

# STATE OF NEW YORK

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3007--B

## IN ASSEMBLY

January 22, 2025

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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

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 the duration of the community-based paramedicine demonstration program; to amend section 2 of chapter 137 of the laws of 2023, amending the public health law relating to establishing a community-based paramedicine demonstration program, in relation to extending the effectiveness thereof; 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

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

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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 section 2 of chapter 769 of the laws of 2023, amending the public health law relating to the adult cystic fibrosis assistance program in relation to extending the effectiveness thereof (Part B); intentionally omitted (Part C); to amend the public health law, in relation to reducing the hospital capital rate add-on (Part D); to amend the social services law, in relation to shifting long-term nursing home stays from managed care to fee for service (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 extending the effectiveness of certain provisions relating to excess insurance coverage paid for from the hospital excess liability pool; 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); intentionally omitted (Part J); intentionally omitted (Part K); intentionally omitted (Part L); intentionally omitted (Part M); intentionally omitted (Part N); intentionally omitted (Part O); intentionally omitted (Part P); to amend the social services law and the public health law, in relation to establishing increased coverage of care as well as availability of care for infertility treatments; and to repeal 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 the establishment of a program to provide grants to health care providers for improving access to infertility services (Part Q); intentionally omitted (Part R); intentionally omitted (Part S); to amend the public health law and the executive law, in relation to requiring hospitals to maintain sexual assault forensic examiners at their facilities (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 extending 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); intentionally omitted (Part DD); intentionally omitted (Part EE); to amend the mental hygiene law, in relation to establishing a targeted inflationary increase for designated programs (Part FF); to amend the social services law, in relation to coverage for services provided by school-based health centers for medical assistance recipients (Part GG); to amend the mental hygiene law, in relation to mental health incident review panels (Part HH); to amend the mental hygiene law, in relation to establishing the behavioral health technical advisory center and statewide emergency and crisis council (Part II); to amend the public health law, in relation to providing for dentist loan repayment and practice support (Part JJ); and to amend the mental hygiene law, in relation to discharge planning and voluntary services (Part KK)

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 KK. The effective date for  
5 each particular provision contained within such Part is set forth in the  
6 last section of such Part. Any provision in any section contained within  
7 a Part, including the effective date of the Part, which makes a refer-  
8 ence to a section "of this act", when used in connection with that  
9 particular component, shall be deemed to mean and refer to the corre-  
10 sponding section of the Part in which it is found. Section three of this  
11 act sets forth the general effective date of this act.

12 PART A

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

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

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

27 PART B

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

32 1-a. section fifty-two of this act shall expire and be deemed repealed  
33 March 31, [2025] 2030;

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

4 § 3. This act shall take effect immediately and shall expire December  
5 31, [2025] 2029.

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

9 § 3. This section and subdivision two of section two of this act shall  
10 take effect immediately and the remaining provisions of this act shall  
11 take effect on the one hundred twentieth day next thereafter. This act  
12 shall expire December 31, [2025] 2029.

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

17 § 6. This act shall take effect immediately and shall expire December  
18 31, [2025] 2029 and upon such date the provisions of this act shall be  
19 deemed to be repealed.

20 § 5. Intentionally omitted.

21 § 6. Subdivision (f) of section 129 of part C of chapter 58 of the  
22 laws of 2009, amending the public health law relating to payment by  
23 governmental agencies for general hospital inpatient services, as  
24 amended by section 2 of part CC of chapter 57 of the laws of 2022, is  
25 amended to read as follows:

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

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

33 (a) Notwithstanding any inconsistent provision of law or regulation to  
34 the contrary, effective beginning August 1, 1996, for the period April  
35 1, 1997 through March 31, 1998, April 1, 1998 for the period April 1,  
36 1998 through March 31, 1999, August 1, 1999, for the period April 1,  
37 1999 through March 31, 2000, April 1, 2000, for the period April 1, 2000  
38 through March 31, 2001, April 1, 2001, for the period April 1, 2001  
39 through March 31, 2002, April 1, 2002, for the period April 1, 2002  
40 through March 31, 2003, and for the state fiscal year beginning April 1,  
41 2005 through March 31, 2006, and for the state fiscal year beginning  
42 April 1, 2006 through March 31, 2007, and for the state fiscal year  
43 beginning April 1, 2007 through March 31, 2008, and for the state fiscal  
44 year beginning April 1, 2008 through March 31, 2009, and for the state  
45 fiscal year beginning April 1, 2009 through March 31, 2010, and for the  
46 state fiscal year beginning April 1, 2010 through March 31, 2016, and  
47 for the state fiscal year beginning April 1, 2016 through March 31,  
48 2019, and for the state fiscal year beginning April 1, 2019 through  
49 March 31, 2022, and for the state fiscal year beginning April 1, 2022  
50 through March 31, 2025, and for the state fiscal year beginning April 1,  
51 2025 through March 31, 2028, the department of health is authorized to  
52 pay public general hospitals, as defined in subdivision 10 of section  
53 2801 of the public health law, operated by the state of New York or by  
54 the state university of New York or by a county, which shall not include  
55 a city with a population of over one million, of the state of New York,  
56 and those public general hospitals located in the county of Westchester,

1 the county of Erie or the county of Nassau, additional payments for  
2 inpatient hospital services as medical assistance payments pursuant to  
3 title 11 of article 5 of the social services law for patients eligible  
4 for federal financial participation under title XIX of the federal  
5 social security act in medical assistance pursuant to the federal laws  
6 and regulations governing disproportionate share payments to hospitals  
7 up to one hundred percent of each such public general hospital's medical  
8 assistance and uninsured patient losses after all other medical assist-  
9 ance, including disproportionate share payments to such public general  
10 hospital for 1996, 1997, 1998, and 1999, based initially for 1996 on  
11 reported 1994 reconciled data as further reconciled to actual reported  
12 1996 reconciled data, and for 1997 based initially on reported 1995  
13 reconciled data as further reconciled to actual reported 1997 reconciled  
14 data, for 1998 based initially on reported 1995 reconciled data as  
15 further reconciled to actual reported 1998 reconciled data, for 1999  
16 based initially on reported 1995 reconciled data as further reconciled  
17 to actual reported 1999 reconciled data, for 2000 based initially on  
18 reported 1995 reconciled data as further reconciled to actual reported  
19 2000 data, for 2001 based initially on reported 1995 reconciled data as  
20 further reconciled to actual reported 2001 data, for 2002 based initial-  
21 ly on reported 2000 reconciled data as further reconciled to actual  
22 reported 2002 data, and for state fiscal years beginning on April 1,  
23 2005, based initially on reported 2000 reconciled data as further recon-  
24 ciled to actual reported data for 2005, and for state fiscal years  
25 beginning on April 1, 2006, based initially on reported 2000 reconciled  
26 data as further reconciled to actual reported data for 2006, for state  
27 fiscal years beginning on and after April 1, 2007 through March 31,  
28 2009, based initially on reported 2000 reconciled data as further recon-  
29 ciled to actual reported data for 2007 and 2008, respectively, for state  
30 fiscal years beginning on and after April 1, 2009, based initially on  
31 reported 2007 reconciled data, adjusted for authorized Medicaid rate  
32 changes applicable to the state fiscal year, and as further reconciled  
33 to actual reported data for 2009, for state fiscal years beginning on  
34 and after April 1, 2010, based initially on reported reconciled data  
35 from the base year two years prior to the payment year, adjusted for  
36 authorized Medicaid rate changes applicable to the state fiscal year,  
37 and further reconciled to actual reported data from such payment year,  
38 and to actual reported data for each respective succeeding year. The  
39 payments may be added to rates of payment or made as aggregate payments  
40 to an eligible public general hospital.

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

43 3. This program shall authorize mobile integrated and community param-  
44 edicine programs presently operating and approved by the department as  
45 of May eleventh, two thousand twenty-three, under the authority of Exec-  
46 utive Order Number 4 of two thousand twenty-one, entitled "Declaring a  
47 Statewide Disaster Emergency Due to Healthcare staffing shortages in the  
48 State of New York" to continue in the same manner and capacity as  
49 currently approved for a period of [two] three years following the  
50 effective date of this section.

51 § 8-a. Section 2 of chapter 137 of the laws of 2023, amending the  
52 public health law relating to establishing a community-based paramedi-  
53 cine demonstration program, is amended to read as follows:

54 § 2. This act shall take effect immediately and shall expire and be  
55 deemed repealed [2] 3 years after such date; provided, however, that if  
56 this act shall have become a law on or after May 22, 2023 this act shall

1 take effect immediately and shall be deemed to have been in full force  
2 and effect on and after May 22, 2023.

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

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

9 § 10. Section 2 of subpart B of part FFF of chapter 59 of the laws of  
10 2018, amending the public health law relating to authorizing the commis-  
11 sioner of health to redeploy excess reserves of certain not-for-profit  
12 managed care organizations, as amended by chapter 197 of the laws of  
13 2023, is amended to read as follows:

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

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

27 1. sections four, eleven and thirteen of this act shall take effect  
28 immediately and shall expire and be deemed repealed June 30, [2025]  
29 2027;

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

33 (b) Notwithstanding any inconsistent provision of law or regulation to  
34 the contrary, for the state fiscal years beginning April first, two  
35 thousand ten and ending March thirty-first, two thousand [twenty-five]  
36 twenty-seven, the commissioner shall not be required to revise certified  
37 rates of payment established pursuant to this article for rate periods  
38 prior to April first, two thousand [twenty-five] twenty-seven, based on  
39 consideration of rate appeals filed by residential health care facili-  
40 ties or based upon adjustments to capital cost reimbursement as a result  
41 of approval by the commissioner of an application for construction under  
42 section twenty-eight hundred two of this article, in excess of an aggre-  
43 gate annual amount of eighty million dollars for each such state fiscal  
44 year provided, however, that for the period April first, two thousand  
45 eleven through March thirty-first, two thousand twelve such aggregate  
46 annual amount shall be fifty million dollars. In revising such rates  
47 within such fiscal limit, the commissioner shall, in prioritizing such  
48 rate appeals, include consideration of which facilities the commissioner  
49 determines are facing significant financial hardship as well as such  
50 other considerations as the commissioner deems appropriate and, further,  
51 the commissioner is authorized to enter into agreements with such facil-  
52 ities or any other facility to resolve multiple pending rate appeals  
53 based upon a negotiated aggregate amount and may offset such negotiated  
54 aggregate amounts against any amounts owed by the facility to the  
55 department, including, but not limited to, amounts owed pursuant to  
56 section twenty-eight hundred seven-d of this article; provided, however,

1 that the commissioner's authority to negotiate such agreements resolving  
2 multiple pending rate appeals as hereinbefore described shall continue  
3 on and after April first, two thousand [twenty-five] twenty-seven. Rate  
4 adjustments made pursuant to this paragraph remain fully subject to  
5 approval by the director of the budget in accordance with the provisions  
6 of subdivision two of section twenty-eight hundred seven of this arti-  
7 cle.

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

11 (a) Notwithstanding any inconsistent provision of law or regulation  
12 and subject to the availability of federal financial participation,  
13 effective April first, two thousand twelve through March thirty-first,  
14 two thousand [twenty-five] twenty-seven, payments by government agencies  
15 for services provided by certified home health agencies, except for such  
16 services provided to children under eighteen years of age and other  
17 discreet groups as may be determined by the commissioner pursuant to  
18 regulations, shall be based on episodic payments. In establishing such  
19 payments, a statewide base price shall be established for each sixty day  
20 episode of care and adjusted by a regional wage index factor and an  
21 individual patient case mix index. Such episodic payments may be further  
22 adjusted for low utilization cases and to reflect a percentage limita-  
23 tion of the cost for high-utilization cases that exceed outlier thresh-  
24 olds of such payments.

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

30 4-a. section twenty-two of this act shall take effect April 1, 2014,  
31 and shall be deemed expired January 1, [2026] 2028;

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

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

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

39 (b) sections four through ten shall expire on June 30, [2025] 2027,  
40 and

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

45 § 16. Subdivision 5-a of section 246 of chapter 81 of the laws of  
46 1995, amending the public health law and other laws relating to medical  
47 reimbursement and welfare reform, as amended by section 30 of part B of  
48 chapter 57 of the laws of 2023, is amended to read as follows:

49 5-a. Section sixty-four-a of this act shall be deemed to have been in  
50 full force and effect on and after April 1, 1995 through March 31, 1999  
51 and on and after July 1, 1999 through March 31, 2000 and on and after  
52 April 1, 2000 through March 31, 2003 and on and after April 1, 2003  
53 through March 31, 2007, and on and after April 1, 2007 through March 31,  
54 2009, and on and after April 1, 2009 through March 31, 2011, and on and  
55 after April 1, 2011 through March 31, 2013, and on and after April 1,  
56 2013 through March 31, 2015, and on and after April 1, 2015 through



1 March 31, 2017 and on and after April 1, 2017 through March 31, 2019,  
2 and on and after April 1, 2019 through March 31, 2021, and on and after  
3 April 1, 2021 through March 31, 2023, and on and after April 1, 2023  
4 through March 31, 2025, and on and after April 1, 2025 through March 31,  
5 2027;

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

10 § 64-b. Notwithstanding any inconsistent provision of law, the  
11 provisions of subdivision 7 of section 3614 of the public health law, as  
12 amended, shall remain and be in full force and effect on April 1, 1995  
13 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on  
14 and after April 1, 2000 through March 31, 2003 and on and after April 1,  
15 2003 through March 31, 2007, and on and after April 1, 2007 through  
16 March 31, 2009, and on and after April 1, 2009 through March 31, 2011,  
17 and on and after April 1, 2011 through March 31, 2013, and on and after  
18 April 1, 2013 through March 31, 2015, and on and after April 1, 2015  
19 through March 31, 2017 and on and after April 1, 2017 through March 31,  
20 2019, and on and after April 1, 2019 through March 31, 2021, and on and  
21 after April 1, 2021 through March 31, 2023, and on and after April 1,  
22 2023 through March 31, 2025, and on and after April 1, 2025 through  
23 March 31, 2027.

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

29 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section  
30 2807-c of the public health law, section 21 of chapter 1 of the laws of  
31 1999, or any other contrary provision of law, in determining rates of  
32 payments by state governmental agencies effective for services provided  
33 on and after January 1, 2017 through March 31, [2025] 2027, for inpa-  
34 tient and outpatient services provided by general hospitals, for inpa-  
35 tient services and adult day health care outpatient services provided by  
36 residential health care facilities pursuant to article 28 of the public  
37 health law, except for residential health care facilities or units of  
38 such facilities providing services primarily to children under twenty-  
39 one years of age, for home health care services provided pursuant to  
40 article 36 of the public health law by certified home health agencies,  
41 long term home health care programs and AIDS home care programs, and for  
42 personal care services provided pursuant to section 365-a of the social  
43 services law, the commissioner of health shall apply no greater than  
44 zero trend factors attributable to the 2017, 2018, 2019, 2020, 2021,  
45 2022, 2023, 2024 [and], 2025, 2026, and 2027 calendar years in accord-  
46 ance with paragraph (c) of subdivision 10 of section 2807-c of the  
47 public health law, provided, however, that such no greater than zero  
48 trend factors attributable to such 2017, 2018, 2019, 2020, 2021, 2022,  
49 2023, 2024 [and], 2025, 2026, and 2027 calendar years shall also be  
50 applied to rates of payment provided on and after January 1, 2017  
51 through March 31, [2025] 2027 for personal care services provided in  
52 those local social services districts, including New York city, whose  
53 rates of payment for such services are established by such local social  
54 services districts pursuant to a rate-setting exemption issued by the  
55 commissioner of health to such local social services districts in  
56 accordance with applicable regulations; and provided further, however,

1 that for rates of payment for assisted living program services provided  
2 on and after January 1, 2017 through March 31, [2025] 2027, such trend  
3 factors attributable to the 2017, 2018, 2019, 2020, 2021, 2022, 2023,  
4 2024 [and], 2025, 2026, and 2027 calendar years shall be established at  
5 no greater than zero percent.

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

10 2. Sections five, seven through nine, twelve through fourteen, and  
11 eighteen of this act shall be deemed to have been in full force and  
12 effect on and after April 1, 1995 through March 31, 1999 and on and  
13 after July 1, 1999 through March 31, 2000 and on and after April 1, 2000  
14 through March 31, 2003 and on and after April 1, 2003 through March 31,  
15 2006 and on and after April 1, 2006 through March 31, 2007 and on and  
16 after April 1, 2007 through March 31, 2009 and on and after April 1,  
17 2009 through March 31, 2011 and sections twelve, thirteen and fourteen  
18 of this act shall be deemed to be in full force and effect on and after  
19 April 1, 2011 through March 31, 2015 and on and after April 1, 2015  
20 through March 31, 2017 and on and after April 1, 2017 through March 31,  
21 2019, and on and after April 1, 2019 through March 31, 2021, and on and  
22 after April 1, 2021 through March 31, 2023, and on and after April 1,  
23 2023 through March 31, 2025, and on and after April 1, 2025 through  
24 March 31, 2027;

25 § 20. Subparagraph (vi) of paragraph (b) of subdivision 2 of section  
26 2807-d of the public health law, as amended by section 34 of part B of  
27 chapter 57 of the laws of 2023, is amended to read as follows:

28 (vi) Notwithstanding any contrary provision of this paragraph or any  
29 other provision of law or regulation to the contrary, for residential  
30 health care facilities the assessment shall be six percent of each resi-  
31 dential health care facility's gross receipts received from all patient  
32 care services and other operating income on a cash basis for the period  
33 April first, two thousand two through March thirty-first, two thousand  
34 three for hospital or health-related services, including adult day  
35 services; provided, however, that residential health care facilities'  
36 gross receipts attributable to payments received pursuant to title XVIII  
37 of the federal social security act (medicare) shall be excluded from the  
38 assessment; provided, however, that for all such gross receipts received  
39 on or after April first, two thousand three through March thirty-first,  
40 two thousand five, such assessment shall be five percent, and further  
41 provided that for all such gross receipts received on or after April  
42 first, two thousand five through March thirty-first, two thousand nine,  
43 and on or after April first, two thousand nine through March thirty-  
44 first, two thousand eleven such assessment shall be six percent, and  
45 further provided that for all such gross receipts received on or after  
46 April first, two thousand eleven through March thirty-first, two thou-  
47 sand thirteen such assessment shall be six percent, and further provided  
48 that for all such gross receipts received on or after April first, two  
49 thousand thirteen through March thirty-first, two thousand fifteen such  
50 assessment shall be six percent, and further provided that for all such  
51 gross receipts received on or after April first, two thousand fifteen  
52 through March thirty-first, two thousand seventeen such assessment shall  
53 be six percent, and further provided that for all such gross receipts  
54 received on or after April first, two thousand seventeen through March  
55 thirty-first, two thousand nineteen such assessment shall be six  
56 percent, and further provided that for all such gross receipts received

1 on or after April first, two thousand nineteen through March thirty-  
2 first, two thousand twenty-one such assessment shall be six percent, and  
3 further provided that for all such gross receipts received on or after  
4 April first, two thousand twenty-one through March thirty-first, two  
5 thousand twenty-three such assessment shall be six percent, and further  
6 provided that for all such gross receipts received on or after April  
7 first, two thousand twenty-three through March thirty-first, two thou-  
8 sand twenty-five such assessment shall be six percent, and further  
9 provided that for all such gross receipts received on or after April  
10 first, two thousand twenty-five through March thirty-first, two thousand  
11 twenty-seven such assessment shall be six percent.

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

17 § 3. This act shall take effect on the one hundred twentieth day after  
18 it shall have become a law; provided however, that section one of this  
19 act shall expire and be deemed repealed [four] six years after such  
20 effective date; and provided further, that section two of this act shall  
21 expire and be deemed repealed [five] seven years after such effective  
22 date.

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

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

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

34 § 4. This act shall take effect 120 days after it shall have become a  
35 law and shall expire and be deemed repealed March 31, [2025] 2027.

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

44 (b) section four of this act shall expire and be deemed repealed  
45 December 31, [2025] 2026; provided, however, the amendments to paragraph  
46 (c) of subdivision 1 of section 369-gg of the social services law made  
47 by such section of this act shall be subject to the expiration and  
48 reversion of such paragraph pursuant to section 2 of part H of chapter  
49 57 of the laws of 2021 when upon such date, the provisions of section  
50 five of this act shall take effect; provided, however, the amendments to  
51 such paragraph made by section five of this act shall expire and be  
52 deemed repealed December 31, [2025] 2026;

53 (c) section six of this act shall take effect January 1, [2026] 2027;  
54 provided, however, the amendments to paragraph (c) of subdivision 1 of  
55 section 369-gg of the social services law made by such section of this  
56 act shall be subject to the expiration and reversion of such paragraph

1 pursuant to section 2 of part H of chapter 57 of the laws of 2021 when  
2 upon such date, the provisions of section seven of this act shall take  
3 effect; and

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

7 10. The department of health shall establish or procure the services  
8 of an independent assessor or assessors no later than October 1, 2022,  
9 in a manner and schedule as determined by the commissioner of health, to  
10 take over from local departments of social services, Medicaid Managed  
11 Care providers, and Medicaid managed long term care plans performance of  
12 assessments and reassessments required for determining individuals'  
13 needs for personal care services, including as provided through the  
14 consumer directed personal assistance program, and other services or  
15 programs available pursuant to the state's medical assistance program as  
16 determined by such commissioner for the purpose of improving efficiency,  
17 quality, and reliability in assessment and to determine individuals'  
18 eligibility for Medicaid managed long term care plans. Notwithstanding  
19 the provisions of section one hundred sixty-three of the state finance  
20 law, or sections one hundred forty-two and one hundred forty-three of  
21 the economic development law, or any contrary provision of law,  
22 contracts may be entered or the commissioner may amend and extend the  
23 terms of a contract awarded prior to the effective date and entered into  
24 to conduct enrollment broker and conflict-free evaluation services for  
25 the Medicaid program, if such contract or contract amendment is for the  
26 purpose of procuring such assessment services from an independent asses-  
27 sor. Contracts entered into, amended, or extended pursuant to this  
28 subdivision shall not remain in force beyond September 30, [2025] 2028.

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

34 § 20. The department of health shall establish or procure services of  
35 an independent panel or panels of clinical professionals no later than  
36 October 1, 2022, in a manner and schedule as determined by the commis-  
37 sioner of health, to provide as appropriate independent physician or  
38 other applicable clinician orders for personal care services, including  
39 as provided through the consumer directed personal assistance program,  
40 available pursuant to the state's medical assistance program and to  
41 determine eligibility for the consumer directed personal assistance  
42 program. Notwithstanding the provisions of section 163 of the state  
43 finance law, or sections 142 and 143 of the economic development law, or  
44 any contrary provision of law, contracts may be entered or the commis-  
45 sioner of health may amend and extend the terms of a contract awarded  
46 prior to the effective date and entered into to conduct enrollment  
47 broker and conflict-free evaluation services for the Medicaid program,  
48 if such contract or contract amendment is for the purpose of establish-  
49 ing an independent panel or panels of clinical professionals as  
50 described in this section. Contracts entered into, amended, or extended  
51 pursuant to this section shall not remain in force beyond September 30,  
52 [2025] 2028.

53 § 26-a. Section 2 of chapter 769 of the laws of 2023, amending the  
54 public health law relating to the adult cystic fibrosis assistance  
55 program, as amended by section 14 of part B of chapter 57 of the laws of  
56 2024, is amended to read as follows:

1 § 2. This act shall take effect immediately and shall expire March 31,  
2 [2025] 2026 when upon such date the provisions of this act shall be  
3 deemed repealed.

4 § 27. This act shall take effect immediately and shall be deemed to  
5 have been in full force and effect on and after April 1, 2025; provided,  
6 however, that the amendments to subdivision 3 of section 3018 of the  
7 public health law made by section eight of this act shall not affect the  
8 repeal of such section and shall be deemed repealed therewith.

9

## PART C

10

Intentionally Omitted

11

## PART D

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

16 Notwithstanding any inconsistent provision of this subdivision or any  
17 other contrary provision of law and subject to the availability of  
18 federal financial participation, for each state fiscal year from July  
19 first, two thousand ten through December thirty-first, two thousand  
20 twenty-four; and for the calendar year January first, two thousand twen-  
21 ty-five through December thirty-first, two thousand twenty-five; and for  
22 each calendar year thereafter, the commissioner shall make additional  
23 inpatient hospital payments up to the aggregate upper payment limit for  
24 inpatient hospital services after all other medical assistance payments,  
25 but not to exceed two hundred thirty-five million five hundred thousand  
26 dollars for the period July first, two thousand ten through March thir-  
27 ty-first, two thousand eleven, three hundred fourteen million dollars  
28 for each state fiscal year beginning April first, two thousand eleven,  
29 through March thirty-first, two thousand thirteen, and no less than  
30 three hundred thirty-nine million dollars for each state fiscal year  
31 until December thirty-first, two thousand twenty-four; and then from  
32 calendar year January first, two thousand twenty-five through December  
33 thirty-first, two thousand twenty-five; and for each calendar year ther-  
34 eafter, to general hospitals, other than major public general hospitals,  
35 providing emergency room services and including safety net hospitals,  
36 which shall, for the purpose of this paragraph, be defined as having  
37 either: a Medicaid share of total inpatient hospital discharges of at  
38 least thirty-five percent, including both fee-for-service and managed  
39 care discharges for acute and exempt services; or a Medicaid share of  
40 total discharges of at least thirty percent, including both fee-for-ser-  
41 vice and managed care discharges for acute and exempt services, and also  
42 providing obstetrical services. Provided however, that in calendar year  
43 January first, two thousand twenty-six through December thirty-first,  
44 two thousand twenty-six; and for each calendar year thereafter such  
45 additional payments shall not be made in any calendar year in which the  
46 Medicaid rates of payment approved and in effect for general hospitals  
47 operated by the New York city health and hospitals corporation as estab-  
48 lished by chapter one thousand sixteen of the laws of nineteen hundred  
49 sixty-nine, as amended, result in such hospitals being ineligible to  
50 receive Medicaid DSH payments for that calendar year. Eligibility to  
51 receive such additional payments shall be based on data from the period



1 two years prior to the rate year, as reported on the institutional cost  
2 report submitted to the department as of October first of the prior rate  
3 year. Such payments shall be made as medical assistance payments for  
4 fee-for-service inpatient hospital services pursuant to title eleven of  
5 article five of the social services law for patients eligible for feder-  
6 al financial participation under title XIX of the federal social securi-  
7 ty act and in accordance with the following:

8 § 2. Clause (A) of subparagraph (ii) of paragraph (b) of subdivision  
9 5-d of section 2807-k of the public health law, as amended by section 1  
10 of part E of chapter 57 of the laws of 2023, is amended to read as  
11 follows:

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

15 (2) for the calendar years two thousand twenty-five and thereafter, in  
16 any calendar year in which the Medicaid rates of payment approved and in  
17 effect for general hospitals operated by the New York city health and  
18 hospitals corporation as established by chapter one thousand sixteen of  
19 the laws of nineteen hundred sixty-nine, as amended, result in such  
20 hospitals being ineligible to receive Medicaid DSH payments for that  
21 calendar year, the total distributions to major public general hospitals  
22 shall be subject to an aggregate reduction of one hundred thirteen  
23 million four hundred thousand dollars; and

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

26

## PART E

27 Section 1. Intentionally omitted.

28 § 2. Subdivision 3 of section 364-j of the social services law is  
29 amended by adding a new paragraph (d-4) to read as follows:

30 (d-4) Notwithstanding paragraph (a) of this subdivision, the following  
31 medical assistance recipients shall not be eligible to participate in  
32 the managed care program authorized by this section or other care coor-  
33 dination model established by article forty-four of the public health  
34 law: any person who is permanently placed in a residential health care  
35 facility for a consecutive period of three months or more. However,  
36 nothing in this paragraph should be construed to apply to enrollees in  
37 the Medicaid Advantage Plus Program, developed to enroll persons in  
38 managed long-term care who are nursing home certifiable and who are  
39 dually eligible pursuant to section forty-four hundred three-f of the  
40 public health law. In implementing this provision, the department shall  
41 continue to support service delivery and outcomes that result in commu-  
42 nity living for enrollees.

43 § 3. Intentionally omitted.

44 § 4. This act shall take effect immediately; provided, however, that  
45 section two of this act is subject to federal financial participation;  
46 and provided further, however, that the amendment to section 364-j of  
47 the social services law made by section two of this act shall not affect  
48 the repeal of such section and shall be deemed repealed therewith.

49

## PART F

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

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

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

16 (b) A [child] health insurance plan [certified] serving individuals  
17 enrolled pursuant to [section twenty-five hundred eleven] title 1-A of  
18 article twenty-five of this chapter;

19 (c) Essential plan coverage certified pursuant to [section three  
20 hundred sixty-nine-gg] title 11-D of article five of the social services  
21 law;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

40 (c) Overpayment by or on behalf of a health plan of a payment shall be  
41 applied to any other payment due from the health plan pursuant to this  
42 section, or, if no payment is due, at the election of the health plan,  
43 shall be applied to future payments or refunded to the health plan.  
44 Interest shall be paid on overpayments from the date of overpayment to  
45 the date of crediting or refunding at the rate determined in accordance  
46 with this subdivision only if the overpayment was made at the direction  
47 of the commissioner. Interest under this paragraph shall not be paid if  
48 the amount thereof is less than one dollar.

49 9. Payments and reports submitted or required to be submitted to the  
50 commissioner pursuant to this section by a health plan shall be subject  
51 to audit by the commissioner for a period of six years following the  
52 close of the calendar year in which such payments and reports are due,  
53 after which such payments shall be deemed final and not subject to  
54 further adjustment or reconciliation, including through offset adjust-  
55 ments or reconciliations made by a health plan; provided, however, that  
56 nothing in this section shall be construed as precluding the commission-



1 er from pursuing collection of any such payments which are identified as  
2 delinquent within such six-year period, or which are identified as  
3 delinquent as a result of an audit commenced within such six-year peri-  
4 od, or from conducting an audit of any adjustment or reconciliation made  
5 by a health plan, or from conducting an audit of payments made prior to  
6 such six-year period which are found to be commingled with payments  
7 which are otherwise subject to timely audit pursuant to this section.

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

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

25 § 99-ss. Healthcare stability fund. 1. There is hereby established in  
26 the joint custody of the state comptroller and the commissioner of taxa-  
27 tion and finance a special fund to be known as the "healthcare stability  
28 fund" ("fund").

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

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

38 3. Notwithstanding any provision of law to the contrary and subject to  
39 available legislative appropriation and approval of the director of the  
40 budget, monies of the fund may be available [for] to the department of  
41 health for the purpose of:

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

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

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

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

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

5 [4.] 5. Monies disbursed from the fund shall be exempt from the calcu-  
6 lation of department of health state funds medicaid expenditures under  
7 subdivision one of section ninety-two of part H of chapter fifty-nine of  
8 the laws of two thousand eleven, as amended.

9 [5.] 6. Monies in such fund shall be kept separate from and shall not  
10 be commingled with any other monies in the custody of the comptroller or  
11 the commissioner of taxation and finance. Any monies of the fund not  
12 required for immediate use may, at the discretion of the comptroller, in  
13 consultation with the director of the budget, be invested by the comp-  
14 troller in obligations of the United States or the state. Any income  
15 earned by the investment of such monies shall be added to and become a  
16 part of and shall be used for the purposes of such fund.

17 [6.] 7. The director of the budget shall provide quarterly reports to  
18 the speaker of the assembly, the temporary president of the senate, the  
19 chair of the senate finance committee and the chair of the assembly ways  
20 and means committee, on the receipts and distributions of the healthcare  
21 stability fund, including an itemization of such receipts and disburse-  
22 ments, the historical and projected expenditures, and the projected fund  
23 balance.

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

29 § 3. Section 1-a of part I of chapter 57 of the laws of 2022 providing  
30 a one percent across the board payment increase to all qualifying fee-  
31 for-service Medicaid rates, as amended by section 1 of part NN of chap-  
32 ter 57 of the laws of 2024, is amended to read as follows:

33 § 1-a. Notwithstanding any provision of law to the contrary, for the  
34 state fiscal years beginning April 1, 2023, and thereafter, Medicaid  
35 payments made for the operating component of hospital inpatient services  
36 shall be subject to a uniform rate increase of seven and one-half  
37 percent in addition to the increase contained in section one of this  
38 act, subject to the approval of the commissioner of health and the  
39 director of the budget. Notwithstanding any provision of law to the  
40 contrary, for the state fiscal years beginning April 1, 2023, and there-  
41 after, Medicaid payments made for the operating component of hospital  
42 outpatient services shall be subject to a uniform rate increase of six  
43 and one-half percent in addition to the increase contained in section  
44 one of this act, subject to the approval of the commissioner of health  
45 and the director of the budget. Notwithstanding any provision of law to  
46 the contrary, for the period April 1, 2024 through March 31, 2025 Medi-  
47 caid payments made for hospital services shall be increased by an aggre-  
48 gate amount of up to \$525,000,000 in addition to the increase contained  
49 in sections one and one-b of this act subject to the approval of the  
50 commissioner of health and the director of the budget. Notwithstanding  
51 any provision of law to the contrary, for the state fiscal years begin-  
52 ning April 1, 2025, and thereafter, Medicaid payments made for the oper-  
53 ating component of hospital outpatient services shall be subject to a  
54 uniform rate increase pursuant to a plan approved by the director of the  
55 budget in addition to the applicable increase contained in section one  
56 of this act and this section, subject to the approval of the commission-

1 er of health and the director of the budget. Notwithstanding any  
2 provision of law to the contrary, for the period April 1, 2025, and  
3 thereafter, Medicaid payments made for hospital services shall be  
4 increased by an aggregate amount of up to \$625,000,000 in addition to  
5 the increase contained in section one of this act and this section,  
6 subject to the approval of the commissioner of health and the director  
7 of the budget. Such rate increases shall be subject to federal financial  
8 participation and the provisions established under section one-f of this  
9 act.

10 § 4. Section 1-b of part I of chapter 57 of the laws of 2022 providing  
11 a one percent across the board payment increase to all qualifying fee-  
12 for-service Medicaid rates, as amended by section 2 of part NN of chap-  
13 ter 57 of the laws of 2024, is amended to read as follows:

14 § 1-b. Notwithstanding any provision of law to the contrary, for the  
15 state fiscal years beginning April 1, 2023, and thereafter, Medicaid  
16 payments made for the operating component of residential health care  
17 facilities services shall be subject to a uniform rate increase of 6.5  
18 percent in addition to the increase contained in subdivision 1 of  
19 section 1 of this part, subject to the approval of the commissioner of  
20 the department of health and the director of the division of the budget;  
21 provided, however, that such Medicaid payments shall be subject to a  
22 uniform rate increase of up to 7.5 percent in addition to the increase  
23 contained in subdivision 1 of section 1 of this part contingent upon  
24 approval of the commissioner of the department of health, the director  
25 of the division of the budget, and the Centers for Medicare and Medicaid  
26 Services. Notwithstanding any provision of law to the contrary, for the  
27 period April 1, 2024 through March 31, 2025 Medicaid payments made for  
28 nursing home services shall be increased by an aggregate amount of up to  
29 \$285,000,000 in addition to the increase contained in [sections] section  
30 one [and one-c] of this act and this section subject to the approval of  
31 the commissioner of health and the director of the budget. Such rate  
32 increases shall be subject to federal financial participation. Notwith-  
33 standing any provision of law to the contrary, for state fiscal years  
34 beginning April 1, 2025, and thereafter Medicaid payments made for nurs-  
35 ing home services shall be increased by an aggregate amount of up to  
36 \$481,250,000 in addition to the increase contained in section one of  
37 this act and this section, subject to the approval of the commissioner  
38 of health and the director of the budget. Such rate increases shall be  
39 subject to federal financial participation and the provisions estab-  
40 lished under section one-f of this act.

41 § 5. Sections 1-c and 1-d of part I of chapter 57 of the laws of 2022  
42 providing a one percent across the board payment increase to all quali-  
43 fying fee-for-service Medicaid rates, are renumbered sections 1-d and  
44 1-e and a new section 1-c is added to read as follows:

45 § 1-c. Notwithstanding any provision of law to the contrary, for the  
46 period April 1, 2025, and thereafter, Medicaid payments made for clinic  
47 service provided by federally qualified health centers and diagnostic  
48 and treatment centers shall be increased by an aggregate amount of up to  
49 \$70,000,000 in addition to any applicable increase contained in section  
50 one of this act subject to the approval of the commissioner of health  
51 and the director of the budget. Such rate increases shall be subject to  
52 federal financial participation and the provisions established under  
53 section one-f of this act.

54 § 6. Section 1-d of part I of chapter 57 of the laws of 2022 providing  
55 a one percent across the board payment increase to all qualifying fee-  
56 for-service Medicaid rates, as amended by section 3 of part NN of chap-

1 ter 57 of the laws of 2024, and as renumbered by section five of this  
2 act, is amended to read as follows:

3 § 1-d. Notwithstanding any provision of law to the contrary, for the  
4 state fiscal years beginning April 1, 2023, and thereafter, Medicaid  
5 payments made for the operating component of assisted living programs as  
6 defined by paragraph (a) of subdivision one of section 461-1 of the  
7 social services law shall be subject to a uniform rate increase of 6.5  
8 percent in addition to the increase contained in section one of this  
9 part, subject to the approval of the commissioner of the department of  
10 health and the director of division of the budget. Notwithstanding any  
11 provision of law to the contrary, for the period April 1, 2024 through  
12 March 31, 2025, Medicaid payments for assisted living programs shall be  
13 increased by up to \$15,000,000 in addition to the increase contained in  
14 this section subject to the approval of the commissioner of health and  
15 the director of the budget. Notwithstanding any provision of law to the  
16 contrary, for the state fiscal years beginning on April 1, 2025 and  
17 thereafter, Medicaid payments for assisted living programs shall be  
18 increased by up to \$18,750,000 in addition to the increase contained in  
19 this section subject to the approval of the commissioner of health and  
20 the director of the budget. Such rate increases shall be subject to  
21 federal financial participation and the provisions established under  
22 section one-f of this act.

23 § 7. Section 1-e of part I of chapter 57 of the laws of 2022 providing  
24 a one percent across the board payment increase to all qualifying fee-  
25 for-service Medicaid rates, as added by section 4 of part NN of chapter  
26 57 of the laws of 2024, and as renumbered by section five of this act,  
27 is amended and a new section 1-f is added to read as follows:

28 § 1-e. Such increases as added by the chapter of the laws of 2024 that  
29 added this section may take the form of increased rates of payment in  
30 Medicaid fee-for-service and/or Medicaid managed care, lump sum  
31 payments, or state directed payments under 42 CFR 438.6(c). Such rate  
32 increases shall be subject to federal financial participation and the  
33 provisions established under section one-f of this act.

34 § 1-f. Such increases as added by the chapter of the laws of 2025 that  
35 added this section shall be contingent upon the availability of funds  
36 within the healthcare stability fund established by section 99-ss of the  
37 state finance law. Upon a determination by the director of the budget  
38 that the balance of such fund is projected to be insufficient to support  
39 the continuation of such increases, the commissioner of health, subject  
40 to the approval of the director of the budget, shall take steps neces-  
41 sary to suspend or terminate such increases, until a determination is  
42 made that there are sufficient balances to support these increases.

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

46

## PART G

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

52 (a) The superintendent of financial services and the commissioner of  
53 health or their designee shall, from funds available in the hospital  
54 excess liability pool created pursuant to subdivision 5 of this section,



1 purchase a policy or policies for excess insurance coverage, as author-  
2 ized by paragraph 1 of subsection (e) of section 5502 of the insurance  
3 law; or from an insurer, other than an insurer described in section 5502  
4 of the insurance law, duly authorized to write such coverage and actual-  
5 ly writing medical malpractice insurance in this state; or shall  
6 purchase equivalent excess coverage in a form previously approved by the  
7 superintendent of financial services for purposes of providing equiv-  
8 alent excess coverage in accordance with section 19 of chapter 294 of  
9 the laws of 1985, for medical or dental malpractice occurrences between  
10 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,  
11 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June  
12 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991  
13 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July  
14 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,  
15 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June  
16 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998  
17 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July  
18 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,  
19 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June  
20 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005  
21 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July  
22 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,  
23 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June  
24 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012  
25 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July  
26 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,  
27 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June  
28 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019  
29 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July  
30 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023,  
31 between July 1, 2023 and June 30, 2024, [and] between July 1, 2024 and  
32 June 30, 2025, and between July 1, 2025 and June 30, 2026 or reimburse  
33 the hospital where the hospital purchases equivalent excess coverage as  
34 defined in subparagraph (i) of paragraph (a) of subdivision 1-a of this  
35 section for medical or dental malpractice occurrences between July 1,  
36 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between  
37 July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991,  
38 between July 1, 1991 and June 30, 1992, between July 1, 1992 and June  
39 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994  
40 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July  
41 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998,  
42 between July 1, 1998 and June 30, 1999, between July 1, 1999 and June  
43 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001  
44 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July  
45 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005,  
46 between July 1, 2005 and June 30, 2006, between July 1, 2006 and June  
47 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008  
48 and June 30, 2009, between July 1, 2009 and June 30, 2010, between July  
49 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012,  
50 between July 1, 2012 and June 30, 2013, between July 1, 2013 and June  
51 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015  
52 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July  
53 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019,  
54 between July 1, 2019 and June 30, 2020, between July 1, 2020 and June  
55 30, 2021, between July 1, 2021 and June 30, 2022, between July 1, 2022  
56 and June 30, 2023, between July 1, 2023 and June 30, 2024, [and] between

1 July 1, 2024 and June 30, 2025, and between July 1, 2025 and June 30,  
2 2026 for physicians or dentists certified as eligible for each such  
3 period or periods pursuant to subdivision 2 of this section by a general  
4 hospital licensed pursuant to article 28 of the public health law;  
5 provided that no single insurer shall write more than fifty percent of  
6 the total excess premium for a given policy year; and provided, however,  
7 that such eligible physicians or dentists must have in force an individ-  
8 ual policy, from an insurer licensed in this state of primary malprac-  
9 tice insurance coverage in amounts of no less than one million three  
10 hundred thousand dollars for each claimant and three million nine  
11 hundred thousand dollars for all claimants under that policy during the  
12 period of such excess coverage for such occurrences or be endorsed as  
13 additional insureds under a hospital professional liability policy which  
14 is offered through a voluntary attending physician ("channeling")  
15 program previously permitted by the superintendent of financial services  
16 during the period of such excess coverage for such occurrences. During  
17 such period, such policy for excess coverage or such equivalent excess  
18 coverage shall, when combined with the physician's or dentist's primary  
19 malpractice insurance coverage or coverage provided through a voluntary  
20 attending physician ("channeling") program, total an aggregate level of  
21 two million three hundred thousand dollars for each claimant and six  
22 million nine hundred thousand dollars for all claimants from all such  
23 policies with respect to occurrences in each of such years provided,  
24 however, if the cost of primary malpractice insurance coverage in excess  
25 of one million dollars, but below the excess medical malpractice insur-  
26 ance coverage provided pursuant to this act, exceeds the rate of nine  
27 percent per annum, then the required level of primary malpractice insur-  
28 ance coverage in excess of one million dollars for each claimant shall  
29 be in an amount of not less than the dollar amount of such coverage  
30 available at nine percent per annum; the required level of such coverage  
31 for all claimants under that policy shall be in an amount not less than  
32 three times the dollar amount of coverage for each claimant; and excess  
33 coverage, when combined with such primary malpractice insurance cover-  
34 age, shall increase the aggregate level for each claimant by one million  
35 dollars and three million dollars for all claimants; and provided  
36 further, that, with respect to policies of primary medical malpractice  
37 coverage that include occurrences between April 1, 2002 and June 30,  
38 2002, such requirement that coverage be in amounts no less than one  
39 million three hundred thousand dollars for each claimant and three  
40 million nine hundred thousand dollars for all claimants for such occur-  
41 rences shall be effective April 1, 2002.

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

46 (3) (a) The superintendent of financial services shall determine and  
47 certify to each general hospital and to the commissioner of health the  
48 cost of excess malpractice insurance for medical or dental malpractice  
49 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988  
50 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July  
51 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,  
52 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June  
53 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995  
54 and June 30, 1996, between July 1, 1996 and June 30, 1997, between July  
55 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,  
56 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June

1 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002  
2 and June 30, 2003, between July 1, 2003 and June 30, 2004, between July  
3 1, 2004 and June 30, 2005, between July 1, 2005 and June 30, 2006,  
4 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June  
5 30, 2008, between July 1, 2008 and June 30, 2009, between July 1, 2009  
6 and June 30, 2010, between July 1, 2010 and June 30, 2011, between July  
7 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,  
8 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June  
9 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016  
10 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July  
11 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,  
12 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June  
13 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023  
14 and June 30, 2024, [and] between July 1, 2024 and June 30, 2025, and  
15 between July 1, 2025 and June 30, 2026 allocable to each general hospi-  
16 tal for physicians or dentists certified as eligible for purchase of a  
17 policy for excess insurance coverage by such general hospital in accord-  
18 ance with subdivision 2 of this section, and may amend such determi-  
19 nation and certification as necessary.

20 (b) The superintendent of financial services shall determine and  
21 certify to each general hospital and to the commissioner of health the  
22 cost of excess malpractice insurance or equivalent excess coverage for  
23 medical or dental malpractice occurrences between July 1, 1987 and June  
24 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989  
25 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July  
26 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,  
27 between July 1, 1993 and June 30, 1994, between July 1, 1994 and June  
28 30, 1995, between July 1, 1995 and June 30, 1996, between July 1, 1996  
29 and June 30, 1997, between July 1, 1997 and June 30, 1998, between July  
30 1, 1998 and June 30, 1999, between July 1, 1999 and June 30, 2000,  
31 between July 1, 2000 and June 30, 2001, between July 1, 2001 and June  
32 30, 2002, between July 1, 2002 and June 30, 2003, between July 1, 2003  
33 and June 30, 2004, between July 1, 2004 and June 30, 2005, between July  
34 1, 2005 and June 30, 2006, between July 1, 2006 and June 30, 2007,  
35 between July 1, 2007 and June 30, 2008, between July 1, 2008 and June  
36 30, 2009, between July 1, 2009 and June 30, 2010, between July 1, 2010  
37 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July  
38 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,  
39 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June  
40 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017  
41 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July  
42 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021,  
43 between July 1, 2021 and June 30, 2022, between July 1, 2022 and June  
44 30, 2023, between July 1, 2023 and June 30, 2024, [and] between July 1,  
45 2024 and June 30, 2025, and between July 1, 2025 and June 30, 2026 allo-  
46 cable to each general hospital for physicians or dentists certified as  
47 eligible for purchase of a policy for excess insurance coverage or  
48 equivalent excess coverage by such general hospital in accordance with  
49 subdivision 2 of this section, and may amend such determination and  
50 certification as necessary. The superintendent of financial services  
51 shall determine and certify to each general hospital and to the commis-  
52 sioner of health the ratable share of such cost allocable to the period  
53 July 1, 1987 to December 31, 1987, to the period January 1, 1988 to June  
54 30, 1988, to the period July 1, 1988 to December 31, 1988, to the period  
55 January 1, 1989 to June 30, 1989, to the period July 1, 1989 to December  
56 31, 1989, to the period January 1, 1990 to June 30, 1990, to the period



1 July 1, 1990 to December 31, 1990, to the period January 1, 1991 to June  
2 30, 1991, to the period July 1, 1991 to December 31, 1991, to the period  
3 January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December  
4 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period  
5 July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June  
6 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period  
7 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December  
8 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period  
9 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June  
10 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period  
11 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December  
12 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period  
13 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June  
14 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period  
15 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,  
16 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,  
17 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to  
18 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006  
19 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the  
20 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and  
21 June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the  
22 period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and  
23 June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the  
24 period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and  
25 June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the  
26 period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June  
27 30, 2019, to the period July 1, 2019 to June 30, 2020, to the period  
28 July 1, 2020 to June 30, 2021, to the period July 1, 2021 to June 30,  
29 2022, to the period July 1, 2022 to June 30, 2023, to the period July 1,  
30 2023 to June 30, 2024, [and] to the period July 1, 2024 to June 30,  
31 2025, and to the period July 1, 2025 to June 30, 2026.

32 § 3. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section  
33 18 of chapter 266 of the laws of 1986, amending the civil practice law  
34 and rules and other laws relating to malpractice and professional  
35 medical conduct, as amended by section 3 of part K of chapter 57 of the  
36 laws of 2024, are amended to read as follows:

37 (a) To the extent funds available to the hospital excess liability  
38 pool pursuant to subdivision 5 of this section as amended, and pursuant  
39 to section 6 of part J of chapter 63 of the laws of 2001, as may from  
40 time to time be amended, which amended this subdivision, are insuffi-  
41 cient to meet the costs of excess insurance coverage or equivalent  
42 excess coverage for coverage periods during the period July 1, 1992 to  
43 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during  
44 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995  
45 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,  
46 during the period July 1, 1997 to June 30, 1998, during the period July  
47 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,  
48 2000, during the period July 1, 2000 to June 30, 2001, during the period  
49 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to  
50 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during  
51 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004  
52 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,  
53 during the period July 1, 2006 to June 30, 2007, during the period July  
54 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,  
55 2009, during the period July 1, 2009 to June 30, 2010, during the period  
56 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June



1 30, 2012, during the period July 1, 2012 to June 30, 2013, during the  
2 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to  
3 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during  
4 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017  
5 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,  
6 during the period July 1, 2019 to June 30, 2020, during the period July  
7 1, 2020 to June 30, 2021, during the period July 1, 2021 to June 30,  
8 2022, during the period July 1, 2022 to June 30, 2023, during the period  
9 July 1, 2023 to June 30, 2024, [and] during the period July 1, 2024 to  
10 June 30, 2025, and during the period July 1, 2025 to June 30 2026 allo-  
11 cated or reallocated in accordance with paragraph (a) of subdivision 4-a  
12 of this section to rates of payment applicable to state governmental  
13 agencies, each physician or dentist for whom a policy for excess insur-  
14 ance coverage or equivalent excess coverage is purchased for such period  
15 shall be responsible for payment to the provider of excess insurance  
16 coverage or equivalent excess coverage of an allocable share of such  
17 insufficiency, based on the ratio of the total cost of such coverage for  
18 such physician to the sum of the total cost of such coverage for all  
19 physicians applied to such insufficiency.

20 (b) Each provider of excess insurance coverage or equivalent excess  
21 coverage covering the period July 1, 1992 to June 30, 1993, or covering  
22 the period July 1, 1993 to June 30, 1994, or covering the period July 1,  
23 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,  
24 1996, or covering the period July 1, 1996 to June 30, 1997, or covering  
25 the period July 1, 1997 to June 30, 1998, or covering the period July 1,  
26 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,  
27 2000, or covering the period July 1, 2000 to June 30, 2001, or covering  
28 the period July 1, 2001 to October 29, 2001, or covering the period  
29 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to  
30 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or  
31 covering the period July 1, 2004 to June 30, 2005, or covering the peri-  
32 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to  
33 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or  
34 covering the period July 1, 2008 to June 30, 2009, or covering the peri-  
35 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to  
36 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or  
37 covering the period July 1, 2012 to June 30, 2013, or covering the peri-  
38 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to  
39 June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or  
40 covering the period July 1, 2016 to June 30, 2017, or covering the peri-  
41 od July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to  
42 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or  
43 covering the period July 1, 2020 to June 30, 2021, or covering the peri-  
44 od July 1, 2021 to June 30, 2022, or covering the period July 1, 2022 to  
45 June 30, 2023, or covering the period July 1, 2023 to June 30, 2024, or  
46 covering the period July 1, 2024 to June 30, 2025, or covering the peri-  
47 od July 1, 2025 to June 30, 2026 shall notify a covered physician or  
48 dentist by mail, mailed to the address shown on the last application for  
49 excess insurance coverage or equivalent excess coverage, of the amount  
50 due to such provider from such physician or dentist for such coverage  
51 period determined in accordance with paragraph (a) of this subdivision.  
52 Such amount shall be due from such physician or dentist to such provider  
53 of excess insurance coverage or equivalent excess coverage in a time and  
54 manner determined by the superintendent of financial services.

55 (c) If a physician or dentist liable for payment of a portion of the  
56 costs of excess insurance coverage or equivalent excess coverage cover-

1 ing the period July 1, 1992 to June 30, 1993, or covering the period  
2 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to  
3 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or  
4 covering the period July 1, 1996 to June 30, 1997, or covering the peri-  
5 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to  
6 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or  
7 covering the period July 1, 2000 to June 30, 2001, or covering the peri-  
8 od July 1, 2001 to October 29, 2001, or covering the period April 1,  
9 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,  
10 2003, or covering the period July 1, 2003 to June 30, 2004, or covering  
11 the period July 1, 2004 to June 30, 2005, or covering the period July 1,  
12 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,  
13 2007, or covering the period July 1, 2007 to June 30, 2008, or covering  
14 the period July 1, 2008 to June 30, 2009, or covering the period July 1,  
15 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,  
16 2011, or covering the period July 1, 2011 to June 30, 2012, or covering  
17 the period July 1, 2012 to June 30, 2013, or covering the period July 1,  
18 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,  
19 2015, or covering the period July 1, 2015 to June 30, 2016, or covering  
20 the period July 1, 2016 to June 30, 2017, or covering the period July 1,  
21 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,  
22 2019, or covering the period July 1, 2019 to June 30, 2020, or covering  
23 the period July 1, 2020 to June 30, 2021, or covering the period July 1,  
24 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30,  
25 2023, or covering the period July 1, 2023 to June 30, 2024, or covering  
26 the period July 1, 2024 to June 30, 2025, or covering the period July 1,  
27 2025 to June 30, 2026 determined in accordance with paragraph (a) of  
28 this subdivision fails, refuses or neglects to make payment to the  
29 provider of excess insurance coverage or equivalent excess coverage in  
30 such time and manner as determined by the superintendent of financial  
31 services pursuant to paragraph (b) of this subdivision, excess insurance  
32 coverage or equivalent excess coverage purchased for such physician or  
33 dentist in accordance with this section for such coverage period shall  
34 be cancelled and shall be null and void as of the first day on or after  
35 the commencement of a policy period where the liability for payment  
36 pursuant to this subdivision has not been met.

37 (d) Each provider of excess insurance coverage or equivalent excess  
38 coverage shall notify the superintendent of financial services and the  
39 commissioner of health or their designee of each physician and dentist  
40 eligible for purchase of a policy for excess insurance coverage or  
41 equivalent excess coverage covering the period July 1, 1992 to June 30,  
42 1993, or covering the period July 1, 1993 to June 30, 1994, or covering  
43 the period July 1, 1994 to June 30, 1995, or covering the period July 1,  
44 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,  
45 1997, or covering the period July 1, 1997 to June 30, 1998, or covering  
46 the period July 1, 1998 to June 30, 1999, or covering the period July 1,  
47 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,  
48 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-  
49 ing the period April 1, 2002 to June 30, 2002, or covering the period  
50 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to  
51 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or  
52 covering the period July 1, 2005 to June 30, 2006, or covering the peri-  
53 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to  
54 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or  
55 covering the period July 1, 2009 to June 30, 2010, or covering the peri-  
56 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to

1 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or  
2 covering the period July 1, 2013 to June 30, 2014, or covering the peri-  
3 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to  
4 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or  
5 covering the period July 1, 2017 to June 30, 2018, or covering the peri-  
6 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to  
7 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or  
8 covering the period July 1, 2021 to June 30, 2022, or covering the peri-  
9 od July 1, 2022 to June 30, 2023, or covering the period July 1, 2023 to  
10 June 30, 2024, or covering the period July 1, 2024 to June 30, 2025, or  
11 covering the period July 1, 2025 to June 30, 2026 that has made payment  
12 to such provider of excess insurance coverage or equivalent excess  
13 coverage in accordance with paragraph (b) of this subdivision and of  
14 each physician and dentist who has failed, refused or neglected to make  
15 such payment.

16 (e) A provider of excess insurance coverage or equivalent excess  
17 coverage shall refund to the hospital excess liability pool any amount  
18 allocable to the period July 1, 1992 to June 30, 1993, and to the period  
19 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June  
20 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the  
21 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to  
22 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to  
23 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000  
24 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,  
25 and to the period April 1, 2002 to June 30, 2002, and to the period July  
26 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,  
27 2004, and to the period July 1, 2004 to June 30, 2005, and to the period  
28 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June  
29 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the  
30 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to  
31 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to  
32 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012  
33 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and  
34 to the period July 1, 2014 to June 30, 2015, and to the period July 1,  
35 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and  
36 to the period July 1, 2017 to June 30, 2018, and to the period July 1,  
37 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,  
38 and to the period July 1, 2020 to June 30, 2021, and to the period July  
39 1, 2021 to June 30, 2022, and to the period July 1, 2022 to June 30,  
40 2023, and to the period July 1, 2023 to June 30, 2024, and to the period  
41 July 1, 2024 to June 30, 2025, and to the period July 1, 2025 to June  
42 30, 2026 received from the hospital excess liability pool for purchase  
43 of excess insurance coverage or equivalent excess coverage covering the  
44 period July 1, 1992 to June 30, 1993, and covering the period July 1,  
45 1993 to June 30, 1994, and covering the period July 1, 1994 to June 30,  
46 1995, and covering the period July 1, 1995 to June 30, 1996, and cover-  
47 ing the period July 1, 1996 to June 30, 1997, and covering the period  
48 July 1, 1997 to June 30, 1998, and covering the period July 1, 1998 to  
49 June 30, 1999, and covering the period July 1, 1999 to June 30, 2000,  
50 and covering the period July 1, 2000 to June 30, 2001, and covering the  
51 period July 1, 2001 to October 29, 2001, and covering the period April  
52 1, 2002 to June 30, 2002, and covering the period July 1, 2002 to June  
53 30, 2003, and covering the period July 1, 2003 to June 30, 2004, and  
54 covering the period July 1, 2004 to June 30, 2005, and covering the  
55 period July 1, 2005 to June 30, 2006, and covering the period July 1,  
56 2006 to June 30, 2007, and covering the period July 1, 2007 to June 30,

1 2008, and covering the period July 1, 2008 to June 30, 2009, and cover-  
2 ing the period July 1, 2009 to June 30, 2010, and covering the period  
3 July 1, 2010 to June 30, 2011, and covering the period July 1, 2011 to  
4 June 30, 2012, and covering the period July 1, 2012 to June 30, 2013,  
5 and covering the period July 1, 2013 to June 30, 2014, and covering the  
6 period July 1, 2014 to June 30, 2015, and covering the period July 1,  
7 2015 to June 30, 2016, and covering the period July 1, 2016 to June 30,  
8 2017, and covering the period July 1, 2017 to June 30, 2018, and cover-  
9 ing the period July 1, 2018 to June 30, 2019, and covering the period  
10 July 1, 2019 to June 30, 2020, and covering the period July 1, 2020 to  
11 June 30, 2021, and covering the period July 1, 2021 to June 30, 2022,  
12 and covering the period July 1, 2022 to June 30, 2023 for, and covering  
13 the period July 1, 2023 to June 30, 2024, and covering the period July  
14 1, 2024 to June 30, 2025, and covering the period July 1, 2025 to June  
15 30, 2026 a physician or dentist where such excess insurance coverage or  
16 equivalent excess coverage is cancelled in accordance with paragraph (c)  
17 of this subdivision.

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

22 § 40. The superintendent of financial services shall establish rates  
23 for policies providing coverage for physicians and surgeons medical  
24 malpractice for the periods commencing July 1, 1985 and ending June 30,  
25 [2025] 2026; provided, however, that notwithstanding any other provision  
26 of law, the superintendent shall not establish or approve any increase  
27 in rates for the period commencing July 1, 2009 and ending June 30,  
28 2010. The superintendent shall direct insurers to establish segregated  
29 accounts for premiums, payments, reserves and investment income attrib-  
30 utable to such premium periods and shall require periodic reports by the  
31 insurers regarding claims and expenses attributable to such periods to  
32 monitor whether such accounts will be sufficient to meet incurred claims  
33 and expenses. On or after July 1, 1989, the superintendent shall impose  
34 a surcharge on premiums to satisfy a projected deficiency that is  
35 attributable to the premium levels established pursuant to this section  
36 for such periods; provided, however, that such annual surcharge shall  
37 not exceed eight percent of the established rate until July 1, [2025]  
38 2026, at which time and thereafter such surcharge shall not exceed twen-  
39 ty-five percent of the approved adequate rate, and that such annual  
40 surcharges shall continue for such period of time as shall be sufficient  
41 to satisfy such deficiency. The superintendent shall not impose such  
42 surcharge during the period commencing July 1, 2009 and ending June 30,  
43 2010. On and after July 1, 1989, the surcharge prescribed by this  
44 section shall be retained by insurers to the extent that they insured  
45 physicians and surgeons during the July 1, 1985 through June 30, [2025]  
46 2026 policy periods; in the event and to the extent physicians and  
47 surgeons were insured by another insurer during such periods, all or a  
48 pro rata share of the surcharge, as the case may be, shall be remitted  
49 to such other insurer in accordance with rules and regulations to be  
50 promulgated by the superintendent. Surcharges collected from physicians  
51 and surgeons who were not insured during such policy periods shall be  
52 apportioned among all insurers in proportion to the premium written by  
53 each insurer during such policy periods; if a physician or surgeon was  
54 insured by an insurer subject to rates established by the superintendent  
55 during such policy periods, and at any time thereafter a hospital,  
56 health maintenance organization, employer or institution is responsible

1 for responding in damages for liability arising out of such physician's  
2 or surgeon's practice of medicine, such responsible entity shall also  
3 remit to such prior insurer the equivalent amount that would then be  
4 collected as a surcharge if the physician or surgeon had continued to  
5 remain insured by such prior insurer. In the event any insurer that  
6 provided coverage during such policy periods is in liquidation, the  
7 property/casualty insurance security fund shall receive the portion of  
8 surcharges to which the insurer in liquidation would have been entitled.  
9 The surcharges authorized herein shall be deemed to be income earned for  
10 the purposes of section 2303 of the insurance law. The superintendent,  
11 in establishing adequate rates and in determining any projected defi-  
12 ciency pursuant to the requirements of this section and the insurance  
13 law, shall give substantial weight, determined in his discretion and  
14 judgment, to the prospective anticipated effect of any regulations  
15 promulgated and laws enacted and the public benefit of stabilizing  
16 malpractice rates and minimizing rate level fluctuation during the peri-  
17 od of time necessary for the development of more reliable statistical  
18 experience as to the efficacy of such laws and regulations affecting  
19 medical, dental or podiatric malpractice enacted or promulgated in 1985,  
20 1986, by this act and at any other time. Notwithstanding any provision  
21 of the insurance law, rates already established and to be established by  
22 the superintendent pursuant to this section are deemed adequate if such  
23 rates would be adequate when taken together with the maximum authorized  
24 annual surcharges to be imposed for a reasonable period of time whether  
25 or not any such annual surcharge has been actually imposed as of the  
26 establishment of such rates.

27 § 5. Section 5 and subdivisions (a) and (e) of section 6 of part J of  
28 chapter 63 of the laws of 2001, amending chapter 266 of the laws of  
29 1986, amending the civil practice law and rules and other laws relating  
30 to malpractice and professional medical conduct, as amended by section 5  
31 of part K of chapter 57 of the laws of 2024, are amended to read as  
32 follows:

33 § 5. The superintendent of financial services and the commissioner of  
34 health shall determine, no later than June 15, 2002, June 15, 2003, June  
35 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,  
36 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,  
37 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June  
38 15, 2018, June 15, 2019, June 15, 2020, June 15, 2021, June 15, 2022,  
39 June 15, 2023, June 15, 2024, [and] June 15, 2025, and June 15, 2026 the  
40 amount of funds available in the hospital excess liability pool, created  
41 pursuant to section 18 of chapter 266 of the laws of 1986, and whether  
42 such funds are sufficient for purposes of purchasing excess insurance  
43 coverage for eligible participating physicians and dentists during the  
44 period July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003,  
45 or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or  
46 July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July  
47 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1,  
48 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011  
49 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to  
50 June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June  
51 30, 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,  
52 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,  
53 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,  
54 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,  
55 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30, 2026  
56 as applicable.



1 (a) This section shall be effective only upon a determination, pursu-  
2 ant to section five of this act, by the superintendent of financial  
3 services and the commissioner of health, and a certification of such  
4 determination to the state director of the budget, the chair of the  
5 senate committee on finance and the chair of the assembly committee on  
6 ways and means, that the amount of funds in the hospital excess liabil-  
7 ity pool, created pursuant to section 18 of chapter 266 of the laws of  
8 1986, is insufficient for purposes of purchasing excess insurance cover-  
9 age for eligible participating physicians and dentists during the period  
10 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July  
11 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,  
12 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007  
13 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to  
14 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June  
15 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,  
16 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,  
17 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,  
18 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,  
19 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,  
20 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,  
21 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30, 2026  
22 as applicable.

23 (e) The commissioner of health shall transfer for deposit to the  
24 hospital excess liability pool created pursuant to section 18 of chapter  
25 266 of the laws of 1986 such amounts as directed by the superintendent  
26 of financial services for the purchase of excess liability insurance  
27 coverage for eligible participating physicians and dentists for the  
28 policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30,  
29 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,  
30 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,  
31 2007, as applicable, and the cost of administering the hospital excess  
32 liability pool for such applicable policy year, pursuant to the program  
33 established in chapter 266 of the laws of 1986, as amended, no later  
34 than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June  
35 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010,  
36 June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15,  
37 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June  
38 15, 2020, June 15, 2021, June 15, 2022, June 15, 2023, June 15, 2024,  
39 [and] June 15, 2025, and June 15, 2026 as applicable.

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

44 § 20. Notwithstanding any law, rule or regulation to the contrary,  
45 only physicians or dentists who were eligible, and for whom the super-  
46 intendent of financial services and the commissioner of health, or their  
47 designee, purchased, with funds available in the hospital excess liabil-  
48 ity pool, a full or partial policy for excess coverage or equivalent  
49 excess coverage for the coverage period ending the thirtieth of June,  
50 two thousand [twenty-four] twenty-five, shall be eligible to apply for  
51 such coverage for the coverage period beginning the first of July, two  
52 thousand [twenty-four] twenty-five; provided, however, if the total  
53 number of physicians or dentists for whom such excess coverage or equiv-  
54 alent excess coverage was purchased for the policy year ending the thir-  
55 tieth of June, two thousand [twenty-four] twenty-five exceeds the total  
56 number of physicians or dentists certified as eligible for the coverage

1 period beginning the first of July, two thousand [twenty-four] twenty-  
2 five, then the general hospitals may certify additional eligible physi-  
3 cians or dentists in a number equal to such general hospital's propor-  
4 tional share of the total number of physicians or dentists for whom  
5 excess coverage or equivalent excess coverage was purchased with funds  
6 available in the hospital excess liability pool as of the thirtieth of  
7 June, two thousand [twenty-four] twenty-five, as applied to the differ-  
8 ence between the number of eligible physicians or dentists for whom a  
9 policy for excess coverage or equivalent excess coverage was purchased  
10 for the coverage period ending the thirtieth of June, two thousand  
11 [twenty-four] twenty-five and the number of such eligible physicians or  
12 dentists who have applied for excess coverage or equivalent excess  
13 coverage for the coverage period beginning the first of July, two thou-  
14 sand [twenty-four] twenty-five.

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

17

## PART H

18

Intentionally Omitted

19

## PART I

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

22 1. The department is hereby authorized and directed to design, imple-  
23 ment and maintain an electronic death registration system for collect-  
24 ing, storing, recording, transmitting, amending, correcting and authen-  
25 ticating information, as necessary and appropriate to complete a death  
26 registration, and to generate such documents as determined by the  
27 department in relation to a death occurring in this state. As part of  
28 the design and implementation of the system established by this section,  
29 the department shall consult with all persons authorized to use such  
30 system to the extent practicable and feasible. [The payment referenced  
31 in subdivision five of this section shall be collected for each burial  
32 or removal permit issued on or after the effective date of this section  
33 from the licensed funeral director or undertaker to whom such permit is  
34 issued, in the manner specified by the department and shall be used  
35 solely for the purpose set forth in subdivision five of this section.]  
36 Except as specifically provided in this section, the existing general  
37 duties of, and remuneration received by, local registrars in accepting  
38 and filing certificates of death and issuing burial and removal permits  
39 pursuant to any statute or regulation shall be maintained, and not  
40 altered or abridged in any way by this section.

41 § 2. Subdivision 5 of section 4148 of the public health law is  
42 REPEALED.

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.

45

## PART J

46

Intentionally Omitted

47

## PART K

1 Intentionally Omitted

2 PART L

3 Intentionally Omitted

4 PART M

5 Intentionally Omitted

6 PART N

7 Intentionally Omitted

8 PART O

9 Intentionally Omitted

10 PART P

11 Intentionally Omitted

12 PART Q

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

15 (nn) (i) Medical assistance shall include the coverage of the follow-  
16 ing services for individuals with iatrogenic infertility directly or  
17 indirectly caused by medical treatment, which is an impairment of  
18 fertility resulting from surgery, radiation, chemotherapy, sickle cell  
19 treatment, or other medical treatment affecting reproductive organs or  
20 processes:

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

29 (2) coverage of the costs of storage of oocytes or sperm shall be  
30 subject to continued medical assistance program eligibility of the indi-  
31 vidual with iatrogenic infertility, and shall terminate upon any discon-  
32 tinuance of medical assistance eligibility.

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

36 § 1-a. Paragraph (ee) of subdivision 2 of section 365-a of the social  
37 services law, as added by section 4 of part S of chapter 57 of the laws  
38 of 2017, is amended to read as follows:



1 (ee) Medical assistance shall include the coverage of a set of  
 2 services to ensure improved outcomes of [women] patients who are in the  
 3 process of oral or injectable ovulation enhancing drugs, limited to the  
 4 provision of such treatment, office visits, hysterosalpingogram  
 5 services, pelvic ultrasounds, and blood testing; services shall be  
 6 limited to those necessary to monitor such treatment. In the event that  
 7 ninety percent federal financial participation for such services is not  
 8 available, the state share of appropriations related to these services  
 9 shall be used for a grant program intended to accomplish the purpose of  
 10 this section.

11 § 2. Section 4 of part K of chapter 82 of the laws of 2002 amending  
 12 the insurance law and the public health law relating to coverage for the  
 13 diagnosis and treatment of infertility, is REPEALED.

14 § 3. The public health law is amended by adding a new section  
 15 2599-bb-2 to read as follows:

16 § 2599-bb-2. Improved access to infertility health care services grant  
 17 program. 1. The commissioner, subject to the availability of funds  
 18 pursuant to section twenty-eight hundred seven-v of this chapter, shall  
 19 establish a program to provide grants to health care providers for the  
 20 purpose of improving access to and expanding health care services  
 21 related to the range of care for infertility. Such program shall fund  
 22 uncompensated health care services related to the range of care for  
 23 infertility, to ensure the affordability of and access to care for indi-  
 24 viduals who lack the ability to pay for care, lack insurance coverage,  
 25 are underinsured, or whose insurance is deemed unusable by the rendering  
 26 provider.

27 2. Services, treatments, and procedures paid for pursuant to the grant  
 28 program shall be made available only in accordance with standards,  
 29 protocols, and other parameters established by the commissioner, which  
 30 shall incorporate but not be limited to the American Society for Repro-  
 31 ductive Medicine (ASRM) and the American College of Obstetricians and  
 32 Gynecologists (ACOG) standards for the appropriateness of individuals,  
 33 providers, treatments, and procedures.

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

40 § 4. 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; provided,  
 42 however, that section one of this act shall take effect October 1, 2025.  
 43 Effective immediately, the addition, amendment and/or repeal of any rule  
 44 or regulation necessary for the implementation of this act on its effec-  
 45 tive date are authorized to be made and completed on or before such  
 46 date.

47 PART R

48 Intentionally Omitted

49 PART S

50 Intentionally Omitted

1

## PART T

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

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

8 (1) One or more hospital sexual violence response coordinators who are  
9 designated to ensure that the hospital's sexual violence response is  
10 integrated within the hospital's clinical oversight and quality improve-  
11 ment structure and to ensure chain of custody is maintained;

12 (2) Sexual assault forensic examiners sufficient to meet hospital  
13 needs. Such individuals shall:

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

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

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

25 (c) Ensuring that such sexual assault forensic examiners maintain  
26 competency in providing sexual assault examinations;

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

30 (a) Notwithstanding any other provision of law, rule, or regulation to  
31 the contrary, when any New York state accredited hospital, accredited  
32 sexual assault examiner program, or licensed health care provider  
33 furnishes services to any sexual assault survivor, including but not  
34 limited to a health care forensic examination in accordance with the sex  
35 offense evidence collection protocol and standards established by the  
36 department of health, such hospital, sexual assault examiner program, or  
37 licensed healthcare provider shall provide such services to the person  
38 without charge and shall bill the office directly. The office, in  
39 consultation with the department of health, shall define the specific  
40 services to be covered by the sexual assault forensic exam reimbursement  
41 fee, which must include at a minimum forensic examiner services, hospi-  
42 tal or healthcare facility services related to the exam, and any neces-  
43 sary related laboratory tests or pharmaceuticals; including but not  
44 limited to HIV post-exposure prophylaxis provided by a hospital emergen-  
45 cy room at the time of the forensic rape examination pursuant to para-  
46 graph [(c)] (f) of subdivision one of section twenty-eight hundred  
47 five-i of the public health law. For a person eighteen years of age or  
48 older, follow-up HIV post-exposure prophylaxis costs shall continue to  
49 be reimbursed according to established office procedure. The office, in  
50 consultation with the department of health, shall also generate the  
51 necessary regulations and forms for the direct reimbursement procedure.

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

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

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

6 § 4. This act shall take effect immediately and shall be deemed to  
7 have been in full force and effect on and after April 1, 2025; provided,  
8 however, that sections one and two of this act shall take effect June 1,  
9 2026.

10 PART U

11 Intentionally Omitted

12 PART V

13 Intentionally Omitted

14 PART W

15 Intentionally Omitted

16 PART X

17 Intentionally Omitted

18 PART Y

19 Intentionally Omitted

20 PART Z

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

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

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

34 § 2. This act shall take effect on the same date and in the same  
35 manner as a chapter of the laws of 2022, amending the state finance law  
36 relating to preferred source status for entities that provide employment  
37 to certain persons, as proposed in legislative bills numbers S. 7578-C  
38 and A. 8549-C, takes effect, and shall expire and be deemed repealed  
39 [three] six years after such effective date.

1 § 3. This act shall take effect immediately.

2 PART AA

3 Section 1. Section 2 of part NN of chapter 58 of the laws of 2015,  
4 amending the mental hygiene law relating to clarifying the authority of  
5 the commissioners in the department of mental hygiene to design and  
6 implement time-limited demonstration programs, as amended by section 1  
7 of part Z of chapter 57 of the laws of 2024, is amended to read as  
8 follows:

9 § 2. This act shall take effect immediately and shall expire and be  
10 deemed repealed March 31, [2025] 2026.

11 § 2. This act shall take effect immediately.

12 PART BB

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

19 § 4. This act shall take effect immediately and shall be deemed to  
20 have been in full force and effect on and after April 1, 2016; provided,  
21 however, that sections one and two of this act shall expire and be  
22 deemed repealed on March 31, [2025] 2026.

23 § 2. This act shall take effect immediately.

24 PART CC

25 Section 1. Subdivision 1-a of section 84 of part A of chapter 56 of  
26 the laws of 2013, amending the social services law and other laws relat-  
27 ing to enacting the major components of legislation necessary to imple-  
28 ment the health and mental hygiene budget for the 2013-2014 state fiscal  
29 year, as amended by section 1 of part EE of chapter 57 of the laws of  
30 2023, is amended to read as follows:

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

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

35 PART DD

36 Intentionally Omitted

37 PART EE

38 Intentionally Omitted

39 PART FF

40 Section 1. 1. Subject to available appropriations and approval of the  
41 director of the budget, the commissioners of the office of mental  
42 health, office for people with developmental disabilities, office of

1 addiction services and supports, office of temporary and disability  
2 assistance, office of children and family services, and the state office  
3 for the aging (hereinafter "the commissioners") shall establish a state  
4 fiscal year 2025-2026 targeted inflationary increase, effective April 1,  
5 2025, for projecting for the effects of inflation upon rates of  
6 payments, contracts, or any other form of reimbursement for the programs  
7 and services listed in subdivision four of this section. The targeted  
8 inflationary increase established herein shall be applied to the appro-  
9 priate portion of reimbursable costs or contract amounts. Where appro-  
10 priate, transfers to the department of health (DOH) shall be made as  
11 reimbursement for the state and/or local share of medical assistance.

12 2. Notwithstanding any inconsistent provision of law, subject to the  
13 approval of the director of the budget and available appropriations  
14 therefor, for the period of April 1, 2025 through March 31, 2026, the  
15 commissioners shall provide funding to support a seven and eight-tenths  
16 of a percent (7.8%) targeted inflationary increase under this section  
17 for all eligible programs and services as determined pursuant to subdi-  
18 vision four of this section.

19 3. Notwithstanding any inconsistent provision of law, and as approved  
20 by the director of the budget, the 7.8 percent targeted inflationary  
21 increase established herein shall be inclusive of all other inflationary  
22 increases, cost of living type increases, inflation factors, or trend  
23 factors that are newly applied effective April 1, 2025. Except for the  
24 7.8 percent targeted inflationary increase established herein, for the  
25 period commencing on April 1, 2025 and ending March 31, 2026 the commis-  
26 sioners shall not apply any other new targeted inflationary increases or  
27 cost of living adjustments for the purpose of establishing rates of  
28 payments, contracts or any other form of reimbursement. The phrase "all  
29 other inflationary increases, cost of living type increases, inflation  
30 factors, or trend factors" as defined in this subdivision shall not  
31 include payments made pursuant to the American Rescue Plan Act or other  
32 federal relief programs related to the Coronavirus Disease 2019 (COVID-  
33 19) pandemic public health emergency. This subdivision shall not  
34 prevent the office of children and family services from applying addi-  
35 tional trend factors or staff retention factors to eligible programs and  
36 services under paragraph (v) of subdivision four of this section.

37 4. Eligible programs and services. (i) Programs and services funded,  
38 licensed, or certified by the office of mental health (OMH) eligible for  
39 the targeted inflationary increase established herein, pending federal  
40 approval where applicable, include: office of mental health licensed  
41 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of  
42 the office of mental health regulations including clinic (mental health  
43 outpatient treatment and rehabilitative services programs), continuing  
44 day treatment, day treatment, intensive outpatient programs and partial  
45 hospitalization; outreach; crisis residence; crisis stabilization,  
46 crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric  
47 emergency program services; crisis intervention; home based crisis  
48 intervention; family care; supported single room occupancy; supported  
49 housing programs/services excluding rent; treatment congregate;  
50 supported congregate; community residence - children and youth;  
51 treatment/apartment; supported apartment; community residence single  
52 room occupancy; on-site rehabilitation; employment programs; recreation;  
53 respite care; transportation; psychosocial club; assertive community  
54 treatment; case management; care coordination, including health home  
55 plus services; local government unit administration; monitoring and  
56 evaluation; children and youth vocational services; single point of

1 access; school-based mental health program; family support children and  
2 youth; advocacy/support services; drop in centers; recovery centers;  
3 transition management services; bridger; home and community based waiver  
4 services; behavioral health waiver services authorized pursuant to the  
5 section 1115 MRT waiver; self-help programs; consumer service dollars;  
6 conference of local mental hygiene directors; multicultural initiative;  
7 ongoing integrated supported employment services; supported education;  
8 mentally ill/chemical abuse (MICA) network; personalized recovery  
9 oriented services; children and family treatment and support services;  
10 residential treatment facilities operating pursuant to part 584 of title  
11 14-NYCRR; geriatric demonstration programs; community-based mental  
12 health family treatment and support; coordinated children's service  
13 initiative; homeless services; and promise zones.

14 (ii) Programs and services funded, licensed, or certified by the  
15 office for people with developmental disabilities (OPWDD) eligible for  
16 the targeted inflationary increase established herein, pending federal  
17 approval where applicable, include: local/unified services; chapter 620  
18 services; voluntary operated community residential services; article 16  
19 clinics; day treatment services; family support services; 100% day  
20 training; epilepsy services; traumatic brain injury services; hepatitis  
21 B services; independent practitioner services for individuals with  
22 intellectual and/or developmental disabilities; crisis services for  
23 individuals with intellectual and/or developmental disabilities; family  
24 care residential habilitation; supervised residential habilitation;  
25 supportive residential habilitation; respite; day habilitation; prevoca-  
26 tional services; supported employment; community habilitation; interme-  
27 diate care facility day and residential services; specialty hospital;  
28 pathways to employment; intensive behavioral services; community transi-  
29 tion services; family education and training; fiscal intermediary;  
30 support broker; and personal resource accounts.

31 (iii) Programs and services funded, licensed, or certified by the  
32 office of addiction services and supports (OASAS) eligible for the  
33 targeted inflationary increase established herein, pending federal  
34 approval where applicable, include: medically supervised withdrawal  
35 services - residential; medically supervised withdrawal services -  
36 outpatient; medically managed detoxification; inpatient rehabilitation  
37 services; outpatient opioid treatment; residential opioid treatment;  
38 residential opioid treatment to abstinence; problem gambling treatment;  
39 medically supervised outpatient; outpatient rehabilitation; specialized  
40 services substance abuse programs; home and community based waiver  
41 services pursuant to subdivision 9 of section 366 of the social services  
42 law; children and family treatment and support services; continuum of  
43 care rental assistance case management; NY/NY III post-treatment hous-  
44 ing; NY/NY III housing for persons at risk for homelessness; permanent  
45 supported housing; youth clubhouse; recovery community centers; recovery  
46 community organizing initiative; residential rehabilitation services for  
47 youth (RRSY); intensive residential; community residential; supportive  
48 living; residential services; job placement initiative; case management;  
49 family support navigator; local government unit administration; peer  
50 engagement; vocational rehabilitation; HIV early intervention services;  
51 dual diagnosis coordinator; problem gambling resource centers; problem  
52 gambling prevention; prevention resource centers; primary prevention  
53 services; other prevention services; comprehensive outpatient clinic;  
54 jail-based supports; and regional addiction resource centers.

55 (iv) Programs and services funded, licensed, or certified by the  
56 office of temporary and disability assistance (OTDA) eligible for the

1 targeted inflationary increase established herein, pending federal  
2 approval where applicable, include: the nutrition outreach and education  
3 program (NOEP).

4 (v) Programs and services funded, licensed, or certified by the office  
5 of children and family services (OCFS) eligible for the targeted infla-  
6 tionary increase established herein, pending federal approval where  
7 applicable, include: programs for which the office of children and fami-  
8 ly services establishes maximum state aid rates pursuant to section  
9 398-a of the social services law and section 4003 of the education law;  
10 emergency foster homes; foster family boarding homes and therapeutic  
11 foster homes; supervised settings as defined by subdivision twenty-two  
12 of section 371 of the social services law; adoptive parents receiving  
13 adoption subsidy pursuant to section 453 of the social services law; and  
14 congregate and scattered supportive housing programs and supportive  
15 services provided under the NY/NY III supportive housing agreement to  
16 young adults leaving or having recently left foster care.

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

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

31 6. Notwithstanding any inconsistent provision of law to the contrary,  
32 agency commissioners shall be authorized to recoup funding from a local  
33 governmental unit or direct contract provider for the targeted infla-  
34 tionary increase established herein determined to have been used in a  
35 manner inconsistent with the appropriation, or any other provision of  
36 this section. Such agency commissioners shall be authorized to employ  
37 any legal mechanism to recoup such funds, including an offset of other  
38 funds that are owed to such local governmental unit or direct contract  
39 provider.

40 § 2. 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 GG

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

45 (d-4) Services provided in school-based health centers shall not be  
46 provided to medical assistance recipients through managed care programs  
47 established pursuant to this section and shall continue to be provided  
48 outside of managed care programs.

49 § 2. This act shall take effect immediately and shall be deemed to  
50 have been in full force and effect on and after April 1, 2025; provided,  
51 however, that the amendments to section 364-j of the social services law  
52 made by this act shall not affect the repeal of such section and shall  
53 be deemed repealed therewith.

1

## PART HH

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

5 (a) The commissioner [is authorized to] shall establish, [on his or  
6 her own accord or] pursuant to a request by a local governmental unit, a  
7 mental health incident review panel for the purposes of reviewing in  
8 conjunction with local representation, the circumstances and events  
9 related to a serious incident involving a person with mental illness.  
10 For purposes of this section, a "serious incident involving a person  
11 with mental illness" means an incident occurring in the community in  
12 which a person with a serious mental illness suffers physical injury as  
13 defined in subdivision nine of section 10.00 of the penal law or causes  
14 such physical injury to another person, or suffers a serious and  
15 preventable medical complication or becomes involved in a criminal inci-  
16 dent involving violence. A panel shall be authorized to conduct a review  
17 of such serious incident in an attempt to identify problems or gaps in  
18 mental health delivery systems and to make recommendations for correc-  
19 tive actions to improve the provision of mental health or related  
20 services, to improve the coordination, integration and accountability of  
21 care in the mental health service system, and to enhance individual and  
22 public safety.

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

41 (h) The commissioner shall submit an annual cumulative report to the  
42 governor and the legislature incorporating the data in the mental health  
43 incident review panel reports and including a summary of the findings  
44 and recommendations made by such review panels and, to the extent prac-  
45 ticable, any recommendations that have been implemented, including  
46 recommendations from prior year reports, and the impact of such imple-  
47 mentations. The annual cumulative reports shall thereafter be made  
48 available to the public consistent with federal and state confidentiali-  
49 ty protections and shall be made available on the official agency  
50 website for the office of mental health.

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

52

## PART II





1 Section 1. The mental hygiene law is amended by adding a new section  
2 36.07 to read as follows:

3 § 36.07 Behavioral health crisis technical assistance center.

4 (a) Definitions. When used in this article, the following words and  
5 phrases shall have the following meanings unless the specific context  
6 clearly indicates otherwise:

7 (1) "The center" shall mean the behavioral health crisis technical  
8 assistance center established under this section.

9 (2) "The council" shall mean the statewide emergency and crisis coun-  
10 cil established under this section.

11 (b) Behavioral health crisis technical assistance center. The commis-  
12 sioner of mental health, in consultation with the commissioner of the  
13 office of addiction services and supports, shall establish the behav-  
14 ioral health crisis technical assistance center within the office of  
15 mental health. The commissioners shall be responsible for the structure  
16 and operation of the behavioral health crisis technical assistance  
17 center. The center in conjunction with the council established under  
18 subdivision (c) of this section, shall be responsible for the following  
19 duties:

20 (1) developing standardized protocols and procedures to provide a  
21 non-police, community-based public health-based crisis response, includ-  
22 ing appropriate use of law enforcement;

23 (2) provide consultation and training services to local governmental  
24 units and local crisis response teams to support the implementation of  
25 standardized protocols and procedures;

26 (3) assist local government units in developing a local service plan  
27 to address their local crisis service needs and implement a non-police,  
28 community-run public health-based crisis response;

29 (4) improve the interoperability of 9-1-1 and the 9-8-8 crisis hotline  
30 center;

31 (5) maintain a database of best practices related to non-police crisis  
32 response and community engagement;

33 (6) collect and analyze data for monitoring crisis response and  
34 provide information to communities for evaluation and feedback from  
35 stakeholders; and

36 (7) provide technical assistance upon request of a local governmental  
37 unit for any component related to the implementation of a non-police  
38 crisis response, community-run public health-based.

39 (c) Statewide emergency and crisis council. Within the behavioral  
40 health technical advisory center, the commissioner of mental health and  
41 the commissioner of the office of addiction services and supports shall  
42 establish the statewide emergency and crisis council. The membership of  
43 the council shall consist of at least fifty-one percent peers, and  
44 people with lived experience of interacting in the behavioral health  
45 crisis system or affected by police responses to a mental health, alco-  
46 hol use or substance use crisis. The membership of the council shall  
47 reflect the state's diversity and shall consider the unique needs of  
48 differing demographic groups and the impact of gender, race and ethnici-  
49 ty, and cultural and language needs. Membership of the council shall  
50 also include:

51 (1) individuals with certification or training in culturally competent  
52 responses to mental health, alcohol use, or substance use crises;

53 (2) mental health professionals;

54 (3) credentialed substance abuse counselors;

1 (4) physicians, nurses, or emergency medical technicians with exper-  
2 tise in providing mental health, alcohol use, or substance use crisis  
3 services; or

4 (5) representation of not-for-profit disability justice organizations.

5 (d) Appointments. There shall be thirteen members of the council who  
6 shall be appointed in the following manner:

7 (1) five members appointed by the governor;

8 (2) three members appointed by the speaker of the assembly;

9 (3) three members appointed by the temporary president of the senate;

10 (4) one member appointed by the minority leader of the assembly; and

11 (5) one member appointed by the minority leader of the senate.

12 (e) Compensation. Council members shall receive no compensation for  
13 their participation, but task force members shall be reimbursed for  
14 expenses actually and necessarily incurred in the performance of their  
15 duties pursuant to this section.

16 (f) Center and council meetings. The center and the council shall  
17 convene as frequently as its business may require but shall convene no  
18 less than four times per year. Meetings shall be governed by the  
19 provisions of article seven of the public officers law and shall be open  
20 to and accessible to the public including by video conference remote  
21 access to the greatest extent practicable.

22 (g) Report. (1) The center, in conjunction with the council, shall  
23 prepare an annual report which shall include, but not be limited to, the  
24 following information:

25 (i) data on the effectiveness of non-police crisis responses and the  
26 outcome of the response;

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

29 (iii) the number of local governmental units that have implemented a  
30 non-police crisis response or are working towards implementation;

31 (iv) the type of non-police crisis models that have been implemented  
32 statewide;

33 (v) identify gaps in the state where crisis services or a non-police  
34 behavioral crisis response has not been implemented including barriers  
35 to implementation;

36 (vi) recommendations to improve the operation and financing of a  
37 statewide non-police behavioral health crisis response system; and

38 (vii) any other information deemed relevant by the center and the  
39 council.

40 (2) Such report shall be submitted to the governor, speaker of the  
41 assembly and temporary president of the senate no later than December  
42 fifteenth, two thousand twenty-six and annually thereafter and shall be  
43 made available on the official agency website for the office of mental  
44 health and the office of addiction services and supports.

45 § 2. This act shall take effect on the ninetieth day after it shall  
46 have become a law.

47

## PART JJ

48 Section 1. Subdivision 5-a of section 2807-m of the public health law  
49 is amended by adding two new paragraphs (c-1) and (d-1) to read as  
50 follows:

51 (c-1) Dentist loan repayment program. Subject to appropriation, fund-  
52 ing shall be set aside and reserved by the commissioner from the  
53 regional pools established pursuant to subdivision two of this section  
54 and shall be available for purposes of dentist loan repayment in accord-



1 ance with subdivision ten-a of this section. Funding shall be allocated  
2 regionally with one-third of available funds going to New York city and  
3 two-thirds of available funds going to the rest of the state and shall  
4 be distributed in a manner to be determined by the commissioner as  
5 follows:

6 (i) Funding shall first be awarded to repay loans of up to eight  
7 dentists who train in general or pediatric dentistry in teaching general  
8 hospitals, including in community clinic settings owned by or affiliated  
9 with such hospitals, and who enter and remain in general or pediatric  
10 dentistry practices in underserved communities, as determined by the  
11 commissioner.

12 (ii) After distributions in accordance with subparagraph (i) of this  
13 paragraph, all remaining funds shall be awarded to repay loans of  
14 dentists who enter and remain in general or pediatric dentistry prac-  
15 tices in underserved communities, as determined by the commissioner,  
16 including but not limited to dentists working in general hospitals,  
17 other health care facilities or qualified private practices.

18 (iii) In no case shall less than fifty percent of the funds available  
19 pursuant to this paragraph be distributed in accordance with subpara-  
20 graphs (i) and (ii) of this paragraph to dentists identified by general  
21 hospitals.

22 (d-1) Dentist practice support. Subject to appropriation, funding  
23 shall be allocated regionally with one-third of available funds going to  
24 New York city and two-thirds of available funds going to the rest of the  
25 state and shall be distributed in a manner to be determined by the  
26 commissioner as follows:

27 (i) Preference in funding eight awards, to support costs incurred by  
28 dentists trained in general or pediatric dentistry in teaching general  
29 hospitals, including in community clinic settings owned by or affiliated  
30 with such hospitals, who thereafter establish or join practices in  
31 underserved communities, as determined by the commissioner.

32 (ii) After distributions in accordance with subparagraph (i) of this  
33 paragraph, all remaining funds shall be awarded to dentists to support  
34 the cost of establishing or joining practices in underserved communi-  
35 ties, as determined by the commissioner, and to hospitals and other  
36 health care providers to recruit new dentists to provide services in  
37 underserved communities, as determined by the commissioner.

38 (iii) In no case shall less than fifty percent of the funds available  
39 pursuant to this paragraph be distributed to general hospitals in  
40 accordance with subparagraphs (i) and (ii) of this paragraph.

41 § 2. Section 2807-m of the public health law is amended by adding two  
42 new subdivisions 10-a and 13 to read as follows:

43 10-a. Dentist loan repayment program. (a) Beginning April first, two  
44 thousand twenty-five, the commissioner is authorized, within amounts  
45 available pursuant to subdivision five-a of this section, to make loan  
46 repayment awards to general or pediatric dentists or other dentistry  
47 specialties determined by the commissioner to be in short supply,  
48 licensed to practice dentistry in New York state, who agree to practice  
49 for at least three years in an underserved area, as determined by the  
50 commissioner.

51 (b) Loan repayment awards made to a dentist pursuant to paragraph (a)  
52 of this subdivision shall not exceed the total qualifying outstanding  
53 debt of the dentist from student loans to cover tuition and other  
54 related educational expenses, made by or guaranteed by the federal or  
55 state government, or made by a lending or educational institution

1 approved under title IV of the federal higher education act. Loan  
2 repayment awards shall be used solely to repay such outstanding debt.

3 (c) In the event that a three-year commitment pursuant to the agree-  
4 ment referenced in paragraph (a) of this subdivision is not fulfilled,  
5 the recipient shall be responsible for repayment in amounts which shall  
6 be calculated in accordance with the formula set forth in subdivision  
7 (b) of section two hundred fifty-four-o of title forty-two of the United  
8 States Code, as amended.

9 (d) The commissioner is authorized to apply any funds available for  
10 purposes of paragraph (a) of this subdivision for use as matching funds  
11 for federal grants for the purpose of assisting states in operating loan  
12 repayment programs pursuant to section three hundred thirty-eight I of  
13 the public health service act.

14 (e) The commissioner may postpone, change or waive the service obli-  
15 gation and repayment amounts set forth in paragraphs (a) and (c),  
16 respectively of this subdivision in individual circumstances where there  
17 is compelling need or hardship.

18 (f) (i) When a dentist is not actually practicing in an underserved  
19 area, such dentist shall be deemed to be practicing in an underserved  
20 area if such dentist practices in a facility or dentist's office that  
21 primarily serves an underserved population as determined by the commis-  
22 sioner, without regard to whether the population or the facility or  
23 dentist's office is located in an underserved area.

24 (ii) In making criteria and determinations as to whether an area is an  
25 underserved area or whether a facility or dentist's office primarily  
26 serves an underserved population, the commissioner may make separate  
27 criteria and determinations for different specialties.

28 13. Notwithstanding any provision of law to the contrary, applications  
29 submitted for the dentist loan repayment program pursuant to paragraph  
30 (c-1) of subdivision five-a of this section and subdivision ten-a of  
31 this section or the dentist practice support program pursuant to para-  
32 graph (d-1) of subdivision five-a of this section, shall be subject to  
33 the following:

34 (a) Awards shall be made from the total funding available for new  
35 awards under the dentist loan repayment program and the dentist practice  
36 support program, with neither program limited to a specific funding  
37 amount within such total funding available;

38 (b) An applicant may apply for an award for either dentist loan repay-  
39 ment or dentist practice support, but not both;

40 (c) An applicant shall either: (i) agree to practice for three years  
41 in an underserved area and each award shall provide up to fifty thousand  
42 dollars for each of the three years; or (ii) agree to practice as a  
43 dentist engaged in private practice in an underserved area and each  
44 award shall provide up to seventy thousand dollars for each of the three  
45 years; and

46 (d) To the extent practicable, awards shall be timed to be of use for  
47 job offers made to applicants.

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 KK

51 Section 1. Subdivisions (f) and (h) of section 29.15 of the mental  
52 hygiene law, subdivision (f) as amended by chapter 135 of the laws of  
53 1993 and subdivision (h) as amended by chapter 341 of the laws of 1980,



1 are amended and two new subdivisions (o) and (p) are added to read as  
2 follows:

3 (f) The discharge or conditional release of all clients at develop-  
4 mental centers, patients at psychiatric centers or patients at psychiat-  
5 ric inpatient services subject to licensure by the office of mental  
6 health shall be in accordance with a written service plan prepared by  
7 staff familiar with the case history of the client or patient to be  
8 discharged or conditionally released and in cooperation with appropriate  
9 social services officials and directors of local governmental units. In  
10 causing such plan to be prepared, the director of the facility shall  
11 take steps to assure that the following persons are interviewed,  
12 provided an opportunity to actively participate in the development of  
13 such plan and advised of whatever services might be available to the  
14 patient through the mental hygiene legal service: the patient to be  
15 discharged or conditionally released; an authorized representative of  
16 the patient, to include the parent or parents if the patient is a minor,  
17 unless such minor sixteen years of age or older objects to the partic-  
18 ipation of the parent or parents and there has been a clinical determi-  
19 nation by a physician that the involvement of the parent or parents is  
20 not clinically appropriate and such determination is documented in the  
21 clinical record and there is no plan to discharge or release the minor  
22 to the home of such parent or parents; a representative of a community  
23 based provider of mental health services, including a provider of case  
24 management services, that maintains the patient on their case load;  
25 local programs that provide peer supports and services; and upon the  
26 request of the patient sixteen years of age or older, a significant  
27 individual to the patient including any relative, close friend or indi-  
28 vidual otherwise concerned with the welfare of the patient, other than  
29 an employee of the facility.

30 (h) It shall also be the responsibility of the director of any depart-  
31 ment facility from which a client or patient has been discharged or  
32 conditionally released, in collaboration, when appropriate, with appro-  
33 priate social services officials and directors of local governmental  
34 units, to prepare, to cause to be implemented, and to monitor a compre-  
35 hensive program designed:

36 1. to provide a discharge summary of the service plan and any other  
37 post-discharge treatment recommendations to the service provider or  
38 providers responsible for the patient's care after discharge under the  
39 service plan as described in subdivisions (f) and (g) of this section;

40 2. to confirm a follow-up appointment has been scheduled for the  
41 patient with the appropriate service provider or providers within seven  
42 days of discharge;

43 3. for a patient with an elevated risk of violence, to work collabora-  
44 tively with such patient's current and new outpatient treatment provid-  
45 ers, residential providers, if applicable, and school, if applicable,  
46 to incorporate strategies to address violence risk factors and access to  
47 weapons into their overall discharge plan;

48 4. to determine whether the residence in which such client or patient  
49 is living, is adequate and appropriate for the needs of such patient or  
50 client;

51 [2.] 5. to verify that such patient or client is receiving the  
52 services specified in such patient's or client's written service plan;  
53 and

54 [3.] 6. to recommend, and to take steps to assure the provision of,  
55 any additional services.

1 (o) Service plans and discharge summaries for patients with complex  
2 needs shall comply with all other provisions of this section, and  
3 conform to the following:

4 1. agreed to in writing by the patient;

5 2. services described in service plan must be secured at the time of  
6 discharge or reasonably available upon such discharge;

7 3. provide a verbal clinical sign-out on the day of discharge to the  
8 receiving outpatient treatment program and if applicable, the  
9 licensed residential program;

10 4. provide coordination between the discharging facility and post-  
11 discharge care managers; and

12 5. include a referral to intensive care management services or other  
13 services, including but not limited to, a peer bridger program, asser-  
14 tive community treatment teams, or intensive and sustained engagement  
15 teams.

16 (p) As used in this section, "individual or patient with complex  
17 needs" is defined as someone with one or more of the following:

18 1. Demonstrates high utilization of inpatient, crisis, or emergency  
19 services, as indicated by:

20 (I) three or more mental health inpatient hospitalizations in the past  
21 year; or

22 (II) four or more mental health presentations to an emergency depart-  
23 ment (ED) or comprehensive psychiatric emergency program (CPEP) in the  
24 past year; or

25 (III) three or more medical/surgical hospitalizations in the last year  
26 and carrying a diagnosis of schizophrenia or bipolar disorder.

27 2. Discharge from inpatient level of care where the length of stay was  
28 greater than sixty days at an office-operated psychiatric center in the  
29 past year.

30 3. Current enrollment in, or discharge from in the past year, asser-  
31 tive community treatment (ACT), including but not limited to adult ACT,  
32 young adult ACT, shelter-partnered ACT, or forensic ACT.

33 4. Currently receiving services from critical time intervention (CTI),  
34 safe options supports (SOS), pathway home, intensive mobile treatment  
35 (IMT), home based crisis intervention, or other high-intensity ambulatory  
36 services.

37 5. Eligible for or current enrollment in health home plus care manage-  
38 ment services.

39 6. An active assisted outpatient treatment order or an order that  
40 expired in the past year.

41 7. Experiencing high-risk social needs, including, but not limited to,  
42 current homelessness, or criminal justice involvement in the past year.

43 8. Clinical determination by staff in the licensed program that on  
44 presentation the individual has an elevated risk of suicide, violence  
45 and/or overdose.

46 9. Has a current complexity clinical flag in the psychiatric services  
47 and clinical knowledge enhancement system (PSYCKES).

48 10. Experiencing other factors that the licensed program determines  
49 would significantly interfere with the individual's ability to maintain  
50 stability in the community after discharge.

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

53 7. A screening to determine the patient's suicide, violence, and  
54 substance abuse risk to be incorporated into safety planning for the  
55 patient's discharge plan. Individuals with an elevated risk of self-harm

1 or suicide shall have a community suicide safety plan completed before  
2 discharge.

3 § 3. The mental hygiene law is amended by adding a new section 9.64 to  
4 read as follows:

5 § 9.64 Emergency program notification.

6 Upon an admission to a hospital or upon receiving a patient in a  
7 comprehensive psychiatric emergency program, the director of such hospi-  
8 tal or program shall ensure that any community provider of mental health  
9 services that maintains such patient on its caseload is identified and  
10 promptly notified.

11 § 4. Section 9.60 of the mental hygiene law is amended by adding a new  
12 subdivision (t) to read as follows:

13 (t) Review of an assisted outpatient treatment order. The relevant  
14 director of community services shall review each active assisted outpa-  
15 tient treatment order on a quarterly basis for the purpose of reviewing  
16 the treatment plan compliance of an assisted outpatient treatment  
17 service recipient, or to determine if such recipient is a suitable  
18 candidate for a voluntary service setting that shall include but not be  
19 limited to: an enhanced voluntary services package, intensive case  
20 management, intensive and sustained engagement teams, or assertive  
21 community treatment teams. The review conducted pursuant to this subdi-  
22 vision shall be documented in a quarterly report completed for each  
23 patient by the director of community services which shall be sent to the  
24 program coordinators required under section 9.48 of this article.

25 § 5. Subparagraph (iii) of paragraph 4 of subdivision (c), paragraph 4  
26 of subdivision (h), paragraph 3 of subdivision (i) and paragraph 2 of  
27 subdivision (j) of section 9.60 of the mental hygiene law, subparagraph  
28 (iii) of paragraph 4 of subdivision (c) as amended by section 2 of  
29 subpart H of part UU of chapter 56 of the laws of 2022, paragraph 4 of  
30 subdivision (h) and paragraph 3 of subdivision (i) as amended by chapter  
31 158 of the laws of 2005, and paragraph 2 of subdivision (j) as amended  
32 by chapter 1 of the laws of 2013, are amended to read as follows:

33 (iii) notwithstanding subparagraphs (i) and (ii) of this paragraph,  
34 resulted in the issuance of a court order for assisted outpatient treat-  
35 ment which has expired within the last six months, and since the expira-  
36 tion of the order, the person has experienced a substantial increase in  
37 symptoms of mental illness and such symptoms substantially interferes  
38 with or limits one or more major life activities as determined by a  
39 director of community services who previously was required to coordinate  
40 and monitor the care of any individual who was subject to such expired  
41 assisted outpatient treatment order. The applicable director of communi-  
42 ty services or their designee shall arrange for the individual to be  
43 evaluated by a physician. If the physician determines court ordered  
44 services are clinically necessary and the least restrictive option, and  
45 provided that the physician has considered voluntary services, including  
46 but not limited to an enhanced voluntary service package, an assertive  
47 community treatment (ACT), or an intensive and sustained engagement  
48 teams (INSET) team, the director of community services may initiate a  
49 court proceeding.

50 (4) A physician who testifies pursuant to paragraph two of this subdi-  
51 vision shall state: (i) the facts which support the allegation that the  
52 subject meets each of the criteria for assisted outpatient treatment,  
53 (ii) that the treatment is the least restrictive alternative, and volun-  
54 tary services, including but not limited to an enhanced voluntary  
55 service package, an assertive community treatment (ACT), or an intensive  
56 and sustained engagement teams (INSET) team have been considered in lieu

1 of a court order, (iii) the recommended assisted outpatient treatment,  
2 and (iv) the rationale for the recommended assisted outpatient treat-  
3 ment. If the recommended assisted outpatient treatment includes medica-  
4 tion, such physician's testimony shall describe the types or classes of  
5 medication which should be authorized, shall describe the beneficial and  
6 detrimental physical and mental effects of such medication, and shall  
7 recommend whether such medication should be self-administered or admin-  
8 istered by authorized personnel.

9 (3) The court shall not order assisted outpatient treatment unless a  
10 physician appearing on behalf of a director testifies to explain the  
11 written proposed treatment plan. Such physician shall state the catego-  
12 ries of assisted outpatient treatment recommended, the rationale for  
13 each such category, facts which establish that such treatment is the  
14 least restrictive alternative, and voluntary services, including but  
15 not limited to an enhanced voluntary service package, an assertive  
16 community treatment (ACT), or an intensive and sustained engagement  
17 teams (INSET) team have been considered, in lieu of a court order, and,  
18 if the recommended assisted outpatient treatment plan includes medica-  
19 tion, such physician shall state the types or classes of medication  
20 recommended, the beneficial and detrimental physical and mental effects  
21 of such medication, and whether such medication should be self-adminis-  
22 tered or administered by an authorized professional. If the subject of  
23 the petition has executed a health care proxy, such physician shall  
24 state the consideration given to any directions included in such proxy  
25 in developing the written treatment plan. If a director is the petition-  
26 er, testimony pursuant to this paragraph shall be given at the hearing  
27 on the petition. If a person other than a director is the petitioner,  
28 such testimony shall be given on the date set by the court pursuant to  
29 paragraph three of subdivision (j) of this section.

30 (2) If after hearing all relevant evidence, the court finds by clear  
31 and convincing evidence that the subject of the petition meets the  
32 criteria for assisted outpatient treatment, and there is no appropriate  
33 and feasible less restrictive alternative, the court may order the  
34 subject to receive assisted outpatient treatment for an initial period  
35 not to exceed one year. In fashioning the order, the court shall  
36 specifically make findings by clear and convincing evidence that the  
37 proposed treatment is the least restrictive treatment appropriate and  
38 feasible for the subject, and voluntary services, including but not  
39 limited to an enhanced voluntary service package, an assertive community  
40 treatment (ACT), or an intensive and sustained engagement teams (INSET)  
41 team have been considered in lieu of a court order. The order shall  
42 state an assisted outpatient treatment plan, which shall include all  
43 categories of assisted outpatient treatment, as set forth in paragraph  
44 one of subdivision (a) of this section, which the assisted outpatient is  
45 to receive, but shall not include any such category that has not been  
46 recommended in both the proposed written treatment plan and the testimo-  
47 ny provided to the court pursuant to subdivision (i) of this section.

48 § 6. This act shall take effect April 1, 2025; provided, however, that  
49 the amendments to section 9.60 of the mental hygiene law made by  
50 sections four and five of this act shall not affect the repeal of such  
51 section and shall be deemed repealed therewith.

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



1 or part thereof directly involved in the controversy in which such judg-  
2 ment shall have been rendered. It is hereby declared to be the intent of  
3 the legislature that this act would have been enacted even if such  
4 invalid provisions had not been included herein.

5 § 3. This act shall take effect immediately provided, however, that  
6 the applicable effective date of Parts A through KK of this act shall be  
7 as specifically set forth in the last section of such Parts.