness thereof; to amend 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 and adding an alternative payment methodology requirement; to amend chapter 57 of the laws of 2019 amending the public health law relating to waiver of certain regulations, in relation to the effectiveness thereof; 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; to amend the public health law, in relation to improved integration of health care and financing; and to amend chapter 56 of the laws of 2014, amending the education law relating to the nurse practitioners modernization act, in relation to extending the provisions thereof (Part S); to amend part A of chapter 111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, in relation to the effectiveness thereof (Part T); 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 U); 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 V); to amend chapter 62 of the laws of 2003, amending the mental hygiene law and the state finance law relating to the community mental health support and workforce reinvestment program, the membership of subcommittees for mental health of community services boards and the duties of such subcommittees and creating the community mental health and workforce reinvestment account, in relation to extending such provisions relating thereto (Part W); authorizing the office of mental health to redesign services of certain facilities and programs and to implement service reductions; and providing for the repeal of such provisions upon expiration thereof (Part X); to amend the mental hygiene law, in relation to setting standards for addiction professionals (Part Y); to amend the mental hygiene law, in relation to imposing sanctions due to a provider's failure to comply with the terms of their operating certificate or applicable law and to charge an application processing fee for the issuance of operating certificates (Part Z); to amend the mental hygiene law and the social services law, in relation to crisis stabilization services (Subpart A); to amend the mental hygiene law in relation to Kendra's law and assisted outpatient treatment (Subpart B); and to amend the mental hygiene law, in relation to involuntary commitment (Subpart C) (Part AA); to amend the mental hygiene law, in relation to establishing the New York state institute for basic research in developmental disabilities (Part BB); to amend the mental hygiene law, in relation to creating the office of addiction and mental health services (Part CC); to amend the social services law, the public health law and the mental hygiene law, in relation to setting comprehensive outpatient services (Part DD); and to repeal subdivision 10 of section 553

of the executive law, relating to the requirement that the justice center administer an adult home and residence for adults resident advocacy program (Part EE)

PURPOSE:

This bill contains provisions needed to implement the Health and Mental Hygiene portion of the FY 2022 Executive Budget.

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

Part A – Extend the Medicaid Global Cap

Purpose:

This bill would make statutory changes necessary to extend the Medicaid Global Cap.

Summary of Provisions and Statement in Support:

Section one would amend Chapter 56 of the laws of 2020 to extend the Medicaid Global Cap budgeting construct through FY 2023.

Budget Implications:

Enactment of this bill is necessary to implement the FY2022 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the ten-year rolling average of the medical component of the CPI as proscribed in current statute.

Effective Date:

This bill would take effect April 1, 2021.

Part B – Pharmaceutical Related Recommendations

Purpose:

This bill would make statutory changes necessary to reduce coverage for Over-the-Counter Drugs and Discontinue Prescriber Prevails.

Summary of Provisions and Statement in Support:

Section one of this bill would amend Social Services Law §365-a to align coverage for non-prescription drugs and over-the-counter products with other states and the Federal Medicare Part D program.

Sections two and three of this bill would amend Public Health Law §273 and Social Services Law §364-j to reduce inappropriate prescribing by eliminating the prescriber's ability of final determination in both FFS and managed care when the justification for use is not clinically supported.

Section four of this bill establish the effective dates for this bill.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the ten-year rolling average of the medical component of the CPI as proscribed in current statute.

The pharmacy proposals in this section account for \$15.4 million in net State savings in FY 2022 and \$44.27 million in net State savings in FY 2023.

Effective Date:

This bill would take effect on and after April 1, 2021.

Part C – Establish 340B Reimbursement Fund

Purpose:

This bill establishes a supplemental payment pool in which the Department of Health will reinvest a portion of the savings from the Fee-For-Service pharmacy benefit carve out directly to 340B providers, excluding hospitals, to offset 340B revenue losses in Managed Care and maintain critical services in the community. The 340B Drug Pricing program is a Federal program that requires pharmaceutical manufacturers to provide discounted outpatient drugs to eligible health care providers. Eligible providers include Federally Qualified Health Centers, Ryan White HIV/AIDS programs, and other community health centers, that primarily serve the poor, the underinsured, or undocumented population.

Summary of Provisions and Statement in Support:

Section one of this bill would amend Public Health Law Section 2807-pp to create a fund to support activities that expand health services to Medicaid members, the uninsured, and low-income patients, as supported by the 340B program.

Section two of this bill would amend Public Health Law Section 2807-pp to authorize the Commissioner of the Department of Health to develop a methodology that determines proportional distribution amounts to each eligible 340B provider. This section also sets

the annual distributions for this fund to \$102 million, which can be increased by the Commissioner in consultation with the Director of the Division of the Budget.

Section three of this bill would amend Public Health Law Section 2807-pp to define “Eligible 340B Provider,” as a voluntary non-profit or publicly sponsored diagnostic and treatment center licensed under Article 28 of the Public Health Law that delivers comprehensive range of health care services and that was enrolled in the 340B program prior to calendar year 2020.

Section four of this bill establishes the effective date of this bill.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and the State’s multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the ten-year rolling average of the medical component of the Consumer Price Index, as proscribed in current statute.

The proposal in this section accounts for no additional State share investment in FY 2022 and a \$17.6 million investment in FY 2023.

Effective Date:

This bill would take effect immediately.

Part D – Hospital Related Recommendations

Purpose:

This bill would make statutory changes necessary to reduce the hospital-related Medicaid capital rate add-on and to discontinue the Public Indigent Care Pool.

Summary of Provisions and Statement in Support:

Section one of this bill would amend Public Health Law to reduce the capital rate add-on by an additional five percent for inpatient services requiring providers to maximize existing resources.

Section two of this bill would amend Public Health Law to discontinue State-funded Indigent Care Pool (ICP) payments to public hospitals. Public hospitals have access to other Disproportionate Share Hospital (DSH) payments allowing public hospitals the ability to continue to generate the Federal share.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the ten-year rolling average of the medical component of the Consumer Price Index, as proscribed in current statute.

The hospital proposals in this section account for \$74 million State share savings in FY 2022 and \$82 million in FY 2023.

Effective Date:

This bill would take effect April 1, 2021.

Part E – Modify Worker Recruitment and Retention Funding

Purpose:

This bill would modify worker recruitment and retention funding by 50 percent.

Summary of Provisions and Statement in Support:

Sections one through three of this bill would amend Public Health Law Section 2807-v to amend the total amount of Worker Recruitment and Retention funding for personal care service workers, certified home health agencies, long term home health care programs, AIDS home care programs, hospice programs, and managed long term care plans.

Section four of this bill would amend Public Health Law Section 3614 to adjust Worker Recruitment and Retention funding by 50 percent for certified home health agencies, long term home health care programs, and AIDS home care programs to align funding with need.

Section five of this bill would amend Public Health Law Section 4013 to adjust Worker Recruitment and Retention funding by 50 percent for hospice services to align funding with need.

Section six of this bill establishes the effective date of this bill.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the ten-year rolling average of the medical component of the Consumer Price Index, as proscribed in current statute.

The proposal in this section account for \$22.5 million State share in savings in FY 2022 and \$22.5 million in FY 2023.

Effective Date:

This bill would take effect immediately.

Part F – Comprehensive Regulatory Telehealth Reform

Purpose:

This bill would codify and make permanent certain COVID-19 reforms to expand access to telehealth services.

Summary of Provisions and Statement in Support:

Section one of this bill would amend the public health law to allow an individual to receive telehealth services wherever they are located, subject to Federal approval.

Section two of this bill would amend the public health law to promote interoperability and health information exchange via the Statewide Health Information Network (SHIN-NY) through use of a single statewide consent.

Sections three and four of this bill would amend the education law and the public health law to create an interstate licensure program with contiguous states and states in the Northeast region to support telehealth access for specialties with historical provider access issues.

Sections five and six of this bill would amend the insurance law to require health plans to offer a network adequate to meet the telehealth needs of insured individuals.

Sections seven and eight of this bill would amend the public health law to require health care providers to disclose whether they offer telehealth services.

Section nine of this bill establishes the effective date of this bill.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are held to the ten-year rolling average of the medical component of the Consumer Price Index, as prescribed in current statute.

The telehealth proposals in this section account for \$39.5 million State share savings in FY 2022 and \$58.0 million in FY 2023.

Effective Date:

This bill would take effect immediately.

Part G – Authorization and Implementation of Medical Respite Pilot Programs

Purpose:

This bill would add new language to the Public Health Law that will allow the Department of Health to authorize and implement medical respite pilot programs.

Summary of Provisions and Statement in Support:

Section one of this bill would amend Public Health Law to include a new Article 29-J that will allow for the authorization and implementation of medical respite pilot programs.

Budget Implications:

Enactment of this bill is necessary to implement the FY2022 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the ten-year rolling average of the medical component of the consumer price index (CPI) as proscribed in current statute.

Additionally, this proposal will provide care to a vulnerable population, and create \$1.3 million State share savings in FY 2022 and \$1.7 million State share savings in FY 2023 through lower hospitalization costs.

Effective Date:

This bill would take effect April 1, 2021.

Part H – Eliminate Essential Plan Premiums

Purpose:

This bill would eliminate \$20 premiums for Essential Plan members.

Summary of Provisions and Statement in Support:

Section one of this bill would change the title of the plan from the Family Health Plus Plan to the Basic Health Program.

Section two of this bill would eliminate \$20 premiums for enrollees with income levels between 150 and 200 percent of the Federal Poverty Level (\$39,300 to \$52,400 for a family of four in 2021), effectively eliminating premiums for all members in the Essential Plan. Currently, over 400,000 Essential Plan members pay \$20 premiums for an annual total cost of nearly \$100 million. This bill will make the Essential Plan more affordable for families, ensure that enrollees do not lose coverage if they cannot pay their premiums, and enroll upwards of 100,000 members who are currently uninsured.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and would invest nearly \$100 million to eliminate premium payments for over 400,000 Essential Plan members.

Effective Date:

This bill would take effect June 1, 2021.

Part I – New York State of Health Marketplace Federal Waiver Authorization

Purpose:

This bill would authorize the Commissioner of Health to apply for federal waiver authority for the New York State of Health Marketplace.

Summary of Provisions and Statement in Support:

Section one of this bill would amend the public health law to allow the Commissioner of Health, in cooperation with the Superintendent of the Department of Financial Services, and with the approval of the Director of the Division of the Budget, to apply for federal waiver authority for the Marketplace.

Section two of this bill establishes the effective date of this bill.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are held to the ten-year rolling average of the medical component of the Consumer Price Index, as prescribed in current statute.

Effective Date:

This bill would take effect immediately.

Part J – Authorizes an Assortment of Provisions to Protect Consumers from High Drug Prices and Surprise Billing.

Purpose:

This bill would make statutory changes necessary to regulate the registration and licensure of Pharmacy Benefit Managers.

Summary of Provisions and Statement in Support:

Sections one through three of this bill would amend the Insurance Law to regulate Pharmacy Benefit Managers (PBMs) through registration, licensure, examination and disclosure requirements.

Section four of this bill would establish the effective date for this bill.

Budget Implications:

Enactment of this bill is necessary to protect consumers and ensure that PBMs are not contributing to the rising costs of health insurance and prescription drugs through unfair business practices.

The costs associated with implementing these regulations will be supported by assessments collected from PBMs.

Effective Date:

This bill would take effect immediately upon enactment.

Part K – This bill restructures, and extends the Physicians Excess Medical Malpractice program.

Purpose:

This bill would amend Civil Practice Law to restructure Physician's Excess Medical Malpractice payments to insurers from one annual payment to two installments split over two fiscal years, reduce the State support for future policy years by 50 percent, and extend provisions of the hospital excess liability pool through June 30, 2022.

Summary of Provisions and Statement in Support:

Section one of this bill would amend Section 18 of Chapter 266 of the laws of 1986 to restructure physician's excess medical malpractice payments made to insurers from

one annual payment to two installments split over two fiscal years and reduce the State support on future policy years by 50 percent.

Sections two through seven of this bill would amend chapter 266 of the laws of 1986 and Chapter 57 of 2017 to extend the hospital excess liability pool by one year through June 30, 2022.

Section eight would set the effective date.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget in order to continue the Excess Medical Malpractice program and achieve a total net savings of \$51.1 million in FY 2022 and \$25.5 million in FY 2023.

Effective Date:

This act shall take effect immediately.

Part L – Modify General Public Health Works (GPHW) Reimbursement

Purpose:

This bill would modify reimbursement of certain public health funding for New York City to reflect the availability of alternative funding sources.

Summary of Provisions and Statement in Support:

Sections one and two of this bill would amend the applicable portions of Public Health law to limit the state aid reimbursement rate provided to New York City under the 'General Public Health Works' program to ten percent.

This change does not affect New York City's reimbursement rate under the General Public Health Works - Public Health Emergencies Program.

Section three of this bill would establish the effective date.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and would achieve a total net savings of \$20 million in FY 2022 and \$38.5 million when fully annualized.

Effective Date:

This bill would take effect on and after July 1, 2021.

Part M – Discontinue Research and Education Programs

Purpose:

This bill would propose legislation to discontinue the Empire Clinical Research Investigator Program (ECRIP) and would initiate the phase-out of the Stem Cell and Spinal Cord research programs by allowing current contracts to continue through the current expiration date.

Summary of Provisions and Statement in Support:

Sections one through three of this bill would amend certain sections of Public Health Law and State Finance Law as necessary to discontinue the Empire Clinical Research Inventory Program (ECRIP).

Sections four and five amend various sections of Public Health Law as necessary to set an expiration of April 1, 2021 on the Department of Health's ability to approve any new Spinal Cord Injury Research grants or any new Empire State Stem Cell research grants.

Sections six and seven amend various sections of Public Health Law, Public Officers Law, and State Finance Law to amend original chapters so they sunset at a date after the current Spinal Cord and Stem Cell contracts expire. This would eliminate any need to convene the boards again and would eliminate any future grant funding, while allowing the Department and the grantees to fulfill their obligations under already executed grant contracts.

The discontinuation of these DOH programs will provide Financial Plan relief while preserving resources for further avoidance of spending reductions for direct services, pandemic response, and other public health and critical access needs.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and would achieve a total net savings of \$18.7 million in FY 2022 and \$34.5 million in FY 2023.

Effective Date:

This bill would take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021, provided that any Stem Cell or Spinal Cord contracts in existence prior to April 1, 2021 will remain in effect until their expiration.

Part N – Eliminate ePrescribing Exemptions

Purpose:

This bill would amend both Public Health Law and Education Law to eliminate prescriber exemptions to the mandatory electronic prescribing (ePrescribing) requirement except for emergency situations.

Summary of Provisions and Statement in Support:

Sections one and two of this bill would amend Public Health Law to eliminate exceptions for ePrescribing including those for veterinarians and practitioners who have received waivers for exemption from ePrescribing. Remaining exceptions include temporary technological or electrical failure, emergency situations as determined by the commissioner, in cases where it risks the health and safety of the patient, and for ordering prescriptions at pharmacies out of state.

Sections three and four of this bill would amend Education Law to make corresponding changes to the amendments made in section one to Public Health Law.

Section five and six of this bill would repeal various subdivisions of Public Health Law and Education Law to eliminate the allowance of waivers as an exemption to ePrescribing.

Section seven of this bill establishes an effective date.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and the State's multi-year Financial Plan by implementing statutory changes for the elimination of pre-existing exemptions to the mandatory electronic prescribing requirement to achieve savings in FY 2022 and all subsequent fiscal years.

The proposals in this section account for State savings of \$500,000 in FY 2022 and \$1.2 million in FY 2023.

Effective Date:

This bill would take effect on November 1, 2021.

Part O – Miscellaneous Public Health Recommendations

Purpose:

This bill would discontinue support for certain public health legacy programs within the Department of Health (DOH), including the Enhanced Quality of Adult Living (EQUAL) program, the Hospital Audit program, and the Enriched Housing program, to align available resources with core mission programs.

Summary of Provisions and Statement in Support:

Section one of this bill would amend the Social Services law to discontinue the EQUAL program (both the General Fund and Capital Projects funding streams). General Fund grants for the EQUAL program are targeted at improving the quality of life for adult care facility residents through resident quality of life projects (such as clothing allowances, improvements to food quality, outdoor leisure projects); Capital Projects grants for the EQUAL program are targeted at supporting enhancements to the physical environment of an adult care facility.

Section two repeals a section of Public Health Law as necessary to discontinue the requirement for hospital resident working hour audits to be performed annually. The Department of Health will administratively substitute an annual attestation requirement going forward wherein hospitals certify that they are in compliance with applicable working hour and working condition requirements. The discontinuation of this program will not prohibit the State from performing targeted investigations into hospital compliance if necessary.

Section three repeals a section of Social Services Law as necessary to discontinue operating subsidies provided to certain Adult Care Facilities licensed as an Enriched Housing Program. Elimination of these subsidies provides Financial Plan relief and allows funding to be focused on programs that provide flexibility to address new or emerging service needs, consistent with DOH's core mission.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and would achieve a total net savings of \$3.9 million in FY 2022 and \$3.9 million when fully annualized.

Effective Date:

This bill would take effect April 1, 2021.

Part P – Pharmacist Scope of Practice; Collaborative Drug Therapy Management and Immunizations

Purpose:

This bill seeks to expand pharmacists' role in support of public health by providing authorization to be designated as a qualified healthcare professional for the purpose of lab testing and administration of immunizations, as well as to expand collaborative drug therapy management in community settings to include nurse practitioners.

Summary of Provisions and Statement in Support:

Section one would amend Public Health Law to include pharmacists as qualified health professionals.

Section two would amend Education Law to add licensed pharmacists to qualified professionals able to direct limited service labs and administer tests, and allows pharmacists to act as a referring healthcare provider for diabetes self-management and asthma self-management training.

Section three and four of this bill would amend Education Law to permit pharmacists and nurse practitioners to administer immunizations, recommended by the CDC, to adults, and existing authorization to permit pharmacists and nurse practitioners to administer certain immunizations, such as the flu immunization, for both adults and children.

Section five would amend Education Law to extend the current program to all facilities licensed pursuant to Public Health Law Article 28 or other entities that provide direct patient care under the auspices of a medical director. Section five would also permit nurse practitioners to engage in the collaborative agreements with pharmacists.

Section six through eight of this bill would amend Insurance Law to include pharmacists as legally authorized to prescribe.

Section nine would amend Social Services Law to allow pharmacists to act as referring healthcare provider for diabetes self-management and asthma self-management training.

Section ten and eleven would amend chapter law to eliminate repeal and expiration language.

Section twelve and thirteen would amend chapter law to eliminate 'provided' and dependent clauses.

Section fourteen would make the bill effective April 1, 2021.

Budget Implications:

Enactment of this bill is necessary to expand the role of health practitioners in providing public health activities. There is no associated fiscal impact related to this bill.

Effective Date:

This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021.

Part Q – Modernize Office of Professional Medical Conduct (OPMC)

Purpose:

This bill would provide the Department of Health with more robust tools to investigate, clarify and simplify requirements of physicians, and hold physicians accountable for misconduct, while providing greater information to healthcare consumers on physicians and their conduct.

Summary of Provisions and Statement in Support:

Section one of this bill would amend Education Law to eliminate the indefinite licensure of physicians, requiring the maintenance of registration with the Department of Health over two consecutive registration periods.

Section two of this bill would amend Education Law to require a fingerprint-based criminal history background check prior to licensure.

Section three of this bill would amend Education Law to revise the definition of “professional medical misconduct” to include complaints that are resolved by stipulation or agreement before an adjudicatory proceeding. It also revises the definition of “professional misconduct” to clarify harassment of a patient’s caregiver or surrogate. Further, it would add a new sub-section 50 to require licensees charged with a crime or misconduct in any jurisdiction to notify the Office of Professional Medical Conduct (OPMC) within 24 hours so immediate action may be taken to protect the public.

Section four of this bill would amend Education Law to clarify the Commissioner’s authority regarding the board for professional medical conduct and the Department of Health when it comes to promulgating rules and regulations.

Section five of this bill would amend Public Health Law to be consistent with Education Law by requiring requested documents related to an investigation or inquiry under this chapter to be produced no later than ten days and stating the violations. It would add a sub-section authorizing OPMC to issue administrative inspection warrants to assist in investigations where there is probable cause that a licensee has committed misconduct.

Section six of this bill would amend Public Health Law by requiring that the Executive Secretary of the Board for Professional Medical Conduct serve at the direction of the Commissioner instead of the chairperson. The Commissioner will appoint, direct, and fix the salary of the Executive Secretary.

Section seven of this bill would amend Public Health Law to allow for immediate publication of charges upon investigative requests, and the immediate convening of an investigative committee, eliminating the current ninety-day threshold.

Section eight of this bill would amend Public Health Law to grant the Commissioner discretion to disclose information about OPMC investigations in which the public has been demanding more information, and remove language restricting such action to situations that pose a public health threat.

Section nine of this bill would amend Public Health Law to expand the delivery methods for a notice of hearing rules by allowing for personal delivery, current residential/practice mailing, or by certified mail to licensee's most recent address at least 45 days before a hearing. It would change the specification that charges will be made public from no less than five days to immediately.

Section ten of this bill would amend Public Health Law to allow for publication of Administrative Warnings and Consultations.

Section eleven of this bill would amend Public Health Law to insert language stating that a licensee must notify the Department of Health within twenty-four hours of having been charged with a crime.

Section twelve of this bill would amend Public Health Law to enable the Commissioner to take action when a licensee does not respond to the Department of Health's request for records in a timely manner. This bill extends service and hearing dates from ninety to one-hundred eighty days while extending the threshold from ten to thirty days so that the Commissioner can take summary action against a licensee who engages in conduct that is a risk to the health of the people.

Section thirteen would require hospitals to report to the Department of Health when a hospital or facility notifies a third-party contractor that an individual should not be assigned to the hospital or facility when there are quality of care concerns.

Section fourteen would amend Public Health Law to require hours of operation, availability of assistive technology, and availability to take new patients as mandatory elements of a physician's profile which the physician must provide. This section allows the physician's website, social media accounts, names of physicians sharing a group practice, workforce research, and planning information to be obtained from existing plan data, but not as a responsibility of the physician to provide.

Section fifteen would add subdivision 1-b to authorize physicians to elect an employee or contractor to be an official designee responsible for the physician profile reporting. This section outlines additional requirements of the designee role to ensure accuracy of information and notification of change in designee status.

Section sixteen would amend time periods for when public profiles should be submitted, consistent with changes involving re-registration.

Section seventeen would amend Public Health Law to modify the types of information a physician may omit from their profile, consistent with changes made in section one.

Section eighteen would make this act effective immediately with certain exceptions that will take place 180 days after enactment.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2021 Executive Budget and will not result in a fiscal impact in FY 2021 or FY 2022 as any costs will be supported within existing resources.

Effective Date:

This bill would take effect immediately with certain exceptions that will take place 180 days after enactment.

Part R – Elimination of Barriers for Gender Designation on Identity Documents and Name Changes for Transgender and Gender Non-conforming New Yorkers

Purpose:

This bill would eliminate barriers in the legal name change process by removing requirements that name changes be published in a newspaper and establishes a reasonable standard for the sealing of name change records when requested. Additionally, this bill will remove barriers to ensuring that a person's gender identity is accurately reflected on an identity document.

Summary of Provisions and Statement in Support:

Sections one and two of this bill would amend Civil Rights Law to eliminate the requirement that applications for name changes be published by a designated newspaper and affidavits of publication be filed. It also states that if a name change petition indicates that the petitioner is responsible for spousal support or child support, the court may order the petitioner to deliver the petitioner's new name to the court of jurisdiction which imposed the orders of support.

Section three of this bill amends Civil Rights Law to require that if a court finds that an open record of a name change application would jeopardize the applicant's personal

safety, based on "totality of the circumstance", the court must order the records of such change of name proceeding be sealed.

Section four of this bill amends Civil Rights Law, adding a new Article 6-a which establishes a framework for petitions to change of sex designation or gender designation. It sets requirements for where petitions can be filed and by whom, in the case of an infant, allows such change of sex designations to be made simultaneously with a name change request, and allows for the court to order the records of sex designation proceeding to be sealed, for good cause shown or at the request of the applicant. Section four also provides that any state agency that maintains a system or issues a designation document requiring a sex designation or gender marker that, due to federal law or systems processing requirements, is unable to process or change such record or document in accordance with an order issued pursuant to this section shall make reasonable efforts to otherwise accommodate such request.

Section five of this bill establishes the effective date of this bill to be 180 days following enactment.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and would not result in additional costs to the state.

Effective Date:

This bill would take effect 180 days following enactment.

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

Purpose:

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

Summary of Provisions and Statement in Support:

Section one of this bill would amend Chapter 57 of the laws of 2019, extending the authorization of bad debt and charity care allowances for certified home health agencies through June 30, 2023.

Section two of this bill would amend Chapter 57 of the laws of 2019, extending the authority to contract with State transportation managers or brokers by eliminating expiration.

Sections three and four of this bill would amend Chapter 57 of the laws of 2019, extending a limitation on the reimbursement of certified home health agencies and long-term home health care programs administrative and general costs to not exceed a Statewide average through March 31, 2023.

Section five of this bill would amend Chapter 57 of the laws of 2019, extending the elimination of the trend factor for service for general hospital and nursing home reimbursement through March 31, 2023.

Section six of this bill would amend Chapter 57 of the laws of 2019, extending authorization related to the financing of certain health care capital improvements through March 31, 2023.

Section seven of this bill would amend Chapter 56 of the laws of 2020, extending regulatory waiver authority to allow providers who are involved in DSRIP projects, or who would like to scale and replicate the ideas coming out of the DSRIP program, to avoid duplicative requirements, through April 1, 2024. This bill would allow promising DSRIP approaches to be continued.

Section eight of this bill would amend Chapter 56 of the laws of 2020, extending increased reimbursement rates for the Medical Indemnity Fund enrollees through March 31, 2022.

Section nine of this bill would amend Chapter 80 of the laws of 2017, extending the authority of the Commissioner of Health to issue certificates of public advantage through December 31, 2024.

Section ten of this bill would amend Chapter 56 of the laws of 2014, extending the Nurse Practitioner Modernization Act through June 30, 2027.

Section eleven of this bill would amend Chapter 57 of the laws of 2019, extending the health facility cash assessment program through March 31, 2023.

Section twelve of this bill would provide for an immediate effective date.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the ten-year rolling average of the medical component of the Consumer Price Index, as proscribed in current statute.

Effective Date:

This bill would take effect immediately.

Part T – Extend the authority of facility directors to act as representative payees

Purpose:

This bill would extend for three years the authority of Office of Mental Health (OMH) and Office for People With Developmental Disabilities (OPWDD) facility directors to act as representative payees to use funds for the cost of a resident's care and treatment.

Summary of Provisions and Statement in Support:

This bill would amend Chapter 57 of the Laws of 2018 to extend the authority of state facility directors who act as federally-appointed representative payees to use funds for the cost of a resident's care and treatment, consistent with federal law and regulations. This bill would continue current statute and existing practice that the application of funds for a person's care and treatment does not violate a facility director's fiduciary obligations. Facility directors who act as representative payees must still comply with applicable federal laws and regulations. The amendments enacted under Chapter 57 of the Laws of 2018, and continued here, provide enhanced transparency and maintain additional parameters for the use of funds.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget and will avoid a potential revenue loss of \$7 million from OMH and \$63 million from OPWDD on an annual basis.

Effective Date:

This bill would take effect immediately.

Part U – Extend the authority of OMH and OPWDD to appoint temporary operators

Purpose:

This bill would extend for five years current law allowing the Office of Mental Health (OMH) and the Office for People With Developmental Disabilities (OPWDD) to appoint temporary operators to preserve limited resources; protect the health and safety of patients and individuals; and protect the State's investment in such programs, services and facilities.

Summary of Provisions and Statement in Support:

This amendment will extend the effective date of legislation enacted in Chapter 59, part L of the laws of 2016, regarding the availability of temporary operators under the Mental Hygiene Law, allowing for the stabilization of an established program. This legislation

includes the factors used to evaluate circumstances when a temporary operator may be necessary to maintain a program's viability and protect the health and safety of patients and individuals; duties of a temporary operator; limitations on operator's liability and duration of a temporary operator appointment; provisions for notice to the established operator and the available review when the established operator disagrees with the relevant commissioner's intent to appoint a temporary operator; and the continuing obligations of the established operator.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget, as it would extend the effective date regarding the availability of temporary operators under Mental Hygiene Law, providing OMH and OPWDD the authority to ensure the appropriate use of funding for mental health and developmental disability programs.

Effective Date:

This bill would take effect immediately.

Part V – Extend demonstration programs for inpatient psychiatry units

Purpose:

This bill would extend the existing processes for certain time-limited demonstration programs that provide children and adults with specialized inpatient psychiatry units.

Summary of Provisions and Statement in Support:

The bill would amend chapter 57 of the laws of 2018 by extending the relevant fiscal period to March 31, 2024 for certain time-limited demonstration programs. This would allow new methods of services for individuals with intellectual and/or developmental disabilities (I/DD) to be properly evaluated.

Budget Implications:

Enactment of this bill is necessary to implement in the FY 2022 Executive Budget, as it allows for the testing and evaluation of the delivery of essential services for at-risk individuals.

Effective Date:

This bill would take effect immediately.

Part W – Extend community reinvestment for State Psychiatric Center inpatient bed closures

Purpose:

This bill would extend community reinvestment for State Psychiatric Center inpatient bed closures for three years.

Summary of Provisions and Statement in Support:

This bill would extend for three years current law requiring the Office of Mental Health (OMH) to reinvest savings from inpatient bed closures for community mental health services.

Budget Implications:

Enactment of this bill would require OMH to continue its practice of community mental health support reinvestment of savings from inpatient bed closures through FY 2024.

Effective Date:

This bill would take effect immediately.

Part X – Suspend notification and community reinvestment requirements for Office of Mental Health (OMH) facility closures

Purpose:

This bill ensures that reforms intended to facilitate the cost effective and efficient operation of hospitals, facilities and programs run by the Office of Mental Health (OMH) can be effectuated by the Commissioner during FY 2022. Currently, such reforms are subject to a one-year notification period before they can be implemented.

Summary of Provisions and Statement in Support:

This bill would provide the OMH Commissioner with the flexibility to determine the most appropriate and effective way to deliver State-operated services. This scope includes evaluating facilities and programs on a variety of factors, including fiscal and programmatic needs and current census figures, to determine opportunities for redesign or reconfiguration. Changes would be implemented with the intention and commitment to serve individuals with mental illness in the most integrated settings.

The bill would notwithstanding the provisions of subdivisions (b) and (e) of §7.17 and §41.55 of Mental Hygiene Law (MHL) during FY 2022. MHL §7.17 subdivision (b) delineates individual State Psychiatric Centers (PCs) and subdivision (e) requires one-

year notification for significant service reductions. MHL §41.55 requires all savings realized from the closure of hospitals or beds be reinvested into community services.

The bill would allow for the conversion of Rockland Children's PC into a Comprehensive Children's Center. The development of an innovative center for children and youth in need of brief, intensive community-based care, including residential treatment, will create much-needed community-based and home-based care for this region and expand services for children and youth.

Additionally, this bill would suspend for one year the requirement to reinvest the savings from facility closures into community-based services.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget to strengthen efforts in achieving the most cost-effective and efficient operation of the State mental health system. This bill would generate savings of approximately \$30M in FY 2022.

Effective Date:

This bill would take effect immediately, and shall expire and be deemed repealed on March 31, 2022.

Part Y – Establish Standards for Addiction Professionals to Protect New Yorkers from Predatory Practices

Purpose:

This bill would amend the Mental Hygiene Law (MHL) to clarify the ability of the Office of Addiction Services and Supports (OASAS) to set standards for addiction professionals to allow for a continuum of individuals that can assist those suffering from a substance use disorder. Furthermore, this bill would allow OASAS to set fees for credentialing, licensing, certifying, or authorizing addiction professionals and providers, as well as the establishment, certification or recertification of OASAS programs and services.

Summary of Provisions and Statement in Support:

Section 1 of this bill would amend Section 19.07 of MHL to clarify the ability of OASAS to develop and implement a scope of practice for a continuum of addiction professionals, including Credentialed Alcoholism and Substance Abuse Counselors (CASACs) and certified recovery peer advocates, as well as allow OASAS to set fees for the establishment, certification and recertification of addiction programs and services.

Section 2 would establish an effective date of April 1, 2021.

OASAS has authority over a broad range of prevention, treatment and recovery services. The education and experience required depends upon the type and intensity of services provided. OASAS has already begun the process of implementing a scope of practice for CASACs based on education and practical experience. This proposal would allow OASAS to more clearly define the scope, education and practice requirements for a range of individuals that can assist people along the continuum of addiction services. In addition, this proposal would allow OASAS to set fees to support the ongoing certification, credentialing and oversight activities the agency engages in to ensure consistent high-quality provision of addiction services and programs.

These actions are being taken to combat the current epidemic by creating easier pathways to additional addiction treatment programs across the State and building an infrastructure that will be better prepared to respond to crises as they arise in the future. Furthermore, these actions will protect New Yorkers from predatory practices used by out-of-state addiction treatment programs by supporting a public listing of OASAS-authorized addiction professionals.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget, as it provides OASAS with the authority to collect certain types of fees for the establishment, certification and recertification of addiction programs and services. The estimated fiscal impact in FY 2022 is \$90K for one FTE.

Effective Date:

This bill would take effect April 1, 2021.

Part Z – Increase Penalties for Mental Hygiene Law Violations and Establish Application Fees for Office of Mental Health Operating Certificates

Purpose:

This bill would enhance the Commissioner of Mental Health’s ability to impose sanctions due to a provider’s failure to comply with the terms of their operating certificate or applicable law; and charge fees for the purpose of processing applications for the issuance of operating certificates.

Summary of Provisions and Statement in Support:

This proposal would amend Mental Hygiene Law (MHL) Section 31.16 relating to the Commissioner's authority to impose penalties. The term “fine” would be replaced with “sanction” to provide the Commissioner with a range of enforcement options in addition

to fines, to assist in provider compliance. Further, the current provision limiting fines to one thousand dollars per day or fifteen thousand dollars per violation is amended to provide the Commissioner with the authority to develop a schedule of sanctions allowing for the imposition of sanctions tailored to a range of violations.

Additionally, this proposal would add a new subparagraph (a)(8) to MHL Section 31.04, allowing the Commissioner to establish a schedule of fees for the purpose of processing applications for the issuance of operating certificates. All fees pursuant to this legislation would be payable to the General Fund.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget as it would generate \$500,000 in increased revenue to the General Fund.

Effective Date:

This bill would take effect 180 days after enactment.

Part AA – Comprehensive Crisis Reform

Purpose:

This bill would amend the Mental Hygiene Law (MHL) to provide more options for law enforcement responding to individuals in emotional distress and allow for the creation of Crisis Stabilization Centers, provide renewal options for Assisted Outpatient Treatment (AOT) orders and clarity for additional periods of treatment, and add new criteria to the definition of “likelihood to result in serious harm” to ensure people have access to the mental health services they need.

Summary of Provisions and Statement in Support:

The proposal seeks to provide relief and earlier access for individuals with behavioral health needs through amendments in key areas:

Subpart A: Crisis Stabilization Services – This legislation would amend Articles 31 and 32 of MHL and create a new Article 36 to authorize the Commissioners of the Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS) to jointly license and operate Crisis Stabilization Centers. This legislation would also amend MHL Sections 9.41, 9.43, 9.45 and 9.58 to provide law enforcement, the court, or directors of community services with the ability to order or take individuals to such Crisis Stabilization Centers. Section 365-a of the Social Services Law (SSL) would be amended to add Crisis Stabilization Centers as services eligible for medical assistance. Lastly, Section 22.09 of MHL would also be amended to include Crisis Stabilization Centers. These centers will be open 24/7/365 and accept all admissions without

referral, including direct drop-offs by law enforcement and other first responders. This effort will streamline stabilization and reintegration for individuals in crisis.

Subpart B: Kendra’s Law - AOT – This subpart would amend MHL Section 9.60 to provide for a renewal of an AOT order when the person subject to the order cannot be located immediately; provide for a renewal of an AOT order when an individual has experienced substantial increase in symptoms within six months of the expiration of the order; provides judicial discretion to hear examining physician testimony either in person or through other means to increase timely hearing of such matters; and to provide clarity relating to requirements for petitioning the court for an additional period of treatment.

Subpart C: Involuntary Commitment – This subpart would amend MHL Sections 9.01 and 9.39 to add new criteria to the definition “likelihood to result in serious harm” or “likely to result in serious harm”, which would allow for involuntary commitment upon a finding that an individual is experiencing such complete neglect of basic needs for food, clothing, shelter or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken. The new criteria would allow OMH the opportunity to better serve those with mental illness who struggle to help themselves and suffer from malnourishment, exposure to the elements or lack the ability to take care of serious medical problems.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget, as it would streamline stabilization and reintegration for individuals in crisis, improving care and providing an alternative to emergency room admissions, inpatient care utilization, and criminal justice system involvement.

Effective Date:

All subparts contained in this bill would be effective October 1, 2021.

Part BB – Combine Institute for Basic Research with New York State Psychiatric Institute

Purpose:

This bill would combine responsibilities of the New York State Institute for Basic Research in Developmental Disabilities (IBR) currently in the Office for People With Developmental Disabilities (OPWDD) with the New York State Psychiatric Institute (NYSPI) in the Office of Mental Health (OMH).

Summary of Provisions and Statement in Support:

Section 1 amends section 7.17 of the Mental Hygiene Law to authorize the New York State IBR be designated as a sub-entity of the OMH NYSPI.

Section 2 would allow for the transfer of employees from IBR to NYSPI, pursuant to subdivision 2 of section 70 of the Civil Service Law.

Establishing a new developmental disabilities research division/program within NYSPI will provide additional opportunities in developmental disability research. Specifically, the proposed transfer will facilitate the collective leveraging of additional external grant funding for both research programs, and will expand and improve the research programs and services undertaken and provided at the IBR Jervis Clinic by harnessing the expertise and experience of the NYSPI doctors and research scientists.

Section 3 would establish an immediate effective date.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2022 Executive Budget, as it will provide savings of approximately \$1M in FY 2022 and \$2M thereafter, on a recurring basis.

Effective Date:

This bill would take effect immediately.

Part CC – Create the Office of Addiction and Mental Health Services

Purpose:

This bill would create the Office of Addiction and Mental Health Services (OAMHS) through the integration of the Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS). OAMHS will be empowered to regulate providers of services for mental health and substance use disorders and offer an opportunity to also deliver services in a more unified service delivery system to better serve the needs of adults and children with mental health, substance use disorder and co-occurring disorders. An OAMHS license will provide individuals struggling with mental health and/or substance use disorders an opportunity to seek care in a wider variety of settings that can address all their needs, instead of attending multiple specialty programs. OAMHS will also facilitate integrating crisis services across both disciplines and establishing a robust prevention agenda that recognizes the importance of addressing healthy habits and recognizing triggers to promote good mental, emotional and physical health. OAMHS will develop unified standards for program oversight and reporting to eliminate duplication and ease administrative burden for providers who currently hold licenses from both agencies.

Summary of Provisions and Statement in Support:

Section 1 amends Section 1.03 of the Mental Hygiene Law (MHL) by amending the definition of “Commissioner” to reference a single Commissioner for OAMHS. Further, this section provides that all references to OASAS and OMH will be known as OAMHS.

Section 2 amends Section 5.01 of the MHL to provide for OAMHS within the Department of Mental Hygiene and removes the reference to OMH and OASAS. The section also creates a new Section 5.01-a to MHL which directs the creation of OAMHS consisting of the two predecessor agencies. This section further provides for the powers, duties and obligations of the Commissioner of OAMHS to include those of the predecessor agencies and provides authority for the licensure of integrated services. New Section 5.01-b of MHL would provide that the new office will be comprised of OASAS and OMH beginning January 1, 2022.

Section 3 provides that the current Commissioners of OMH and OASAS will continue to oversee their respective agencies until the Commissioner of the new agency has been appointed by the Governor and confirmed by the Senate.

Section 4 incorporates the Commissioner of OAMHS into Section 5.05 of MHL.

Sections 5 and 6 amend Section 7.01 of MHL to remove references to OMH and OASAS, replacing them with OAMHS.

Section 7 sets the date upon which the Governor must nominate a Commissioner of OAMHS and allows for the designation of an individual as acting Commissioner.

Section 8 provides for the transfer of all employees from OMH and OASAS to OAMHS.

Section 9 provides for an annual report to be produced by OAMHS regarding expenditures for mental health and addiction services, and subsequent development of recommendations to be made to the Governor and Legislature.

Section 10 provides for severability.

Section 11 provides that the act will be effective immediately provided that the two existing agencies are granted authority to implement the act.

This bill would create OAMHS through the integration of OMH and OASAS, ensuring that individuals with mental illness and addiction are better served by developing new programs such as crisis services, expanding access to integrated programs that serve the needs of all people including dually-diagnosed individuals, and creating more robust prevention strategies that recognize the overlap of mental health and addiction issues.

In addition to retaining the current scopes of responsibility for OMH and OASAS, the new agency will be empowered to license providers of services for mental health and substance use disorders, which will allow for realization of integrated service delivery. A truly integrated service delivery system will better serve the needs of adults and children suffering from co-occurring disorders.

Over the last eight years, OMH and OASAS have worked and collaborated on numerous projects, including Medicaid Redesign initiatives, the Community Health Access to Addiction and Mental Healthcare Project (CHAMP) Ombudsman Program, Integrated Service Providers, and a joint Behavioral Health Service Advisory Council.

In Fall 2020, OASAS and OMH held a series of public listening sessions for service recipients, providers, and members of the public to comment and provide feedback on how to further unify systems of care and better support and serve New Yorkers with addiction and mental health issues.

Budget implications:

This legislation is necessary to implement the FY 2022 Executive Budget.

Effective Date

The bill would take effect immediately.

Part DD – Authorize Integrated Licensure for Comprehensive Outpatient Services

Purpose:

This bill would amend the Social Services Law (SSL), Health Law (PHL), and Mental Hygiene Law (MHL) to authorize a comprehensive integrated physical and behavioral health program for outpatient treatment services.

Summary of Provisions and Statement in Support:

Section 1 of this bill establishes the "Comprehensive Outpatient Services Act of 2021".

Section 2 of this bill would amend Section 364-m of SSL by adding a new subdivision 6 authorizing the commissioners of the Department of Health (DOH), the Office of Mental Health (OMH), and the Office of Addiction Services and Supports (OASAS) to establish a framework for the licensing, regulation, and oversight of comprehensive outpatient services centers, which would provide integrated physical health, mental health, and addiction services at a single location.

Section 3 of this bill would amend Section 488 of SSL by adding a new paragraph (a-1) to expand the definition of a "facility" or "provider agency" to include a licensed comprehensive outpatient services center.

Section 4 of this bill would amend subdivision 1 of Section 2801 of PHL to allow comprehensive outpatient service providers to become a licensed physical health services provider through the integrated framework established in Section 2.

Section 5 of this bill would amend subdivision (f) of Section 31.02 of MHL to allow comprehensive outpatient service providers to become a licensed mental health services provider through the integrated framework established in Section 2.

Section 6 of this bill would amend subdivision (b) of Section 32.05 of MHL to allow comprehensive outpatient service providers to become a licensed methadone provider through the integrated framework established in Section 2.

Section 7 would establish an effective date of January 1, 2022.

A growing body of evidence confirms that the integration of physical health, mental health, and addiction services can improve the quality of care and patient outcomes for individuals diagnosed with co-occurring disorders and lower the cost of providing care to this population. This legislation would create a single pathway for a provider to offer all three services in a way that is obtainable and sustainable, allowing individuals to access services at one site.

Budget Implications:

This legislation is necessary to implement the FY 2022 Executive Budget.

Effective Date:

This bill would take effect January 1, 2022, provided the commissioners of DOH, OMH, and OASAS are authorized to issue any rule or regulation necessary for the implementation of this act on or before its effective date.

Part EE – Eliminate Requirement to Administer an Adult Home Advocacy Program within the Justice Center

Purpose:

This bill would eliminate the requirement of the Justice Center for the Protection of People with Special Needs (Justice Center) to administer the Adult Home Advocacy and Adult Home Resident Council Programs.

Summary of Provisions and Statement in Support:

The primary role of the Justice Center is to ensure quality of care for service recipients under their jurisdiction by investigating allegations of abuse and neglect, supporting victims and their families, and holding individuals that commit acts of abuse and neglect accountable. While Adult Home Advocacy and Adult Home Resident Council are important programs, they are not aligned with the primary mission of the Justice Center.

Budget Implications:

Enactment of this bill will provide savings of approximately \$230K on an annual basis and eliminates a non-core function of the Justice Center.

Effective Date:

This bill would take effect April 1, 2021.

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