FY 2026 NEW YORK STATE EXECUTIVE BUDGET

HEALTH AND MENTAL HYGIENE
ARTICLE VII LEGISLATION

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Legislative Bill Drafting Commission
12571-01-5

S. --------
Senate

IN SENATE--Introduced by Sen

--read twice and ordered printed, and when printed to be committed to the Committee on

-------- A.
Assembly

IN ASSEMBLY--Introduced by M. of A.

with M. of A. as co-sponsors

--read once and referred to the Committee on

BUDGBI
(Enacts into law major components of legislation necessary to implement the state health and mental hygiene budget for the 2025-2026 state fiscal year)

BUDGBI. HMH Governor

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

IN SENATE____

Senate introducer's signature

The senators whose names are circled below wish to join me in the sponsorship of this proposal:

s15 Addabbo	s46 Fahy	s27 Kavanagh	s01 Palumbo	s29 Serrano
s43 Ashby	s22 Felder	s28 Krueger	s21 Parker	s42 Skoufis
s36 Bailey	s34 Fernandez	s24 Lanza	s19 Persaud	s11 Stavisky
s63 Baskin	s60 Gallivan	s16 Liu	s13 Ramos	s45 Stec
s57 Borrello	s12 Gianaris	s04 Martinez	s05 Rhoads	s35 Stewart-
s25 Brisport	s59 Gonzalez	s07 Martins	s33 Rivera	Cousins
s55 Brouk	s26 Gounardes	s02 Mattera	s39 Rolison	s44 Tedisco
s06 Bynoe	s53 Griffo	s48 May	s50 Ryan, C.	s49 Walczyk
s09 Canzoneri-	s40 Harckham	s37 Mayer	s61 Ryan, S.	s52 Webb
Fitzpatrick	s54 Helming	s03 Murray	s18 Salazar	s38 Weber
s17 Chan	s41 Hinchey	s20 Myrie	s10 Sanders	s08 Weik
s30 Cleare	s47 Hoylman-	s51 Oberacker	s23 Scarcella-	
s14 Comrie	Sigal	s58 O'Mara	Spanton	
s56 Cooney	s31 Jackson	s62 Ortt	s32 Sepulveda	

IN ASSEMBLY____

Assembly introducer's signature

The Members of the Assembly whose names are circled below wish to join me in the multi-sponsorship of this proposal:

a078 Alvarez	a136 Clark	a083 Heastie	a150 Molitor	a052 Simon
a031 Anderson	a047 Colton	a028 Hevesi	a145 Morinello	a075 Simone
a121 Angelino	a140 Conrad	a035 Hooks	a016 Norber	a114 Simpson
a133 Bailey	a032 Cook	a128 Hunter	a045 Novakhov	a094 Slater
a120 Barclay	a039 Cruz	a029 Hyndman	a011 O'Pharrow	a005 Smith
a106 Barrett	a043 Cunningham	a079 Jackson	a091 Otis	a118 Smullen
a105 Beephan	a077 Dais	a104 Jacobson	a132 Palmesano	a022 Solages
a107 Bendett	a053 Davila	a134 Jensen	a088 Paulin	a110 Steck
a082 Benedetto	a072 De Los Santos	a115 Jones	a141 Peoples-	a010 Stern
a027 Berger	a003 DeStefano	a004 Kassay	Stokes	a127 Stirpe
a042 Bichotte	a054 Dilan	a100 Kay	a023 Pheffer	a102 Tague
Hermelyn	a081 Dinowitz	a125 Kelles	Amato	a064 Tannousis
a117 Blankenbush	a147 DiPietro	a040 Kim	a063 Pirozzolo	a086 Tapia
a015 Blumencranz	a009 Durso	a069 Lasher	a089 Pretlow	a071 Taylor
a144 Bologna	a099 Eachus	a013 Lavine	a019 Ra	a085 Torres
a073 Bores	a048 Eichenstein	a065 Lee	a030 Raga	a037 Valdez
a098 Brabenec	a074 Epstein	a126 Lemondes	a038 Rajkumar	a033 Vanel
a026 Braunstein	a061 Fall	a095 Levenberg	a006 Ramos	a055 Walker
a138 Bronson	a008 Fitzpatrick	a060 Lucas	a062 Reilly	a112 Walsh
a046 Brook-Krasny	a057 Forrest	a135 Lunsford	a087 Reyes	a024 Weprin
a020 Brown, E.	a124 Friend	a123 Lupardo	a149 Rivera	a097 Wieder
a012 Brown, K.	a050 Gallagher	a129 Magnarelli	a109 Romero	a059 Williams
a093 Burdick	a131 Gallahan	a101 Maher	a067 Rosenthal	a113 Woerner
a142 Burke	a007 Gandolfo	a036 Mamdani	a025 Rozic	a070 Wright
a018 Burroughs	a068 Gibbs	a130 Manktelow	a111 Santabarbara	a041 Yeger
a119 Buttenschon	a002 Giglio	a108 McDonald	a090 Sayegh	a080 Zaccaro
a096 Carroll, P.	a066 Glick	a014 McDonough	a001 Schiavoni	a056 Zinerman
a044 Carroll, R.	a034 Gonzalez-	a146 McMahon	a076 Seawright	
a058 Chandler-	Rojas	a137 Meeks	a148 Sempolinski	
Waterman	a116 Gray	a017 Mikulin	a084 Septimo	
a049 Chang	a021 Griffin	a122 Miller	a092 Shimsky	
a143 Chludzinski	a139 Hawley	a051 Mitaynes	a103 Shrestha	

1) Single House Bill (introduced and printed separately in either or both houses). Uni-Bill (introduced simultaneously in both houses and printed as one bill. Senate and Assembly introducer sign the same copy of the bill).

2) Circle names of co-sponsors and return to introduction clerk with 1 signed copy of bill and 1 copy of memorandum in support (single house); or 2 signed copies of bill and 2 copies of memorandum in support (uni-bill).

LBDC 12/11/24

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 the social services law, in relation to extending provisions relating to health and mental hygiene; 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 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 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 corpo-

rations 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; and 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 (Part B); to amend the public health law, in relation to prescriber prevails; and to repeal certain provisions of the social services law relating to coverage for certain prescription drugs (Part C); to amend the public health law, in relation to reducing the hospital capital rate add-on (Part D); to amend the financial services law, in relation to excluding managed care plans from the independent resolution process; and to amend the social services law, in relation to shifting long-term nursing home stays from managed care to fee for service, and authorizing penalties for managed care plans that do not meet contractual obligations (Part E); to amend the public health law, in relation to establishing a tax on managed care providers; to amend the state finance law, in relation to the healthcare stability fund; and to amend part I of chapter 57 of the laws of 2022 providing a one percent across the board payment increase to all qualifying fee-for-service Medicaid rates, in relation to certain Medicaid payments made for certain medical services (Part F); to amend

chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to insurance coverage paid for by funds from the hospital excess liability pool and extending the effectiveness of certain provisions thereof; to amend part J of chapter 63 of the laws of 2001 amending chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to extending certain provisions concerning the hospital excess liability pool; and to amend part H of chapter 57 of the laws of 2017 amending the New York Health Care Reform Act of 1996 and other laws relating to extending certain provisions relating thereto, in relation to extending provisions relating to excess coverage (Part G); to repeal section 461-s of the social services law relating to enhancing the quality of adult living; to repeal paragraph (c) of subdivision 1 of section 461-b of the social services law, relating to enriched housing programs; to amend the public health law and the state finance law, in relation to the discontinuation of the empire clinical research investigator program; and to repeal article 27-H of the public health law relating to the tick-borne disease institute (Part H); to amend the public health law, in relation to eliminating the fees paid by funeral directors for permits for burials and removals which are used to support the electronic death registration system; and to repeal certain provisions of such law relating thereto (Part I); to amend the public health law, in relation to the due date for awards applied for under the statewide health care facility transformation III program (Part J); to amend the public health law, in relation to appointing a temporary operator for general hospitals, diagnostic and treatment centers, and adult care

facilities (Part K); to amend the public health law, in relation to removing the requirement that consent for the payment of certain medical services must occur after such services are administered (Part L); to amend the public health law, in relation to requiring general hospitals to report community benefit spending (Part M); to amend the public health law, in relation to expanding the purposes of the spinal cord injury research board (Part N); to amend the public health law, in relation to updating controlled substance schedules to conform with those of the federal drug enforcement administration and updating the term "addict" to "person with a substance use disorder" (Part O); to amend the public health law, in relation to emergency medical treatment protocols for maternity patients; and to amend the education law, in relation to labeling of abortion medications (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); to amend the public health law and the general municipal law, in relation to requiring the development of a statewide comprehensive emergency medical system plan and county EMS plans, and declaring EMS an essential service (Part R); to amend the public health law, in relation to strengthening material transactions reporting requirements (Part S); to amend the public health law, in relation to requiring hospitals to maintain sexual assault forensic examiners at their facilities (Part T); to amend the public health law,

in relation to eliminating administrative barriers to, and offset actual costs of, timely fulfillment of vital records requests; and to repeal certain provisions of such law relating thereto (Part U); to amend the education law and the public health law, in relation to the scope of practice of certified nurse aides; and providing for the repeal of such provisions upon the expiration thereof (Subpart A); to amend the education law and the public health law, in relation to the scope and practice of medical assistants (Subpart B); to amend the education law, in relation to the administration of certain immunizations by pharmacists and pharmacy technicians (Subpart C); to amend the education law, in relation to authorizing a licensed pharmacist to prescribe and order medications to treat nicotine dependence for smoking cessation (Subpart D); to repeal certain articles of the education law governing certain healthcare professions and adding such laws to the public health law and transferring all functions, powers, duties, obligations and appropriations relating thereto (Subpart E); and to amend the education law and the public health law, in relation to physician assistants (Subpart F) (Part V); to amend the education law, in relation to enacting the nurse licensure compact (Part W); to amend the education law, in relation to the scope of practice of dental hygienists (Part X); to amend the public health law, in relation to extending hospital services outside the facility and into patients' residences (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, in relation to the effectiveness thereof (Part Z); to amend part NN of chapter 58 of the laws of 2015, amending the mental hygiene law relating to clarifying the authority of the commissioners in the department of mental hygiene to

design and implement time-limited demonstration programs, in relation to the effectiveness thereof (Part AA); to amend part L of chapter 59 of the laws of 2016, amending the mental hygiene law relating to the appointment of temporary operators for the continued operation of programs and the provision of services for persons with serious mental illness and/or developmental disabilities and/or chemical dependence, in relation to the effectiveness thereof (Part BB); to amend part A of chapter 56 of the laws of 2013, amending the social services law and other laws relating to enacting the major components of legislation necessary to implement the health and mental hygiene budget for the 2013-2014 state fiscal year, in relation to the effectiveness of certain provisions thereof (Part CC); to amend the mental hygiene law and the public health law, in relation to adding homeless youth to the definition of minors for the purpose of consent for certain treatment (Part DD); to amend the mental hygiene law, in relation to involuntary admission and assisted outpatient treatment (Part EE); and in relation to establishing a targeted inflationary increase for designated programs (Part FF)

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 FF. 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.

1 PART B

2 Section 1. Subdivision 1-a of section 60 of part B of chapter 57 of
3 the laws of 2015, amending the social services law and other laws relat-
4 ing to supplemental rebates, as amended by section 10 of part BB of
5 chapter 56 of the laws of 2020, is amended to read as follows:
6 1-a. section fifty-two of this act shall expire and be deemed repealed
7 March 31, [2025] 2030;
8 § 2. Section 3 of chapter 942 of the laws of 1983, relating to foster
9 family care demonstration programs, as amended by chapter 264 of the
10 laws of 2021, is amended to read as follows:
11 § 3. This act shall take effect immediately and shall expire December
12 31, [2025] 2027.
13 § 3. Section 3 of chapter 541 of the laws of 1984, relating to foster
14 family care demonstration programs, as amended by chapter 264 of the
15 laws of 2021, is amended to read as follows:
16 § 3. This section and subdivision two of section two of this act shall
17 take effect immediately and the remaining provisions of this act shall
18 take effect on the one hundred twentieth day next thereafter. This act
19 shall expire December 31, [2025] 2027.
20 § 4. Section 6 of chapter 256 of the laws of 1985, amending the social
21 services law and other laws relating to foster family care demonstration
22 programs, as amended by chapter 264 of the laws of 2021, is amended to
23 read as follows:
24 § 6. This act shall take effect immediately and shall expire December
25 31, [2025] 2027 and upon such date the provisions of this act shall be
26 deemed to be repealed.

1 § 5. The opening paragraph of paragraph (m) of subdivision 3 of
2 section 461-l of the social services law, as amended by section 1 of
3 part CC of chapter 57 of the laws of 2022, is amended to read as
4 follows:
5 Beginning April first, two thousand [twenty-five] twenty-six, addi-
6 tional assisted living program beds shall be approved on a case by case
7 basis whenever the commissioner of health is satisfied that public need
8 exists at the time and place and under circumstances proposed by the
9 applicant.
10 § 6. Subdivision (f) of section 129 of part C of chapter 58 of the
11 laws of 2009, amending the public health law relating to payment by
12 governmental agencies for general hospital inpatient services, as
13 amended by section 2 of part CC of chapter 57 of the laws of 2022, is
14 amended to read as follows:
15 (f) section twenty-five of this act shall expire and be deemed
16 repealed April 1, [2025] 2028;
17 § 7. Paragraph (a) of subdivision 1 of section 212 of chapter 474 of
18 the laws of 1996, amending the education law and other laws relating to
19 rates for residential healthcare facilities, as amended by section 4 of
20 part CC of chapter 57 of the laws of 2022, is amended to read as
21 follows:
22 (a) Notwithstanding any inconsistent provision of law or regulation to
23 the contrary, effective beginning August 1, 1996, for the period April
24 1, 1997 through March 31, 1998, April 1, 1998 for the period April 1,
25 1998 through March 31, 1999, August 1, 1999, for the period April 1,
26 1999 through March 31, 2000, April 1, 2000, for the period April 1, 2000
27 through March 31, 2001, April 1, 2001, for the period April 1, 2001
28 through March 31, 2002, April 1, 2002, for the period April 1, 2002

1 through March 31, 2003, and for the state fiscal year beginning April 1,
2 2005 through March 31, 2006, and for the state fiscal year beginning
3 April 1, 2006 through March 31, 2007, and for the state fiscal year
4 beginning April 1, 2007 through March 31, 2008, and for the state fiscal
5 year beginning April 1, 2008 through March 31, 2009, and for the state
6 fiscal year beginning April 1, 2009 through March 31, 2010, and for the
7 state fiscal year beginning April 1, 2010 through March 31, 2016, and
8 for the state fiscal year beginning April 1, 2016 through March 31,
9 2019, and for the state fiscal year beginning April 1, 2019 through
10 March 31, 2022, and for the state fiscal year beginning April 1, 2022
11 through March 31, 2025, <u>and for the state fiscal year beginning April 1,</u>
12 <u>2025 through March 31, 2028,</u> the department of health is authorized to
13 pay public general hospitals, as defined in subdivision 10 of section
14 2801 of the public health law, operated by the state of New York or by
15 the state university of New York or by a county, which shall not include
16 a city with a population of over one million, of the state of New York,
17 and those public general hospitals located in the county of Westchester,
18 the county of Erie or the county of Nassau, additional payments for
19 inpatient hospital services as medical assistance payments pursuant to
20 title 11 of article 5 of the social services law for patients eligible
21 for federal financial participation under title XIX of the federal
22 social security act in medical assistance pursuant to the federal laws
23 and regulations governing disproportionate share payments to hospitals
24 up to one hundred percent of each such public general hospital's medical
25 assistance and uninsured patient losses after all other medical assist-
26 ance, including disproportionate share payments to such public general
27 hospital for 1996, 1997, 1998, and 1999, based initially for 1996 on
28 reported 1994 reconciled data as further reconciled to actual reported

1 1996 reconciled data, and for 1997 based initially on reported 1995
2 reconciled data as further reconciled to actual reported 1997 reconciled
3 data, for 1998 based initially on reported 1995 reconciled data as
4 further reconciled to actual reported 1998 reconciled data, for 1999
5 based initially on reported 1995 reconciled data as further reconciled
6 to actual reported 1999 reconciled data, for 2000 based initially on
7 reported 1995 reconciled data as further reconciled to actual reported
8 2000 data, for 2001 based initially on reported 1995 reconciled data as
9 further reconciled to actual reported 2001 data, for 2002 based initial-
10 ly on reported 2000 reconciled data as further reconciled to actual
11 reported 2002 data, and for state fiscal years beginning on April 1,
12 2005, based initially on reported 2000 reconciled data as further recon-
13 ciled to actual reported data for 2005, and for state fiscal years
14 beginning on April 1, 2006, based initially on reported 2000 reconciled
15 data as further reconciled to actual reported data for 2006, for state
16 fiscal years beginning on and after April 1, 2007 through March 31,
17 2009, based initially on reported 2000 reconciled data as further recon-
18 ciled to actual reported data for 2007 and 2008, respectively, for state
19 fiscal years beginning on and after April 1, 2009, based initially on
20 reported 2007 reconciled data, adjusted for authorized Medicaid rate
21 changes applicable to the state fiscal year, and as further reconciled
22 to actual reported data for 2009, for state fiscal years beginning on
23 and after April 1, 2010, based initially on reported reconciled data
24 from the base year two years prior to the payment year, adjusted for
25 authorized Medicaid rate changes applicable to the state fiscal year,
26 and further reconciled to actual reported data from such payment year,
27 and to actual reported data for each respective succeeding year. The

1 payments may be added to rates of payment or made as aggregate payments
2 to an eligible public general hospital.
3 § 8. Section 2 of chapter 137 of the laws of 2023, amending the public
4 health law relating to establishing a community-based paramedicine
5 demonstration program, is amended to read as follows:
6 § 2. This act shall take effect immediately and shall expire and be
7 deemed repealed [2] 4 years after such date; provided, however, that if
8 this act shall have become a law on or after May 22, 2023 this act shall
9 take effect immediately and shall be deemed to have been in full force
10 and effect on and after May 22, 2023.
11 § 9. Subdivision 12 of section 246 of chapter 81 of the laws of 1995,
12 amending the public health law and other laws relating to medical
13 reimbursement and welfare reform, as amended by chapter 161 of the laws
14 of 2023, is amended to read as follows:
15 12. Sections one hundred five-b through one hundred five-f of this act
16 shall expire June 30, [2025] 2027.
17 § 10. Section 2 of subpart B of part FFF of chapter 59 of the laws of
18 2018, amending the public health law relating to authorizing the commis-
19 sioner of health to redeploy excess reserves of certain not-for-profit
20 managed care organizations, as amended by chapter 197 of the laws of
21 2023, is amended to read as follows:
22 § 2. This act shall take effect August 1, 2018 and shall expire and be
23 deemed repealed August 1, [2025] 2027, but, shall not apply to any enti-
24 ty or any subsidiary or affiliate of such entity that disposes of all or
25 a material portion of its assets pursuant to a transaction that: (1) was
26 the subject of a request for regulatory approval first made to the
27 commissioner of health between January 1, 2017, and December 31, 2017;

1 and (2) receives regulatory approval from the commissioner of health
2 prior to July 31, 2018.
3 § 11. Subdivision 1 of section 20 of chapter 451 of the laws of 2007,
4 amending the public health law, the social services law and the insur-
5 ance law relating to providing enhanced consumer and provider
6 protections, as amended by section 1 of part B of chapter 57 of the laws
7 of 2023, is amended to read as follows:
8 1. sections four, eleven and thirteen of this act shall take effect
9 immediately and shall expire and be deemed repealed June 30, [2025]
10 <u>2027</u>;
11 § 12. Paragraph (b) of subdivision 17 of section 2808 of the public
12 health law, as amended by section 12 of part B of chapter 57 of the laws
13 of 2023, is amended to read as follows:
14 (b) Notwithstanding any inconsistent provision of law or regulation to
15 the contrary, for the state fiscal years beginning April first, two
16 thousand ten [and ending March thirty-first, two thousand twenty-five],
17 the commissioner shall not be required to revise certified rates of
18 payment established pursuant to this article [for rate periods prior to
19 April first, two thousand twenty-five], based on consideration of rate
20 appeals filed by residential health care facilities or based upon
21 adjustments to capital cost reimbursement as a result of approval by the
22 commissioner of an application for construction under section twenty-
23 eight hundred two of this article, in excess of an aggregate annual
24 amount of eighty million dollars for each such state fiscal year
25 provided, however, that for the period April first, two thousand eleven
26 through March thirty-first, two thousand twelve such aggregate annual
27 amount shall be fifty million dollars. In revising such rates within
28 such fiscal limit, the commissioner shall, in prioritizing such rate

1 appeals, include consideration of which facilities the commissioner
2 determines are facing significant financial hardship as well as such
3 other considerations as the commissioner deems appropriate and, further,
4 the commissioner is authorized to enter into agreements with such facil-
5 ities or any other facility to resolve multiple pending rate appeals
6 based upon a negotiated aggregate amount and may offset such negotiated
7 aggregate amounts against any amounts owed by the facility to the
8 department, including, but not limited to, amounts owed pursuant to
9 section twenty-eight hundred seven-d of this article; provided, however,
10 that the commissioner's authority to negotiate such agreements resolving
11 multiple pending rate appeals as hereinbefore described shall continue
12 [on and after April first, two thousand twenty-five]. Rate adjustments
13 made pursuant to this paragraph remain fully subject to approval by the
14 director of the budget in accordance with the provisions of subdivision
15 two of section twenty-eight hundred seven of this article.
16 § 13. Paragraph (a) of subdivision 13 of section 3614 of the public
17 health law, as amended by section 13 of part B of chapter 57 of the laws
18 of 2023, is amended to read as follows:
19 (a) Notwithstanding any inconsistent provision of law or regulation
20 and subject to the availability of federal financial participation,
21 effective April first, two thousand twelve [through March thirty-first,
22 two thousand twenty-five] <u>and thereafter</u>, payments by government agen-
23 cies for services provided by certified home health agencies, except for
24 such services provided to children under eighteen years of age and other
25 discreet groups as may be determined by the commissioner pursuant to
26 regulations, shall be based on episodic payments. In establishing such
27 payments, a statewide base price shall be established for each sixty day
28 episode of care and adjusted by a regional wage index factor and an

1 individual patient case mix index. Such episodic payments may be further
2 adjusted for low utilization cases and to reflect a percentage limita-
3 tion of the cost for high-utilization cases that exceed outlier thresh-
4 olds of such payments.
5 § 14. Subdivision 4-a of section 71 of part C of chapter 60 of the
6 laws of 2014, amending the social services law relating to fair hearings
7 within the Fully Integrated Duals Advantage program, as amended by
8 section 27 of part B of chapter 57 of the laws of 2023, is amended to
9 read as follows:
10 4-a. section twenty-two of this act shall take effect April 1, 2014,
11 and shall be deemed expired January 1, [2026] 2028;
12 § 15. Section 11 of chapter 884 of the laws of 1990, amending the
13 public health law relating to authorizing bad debt and charity care
14 allowances for certified home health agencies, as amended by section 29
15 of part B of chapter 57 of the laws of 2023, is amended to read as
16 follows:
17 § 11. This act shall take effect immediately and:
18 (a) sections one and three shall expire on December 31, 1996, and
19 (b) [sections four through ten shall expire on June 30, 2025, and
20 (c)] provided that the amendment to section 2807-b of the public
21 health law by section two of this act shall not affect the expiration of
22 such section 2807-b as otherwise provided by law and shall be deemed to
23 expire therewith.
24 § 16. Subdivision 5-a of section 246 of chapter 81 of the laws of
25 1995, amending the public health law and other laws relating to medical
26 reimbursement and welfare reform, as amended by section 30 of part B of
27 chapter 57 of the laws of 2023, is amended to read as follows:

1 5-a. Section sixty-four-a of this act shall be deemed to have been in
2 full force and effect on and after April 1, 1995 through March 31, 1999
3 and on and after July 1, 1999 through March 31, 2000 and on and after
4 April 1, 2000 through March 31, 2003 and on and after April 1, 2003
5 through March 31, 2007, and on and after April 1, 2007 through March 31,
6 2009, and on and after April 1, 2009 through March 31, 2011, and on and
7 after April 1, 2011 through March 31, 2013, and on and after April 1,
8 2013 through March 31, 2015, and on and after April 1, 2015 through
9 March 31, 2017 and on and after April 1, 2017 through March 31, 2019,
10 and on and after April 1, 2019 through March 31, 2021, and on and after
11 April 1, 2021 through March 31, 2023, and on and after April 1, 2023
12 through March 31, 2025, and thereafter;
13 § 17. Section 64-b of chapter 81 of the laws of 1995, amending the
14 public health law and other laws relating to medical reimbursement and
15 welfare reform, as amended by section 31 of part B of chapter 57 of the
16 laws of 2023, is amended to read as follows:
17 § 64-b. Notwithstanding any inconsistent provision of law, the
18 provisions of subdivision 7 of section 3614 of the public health law, as
19 amended, shall remain and be in full force and effect on April 1, 1995
20 through March 31, 1999 and on July 1, 1999 through March 31, 2000 and on
21 and after April 1, 2000 through March 31, 2003 and on and after April 1,
22 2003 through March 31, 2007, and on and after April 1, 2007 through
23 March 31, 2009, and on and after April 1, 2009 through March 31, 2011,
24 and on and after April 1, 2011 through March 31, 2013, and on and after
25 April 1, 2013 through March 31, 2015, and on and after April 1, 2015
26 through March 31, 2017 and on and after April 1, 2017 through March 31,
27 2019, and on and after April 1, 2019 through March 31, 2021, and on and

1 after April 1, 2021 through March 31, 2023, and on and after April 1,
2 2023 through March 31, 2025, and thereafter.
3 § 18. Section 4-a of part A of chapter 56 of the laws of 2013, amend-
4 ing chapter 59 of the laws of 2011 amending the public health law and
5 other laws relating to general hospital reimbursement for annual rates,
6 as amended by section 32 of part B of chapter 57 of the laws of 2023, is
7 amended to read as follows:
8 § 4-a. Notwithstanding paragraph (c) of subdivision 10 of section
9 2807-c of the public health law, section 21 of chapter 1 of the laws of
10 1999, or any other contrary provision of law, in determining rates of
11 payments by state governmental agencies effective for services provided
12 on and after January 1, 2017 [through March 31, 2025] and thereafter,
13 for inpatient and outpatient services provided by general hospitals, for
14 inpatient services and adult day health care outpatient services
15 provided by residential health care facilities pursuant to article 28 of
16 the public health law, except for residential health care facilities or
17 units of such facilities providing services primarily to children under
18 twenty-one years of age, for home health care services provided pursuant
19 to article 36 of the public health law by certified home health agen-
20 cies, long term home health care programs and AIDS home care programs,
21 and for personal care services provided pursuant to section 365-a of the
22 social services law, the commissioner of health shall apply no greater
23 than zero trend factors attributable to the 2017, 2018, 2019, 2020,
24 2021, 2022, 2023, 2024 and 2025 calendar years and thereafter in accord-
25 ance with paragraph (c) of subdivision 10 of section 2807-c of the
26 public health law, provided, however, that such no greater than zero
27 trend factors attributable to such 2017, 2018, 2019, 2020, 2021, 2022,
28 2023, 2024 and 2025 calendar years and thereafter shall also be applied

1 to rates of payment provided on and after January 1, 2017 [through March
2 31, 2025] and thereafter for personal care services provided in those
3 local social services districts, including New York city, whose rates of
4 payment for such services are established by such local social services
5 districts pursuant to a rate-setting exemption issued by the commission-
6 er of health to such local social services districts in accordance with
7 applicable regulations; and provided further, however, that for rates of
8 payment for assisted living program services provided on and after Janu-
9 ary 1, 2017 [through March 31, 2025] and thereafter, such trend factors
10 attributable to the 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024 and
11 2025 calendar years and thereafter shall be established at no greater
12 than zero percent.
13 § 19. Subdivision 2 of section 246 of chapter 81 of the laws of 1995,
14 amending the public health law and other laws relating to medical
15 reimbursement and welfare reform, as amended by section 33 of part B of
16 chapter 57 of the laws of 2023, is amended to read as follows:
17 2. Sections five, seven through nine, twelve through fourteen, and
18 eighteen of this act shall be deemed to have been in full force and
19 effect on and after April 1, 1995 through March 31, 1999 and on and
20 after July 1, 1999 through March 31, 2000 and on and after April 1, 2000
21 through March 31, 2003 and on and after April 1, 2003 through March 31,
22 2006 and on and after April 1, 2006 through March 31, 2007 and on and
23 after April 1, 2007 through March 31, 2009 and on and after April 1,
24 2009 through March 31, 2011 and sections twelve, thirteen and fourteen
25 of this act shall be deemed to be in full force and effect on and after
26 April 1, 2011 through March 31, 2015 and on and after April 1, 2015
27 through March 31, 2017 and on and after April 1, 2017 through March 31,
28 2019, and on and after April 1, 2019 through March 31, 2021, and on and

1 after April 1, 2021 through March 31, 2023, and on and after April 1,
2 2023 through March 31, 2025, and thereafter;
3 § 20. Subparagraph (vi) of paragraph (b) of subdivision 2 of section
4 2807-d of the public health law, as amended by section 34 of part B of
5 chapter 57 of the laws of 2023, is amended to read as follows:
6 (vi) Notwithstanding any contrary provision of this paragraph or any
7 other provision of law or regulation to the contrary, for residential
8 health care facilities the assessment shall be six percent of each resi-
9 dential health care facility's gross receipts received from all patient
10 care services and other operating income on a cash basis for the period
11 April first, two thousand two through March thirty-first, two thousand
12 three for hospital or health-related services, including adult day
13 services; provided, however, that residential health care facilities'
14 gross receipts attributable to payments received pursuant to title XVIII
15 of the federal social security act (medicare) shall be excluded from the
16 assessment; provided, however, that for all such gross receipts received
17 on or after April first, two thousand three through March thirty-first,
18 two thousand five, such assessment shall be five percent, and further
19 provided that for all such gross receipts received on or after April
20 first, two thousand five through March thirty-first, two thousand nine,
21 and on or after April first, two thousand nine through March thirty-
22 first, two thousand eleven such assessment shall be six percent, and
23 further provided that for all such gross receipts received on or after
24 April first, two thousand eleven through March thirty-first, two thou-
25 sand thirteen such assessment shall be six percent, and further provided
26 that for all such gross receipts received on or after April first, two
27 thousand thirteen through March thirty-first, two thousand fifteen such
28 assessment shall be six percent, and further provided that for all such

1 gross receipts received on or after April first, two thousand fifteen
2 through March thirty-first, two thousand seventeen such assessment shall
3 be six percent, and further provided that for all such gross receipts
4 received on or after April first, two thousand seventeen through March
5 thirty-first, two thousand nineteen such assessment shall be six
6 percent, and further provided that for all such gross receipts received
7 on or after April first, two thousand nineteen through March thirty-
8 first, two thousand twenty-one such assessment shall be six percent, and
9 further provided that for all such gross receipts received on or after
10 April first, two thousand twenty-one through March thirty-first, two
11 thousand twenty-three such assessment shall be six percent, and further
12 provided that for all such gross receipts received on or after April
13 first, two thousand twenty-three through March thirty-first, two thou-
14 sand twenty-five such assessment shall be six percent, and further
15 provided that for all such gross receipts received on or after April
16 first, two thousand twenty-five through March thirty-first, two thousand
17 twenty-nine such assessment shall be six percent.
18 § 21. Section 3 of part MM of chapter 57 of the laws of 2021, amending
19 the public health law relating to aiding in the transition to adulthood
20 for children with medical fragility living in pediatric nursing homes
21 and other settings, as amended by section 35 of part B of chapter 57 of
22 the laws of 2023, is amended to read as follows:
23 § 3. This act shall take effect on the one hundred twentieth day after
24 it shall have become a law; provided however, that section one of this
25 act shall expire and be deemed repealed [four] six years after such
26 effective date; and provided further, that section two of this act shall
27 expire and be deemed repealed [five] seven years after such effective
28 date.

1 § 22. Section 2 of chapter 633 of the laws of 2006, amending the
2 public health law relating to the home based primary care for the elder-
3 ly demonstration project, as amended by section 1 of item OOO of subpart
4 B of part XXX of chapter 58 of the laws of 2020, is amended to read as
5 follows:
6 § 2. This act shall take effect immediately and shall expire and be
7 deemed repealed January 1, [2026] 2031.
8 § 23. Section 4 of chapter 19 of the laws of 1998, amending the social
9 services law relating to limiting the method of payment for prescription
10 drugs under the medical assistance program, as amended by section 14 of
11 part B of chapter 57 of the laws of 2023, is amended to read as follows:
12 § 4. This act shall take effect 120 days after it shall have become a
13 law [and shall expire and be deemed repealed March 31, 2025].
14 § 24. Subdivisions (b) and (c) of section 8 of part BBB of chapter 56
15 of the laws of 2022, amending the public health law and other laws
16 relating to permitting the commissioner of health to submit a waiver
17 that expands eligibility for New York's basic health program and
18 increases the federal poverty limit cap for basic health program eligi-
19 bility from two hundred to two hundred fifty percent, as amended by
20 section 3 of part J of chapter 57 of the laws of 2024, are amended to
21 read as follows:
22 (b) section four of this act shall expire and be deemed repealed
23 December 31, [2025] 2030; provided, however, the amendments to paragraph
24 (c) of subdivision 1 of section 369-gg of the social services law made
25 by such section of this act shall be subject to the expiration and
26 reversion of such paragraph pursuant to section 2 of part H of chapter
27 57 of the laws of 2021 when upon such date, the provisions of section
28 five of this act shall take effect; provided, however, the amendments to

1 such paragraph made by section five of this act shall expire and be
2 deemed repealed December 31, [2025] 2030;
3 (c) section six of this act shall take effect January 1, [2026] 2031;
4 provided, however, the amendments to paragraph (c) of subdivision 1 of
5 section 369-gg of the social services law made by such section of this
6 act shall be subject to the expiration and reversion of such paragraph
7 pursuant to section 2 of part H of chapter 57 of the laws of 2021 when
8 upon such date, the provisions of section seven of this act shall take
9 effect; and
10 § 25. Subdivision 10 of section 365-a of the social services law, as
11 amended by section 1 of part QQ of chapter 57 of the laws of 2022, is
12 amended to read as follows:
13 10. The department of health shall establish or procure the services
14 of an independent assessor or assessors no later than October 1, 2022,
15 in a manner and schedule as determined by the commissioner of health, to
16 take over from local departments of social services, Medicaid Managed
17 Care providers, and Medicaid managed long term care plans performance of
18 assessments and reassessments required for determining individuals'
19 needs for personal care services, including as provided through the
20 consumer directed personal assistance program, and other services or
21 programs available pursuant to the state's medical assistance program as
22 determined by such commissioner for the purpose of improving efficiency,
23 quality, and reliability in assessment and to determine individuals'
24 eligibility for Medicaid managed long term care plans. Notwithstanding
25 the provisions of section one hundred sixty-three of the state finance
26 law, or sections one hundred forty-two and one hundred forty-three of
27 the economic development law, or any contrary provision of law,
28 contracts may be entered or the commissioner may amend and extend the

1 terms of a contract awarded prior to the effective date and entered into
2 to conduct enrollment broker and conflict-free evaluation services for
3 the Medicaid program, if such contract or contract amendment is for the
4 purpose of procuring such assessment services from an independent asses-
5 sor. Contracts entered into, amended, or extended pursuant to this
6 subdivision shall not remain in force beyond September 30, [2025] 2026.
7 § 26. Section 20 of part MM of chapter 56 of the laws of 2020, direct-
8 ing the department of health to establish or procure the services of an
9 independent panel of clinical professionals and to develop and implement
10 a uniform task-based assessment tool, as amended by section 3 of part QQ
11 of chapter 57 of the laws of 2022, is amended to read as follows:
12 § 20. The department of health shall establish or procure services of
13 an independent panel or panels of clinical professionals no later than
14 October 1, 2022, in a manner and schedule as determined by the commis-
15 sioner of health, to provide as appropriate independent physician or
16 other applicable clinician orders for personal care services, including
17 as provided through the consumer directed personal assistance program,
18 available pursuant to the state's medical assistance program and to
19 determine eligibility for the consumer directed personal assistance
20 program. Notwithstanding the provisions of section 163 of the state
21 finance law, or sections 142 and 143 of the economic development law, or
22 any contrary provision of law, contracts may be entered or the commis-
23 sioner of health may amend and extend the terms of a contract awarded
24 prior to the effective date and entered into to conduct enrollment
25 broker and conflict-free evaluation services for the Medicaid program,
26 if such contract or contract amendment is for the purpose of establish-
27 ing an independent panel or panels of clinical professionals as
28 described in this section. Contracts entered into, amended, or extended

1 pursuant to this section shall not remain in force beyond September 30,
2 [2025] 2026.
3 § 27. This act shall take effect immediately and shall be deemed to
4 have been in full force and effect on and after April 1, 2025.

5 PART C

6 Section 1. Paragraph (b) of subdivision 3 of section 273 of the public
7 health law, as added by section 10 of part C of chapter 58 of the laws
8 of 2005, is amended to read as follows:
9 (b) In the event that the patient does not meet the criteria in para-
10 graph (a) of this subdivision, the prescriber may provide additional
11 information to the program to justify the use of a prescription drug
12 that is not on the preferred drug list. The program shall provide a
13 reasonable opportunity for a prescriber to reasonably present [his or
14 her] the prescriber's justification of prior authorization. [If, after
15 consultation with the program, the prescriber, in his or her reasonable
16 professional judgment, determines that] The program will consider the
17 additional information and the justification presented to determine
18 whether the use of a prescription drug that is not on the preferred drug
19 list is warranted, and the [prescriber's] program's determination shall
20 be final.
21 § 2. Subdivisions 25 and 25-a of section 364-j of the social services
22 law are REPEALED.
23 § 3. This act shall take effect January 1, 2026.

24 PART D

1 Section 1. The opening paragraph of subparagraph (i) of paragraph (i)
2 of subdivision 35 of section 2807-c of the public health law, as amended
3 by section 5 of part D of chapter 57 of the laws of 2024, is amended to
4 read as follows:
5 Notwithstanding any inconsistent provision of this subdivision or any
6 other contrary provision of law and subject to the availability of
7 federal financial participation, for each state fiscal year from July
8 first, two thousand ten through December thirty-first, two thousand
9 twenty-four; and for the calendar year January first, two thousand twen-
10 ty-five through December thirty-first, two thousand twenty-five[; and
11 for each calendar year thereafter], the commissioner shall make addi-
12 tional inpatient hospital payments up to the aggregate upper payment
13 limit for inpatient hospital services after all other medical assistance
14 payments, but not to exceed two hundred thirty-five million five hundred
15 thousand dollars for the period July first, two thousand ten through
16 March thirty-first, two thousand eleven, three hundred fourteen million
17 dollars for each state fiscal year beginning April first, two thousand
18 eleven, through March thirty-first, two thousand thirteen, and no less
19 than three hundred thirty-nine million dollars for each state fiscal
20 year until December thirty-first, two thousand twenty-four; and then
21 from calendar year January first, two thousand twenty-five through
22 December thirty-first, two thousand twenty-five[; and for each calendar
23 year thereafter], to general hospitals, other than major public general
24 hospitals, providing emergency room services and including safety net
25 hospitals, which shall, for the purpose of this paragraph, be defined as
26 having either: a Medicaid share of total inpatient hospital discharges
27 of at least thirty-five percent, including both fee-for-service and
28 managed care discharges for acute and exempt services; or a Medicaid

1 share of total discharges of at least thirty percent, including both
2 fee-for-service and managed care discharges for acute and exempt
3 services, and also providing obstetrical services. Eligibility to
4 receive such additional payments shall be based on data from the period
5 two years prior to the rate year, as reported on the institutional cost
6 report submitted to the department as of October first of the prior rate
7 year. Such payments shall be made as medical assistance payments for
8 fee-for-service inpatient hospital services pursuant to title eleven of
9 article five of the social services law for patients eligible for feder-
10 al financial participation under title XIX of the federal social securi-
11 ty act and in accordance with the following:

12 § 2. Clause (A) of subparagraph (ii) of paragraph (b) of subdivision
13 5-d of section 2807-k of the public health law, as amended by section 1
14 of part E of chapter 57 of the laws of 2023, is amended to read as
15 follows:

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

19 (2) for the calendar years two thousand twenty-five and thereafter,
20 the total distributions to major public general hospitals shall be
21 subject to an aggregate reduction of one hundred thirteen million four
22 hundred thousand dollars annually, provided that general hospitals oper-
23 ated by the New York city health and hospitals corporation as estab-
24 lished by chapter one thousand sixteen of the laws of nineteen hundred
25 sixty-nine, as amended, shall not receive distributions pursuant to this
26 subdivision; and

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

1 PART E

2 Section 1. Section 602 of the financial services law, as added by
3 section 26 of part H of chapter 60 of the laws of 2014, is amended to
4 read as follows:
5 § 602. Applicability. [(a)] This article shall not apply to health
6 care services, including emergency services, where physician fees are
7 subject to schedules or other monetary limitations under any other law,
8 including the workers' compensation law and article fifty-one of the
9 insurance law, and shall not preempt any such law. This article also
10 shall not apply to health care services, including emergency services,
11 subject to medical assistance program coverage provided pursuant to
12 section three hundred sixty-four-j of the social services law.
13 § 2. Subdivision 3 of section 364-j of the social services law is
14 amended by adding a new paragraph (d-4) to read as follows:
15 (d-4) Notwithstanding paragraph (a) of this subdivision, the following
16 medical assistance recipients shall not be eligible to participate in
17 the managed care program authorized by this section or other care coor-
18 dination model established by article forty-four of the public health
19 law: any person who is permanently placed in a residential health care
20 facility for a consecutive period of three months or more. However,
21 nothing in this paragraph should be construed to apply to enrollees in
22 the Medicaid Advantage Plus Program, developed to enroll persons in
23 managed long-term care who are nursing home certifiable and who are
24 dually eligible pursuant to section forty-four hundred three-f of the
25 public health law. In implementing this provision, the department shall
26 continue to support service delivery and outcomes that result in commu-
27 nity living for enrollees.

1 § 3. Section 364-j of the social services law is amended by adding a
2 new subdivision 40 to read as follows:
3 40. (a) The commissioner shall be entitled to penalize managed care
4 providers for failure to meet the contractual obligations and perform-
5 ance standards of the executed contract between the state and a managed
6 care provider in place at the time of the failure.
7 (b) The commissioner shall have sole discretion in determining whether
8 to impose a penalty for noncompliance with any provision of such
9 contract.
10 (c) (i) Penalties imposed by this subdivision against a managed care
11 provider shall be from two hundred fifty dollars up to twenty-five thou-
12 sand dollars per violation depending on the severity of the noncompli-
13 ance as determined by the commissioner.
14 (ii) The commissioner may elect, in their sole discretion, to assess
15 penalties imposed by this section from, and as a set off against,
16 payments due to the managed care provider, or payments that becomes due
17 any time after the assessment of penalties. Deductions may continue
18 until the full amount of the noticed penalties are paid in full.
19 (iii) All penalties imposed by the commissioner pursuant to this
20 subdivision shall be paid out of the administrative costs and profits of
21 the managed care provider. The managed care provider shall not pass the
22 penalties imposed by the commissioner pursuant to this subdivision
23 through to any medical services provider and/or subcontractor.
24 (d) For the purposes of this subdivision a violation shall mean a
25 determination by the commissioner that the managed care provider failed
26 to act as required under the contract between the state and the managed
27 care provider in place at the time of the failure, or applicable federal
28 and state statutes, rules or regulations governing managed care provid-

1 ers. Each instance of a managed care provider failing to furnish neces-
2 sary and/or required medical services or items to each enrollee shall be
3 a separate violation and each day that an ongoing violation continues
4 shall be a separate violation.
5 (e) No penalties shall be assessed pursuant to this subdivision with-
6 out providing an opportunity for a formal hearing conducted in accord-
7 ance with section twelve-a of the public health law.
8 (f) Nothing in this subdivision shall prohibit the imposition of
9 damages, penalties or other relief, otherwise authorized by law, includ-
10 ing but not limited to cases of fraud, waste or abuse.
11 (g) The commissioner may promulgate any regulations necessary to
12 implement the provisions of this subdivision.
13 § 4. This act shall take effect immediately; provided, however, that
14 section one of this act shall apply to disputes filed with the super-
15 intendent of financial services pursuant to article six of the financial
16 services law on or after such effective date; provided further, howev-
17 er, that section two of this act is subject to federal financial partic-
18 ipation; and provided further, however, that the amendments to section
19 364-j of the social services law made by sections two and three of this
20 act shall not affect the repeal of such section and shall be deemed
21 repealed therewith.

22 PART F

23 Section 1. Section 2807-ff of the public health law, as added by
24 section 1 of part II of chapter 57 of the laws of 2024, is amended to
25 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] <u>Medicare</u>
9 <u>and Medicaid</u> services, impose the MCO provider tax as an assessment upon
10 insurers, health maintenance organizations, and managed care organiza-
11 tions <u>(collectively referred to as "health plan")</u> 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 pursuant to section twen-
17 ty-five hundred eleven of this chapter;
18 (c) Essential plan coverage certified pursuant to section three
19 hundred sixty-nine-gg of the social services law;
20 (d) Coverage purchased on the New York insurance exchange established
21 pursuant to section two hundred sixty-eight-b of this chapter; or
22 (e) Any other comprehensive coverage subject to articles thirty-two,
23 forty-two and forty-three of the insurance law, or article forty-four of
24 this chapter.
25 2. The MCO provider tax shall comply with all relevant provisions of
26 federal laws, rules and regulations.

1 3. The department shall post on its website the MCO provider tax
2 approval letter by the centers for Medicare and Medicaid services (the
3 "approval letter").
4 4. A health plan, as defined in subdivision one of this section, shall
5 pay the MCO provider tax for each calendar year as follows:
6 (a) For Medicaid member months below two hundred fifty thousand member
7 months, a health plan shall pay one hundred twenty-six dollars per
8 member month;
9 (b) For Medicaid member months greater than or equal to two hundred
10 fifty thousand member months but less than five hundred thousand member
11 months, a health plan shall pay eighty-eight dollars per member month;
12 (c) For Medicaid member months greater than or equal to five hundred
13 thousand member months, a health plan shall pay twenty-five dollars per
14 member month;
15 (d) For essential plan member months less than two hundred fifty thou-
16 sand member months, a health plan shall pay thirteen dollars per member
17 month;
18 (e) For essential plan member months greater than or equal to two
19 hundred fifty thousand member months, a health plan shall pay seven
20 dollars per member month;
21 (f) For non-essential plan non-Medicaid member months, consisting of
22 the populations covered by the products described in paragraphs (b),
23 (d), and (e) of subdivision one of this section, less than two hundred
24 fifty thousand member months, a health plan shall pay two dollars per
25 member month; and
26 (g) For non-essential plan non-Medicaid member months greater than or
27 equal to two hundred fifty thousand member months, a health plan shall
28 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

1 services to Medicaid beneficiaries. In addition, the commissioner may
2 waive a portion or all of either the interest or penalties, or both,
3 assessed under this section if the commissioner determines, in their
4 sole discretion, that the health plan did not have the information
5 necessary from the department to pay the tax required in this section.
6 Waiver of some or all of the interest or penalties pursuant to this
7 subdivision shall be conditioned on the health plan's agreement to make
8 MCO provider tax payments on an alternative schedule developed by the
9 department that takes into account the financial situation of the health
10 plan and the potential impact on the delivery of services to Medicaid
11 beneficiaries.
12 (c) Overpayment by or on behalf of a health plan of a payment shall be
13 applied to any other payment due from the health plan pursuant to this
14 section, or, if no payment is due, at the election of the health plan,
15 shall be applied to future payments or refunded to the health plan.
16 Interest shall be paid on overpayments from the date of overpayment to
17 the date of crediting or refunding at the rate determined in accordance
18 with this subdivision only if the overpayment was made at the direction
19 of the commissioner. Interest under this paragraph shall not be paid if
20 the amount thereof is less than one dollar.
21 9. Payments and reports submitted or required to be submitted to the
22 commissioner pursuant to this section by a health plan shall be subject
23 to audit by the commissioner for a period of six years following the
24 close of the calendar year in which such payments and reports are due,
25 after which such payments shall be deemed final and not subject to
26 further adjustment or reconciliation, including through offset adjust-
27 ments or reconciliations made by a health plan; provided, however, that
28 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").

1 2. (a) The fund shall consist of monies received from the imposition
2 of the centers for medicare and medicaid services-approved MCO provider
3 tax established pursuant to section twenty-eight hundred seven-ff of the
4 public health law, and all other monies appropriated, credited, or
5 transferred thereto from any other fund or source pursuant to law.
6 (b) The pool administrator under contract with the commissioner of
7 health pursuant to section twenty-eight hundred seven-y of the public
8 health law shall collect moneys required to be collected as a result of
9 the implementation of the MCO provider tax.
10 3. Notwithstanding any provision of law to the contrary and subject to
11 available legislative appropriation and approval of the director of the
12 budget, monies of the fund may be available [for] to the department of
13 health for the purpose of:
14 (a) funding the non-federal share of increased capitation payments to
15 managed care providers, as defined in section three hundred sixty-four-j
16 of the social services law, for the medical assistance program, pursuant
17 to a plan developed and approved by the director of the budget;
18 (b) funding the non-federal share of the medical assistance program,
19 including supplemental support for the delivery of health care services
20 to medical assistance program enrollees and quality incentive programs;
21 (c) reimbursement to the general fund for expenditures incurred in the
22 medical assistance program, including, but not limited to, reimbursement
23 pursuant to a savings allocation plan established in accordance with
24 section ninety-two of part H of chapter fifty-nine of the laws of two
25 thousand eleven, as amended; and
26 (d) transfer to the capital projects fund, or any other capital
27 projects fund of the state to support the delivery of health care
28 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.

1 § 3. Section 1-a of part I of chapter 57 of the laws of 2022 providing
2 a one percent across the board payment increase to all qualifying fee-
3 for-service Medicaid rates, as amended by section 1 of part NN of chap-
4 ter 57 of the laws of 2024, is amended to read as follows:
5 § 1-a. Notwithstanding any provision of law to the contrary, for the
6 state fiscal years beginning April 1, 2023, and thereafter, Medicaid
7 payments made for the operating component of hospital inpatient services
8 shall be subject to a uniform rate increase of seven and one-half
9 percent in addition to the increase contained in section one of this
10 act, subject to the approval of the commissioner of health and the
11 director of the budget. Notwithstanding any provision of law to the
12 contrary, for the state fiscal years beginning April 1, 2023, and there-
13 after, Medicaid payments made for the operating component of hospital
14 outpatient services shall be subject to a uniform rate increase of six
15 and one-half percent in addition to the increase contained in section
16 one of this act, subject to the approval of the commissioner of health
17 and the director of the budget. Notwithstanding any provision of law to
18 the contrary, for the period April 1, 2024 through March 31, 2025 Medi-
19 caid payments made for hospital services shall be increased by an aggre-
20 gate amount of up to $525,000,000 in addition to the increase contained
21 in sections one and one-b of this act subject to the approval of the
22 commissioner of health and the director of the budget. <u>Notwithstanding</u>
23 <u>any provision of law to the contrary, for the state fiscal years begin-</u>
24 <u>ning April 1, 2025, and thereafter, Medicaid payments made for the oper-</u>
25 <u>ating component of hospital outpatient services shall be subject to a</u>
26 <u>uniform rate increase pursuant to a plan approved by the director of the</u>
27 <u>budget in addition to the applicable increase contained in section one</u>
28 <u>of this act and this section, subject to the approval of the commission-</u>

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 $425,000,000 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 added by section 2 of part NN of chapter
13 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

1 $285,000,000 in addition to the increase contained in [sections] <u>section</u>
2 one [and one-c] of this act <u>and this section</u> subject to the approval of
3 the commissioner of health and the director of the budget. Such rate
4 increases shall be subject to federal financial participation. <u>Notwith-</u>
5 <u>standing any provision of law to the contrary, for state fiscal years</u>
6 <u>beginning April 1, 2025, and thereafter Medicaid payments made for nurs-</u>
7 <u>ing home services shall be increased by an aggregate amount of up to</u>
8 <u>$385,000,000 in addition to the increase contained in section one of</u>
9 <u>this act and this section, subject to the approval of the commissioner</u>
10 <u>of health and the director of the budget. Such rate increases shall be</u>
11 <u>subject to federal financial participation and the provisions estab-</u>
12 <u>lished under section one-f of this act.</u>
13 § 5. Sections 1-c and 1-d of part I of chapter 57 of the laws of 2022
14 providing a one percent across the board payment increase to all quali-
15 fying fee-for-service Medicaid rates, are renumbered sections 1-d and
16 1-e and a new section 1-c is added to read as follows:
17 <u>§ 1-c. Notwithstanding any provision of law to the contrary, for the</u>
18 <u>period April 1, 2025, and thereafter, Medicaid payments made for clinic</u>
19 <u>service provided by federally qualified health centers and diagnostic</u>
20 <u>and treatment centers shall be increased by an aggregate amount of up to</u>
21 <u>$20,000,000 in addition to any applicable increase contained in section</u>
22 <u>one of this act subject to the approval of the commissioner of health</u>
23 <u>and the director of the budget. Such rate increases shall be subject to</u>
24 <u>federal financial participation and the provisions established under</u>
25 <u>section one-f of this act.</u>
26 § 6. Section 1-d of part I of chapter 57 of the laws of 2022 providing
27 a one percent across the board payment increase to all qualifying fee-
28 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-l 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 $15,000,000 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:

1 § 1-e. Such increases as added by the chapter of the laws of 2024 that
2 added this section may take the form of increased rates of payment in
3 Medicaid fee-for-service and/or Medicaid managed care, lump sum
4 payments, or state directed payments under 42 CFR 438.6(c). Such rate
5 increases shall be subject to federal financial participation and the
6 provisions established under section one-f of this act.
7 § 1-f. Such increases as added by the chapter of the laws of 2025 that
8 added this section shall be contingent upon the availability of funds
9 within the healthcare stability fund established by section 99-ss of the
10 state finance law. Upon a determination by the director of the budget
11 that the balance of such fund is projected to be insufficient to support
12 the continuation of such increases, the commissioner of health, subject
13 to the approval of the director of the budget, shall take steps neces-
14 sary to suspend or terminate such increases, until a determination is
15 made that there are sufficient balances to support these increases.
16 § 8. This act shall take effect immediately; provided, however, that
17 sections three, four, five, six and seven of this act shall be deemed to
18 have been in full force and effect on and after April 1, 2025.

19 PART G

20 Section 1. Paragraph (a) of subdivision 1 of section 18 of chapter 266
21 of the laws of 1986, amending the civil practice law and rules and other
22 laws relating to malpractice and professional medical conduct, as
23 amended by section 1 of part K of chapter 57 of the laws of 2024, is
24 amended and a new subdivision 9 is added to read as follows:
25 (a) The superintendent of financial services and the commissioner of
26 health or their designee shall, from funds available in the hospital

1 excess liability pool created pursuant to subdivision 5 of this section,
2 purchase a policy or policies for excess insurance coverage, as author-
3 ized by paragraph 1 of subsection (e) of section 5502 of the insurance
4 law; or from an insurer, other than an insurer described in section 5502
5 of the insurance law, duly authorized to write such coverage and actual-
6 ly writing medical malpractice insurance in this state; or shall
7 purchase equivalent excess coverage in a form previously approved by the
8 superintendent of financial services for purposes of providing equiv-
9 alent excess coverage in accordance with section 19 of chapter 294 of
10 the laws of 1985, for medical or dental malpractice occurrences between
11 July 1, 1986 and June 30, 1987, between July 1, 1987 and June 30, 1988,
12 between July 1, 1988 and June 30, 1989, between July 1, 1989 and June
13 30, 1990, between July 1, 1990 and June 30, 1991, between July 1, 1991
14 and June 30, 1992, between July 1, 1992 and June 30, 1993, between July
15 1, 1993 and June 30, 1994, between July 1, 1994 and June 30, 1995,
16 between July 1, 1995 and June 30, 1996, between July 1, 1996 and June
17 30, 1997, between July 1, 1997 and June 30, 1998, between July 1, 1998
18 and June 30, 1999, between July 1, 1999 and June 30, 2000, between July
19 1, 2000 and June 30, 2001, between July 1, 2001 and June 30, 2002,
20 between July 1, 2002 and June 30, 2003, between July 1, 2003 and June
21 30, 2004, between July 1, 2004 and June 30, 2005, between July 1, 2005
22 and June 30, 2006, between July 1, 2006 and June 30, 2007, between July
23 1, 2007 and June 30, 2008, between July 1, 2008 and June 30, 2009,
24 between July 1, 2009 and June 30, 2010, between July 1, 2010 and June
25 30, 2011, between July 1, 2011 and June 30, 2012, between July 1, 2012
26 and June 30, 2013, between July 1, 2013 and June 30, 2014, between July
27 1, 2014 and June 30, 2015, between July 1, 2015 and June 30, 2016,
28 between July 1, 2016 and June 30, 2017, between July 1, 2017 and June

1 30, 2018, between July 1, 2018 and June 30, 2019, between July 1, 2019
2 and June 30, 2020, between July 1, 2020 and June 30, 2021, between July
3 1, 2021 and June 30, 2022, between July 1, 2022 and June 30, 2023,
4 between July 1, 2023 and June 30, 2024, [and] between July 1, 2024 and
5 June 30, 2025, and between July 1, 2025 and June 30, 2026 or reimburse
6 the hospital where the hospital purchases equivalent excess coverage as
7 defined in subparagraph (i) of paragraph (a) of subdivision 1-a of this
8 section for medical or dental malpractice occurrences between July 1,
9 1987 and June 30, 1988, between July 1, 1988 and June 30, 1989, between
10 July 1, 1989 and June 30, 1990, between July 1, 1990 and June 30, 1991,
11 between July 1, 1991 and June 30, 1992, between July 1, 1992 and June
12 30, 1993, between July 1, 1993 and June 30, 1994, between July 1, 1994
13 and June 30, 1995, between July 1, 1995 and June 30, 1996, between July
14 1, 1996 and June 30, 1997, between July 1, 1997 and June 30, 1998,
15 between July 1, 1998 and June 30, 1999, between July 1, 1999 and June
16 30, 2000, between July 1, 2000 and June 30, 2001, between July 1, 2001
17 and June 30, 2002, between July 1, 2002 and June 30, 2003, between July
18 1, 2003 and June 30, 2004, between July 1, 2004 and June 30, 2005,
19 between July 1, 2005 and June 30, 2006, between July 1, 2006 and June
20 30, 2007, between July 1, 2007 and June 30, 2008, between July 1, 2008
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22 1, 2010 and June 30, 2011, between July 1, 2011 and June 30, 2012,
23 between July 1, 2012 and June 30, 2013, between July 1, 2013 and June
24 30, 2014, between July 1, 2014 and June 30, 2015, between July 1, 2015
25 and June 30, 2016, between July 1, 2016 and June 30, 2017, between July
26 1, 2017 and June 30, 2018, between July 1, 2018 and June 30, 2019,
27 between July 1, 2019 and June 30, 2020, between July 1, 2020 and June
28 30, 2021, between July 1, 2021 and June 30, 2022, between July 1, 2022

1 and June 30, 2023, between July 1, 2023 and June 30, 2024, [and] between
2 July 1, 2024 and June 30, 2025, and between July 1, 2025 and June 30,
3 2026 for physicians or dentists certified as eligible for each such
4 period or periods pursuant to subdivision 2 of this section by a general
5 hospital licensed pursuant to article 28 of the public health law;
6 provided that no single insurer shall write more than fifty percent of
7 the total excess premium for a given policy year; and provided, however,
8 that such eligible physicians or dentists must have in force an individ-
9 ual policy, from an insurer licensed in this state of primary malprac-
10 tice insurance coverage in amounts of no less than one million three
11 hundred thousand dollars for each claimant and three million nine
12 hundred thousand dollars for all claimants under that policy during the
13 period of such excess coverage for such occurrences or be endorsed as
14 additional insureds under a hospital professional liability policy which
15 is offered through a voluntary attending physician ("channeling")
16 program previously permitted by the superintendent of financial services
17 during the period of such excess coverage for such occurrences. During
18 such period, such policy for excess coverage or such equivalent excess
19 coverage shall, when combined with the physician's or dentist's primary
20 malpractice insurance coverage or coverage provided through a voluntary
21 attending physician ("channeling") program, total an aggregate level of
22 two million three hundred thousand dollars for each claimant and six
23 million nine hundred thousand dollars for all claimants from all such
24 policies with respect to occurrences in each of such years provided,
25 however, if the cost of primary malpractice insurance coverage in excess
26 of one million dollars, but below the excess medical malpractice insur-
27 ance coverage provided pursuant to this act, exceeds the rate of nine
28 percent per annum, then the required level of primary malpractice insur-

1 ance coverage in excess of one million dollars for each claimant shall
2 be in an amount of not less than the dollar amount of such coverage
3 available at nine percent per annum; the required level of such coverage
4 for all claimants under that policy shall be in an amount not less than
5 three times the dollar amount of coverage for each claimant; and excess
6 coverage, when combined with such primary malpractice insurance cover-
7 age, shall increase the aggregate level for each claimant by one million
8 dollars and three million dollars for all claimants; and provided
9 further, that, with respect to policies of primary medical malpractice
10 coverage that include occurrences between April 1, 2002 and June 30,
11 2002, such requirement that coverage be in amounts no less than one
12 million three hundred thousand dollars for each claimant and three
13 million nine hundred thousand dollars for all claimants for such occur-
14 rences shall be effective April 1, 2002.
15 (9) This subdivision shall apply only to excess insurance coverage or
16 equivalent excess coverage for physicians or dentists that is eligible
17 to be paid for from funds available in the hospital excess liability
18 pool.
19 (a) Notwithstanding any law to the contrary, for any policy period
20 beginning on or after July 1, 2024, excess coverage shall be purchased
21 by a physician or dentist directly from a provider of excess insurance
22 coverage or equivalent excess coverage. At the conclusion of the policy
23 period the superintendent of financial services and the commissioner of
24 health or their designee shall, from funds available in the hospital
25 excess liability pool created pursuant to subdivision 5 of this section,
26 pay fifty percent of the premium to the provider of excess insurance
27 coverage or equivalent excess coverage, and the remaining fifty percent
28 shall be paid one year thereafter.

1 (b) Notwithstanding any law to the contrary, for any policy period
2 beginning on or after July 1, 2025, excess coverage shall be purchased
3 by a physician or dentist directly from a provider of excess insurance
4 coverage or equivalent excess coverage. Such provider of excess insur-
5 ance coverage or equivalent excess coverage shall bill, in a manner
6 consistent with paragraph (f) of this subdivision, the physician or
7 dentist for an amount equal to fifty percent of the premium for such
8 coverage, as established pursuant to paragraph (d) of this subdivision,
9 during the policy period. At the conclusion of the policy period the
10 superintendent of financial services and the commissioner of health or
11 their designee shall, from funds available in the hospital excess
12 liability pool created pursuant to subdivision 5 of this section, pay
13 half of the remaining fifty percent of the premium to the provider of
14 excess insurance coverage or equivalent excess coverage, and the remain-
15 ing twenty-five percent shall be paid one year thereafter. If the funds
16 available in the hospital excess liability pool are insufficient to meet
17 the percent of the costs of the excess coverage, the provisions of
18 subdivision 8 of this section shall apply.
19 (c) If at the conclusion of the policy period, a physician or dentist,
20 eligible for excess coverage paid for from funds available in the hospi-
21 tal excess liability pool, has failed to pay an amount equal to fifty
22 percent of the premium as established pursuant to paragraph (d) of this
23 subdivision, such excess coverage shall be cancelled and shall be null
24 and void as of the first day on or after the commencement of a policy
25 period where the liability for payment pursuant to this subdivision has
26 not been met. The provider of excess coverage shall remit any portion of
27 premium paid by the eligible physician or dentist for such a policy
28 period.

1 (d) The superintendent of financial services shall establish a rate
2 consistent with subdivision 3 of this section that providers of excess
3 insurance coverage or equivalent excess coverage will charge for such
4 coverage for each policy period. For the policy period beginning July 1,
5 2025, the superintendent of financial services may direct that the
6 premium for that policy period be the same as it was for the policy
7 period that concluded June 30, 2024.
8 (e) No provider of excess insurance coverage or equivalent excess
9 coverage shall issue excess coverage to which this subdivision applies
10 to any physician or dentist unless that physician or dentist meets the
11 eligibility requirements for such coverage set forth in this section.
12 The superintendent of financial services and the commissioner of health
13 or their designee shall not make any payment under this subdivision to a
14 provider of excess insurance coverage or equivalent excess coverage for
15 excess coverage issued to a physician or dentist who does not meet the
16 eligibility requirements for participation in the hospital excess
17 liability pool program set forth in this section.
18 (f) A provider of excess insurance coverage or equivalent coverage
19 that issues excess coverage under this subdivision shall bill the physi-
20 cian or dentist for the portion of the premium required under paragraph
21 (a) of this subdivision in twelve equal monthly installments or in such
22 other manner as the physician or dentist may agree.
23 (g) The superintendent of financial services in consultation with the
24 commissioner of health may promulgate regulations giving effect to the
25 provisions of this subdivision.
26 § 2. Subdivision 3 of section 18 of chapter 266 of the laws of 1986,
27 amending the civil practice law and rules and other laws relating to

1 malpractice and professional medical conduct, as amended by section 2 of
2 part K of chapter 57 of the laws of 2024, is amended to read as follows:
3 (3)(a) The superintendent of financial services shall determine and
4 certify to each general hospital and to the commissioner of health the
5 cost of excess malpractice insurance for medical or dental malpractice
6 occurrences between July 1, 1986 and June 30, 1987, between July 1, 1988
7 and June 30, 1989, between July 1, 1989 and June 30, 1990, between July
8 1, 1990 and June 30, 1991, between July 1, 1991 and June 30, 1992,
9 between July 1, 1992 and June 30, 1993, between July 1, 1993 and June
10 30, 1994, between July 1, 1994 and June 30, 1995, between July 1, 1995
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12 1, 1997 and June 30, 1998, between July 1, 1998 and June 30, 1999,
13 between July 1, 1999 and June 30, 2000, between July 1, 2000 and June
14 30, 2001, between July 1, 2001 and June 30, 2002, between July 1, 2002
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17 between July 1, 2006 and June 30, 2007, between July 1, 2007 and June
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20 1, 2011 and June 30, 2012, between July 1, 2012 and June 30, 2013,
21 between July 1, 2013 and June 30, 2014, between July 1, 2014 and June
22 30, 2015, between July 1, 2015 and June 30, 2016, between July 1, 2016
23 and June 30, 2017, between July 1, 2017 and June 30, 2018, between July
24 1, 2018 and June 30, 2019, between July 1, 2019 and June 30, 2020,
25 between July 1, 2020 and June 30, 2021, between July 1, 2021 and June
26 30, 2022, between July 1, 2022 and June 30, 2023, between July 1, 2023
27 and June 30, 2024, [and] between July 1, 2024 and June 30, 2025<u>, and</u>
28 <u>between July 1, 2025 and June 30, 2026</u> allocable to each general hospi-

1 tal for physicians or dentists certified as eligible for purchase of a
2 policy for excess insurance coverage by such general hospital in accord-
3 ance with subdivision 2 of this section, and may amend such determi-
4 nation and certification as necessary.
5 (b) The superintendent of financial services shall determine and
6 certify to each general hospital and to the commissioner of health the
7 cost of excess malpractice insurance or equivalent excess coverage for
8 medical or dental malpractice occurrences between July 1, 1987 and June
9 30, 1988, between July 1, 1988 and June 30, 1989, between July 1, 1989
10 and June 30, 1990, between July 1, 1990 and June 30, 1991, between July
11 1, 1991 and June 30, 1992, between July 1, 1992 and June 30, 1993,
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22 and June 30, 2011, between July 1, 2011 and June 30, 2012, between July
23 1, 2012 and June 30, 2013, between July 1, 2013 and June 30, 2014,
24 between July 1, 2014 and June 30, 2015, between July 1, 2015 and June
25 30, 2016, between July 1, 2016 and June 30, 2017, between July 1, 2017
26 and June 30, 2018, between July 1, 2018 and June 30, 2019, between July
27 1, 2019 and June 30, 2020, between July 1, 2020 and June 30, 2021,
28 between July 1, 2021 and June 30, 2022, between July 1, 2022 and June

1 30, 2023, between July 1, 2023 and June 30, 2024, [and] between July 1,
2 2024 and June 30, 2025, and between July 1, 2025 and June 30, 2026 allo-
3 cable to each general hospital for physicians or dentists certified as
4 eligible for purchase of a policy for excess insurance coverage or
5 equivalent excess coverage by such general hospital in accordance with
6 subdivision 2 of this section, and may amend such determination and
7 certification as necessary. The superintendent of financial services
8 shall determine and certify to each general hospital and to the commis-
9 sioner of health the ratable share of such cost allocable to the period
10 July 1, 1987 to December 31, 1987, to the period January 1, 1988 to June
11 30, 1988, to the period July 1, 1988 to December 31, 1988, to the period
12 January 1, 1989 to June 30, 1989, to the period July 1, 1989 to December
13 31, 1989, to the period January 1, 1990 to June 30, 1990, to the period
14 July 1, 1990 to December 31, 1990, to the period January 1, 1991 to June
15 30, 1991, to the period July 1, 1991 to December 31, 1991, to the period
16 January 1, 1992 to June 30, 1992, to the period July 1, 1992 to December
17 31, 1992, to the period January 1, 1993 to June 30, 1993, to the period
18 July 1, 1993 to December 31, 1993, to the period January 1, 1994 to June
19 30, 1994, to the period July 1, 1994 to December 31, 1994, to the period
20 January 1, 1995 to June 30, 1995, to the period July 1, 1995 to December
21 31, 1995, to the period January 1, 1996 to June 30, 1996, to the period
22 July 1, 1996 to December 31, 1996, to the period January 1, 1997 to June
23 30, 1997, to the period July 1, 1997 to December 31, 1997, to the period
24 January 1, 1998 to June 30, 1998, to the period July 1, 1998 to December
25 31, 1998, to the period January 1, 1999 to June 30, 1999, to the period
26 July 1, 1999 to December 31, 1999, to the period January 1, 2000 to June
27 30, 2000, to the period July 1, 2000 to December 31, 2000, to the period
28 January 1, 2001 to June 30, 2001, to the period July 1, 2001 to June 30,

1 2002, to the period July 1, 2002 to June 30, 2003, to the period July 1,
2 2003 to June 30, 2004, to the period July 1, 2004 to June 30, 2005, to
3 the period July 1, 2005 and June 30, 2006, to the period July 1, 2006
4 and June 30, 2007, to the period July 1, 2007 and June 30, 2008, to the
5 period July 1, 2008 and June 30, 2009, to the period July 1, 2009 and
6 June 30, 2010, to the period July 1, 2010 and June 30, 2011, to the
7 period July 1, 2011 and June 30, 2012, to the period July 1, 2012 and
8 June 30, 2013, to the period July 1, 2013 and June 30, 2014, to the
9 period July 1, 2014 and June 30, 2015, to the period July 1, 2015 and
10 June 30, 2016, to the period July 1, 2016 and June 30, 2017, to the
11 period July 1, 2017 to June 30, 2018, to the period July 1, 2018 to June
12 30, 2019, to the period July 1, 2019 to June 30, 2020, to the period
13 July 1, 2020 to June 30, 2021, to the period July 1, 2021 to June 30,
14 2022, to the period July 1, 2022 to June 30, 2023, to the period July 1,
15 2023 to June 30, 2024, [and] to the period July 1, 2024 to June 30,
16 2025, and to the period July 1, 2025 to June 30, 2026.
17 § 3. Paragraphs (a), (b), (c), (d) and (e) of subdivision 8 of section
18 18 of chapter 266 of the laws of 1986, amending the civil practice law
19 and rules and other laws relating to malpractice and professional
20 medical conduct, as amended by section 3 of part K of chapter 57 of the
21 laws of 2024, are amended to read as follows:
22 (a) To the extent funds available to the hospital excess liability
23 pool pursuant to subdivision 5 of this section as amended, and pursuant
24 to section 6 of part J of chapter 63 of the laws of 2001, as may from
25 time to time be amended, which amended this subdivision, are insuffi-
26 cient to meet the costs of excess insurance coverage or equivalent
27 excess coverage for coverage periods during the period July 1, 1992 to
28 June 30, 1993, during the period July 1, 1993 to June 30, 1994, during

1 the period July 1, 1994 to June 30, 1995, during the period July 1, 1995
2 to June 30, 1996, during the period July 1, 1996 to June 30, 1997,
3 during the period July 1, 1997 to June 30, 1998, during the period July
4 1, 1998 to June 30, 1999, during the period July 1, 1999 to June 30,
5 2000, during the period July 1, 2000 to June 30, 2001, during the period
6 July 1, 2001 to October 29, 2001, during the period April 1, 2002 to
7 June 30, 2002, during the period July 1, 2002 to June 30, 2003, during
8 the period July 1, 2003 to June 30, 2004, during the period July 1, 2004
9 to June 30, 2005, during the period July 1, 2005 to June 30, 2006,
10 during the period July 1, 2006 to June 30, 2007, during the period July
11 1, 2007 to June 30, 2008, during the period July 1, 2008 to June 30,
12 2009, during the period July 1, 2009 to June 30, 2010, during the period
13 July 1, 2010 to June 30, 2011, during the period July 1, 2011 to June
14 30, 2012, during the period July 1, 2012 to June 30, 2013, during the
15 period July 1, 2013 to June 30, 2014, during the period July 1, 2014 to
16 June 30, 2015, during the period July 1, 2015 to June 30, 2016, during
17 the period July 1, 2016 to June 30, 2017, during the period July 1, 2017
18 to June 30, 2018, during the period July 1, 2018 to June 30, 2019,
19 during the period July 1, 2019 to June 30, 2020, during the period July
20 1, 2020 to June 30, 2021, during the period July 1, 2021 to June 30,
21 2022, during the period July 1, 2022 to June 30, 2023, during the period
22 July 1, 2023 to June 30, 2024, [and] during the period July 1, 2024 to
23 June 30, 2025<u>, and during the period July 1, 2025 to June 30 2026</u> allo-
24 cated or reallocated in accordance with paragraph (a) of subdivision 4-a
25 of this section to rates of payment applicable to state governmental
26 agencies, each physician or dentist for whom a policy for excess insur-
27 ance coverage or equivalent excess coverage is purchased for such period
28 shall be responsible for payment to the provider of excess insurance

1 coverage or equivalent excess coverage of an allocable share of such
2 insufficiency, based on the ratio of the total cost of such coverage for
3 such physician to the sum of the total cost of such coverage for all
4 physicians applied to such insufficiency.
5 (b) Each provider of excess insurance coverage or equivalent excess
6 coverage covering the period July 1, 1992 to June 30, 1993, or covering
7 the period July 1, 1993 to June 30, 1994, or covering the period July 1,
8 1994 to June 30, 1995, or covering the period July 1, 1995 to June 30,
9 1996, or covering the period July 1, 1996 to June 30, 1997, or covering
10 the period July 1, 1997 to June 30, 1998, or covering the period July 1,
11 1998 to June 30, 1999, or covering the period July 1, 1999 to June 30,
12 2000, or covering the period July 1, 2000 to June 30, 2001, or covering
13 the period July 1, 2001 to October 29, 2001, or covering the period
14 April 1, 2002 to June 30, 2002, or covering the period July 1, 2002 to
15 June 30, 2003, or covering the period July 1, 2003 to June 30, 2004, or
16 covering the period July 1, 2004 to June 30, 2005, or covering the peri-
17 od July 1, 2005 to June 30, 2006, or covering the period July 1, 2006 to
18 June 30, 2007, or covering the period July 1, 2007 to June 30, 2008, or
19 covering the period July 1, 2008 to June 30, 2009, or covering the peri-
20 od July 1, 2009 to June 30, 2010, or covering the period July 1, 2010 to
21 June 30, 2011, or covering the period July 1, 2011 to June 30, 2012, or
22 covering the period July 1, 2012 to June 30, 2013, or covering the peri-
23 od July 1, 2013 to June 30, 2014, or covering the period July 1, 2014 to
24 June 30, 2015, or covering the period July 1, 2015 to June 30, 2016, or
25 covering the period July 1, 2016 to June 30, 2017, or covering the peri-
26 od July 1, 2017 to June 30, 2018, or covering the period July 1, 2018 to
27 June 30, 2019, or covering the period July 1, 2019 to June 30, 2020, or
28 covering the period July 1, 2020 to June 30, 2021, or covering the peri-

1 od July 1, 2021 to June 30, 2022, or covering the period July 1, 2022 to
2 June 30, 2023, or covering the period July 1, 2023 to June 30, 2024, or
3 covering the period July 1, 2024 to June 30, 2025, or covering the peri-
4 od July 1, 2025 to June 30, 2026 shall notify a covered physician or
5 dentist by mail, mailed to the address shown on the last application for
6 excess insurance coverage or equivalent excess coverage, of the amount
7 due to such provider from such physician or dentist for such coverage
8 period determined in accordance with paragraph (a) of this subdivision.
9 Such amount shall be due from such physician or dentist to such provider
10 of excess insurance coverage or equivalent excess coverage in a time and
11 manner determined by the superintendent of financial services.
12 (c) If a physician or dentist liable for payment of a portion of the
13 costs of excess insurance coverage or equivalent excess coverage cover-
14 ing the period July 1, 1992 to June 30, 1993, or covering the period
15 July 1, 1993 to June 30, 1994, or covering the period July 1, 1994 to
16 June 30, 1995, or covering the period July 1, 1995 to June 30, 1996, or
17 covering the period July 1, 1996 to June 30, 1997, or covering the peri-
18 od July 1, 1997 to June 30, 1998, or covering the period July 1, 1998 to
19 June 30, 1999, or covering the period July 1, 1999 to June 30, 2000, or
20 covering the period July 1, 2000 to June 30, 2001, or covering the peri-
21 od July 1, 2001 to October 29, 2001, or covering the period April 1,
22 2002 to June 30, 2002, or covering the period July 1, 2002 to June 30,
23 2003, or covering the period July 1, 2003 to June 30, 2004, or covering
24 the period July 1, 2004 to June 30, 2005, or covering the period July 1,
25 2005 to June 30, 2006, or covering the period July 1, 2006 to June 30,
26 2007, or covering the period July 1, 2007 to June 30, 2008, or covering
27 the period July 1, 2008 to June 30, 2009, or covering the period July 1,
28 2009 to June 30, 2010, or covering the period July 1, 2010 to June 30,

1 2011, or covering the period July 1, 2011 to June 30, 2012, or covering
2 the period July 1, 2012 to June 30, 2013, or covering the period July 1,
3 2013 to June 30, 2014, or covering the period July 1, 2014 to June 30,
4 2015, or covering the period July 1, 2015 to June 30, 2016, or covering
5 the period July 1, 2016 to June 30, 2017, or covering the period July 1,
6 2017 to June 30, 2018, or covering the period July 1, 2018 to June 30,
7 2019, or covering the period July 1, 2019 to June 30, 2020, or covering
8 the period July 1, 2020 to June 30, 2021, or covering the period July 1,
9 2021 to June 30, 2022, or covering the period July 1, 2022 to June 30,
10 2023, or covering the period July 1, 2023 to June 30, 2024, or covering
11 the period July 1, 2024 to June 30, 2025, or covering the period July 1,
12 2025 to June 30, 2026 determined in accordance with paragraph (a) of
13 this subdivision fails, refuses or neglects to make payment to the
14 provider of excess insurance coverage or equivalent excess coverage in
15 such time and manner as determined by the superintendent of financial
16 services pursuant to paragraph (b) of this subdivision, excess insurance
17 coverage or equivalent excess coverage purchased for such physician or
18 dentist in accordance with this section for such coverage period shall
19 be cancelled and shall be null and void as of the first day on or after
20 the commencement of a policy period where the liability for payment
21 pursuant to this subdivision has not been met.
22 (d) Each provider of excess insurance coverage or equivalent excess
23 coverage shall notify the superintendent of financial services and the
24 commissioner of health or their designee of each physician and dentist
25 eligible for purchase of a policy for excess insurance coverage or
26 equivalent excess coverage covering the period July 1, 1992 to June 30,
27 1993, or covering the period July 1, 1993 to June 30, 1994, or covering
28 the period July 1, 1994 to June 30, 1995, or covering the period July 1,

1 1995 to June 30, 1996, or covering the period July 1, 1996 to June 30,
2 1997, or covering the period July 1, 1997 to June 30, 1998, or covering
3 the period July 1, 1998 to June 30, 1999, or covering the period July 1,
4 1999 to June 30, 2000, or covering the period July 1, 2000 to June 30,
5 2001, or covering the period July 1, 2001 to October 29, 2001, or cover-
6 ing the period April 1, 2002 to June 30, 2002, or covering the period
7 July 1, 2002 to June 30, 2003, or covering the period July 1, 2003 to
8 June 30, 2004, or covering the period July 1, 2004 to June 30, 2005, or
9 covering the period July 1, 2005 to June 30, 2006, or covering the peri-
10 od July 1, 2006 to June 30, 2007, or covering the period July 1, 2007 to
11 June 30, 2008, or covering the period July 1, 2008 to June 30, 2009, or
12 covering the period July 1, 2009 to June 30, 2010, or covering the peri-
13 od July 1, 2010 to June 30, 2011, or covering the period July 1, 2011 to
14 June 30, 2012, or covering the period July 1, 2012 to June 30, 2013, or
15 covering the period July 1, 2013 to June 30, 2014, or covering the peri-
16 od July 1, 2014 to June 30, 2015, or covering the period July 1, 2015 to
17 June 30, 2016, or covering the period July 1, 2016 to June 30, 2017, or
18 covering the period July 1, 2017 to June 30, 2018, or covering the peri-
19 od July 1, 2018 to June 30, 2019, or covering the period July 1, 2019 to
20 June 30, 2020, or covering the period July 1, 2020 to June 30, 2021, or
21 covering the period July 1, 2021 to June 30, 2022, or covering the peri-
22 od July 1, 2022 to June 30, 2023, or covering the period July 1, 2023 to
23 June 30, 2024, or covering the period July 1, 2024 to June 30, 2025, or
24 covering the period July 1, 2025 to June 30, 2026 that has made payment
25 to such provider of excess insurance coverage or equivalent excess
26 coverage in accordance with paragraph (b) of this subdivision and of
27 each physician and dentist who has failed, refused or neglected to make
28 such payment.

1 (e) A provider of excess insurance coverage or equivalent excess
2 coverage shall refund to the hospital excess liability pool any amount
3 allocable to the period July 1, 1992 to June 30, 1993, and to the period
4 July 1, 1993 to June 30, 1994, and to the period July 1, 1994 to June
5 30, 1995, and to the period July 1, 1995 to June 30, 1996, and to the
6 period July 1, 1996 to June 30, 1997, and to the period July 1, 1997 to
7 June 30, 1998, and to the period July 1, 1998 to June 30, 1999, and to
8 the period July 1, 1999 to June 30, 2000, and to the period July 1, 2000
9 to June 30, 2001, and to the period July 1, 2001 to October 29, 2001,
10 and to the period April 1, 2002 to June 30, 2002, and to the period July
11 1, 2002 to June 30, 2003, and to the period July 1, 2003 to June 30,
12 2004, and to the period July 1, 2004 to June 30, 2005, and to the period
13 July 1, 2005 to June 30, 2006, and to the period July 1, 2006 to June
14 30, 2007, and to the period July 1, 2007 to June 30, 2008, and to the
15 period July 1, 2008 to June 30, 2009, and to the period July 1, 2009 to
16 June 30, 2010, and to the period July 1, 2010 to June 30, 2011, and to
17 the period July 1, 2011 to June 30, 2012, and to the period July 1, 2012
18 to June 30, 2013, and to the period July 1, 2013 to June 30, 2014, and
19 to the period July 1, 2014 to June 30, 2015, and to the period July 1,
20 2015 to June 30, 2016, to the period July 1, 2016 to June 30, 2017, and
21 to the period July 1, 2017 to June 30, 2018, and to the period July 1,
22 2018 to June 30, 2019, and to the period July 1, 2019 to June 30, 2020,
23 and to the period July 1, 2020 to June 30, 2021, and to the period July
24 1, 2021 to June 30, 2022, and to the period July 1, 2022 to June 30,
25 2023, and to the period July 1, 2023 to June 30, 2024, and to the period
26 July 1, 2024 to June 30, 2025<u>, and to the period July 1, 2025 to June</u>
27 <u>30, 2026</u> received from the hospital excess liability pool for purchase
28 of excess insurance coverage or equivalent excess coverage covering the

1 period July 1, 1992 to June 30, 1993, and covering the period July 1,
2 1993 to June 30, 1994, and covering the period July 1, 1994 to June 30,
3 1995, and covering the period July 1, 1995 to June 30, 1996, and cover-
4 ing the period July 1, 1996 to June 30, 1997, and covering the period
5 July 1, 1997 to June 30, 1998, and covering the period July 1, 1998 to
6 June 30, 1999, and covering the period July 1, 1999 to June 30, 2000,
7 and covering the period July 1, 2000 to June 30, 2001, and covering the
8 period July 1, 2001 to October 29, 2001, and covering the period April
9 1, 2002 to June 30, 2002, and covering the period July 1, 2002 to June
10 30, 2003, and covering the period July 1, 2003 to June 30, 2004, and
11 covering the period July 1, 2004 to June 30, 2005, and covering the
12 period July 1, 2005 to June 30, 2006, and covering the period July 1,
13 2006 to June 30, 2007, and covering the period July 1, 2007 to June 30,
14 2008, and covering the period July 1, 2008 to June 30, 2009, and cover-
15 ing the period July 1, 2009 to June 30, 2010, and covering the period
16 July 1, 2010 to June 30, 2011, and covering the period July 1, 2011 to
17 June 30, 2012, and covering the period July 1, 2012 to June 30, 2013,
18 and covering the period July 1, 2013 to June 30, 2014, and covering the
19 period July 1, 2014 to June 30, 2015, and covering the period July 1,
20 2015 to June 30, 2016, and covering the period July 1, 2016 to June 30,
21 2017, and covering the period July 1, 2017 to June 30, 2018, and cover-
22 ing the period July 1, 2018 to June 30, 2019, and covering the period
23 July 1, 2019 to June 30, 2020, and covering the period July 1, 2020 to
24 June 30, 2021, and covering the period July 1, 2021 to June 30, 2022,
25 and covering the period July 1, 2022 to June 30, 2023 for, and covering
26 the period July 1, 2023 to June 30, 2024, and covering the period July
27 1, 2024 to June 30, 2025, and covering the period July 1, 2025 to June
28 30, 2026 a physician or dentist where such excess insurance coverage or

1 equivalent excess coverage is cancelled in accordance with paragraph (c)
2 of this subdivision.
3 § 4. Section 40 of chapter 266 of the laws of 1986, amending the civil
4 practice law and rules and other laws relating to malpractice and
5 professional medical conduct, as amended by section 4 of part K of chap-
6 ter 57 of the laws of 2024, is amended to read as follows:
7 § 40. The superintendent of financial services shall establish rates
8 for policies providing coverage for physicians and surgeons medical
9 malpractice for the periods commencing July 1, 1985 and ending June 30,
10 [2025] 2026; provided, however, that notwithstanding any other provision
11 of law, the superintendent shall not establish or approve any increase
12 in rates for the period commencing July 1, 2009 and ending June 30,
13 2010. The superintendent shall direct insurers to establish segregated
14 accounts for premiums, payments, reserves and investment income attrib-
15 utable to such premium periods and shall require periodic reports by the
16 insurers regarding claims and expenses attributable to such periods to
17 monitor whether such accounts will be sufficient to meet incurred claims
18 and expenses. On or after July 1, 1989, the superintendent shall impose
19 a surcharge on premiums to satisfy a projected deficiency that is
20 attributable to the premium levels established pursuant to this section
21 for such periods; provided, however, that such annual surcharge shall
22 not exceed eight percent of the established rate until July 1, [2025]
23 2026, at which time and thereafter such surcharge shall not exceed twen-
24 ty-five percent of the approved adequate rate, and that such annual
25 surcharges shall continue for such period of time as shall be sufficient
26 to satisfy such deficiency. The superintendent shall not impose such
27 surcharge during the period commencing July 1, 2009 and ending June 30,
28 2010. On and after July 1, 1989, the surcharge prescribed by this

1 section shall be retained by insurers to the extent that they insured
2 physicians and surgeons during the July 1, 1985 through June 30, [2025]
3 <u>2026</u> policy periods; in the event and to the extent physicians and
4 surgeons were insured by another insurer during such periods, all or a
5 pro rata share of the surcharge, as the case may be, shall be remitted
6 to such other insurer in accordance with rules and regulations to be
7 promulgated by the superintendent. Surcharges collected from physicians
8 and surgeons who were not insured during such policy periods shall be
9 apportioned among all insurers in proportion to the premium written by
10 each insurer during such policy periods; if a physician or surgeon was
11 insured by an insurer subject to rates established by the superintendent
12 during such policy periods, and at any time thereafter a hospital,
13 health maintenance organization, employer or institution is responsible
14 for responding in damages for liability arising out of such physician's
15 or surgeon's practice of medicine, such responsible entity shall also
16 remit to such prior insurer the equivalent amount that would then be
17 collected as a surcharge if the physician or surgeon had continued to
18 remain insured by such prior insurer. In the event any insurer that
19 provided coverage during such policy periods is in liquidation, the
20 property/casualty insurance security fund shall receive the portion of
21 surcharges to which the insurer in liquidation would have been entitled.
22 The surcharges authorized herein shall be deemed to be income earned for
23 the purposes of section 2303 of the insurance law. The superintendent,
24 in establishing adequate rates and in determining any projected defi-
25 ciency pursuant to the requirements of this section and the insurance
26 law, shall give substantial weight, determined in his discretion and
27 judgment, to the prospective anticipated effect of any regulations
28 promulgated and laws enacted and the public benefit of stabilizing

1 malpractice rates and minimizing rate level fluctuation during the peri-
2 od of time necessary for the development of more reliable statistical
3 experience as to the efficacy of such laws and regulations affecting
4 medical, dental or podiatric malpractice enacted or promulgated in 1985,
5 1986, by this act and at any other time. Notwithstanding any provision
6 of the insurance law, rates already established and to be established by
7 the superintendent pursuant to this section are deemed adequate if such
8 rates would be adequate when taken together with the maximum authorized
9 annual surcharges to be imposed for a reasonable period of time whether
10 or not any such annual surcharge has been actually imposed as of the
11 establishment of such rates.
12 § 5. Section 5 and subdivisions (a) and (e) of section 6 of part J of
13 chapter 63 of the laws of 2001, amending chapter 266 of the laws of
14 1986, amending the civil practice law and rules and other laws relating
15 to malpractice and professional medical conduct, as amended by section 5
16 of part K of chapter 57 of the laws of 2024, are amended to read as
17 follows:
18 § 5. The superintendent of financial services and the commissioner of
19 health shall determine, no later than June 15, 2002, June 15, 2003, June
20 15, 2004, June 15, 2005, June 15, 2006, June 15, 2007, June 15, 2008,
21 June 15, 2009, June 15, 2010, June 15, 2011, June 15, 2012, June 15,
22 2013, June 15, 2014, June 15, 2015, June 15, 2016, June 15, 2017, June
23 15, 2018, June 15, 2019, June 15, 2020, June 15, 2021, June 15, 2022,
24 June 15, 2023, June 15, 2024, [and] June 15, 2025, and June 15, 2026 the
25 amount of funds available in the hospital excess liability pool, created
26 pursuant to section 18 of chapter 266 of the laws of 1986, and whether
27 such funds are sufficient for purposes of purchasing excess insurance
28 coverage for eligible participating physicians and dentists during the

1 period July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003,
2 or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or
3 July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July
4 1, 2007 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1,
5 2009 to June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011
6 to June 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to
7 June 30, 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June
8 30, 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,
9 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,
10 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,
11 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,
12 2024, or July 1, 2024 to June 30, 2025<u>, or July 1, 2025 to June 30, 2026</u>
13 as applicable.
14 (a) This section shall be effective only upon a determination, pursu-
15 ant to section five of this act, by the superintendent of financial
16 services and the commissioner of health, and a certification of such
17 determination to the state director of the budget, the chair of the
18 senate committee on finance and the chair of the assembly committee on
19 ways and means, that the amount of funds in the hospital excess liabil-
20 ity pool, created pursuant to section 18 of chapter 266 of the laws of
21 1986, is insufficient for purposes of purchasing excess insurance cover-
22 age for eligible participating physicians and dentists during the period
23 July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30, 2003, or July
24 1, 2003 to June 30, 2004, or July 1, 2004 to June 30, 2005, or July 1,
25 2005 to June 30, 2006, or July 1, 2006 to June 30, 2007, or July 1, 2007
26 to June 30, 2008, or July 1, 2008 to June 30, 2009, or July 1, 2009 to
27 June 30, 2010, or July 1, 2010 to June 30, 2011, or July 1, 2011 to June
28 30, 2012, or July 1, 2012 to June 30, 2013, or July 1, 2013 to June 30,

1 2014, or July 1, 2014 to June 30, 2015, or July 1, 2015 to June 30,
2 2016, or July 1, 2016 to June 30, 2017, or July 1, 2017 to June 30,
3 2018, or July 1, 2018 to June 30, 2019, or July 1, 2019 to June 30,
4 2020, or July 1, 2020 to June 30, 2021, or July 1, 2021 to June 30,
5 2022, or July 1, 2022 to June 30, 2023, or July 1, 2023 to June 30,
6 2024, or July 1, 2024 to June 30, 2025, or July 1, 2025 to June 30, 2026
7 as applicable.
8 (e) The commissioner of health shall transfer for deposit to the
9 hospital excess liability pool created pursuant to section 18 of chapter
10 266 of the laws of 1986 such amounts as directed by the superintendent
11 of financial services for the purchase of excess liability insurance
12 coverage for eligible participating physicians and dentists for the
13 policy year July 1, 2001 to June 30, 2002, or July 1, 2002 to June 30,
14 2003, or July 1, 2003 to June 30, 2004, or July 1, 2004 to June 30,
15 2005, or July 1, 2005 to June 30, 2006, or July 1, 2006 to June 30,
16 2007, as applicable, and the cost of administering the hospital excess
17 liability pool for such applicable policy year, pursuant to the program
18 established in chapter 266 of the laws of 1986, as amended, no later
19 than June 15, 2002, June 15, 2003, June 15, 2004, June 15, 2005, June
20 15, 2006, June 15, 2007, June 15, 2008, June 15, 2009, June 15, 2010,
21 June 15, 2011, June 15, 2012, June 15, 2013, June 15, 2014, June 15,
22 2015, June 15, 2016, June 15, 2017, June 15, 2018, June 15, 2019, June
23 15, 2020, June 15, 2021, June 15, 2022, June 15, 2023, June 15, 2024,
24 [and] June 15, 2025, and June 15, 2026 as applicable.
25 § 6. Section 20 of part H of chapter 57 of the laws of 2017, amending
26 the New York Health Care Reform Act of 1996 and other laws relating to
27 extending certain provisions thereto, as amended by section 6 of part K
28 of chapter 57 of the laws of 2024, is amended to read as follows:

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

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

3 PART H

4 Section 1. Section 461-s of the social services law is REPEALED.
5 § 2. Paragraph (c) of subdivision 1 of section 461-b of the social
6 services law is REPEALED.
7 § 3. Subdivision 1, paragraph (f) of subdivision 3, paragraphs (a) and
8 (d) of subdivision 5 and subdivisions 5-a and 12 of section 2807-m of
9 the public health law, subdivision 1, paragraph (f) of subdivision 3,
10 paragraph (a) of subdivision 5 and subdivision 12 as amended and para-
11 graph (d) of subdivision 5 as added by section 6 of part Y of chapter 56
12 of the laws of 2020 and subdivision 5-a as amended by section 6 of part
13 C of chapter 57 of the laws of 2023, are amended to read as follows:
14 1. Definitions. For purposes of this section, the following defi-
15 nitions shall apply, unless the context clearly requires otherwise:
16 (a) ["Clinical research" means patient-oriented research, epidemiolog-
17 ic and behavioral studies, or outcomes research and health services
18 research that is approved by an institutional review board by the time
19 the clinical research position is filled.
20 (b) "Clinical research plan" means a plan submitted by a consortium or
21 teaching general hospital for a clinical research position which demon-
22 strates, in a form to be provided by the commissioner, the following:
23 (i) financial support for overhead, supervision, equipment and other
24 resources equal to the amount of funding provided pursuant to subpara-
25 graph (i) of paragraph (b) of subdivision five-a of this section by the

1 teaching general hospital or consortium for the clinical research posi-
2 tion;
3 (ii) experience the sponsor-mentor and teaching general hospital has
4 in clinical research and the medical field of the study;
5 (iii) methods, data collection and anticipated measurable outcomes of
6 the clinical research to be performed;
7 (iv) training goals, objectives and experience the researcher will be
8 provided to assess a future career in clinical research;
9 (v) scientific relevance, merit and health implications of the
10 research to be performed;
11 (vi) information on potential scientific meetings and peer review
12 journals where research results can be disseminated;
13 (vii) clear and comprehensive details on the clinical research posi-
14 tion;
15 (viii) qualifications necessary for the clinical research position and
16 strategy for recruitment;
17 (ix) non-duplication with other clinical research positions from the
18 same teaching general hospital or consortium;
19 (x) methods to track the career of the clinical researcher once the
20 term of the position is complete; and
21 (xi) any other information required by the commissioner to implement
22 subparagraph (i) of paragraph (b) of subdivision five-a of this section.
23 (xii) The clinical review plan submitted in accordance with this para-
24 graph may be reviewed by the commissioner in consultation with experts
25 outside the department of health.
26 (c) "Clinical research position" means a post-graduate residency posi-
27 tion which:

1 (i) shall not be required in order for the researcher to complete a
2 graduate medical education program;
3 (ii) may be reimbursed by other sources but only for costs in excess
4 of the funding distributed in accordance with subparagraph (i) of para-
5 graph (b) of subdivision five-a of this section;
6 (iii) shall exceed the minimum standards that are required by the
7 residency review committee in the specialty the researcher has trained
8 or is currently training;
9 (iv) shall not be previously funded by the teaching general hospital
10 or supported by another funding source at the teaching general hospital
11 in the past three years from the date the clinical research plan is
12 submitted to the commissioner;
13 (v) may supplement an existing research project;
14 (vi) shall be equivalent to a full-time position comprising of no less
15 than thirty-five hours per week for one or two years;
16 (vii) shall provide, or be filled by a researcher who has formalized
17 instruction in clinical research, including biostatistics, clinical
18 trial design, grant writing and research ethics;
19 (viii) shall be supervised by a sponsor-mentor who shall either (A) be
20 employed, contracted for employment or paid through an affiliated facul-
21 ty practice plan by a teaching general hospital which has received at
22 least one research grant from the National Institutes of Health in the
23 past five years from the date the clinical research plan is submitted to
24 the commissioner; (B) maintain a faculty appointment at a medical,
25 dental or podiatric school located in New York state that has received
26 at least one research grant from the National Institutes of Health in
27 the past five years from the date the clinical research plan is submit-
28 ted to the commissioner; or (C) be collaborating in the clinical

1 research plan with a researcher from another institution that has
2 received at least one research grant from the National Institutes of
3 Health in the past five years from the date the clinical research plan
4 is submitted to the commissioner; and
5 (ix) shall be filled by a researcher who is (A) enrolled or has
6 completed a graduate medical education program, as defined in paragraph
7 (i) of this subdivision; (B) a United States citizen, national, or
8 permanent resident of the United States; and (C) a graduate of a
9 medical, dental or podiatric school located in New York state, a gradu-
10 ate or resident in a graduate medical education program, as defined in
11 paragraph (i) of this subdivision, where the sponsoring institution, as
12 defined in paragraph (q) of this subdivision, is located in New York
13 state, or resides in New York state at the time the clinical research
14 plan is submitted to the commissioner.
15 (d)] "Consortium" means an organization or association, approved by
16 the commissioner in consultation with the council, of general hospitals
17 which provide graduate medical education, together with any affiliated
18 site; provided that such organization or association may also include
19 other providers of health care services, medical schools, payors or
20 consumers, and which meet other criteria pursuant to subdivision six of
21 this section.
22 [(e)] <u>(b)</u> "Council" means the New York state council on graduate
23 medical education.
24 [(f)] <u>(c)</u> "Direct medical education" means the direct costs of resi-
25 dents, interns and supervising physicians.
26 [(g)] <u>(d)</u> "Distribution period" means each calendar year set forth in
27 subdivision two of this section.

1 [(h)] (e) "Faculty" means persons who are employed by or under
2 contract for employment with a teaching general hospital or are paid
3 through a teaching general hospital's affiliated faculty practice plan
4 and maintain a faculty appointment at a medical school. Such persons
5 shall not be limited to persons with a degree in medicine.
6 [(i)] (f) "Graduate medical education program" means a post-graduate
7 medical education residency in the United States which has received
8 accreditation from a nationally recognized accreditation body or has
9 been approved by a nationally recognized organization for medical,
10 osteopathic, podiatric or dental residency programs including, but not
11 limited to, specialty boards.
12 [(j)] (g) "Indirect medical education" means the estimate of costs,
13 other than direct costs, of educational activities in teaching hospitals
14 as determined in accordance with the methodology applicable for purposes
15 of determining an estimate of indirect medical education costs for
16 reimbursement for inpatient hospital service pursuant to title XVIII of
17 the federal social security act (medicare).
18 [(k)] (h) "Medicare" means the methodology used for purposes of reim-
19 bursing inpatient hospital services provided to beneficiaries of title
20 XVIII of the federal social security act.
21 [(l)] (i) "Primary care" residents specialties shall include family
22 medicine, general pediatrics, primary care internal medicine, and prima-
23 ry care obstetrics and gynecology. In determining whether a residency is
24 in primary care, the commissioner shall consult with the council.
25 [(m)] (j) "Regions", for purposes of this section, shall mean the
26 regions as defined in paragraph (b) of subdivision sixteen of section
27 twenty-eight hundred seven-c of this article as in effect on June thir-
28 tieth, nineteen hundred ninety-six. For purposes of distributions pursu-

1 ant to subdivision five-a of this section, except distributions made in
2 accordance with paragraph (a) of subdivision five-a of this section,
3 "regions" shall be defined as New York city and the rest of the state.
4 [(n)] (k) "Regional pool" means a professional education pool estab-
5 lished on a regional basis by the commissioner from funds available
6 pursuant to sections twenty-eight hundred seven-s and twenty-eight
7 hundred seven-t of this article.
8 [(o)] (l) "Resident" means a person in a graduate medical education
9 program which has received accreditation from a nationally recognized
10 accreditation body or in a program approved by any other nationally
11 recognized organization for medical, osteopathic or dental residency
12 programs including, but not limited to, specialty boards.
13 [(p) "Shortage specialty" means a specialty determined by the commis-
14 sioner, in consultation with the council, to be in short supply in the
15 state of New York.
16 (q)] (m) "Sponsoring institution" means the entity that has the over-
17 all responsibility for a program of graduate medical education. Such
18 institutions shall include teaching general hospitals, medical schools,
19 consortia and diagnostic and treatment centers.
20 [(r)] (n) "Weighted resident count" means a teaching general hospi-
21 tal's total number of residents as of July first, nineteen hundred nine-
22 ty-five, including residents in affiliated non-hospital ambulatory
23 settings, reported to the commissioner. Such resident counts shall
24 reflect the weights established in accordance with rules and regulations
25 adopted by the state hospital review and planning council and approved
26 by the commissioner for purposes of implementing subdivision twenty-five
27 of section twenty-eight hundred seven-c of this article and in effect on
28 July first, nineteen hundred ninety-five. Such weights shall not be

1 applied to specialty hospitals, specified by the commissioner, whose
2 primary care mission is to engage in research, training and clinical
3 care in specialty eye and ear, special surgery, orthopedic, joint
4 disease, cancer, chronic care or rehabilitative services.
5 [(s)] (o) "Adjustment amount" means an amount determined for each
6 teaching hospital for periods prior to January first, two thousand nine
7 by:
8 (i) determining the difference between (A) a calculation of what each
9 teaching general hospital would have been paid if payments made pursuant
10 to paragraph (a-3) of subdivision one of section twenty-eight hundred
11 seven-c of this article between January first, nineteen hundred ninety-
12 six and December thirty-first, two thousand three were based solely on
13 the case mix of persons eligible for medical assistance under the
14 medical assistance program pursuant to title eleven of article five of
15 the social services law who are enrolled in health maintenance organiza-
16 tions and persons paid for under the family health plus program enrolled
17 in approved organizations pursuant to title eleven-D of article five of
18 the social services law during those years, and (B) the actual payments
19 to each such hospital pursuant to paragraph (a-3) of subdivision one of
20 section twenty-eight hundred seven-c of this article between January
21 first, nineteen hundred ninety-six and December thirty-first, two thou-
22 sand three.
23 (ii) reducing proportionally each of the amounts determined in subpar-
24 agraph (i) of this paragraph so that the sum of all such amounts totals
25 no more than one hundred million dollars;
26 (iii) further reducing each of the amounts determined in subparagraph
27 (ii) of this paragraph by the amount received by each hospital as a
28 distribution from funds designated in paragraph (a) of subdivision five

1 of this section attributable to the period January first, two thousand
2 three through December thirty-first, two thousand three, except that if
3 such amount was provided to a consortium then the amount of the
4 reduction for each hospital in the consortium shall be determined by
5 applying the proportion of each hospital's amount determined under
6 subparagraph (i) of this paragraph to the total of such amounts of all
7 hospitals in such consortium to the consortium award;
8 (iv) further reducing each of the amounts determined in subparagraph
9 (iii) of this paragraph by the amounts specified in paragraph [(t)] <u>(p)</u>
10 of this subdivision; and
11 (v) dividing each of the amounts determined in subparagraph (iii) of
12 this paragraph by seven.
13 [(t)] <u>(p)</u> "Extra reduction amount" shall mean an amount determined for
14 a teaching hospital for which an adjustment amount is calculated pursu-
15 ant to paragraph [(s)] <u>(o)</u> of this subdivision that is the hospital's
16 proportionate share of the sum of the amounts specified in paragraph
17 [(u)] <u>(q)</u> of this subdivision determined based upon a comparison of the
18 hospital's remaining liability calculated pursuant to paragraph [(s)]
19 <u>(o)</u> of this subdivision to the sum of all such hospital's remaining
20 liabilities.
21 [(u)] <u>(q)</u> "Allotment amount" shall mean an amount determined for
22 teaching hospitals as follows:
23 (i) for a hospital for which an adjustment amount pursuant to para-
24 graph [(s)] <u>(o)</u> of this subdivision does not apply, the amount received
25 by the hospital pursuant to paragraph (a) of subdivision five of this
26 section attributable to the period January first, two thousand three
27 through December thirty-first, two thousand three, or

1 (ii) for a hospital for which an adjustment amount pursuant to para-
2 graph [(s)] <u>(o)</u> of this subdivision applies and which received a
3 distribution pursuant to paragraph (a) of subdivision five of this
4 section attributable to the period January first, two thousand three
5 through December thirty-first, two thousand three that is greater than
6 the hospital's adjustment amount, the difference between the distrib-
7 ution amount and the adjustment amount.

8 (f) Effective January first, two thousand five through December thir-
9 ty-first, two thousand eight, each teaching general hospital shall
10 receive a distribution from the applicable regional pool based on its
11 distribution amount determined under paragraphs (c), (d) and (e) of this
12 subdivision and reduced by its adjustment amount calculated pursuant to
13 paragraph [(s)] <u>(o)</u> of subdivision one of this section and, for distrib-
14 utions for the period January first, two thousand five through December
15 thirty-first, two thousand five, further reduced by its extra reduction
16 amount calculated pursuant to paragraph [(t)] <u>(p)</u> of subdivision one of
17 this section.

18 (a) Up to thirty-one million dollars annually for the periods January
19 first, two thousand through December thirty-first, two thousand three,
20 and up to twenty-five million dollars plus the sum of the amounts speci-
21 fied in paragraph [(n)] <u>(k)</u> of subdivision one of this section for the
22 period January first, two thousand five through December thirty-first,
23 two thousand five, and up to thirty-one million dollars annually for the
24 period January first, two thousand six through December thirty-first,
25 two thousand seven, shall be set aside and reserved by the commissioner
26 from the regional pools established pursuant to subdivision two of this
27 section for supplemental distributions in each such region to be made by
28 the commissioner to consortia and teaching general hospitals in accord-

1 ance with a distribution methodology developed in consultation with the
2 council and specified in rules and regulations adopted by the commis-
3 sioner.
4 (d) Notwithstanding any other provision of law or regulation, for the
5 period January first, two thousand five through December thirty-first,
6 two thousand five, the commissioner shall distribute as supplemental
7 payments the allotment specified in paragraph [(n)] <u>(k)</u> of subdivision
8 one of this section.
9 5-a. Graduate medical education innovations pool. (a) Supplemental
10 distributions. (i) Thirty-one million dollars for the period January
11 first, two thousand eight through December thirty-first, two thousand
12 eight, shall be set aside and reserved by the commissioner from the
13 regional pools established pursuant to subdivision two of this section
14 and shall be available for distributions pursuant to subdivision five of
15 this section and in accordance with section 86-1.89 of title 10 of the
16 codes, rules and regulations of the state of New York as in effect on
17 January first, two thousand eight[; provided, however, for purposes of
18 funding the empire clinical research investigation program (ECRIP) in
19 accordance with paragraph eight of subdivision (e) and paragraph two of
20 subdivision (f) of section 86-1.89 of title 10 of the codes, rules and
21 regulations of the state of New York, distributions shall be made using
22 two regions defined as New York city and the rest of the state and the
23 dollar amount set forth in subparagraph (i) of paragraph two of subdivi-
24 sion (f) of section 86-1.89 of title 10 of the codes, rules and regu-
25 lations of the state of New York shall be increased from sixty thousand
26 dollars to seventy-five thousand dollars].
27 (ii) For periods on and after January first, two thousand nine,
28 supplemental distributions pursuant to subdivision five of this section

1 and in accordance with section 86-1.89 of title 10 of the codes, rules
2 and regulations of the state of New York shall no longer be made and the
3 provisions of section 86-1.89 of title 10 of the codes, rules and regu-
4 lations of the state of New York shall be null and void.
5 (b) [Empire clinical research investigator program (ECRIP). Nine
6 million one hundred twenty thousand dollars annually for the period
7 January first, two thousand nine through December thirty-first, two
8 thousand ten, and two million two hundred eighty thousand dollars for
9 the period January first, two thousand eleven, through March thirty-
10 first, two thousand eleven, nine million one hundred twenty thousand
11 dollars each state fiscal year for the period April first, two thousand
12 eleven through March thirty-first, two thousand fourteen, up to eight
13 million six hundred twelve thousand dollars each state fiscal year for
14 the period April first, two thousand fourteen through March thirty-
15 first, two thousand seventeen, up to eight million six hundred twelve
16 thousand dollars each state fiscal year for the period April first, two
17 thousand seventeen through March thirty-first, two thousand twenty, up
18 to eight million six hundred twelve thousand dollars each state fiscal
19 year for the period April first, two thousand twenty through March thir-
20 ty-first, two thousand twenty-three, and up to eight million six hundred
21 twelve thousand dollars each state fiscal year for the period April
22 first, two thousand twenty-three through March thirty-first, two thou-
23 sand twenty-six, shall be set aside and reserved by the commissioner
24 from the regional pools established pursuant to subdivision two of this
25 section to be allocated regionally with two-thirds of the available
26 funding going to New York city and one-third of the available funding
27 going to the rest of the state and shall be available for distribution
28 as follows:

1 Distributions shall first be made to consortia and teaching general
2 hospitals for the empire clinical research investigator program (ECRIP)
3 to help secure federal funding for biomedical research, train clinical
4 researchers, recruit national leaders as faculty to act as mentors, and
5 train residents and fellows in biomedical research skills based on
6 hospital-specific data submitted to the commissioner by consortia and
7 teaching general hospitals in accordance with clause (G) of this subpar-
8 agraph. Such distributions shall be made in accordance with the follow-
9 ing methodology:
10 (A) The greatest number of clinical research positions for which a
11 consortium or teaching general hospital may be funded pursuant to this
12 subparagraph shall be one percent of the total number of residents
13 training at the consortium or teaching general hospital on July first,
14 two thousand eight for the period January first, two thousand nine
15 through December thirty-first, two thousand nine rounded up to the near-
16 est one position.
17 (B) Distributions made to a consortium or teaching general hospital
18 shall equal the product of the total number of clinical research posi-
19 tions submitted by a consortium or teaching general hospital and
20 accepted by the commissioner as meeting the criteria set forth in para-
21 graph (b) of subdivision one of this section, subject to the reduction
22 calculation set forth in clause (C) of this subparagraph, times one
23 hundred ten thousand dollars.
24 (C) If the dollar amount for the total number of clinical research
25 positions in the region calculated pursuant to clause (B) of this
26 subparagraph exceeds the total amount appropriated for purposes of this
27 paragraph, including clinical research positions that continue from and
28 were funded in prior distribution periods, the commissioner shall elimi-

1 nate one-half of the clinical research positions submitted by each
2 consortium or teaching general hospital rounded down to the nearest one
3 position. Such reduction shall be repeated until the dollar amount for
4 the total number of clinical research positions in the region does not
5 exceed the total amount appropriated for purposes of this paragraph. If
6 the repeated reduction of the total number of clinical research posi-
7 tions in the region by one-half does not render a total funding amount
8 that is equal to or less than the total amount reserved for that region
9 within the appropriation, the funding for each clinical research posi-
10 tion in that region shall be reduced proportionally in one thousand
11 dollar increments until the total dollar amount for the total number of
12 clinical research positions in that region does not exceed the total
13 amount reserved for that region within the appropriation. Any reduction
14 in funding will be effective for the duration of the award. No clinical
15 research positions that continue from and were funded in prior distrib-
16 ution periods shall be eliminated or reduced by such methodology.
17 (D) Each consortium or teaching general hospital shall receive its
18 annual distribution amount in accordance with the following:
19 (I) Each consortium or teaching general hospital with a one-year ECRIP
20 award shall receive its annual distribution amount in full upon
21 completion of the requirements set forth in items (I) and (II) of clause
22 (G) of this subparagraph. The requirements set forth in items (IV) and
23 (V) of clause (G) of this subparagraph must be completed by the consor-
24 tium or teaching general hospital in order for the consortium or teach-
25 ing general hospital to be eligible to apply for ECRIP funding in any
26 subsequent funding cycle.
27 (II) Each consortium or teaching general hospital with a two-year
28 ECRIP award shall receive its first annual distribution amount in full

1 upon completion of the requirements set forth in items (I) and (II) of
2 clause (G) of this subparagraph. Each consortium or teaching general
3 hospital will receive its second annual distribution amount in full upon
4 completion of the requirements set forth in item (III) of clause (G) of
5 this subparagraph. The requirements set forth in items (IV) and (V) of
6 clause (G) of this subparagraph must be completed by the consortium or
7 teaching general hospital in order for the consortium or teaching gener-
8 al hospital to be eligible to apply for ECRIP funding in any subsequent
9 funding cycle.
10 (E) Each consortium or teaching general hospital receiving distrib-
11 utions pursuant to this subparagraph shall reserve seventy-five thousand
12 dollars to primarily fund salary and fringe benefits of the clinical
13 research position with the remainder going to fund the development of
14 faculty who are involved in biomedical research, training and clinical
15 care.
16 (F) Undistributed or returned funds available to fund clinical
17 research positions pursuant to this paragraph for a distribution period
18 shall be available to fund clinical research positions in a subsequent
19 distribution period.
20 (G) In order to be eligible for distributions pursuant to this subpar-
21 agraph, each consortium and teaching general hospital shall provide to
22 the commissioner by July first of each distribution period, the follow-
23 ing data and information on a hospital-specific basis. Such data and
24 information shall be certified as to accuracy and completeness by the
25 chief executive officer, chief financial officer or chair of the consor-
26 tium governing body of each consortium or teaching general hospital and
27 shall be maintained by each consortium and teaching general hospital for
28 five years from the date of submission:

1 (I) For each clinical research position, information on the type,
2 scope, training objectives, institutional support, clinical research
3 experience of the sponsor-mentor, plans for submitting research outcomes
4 to peer reviewed journals and at scientific meetings, including a meet-
5 ing sponsored by the department, the name of a principal contact person
6 responsible for tracking the career development of researchers placed in
7 clinical research positions, as defined in paragraph (c) of subdivision
8 one of this section, and who is authorized to certify to the commission-
9 er that all the requirements of the clinical research training objec-
10 tives set forth in this subparagraph shall be met. Such certification
11 shall be provided by July first of each distribution period;
12 (II) For each clinical research position, information on the name,
13 citizenship status, medical education and training, and medical license
14 number of the researcher, if applicable, shall be provided by December
15 thirty-first of the calendar year following the distribution period;
16 (III) Information on the status of the clinical research plan, accom-
17 plishments, changes in research activities, progress, and performance of
18 the researcher shall be provided upon completion of one-half of the
19 award term;
20 (IV) A final report detailing training experiences, accomplishments,
21 activities and performance of the clinical researcher, and data, meth-
22 ods, results and analyses of the clinical research plan shall be
23 provided three months after the clinical research position ends; and
24 (V) Tracking information concerning past researchers, including but
25 not limited to (A) background information, (B) employment history, (C)
26 research status, (D) current research activities, (E) publications and
27 presentations, (F) research support, and (G) any other information
28 necessary to track the researcher; and

1 (VI) Any other data or information required by the commissioner to
2 implement this subparagraph.
3 (H) Notwithstanding any inconsistent provision of this subdivision,
4 for periods on and after April first, two thousand thirteen, ECRIP grant
5 awards shall be made in accordance with rules and regulations promulgat-
6 ed by the commissioner. Such regulations shall, at a minimum:
7 (1) provide that ECRIP grant awards shall be made with the objective
8 of securing federal funding for biomedical research, training clinical
9 researchers, recruiting national leaders as faculty to act as mentors,
10 and training residents and fellows in biomedical research skills;
11 (2) provide that ECRIP grant applicants may include interdisciplinary
12 research teams comprised of teaching general hospitals acting in collab-
13 oration with entities including but not limited to medical centers,
14 hospitals, universities and local health departments;
15 (3) provide that applications for ECRIP grant awards shall be based on
16 such information requested by the commissioner, which shall include but
17 not be limited to hospital-specific data;
18 (4) establish the qualifications for investigators and other staff
19 required for grant projects eligible for ECRIP grant awards; and
20 (5) establish a methodology for the distribution of funds under ECRIP
21 grant awards.
22 (c)] Physician loan repayment program. One million nine hundred sixty
23 thousand dollars for the period January first, two thousand eight
24 through December thirty-first, two thousand eight, one million nine
25 hundred sixty thousand dollars for the period January first, two thou-
26 sand nine through December thirty-first, two thousand nine, one million
27 nine hundred sixty thousand dollars for the period January first, two
28 thousand ten through December thirty-first, two thousand ten, four

1 hundred ninety thousand dollars for the period January first, two thou-
2 sand eleven through March thirty-first, two thousand eleven, one million
3 seven hundred thousand dollars each state fiscal year for the period
4 April first, two thousand eleven through March thirty-first, two thou-
5 sand fourteen, up to one million seven hundred five thousand dollars
6 each state fiscal year for the period April first, two thousand fourteen
7 through March thirty-first, two thousand seventeen, up to one million
8 seven hundred five thousand dollars each state fiscal year for the peri-
9 od April first, two thousand seventeen through March thirty-first, two
10 thousand twenty, up to one million seven hundred five thousand dollars
11 each state fiscal year for the period April first, two thousand twenty
12 through March thirty-first, two thousand twenty-three, and up to one
13 million seven hundred five thousand dollars each state fiscal year for
14 the period April first, two thousand twenty-three through March thirty-
15 first, two thousand twenty-six, shall be set aside and reserved by the
16 commissioner from the regional pools established pursuant to subdivision
17 two of this section and shall be available for purposes of physician
18 loan repayment in accordance with subdivision ten of this section.
19 Notwithstanding any contrary provision of this section, sections one
20 hundred twelve and one hundred sixty-three of the state finance law, or
21 any other contrary provision of law, such funding shall be allocated
22 regionally with one-third of available funds going to New York city and
23 two-thirds of available funds going to the rest of the state and shall
24 be distributed in a manner to be determined by the commissioner without
25 a competitive bid or request for proposal process as follows:
26 (i) Funding shall first be awarded to repay loans of up to twenty-five
27 physicians who train in primary care or specialty tracks in teaching

1 general hospitals, and who enter and remain in primary care or specialty
2 practices in underserved communities, as determined by the commissioner.
3 (ii) After distributions in accordance with subparagraph (i) of this
4 paragraph, all remaining funds shall be awarded to repay loans of physi-
5 cians who enter and remain in primary care or specialty practices in
6 underserved communities, as determined by the commissioner, including
7 but not limited to physicians working in general hospitals, or other
8 health care facilities.
9 (iii) In no case shall less than fifty percent of the funds available
10 pursuant to this paragraph be distributed in accordance with subpara-
11 graphs (i) and (ii) of this paragraph to physicians identified by gener-
12 al hospitals.
13 (iv) In addition to the funds allocated under this paragraph, for the
14 period April first, two thousand fifteen through March thirty-first, two
15 thousand sixteen, two million dollars shall be available for the
16 purposes described in subdivision ten of this section;
17 (v) In addition to the funds allocated under this paragraph, for the
18 period April first, two thousand sixteen through March thirty-first, two
19 thousand seventeen, two million dollars shall be available for the
20 purposes described in subdivision ten of this section;
21 (vi) Notwithstanding any provision of law to the contrary, and subject
22 to the extension of the Health Care Reform Act of 1996, sufficient funds
23 shall be available for the purposes described in subdivision ten of this
24 section in amounts necessary to fund the remaining year commitments for
25 awards made pursuant to subparagraphs (iv) and (v) of this paragraph.
26 [(d)] <u>(c)</u> Physician practice support. Four million nine hundred thou-
27 sand dollars for the period January first, two thousand eight through
28 December thirty-first, two thousand eight, four million nine hundred

1 thousand dollars annually for the period January first, two thousand
2 nine through December thirty-first, two thousand ten, one million two
3 hundred twenty-five thousand dollars for the period January first, two
4 thousand eleven through March thirty-first, two thousand eleven, four
5 million three hundred thousand dollars each state fiscal year for the
6 period April first, two thousand eleven through March thirty-first, two
7 thousand fourteen, up to four million three hundred sixty thousand
8 dollars each state fiscal year for the period April first, two thousand
9 fourteen through March thirty-first, two thousand seventeen, up to four
10 million three hundred sixty thousand dollars for each state fiscal year
11 for the period April first, two thousand seventeen through March thir-
12 ty-first, two thousand twenty, up to four million three hundred sixty
13 thousand dollars for each fiscal year for the period April first, two
14 thousand twenty through March thirty-first, two thousand twenty-three,
15 and up to four million three hundred sixty thousand dollars for each
16 fiscal year for the period April first, two thousand twenty-three
17 through March thirty-first, two thousand twenty-six, shall be set aside
18 and reserved by the commissioner from the regional pools established
19 pursuant to subdivision two of this section and shall be available for
20 purposes of physician practice support. Notwithstanding any contrary
21 provision of this section, sections one hundred twelve and one hundred
22 sixty-three of the state finance law, or any other contrary provision of
23 law, such funding shall be allocated regionally with one-third of avail-
24 able funds going to New York city and two-thirds of available funds
25 going to the rest of the state and shall be distributed in a manner to
26 be determined by the commissioner without a competitive bid or request
27 for proposal process as follows:

1 (i) Preference in funding shall first be accorded to teaching general
2 hospitals for up to twenty-five awards, to support costs incurred by
3 physicians trained in primary or specialty tracks who thereafter estab-
4 lish or join practices in underserved communities, as determined by the
5 commissioner.
6 (ii) After distributions in accordance with subparagraph (i) of this
7 paragraph, all remaining funds shall be awarded to physicians to support
8 the cost of establishing or joining practices in underserved communi-
9 ties, as determined by the commissioner, and to hospitals and other
10 health care providers to recruit new physicians to provide services in
11 underserved communities, as determined by the commissioner.
12 (iii) In no case shall less than fifty percent of the funds available
13 pursuant to this paragraph be distributed to general hospitals in
14 accordance with subparagraphs (i) and (ii) of this paragraph.
15 [(e)] <u>(d)</u> Work group. For funding available pursuant to paragraphs <u>(b)</u>
16 <u>and</u> (c)[, (d) and (e)] of this subdivision:
17 (i) The department shall appoint a work group from recommendations
18 made by associations representing physicians, general hospitals and
19 other health care facilities to develop a streamlined application proc-
20 ess by June first, two thousand twelve.
21 (ii) Subject to available funding, applications shall be accepted on a
22 continuous basis. The department shall provide technical assistance to
23 applicants to facilitate their completion of applications. An applicant
24 shall be notified in writing by the department within ten days of
25 receipt of an application as to whether the application is complete and
26 if the application is incomplete, what information is outstanding. The
27 department shall act on an application within thirty days of receipt of
28 a complete application.

1 [(f)] (e) Study on physician workforce. Five hundred ninety thousand
2 dollars annually for the period January first, two thousand eight
3 through December thirty-first, two thousand ten, one hundred forty-eight
4 thousand dollars for the period January first, two thousand eleven
5 through March thirty-first, two thousand eleven, five hundred sixteen
6 thousand dollars each state fiscal year for the period April first, two
7 thousand eleven through March thirty-first, two thousand fourteen, up to
8 four hundred eighty-seven thousand dollars each state fiscal year for
9 the period April first, two thousand fourteen through March thirty-
10 first, two thousand seventeen, up to four hundred eighty-seven thousand
11 dollars for each state fiscal year for the period April first, two thou-
12 sand seventeen through March thirty-first, two thousand twenty, up to
13 four hundred eighty-seven thousand dollars each state fiscal year for
14 the period April first, two thousand twenty through March thirty-first,
15 two thousand twenty-three, and up to four hundred eighty-seven thousand
16 dollars each state fiscal year for the period April first, two thousand
17 twenty-three through March thirty-first, two thousand twenty-six, shall
18 be set aside and reserved by the commissioner from the regional pools
19 established pursuant to subdivision two of this section and shall be
20 available to fund a study of physician workforce needs and solutions
21 including, but not limited to, an analysis of residency programs and
22 projected physician workforce and community needs. The commissioner
23 shall enter into agreements with one or more organizations to conduct
24 such study based on a request for proposal process.
25 [(g)] (f) Diversity in medicine/post-baccalaureate program. Notwith-
26 standing any inconsistent provision of section one hundred twelve or one
27 hundred sixty-three of the state finance law or any other law, one
28 million nine hundred sixty thousand dollars annually for the period

1 January first, two thousand eight through December thirty-first, two
2 thousand ten, four hundred ninety thousand dollars for the period Janu-
3 ary first, two thousand eleven through March thirty-first, two thousand
4 eleven, one million seven hundred thousand dollars each state fiscal
5 year for the period April first, two thousand eleven through March thir-
6 ty-first, two thousand fourteen, up to one million six hundred five
7 thousand dollars each state fiscal year for the period April first, two
8 thousand fourteen through March thirty-first, two thousand seventeen, up
9 to one million six hundred five thousand dollars each state fiscal year
10 for the period April first, two thousand seventeen through March thir-
11 ty-first, two thousand twenty, up to one million six hundred five thou-
12 sand dollars each state fiscal year for the period April first, two
13 thousand twenty through March thirty-first, two thousand twenty-three,
14 and up to one million six hundred five thousand dollars each state
15 fiscal year for the period April first, two thousand twenty-three
16 through March thirty-first, two thousand twenty-six, shall be set aside
17 and reserved by the commissioner from the regional pools established
18 pursuant to subdivision two of this section and shall be available for
19 distributions to the Associated Medical Schools of New York to fund its
20 diversity program including existing and new post-baccalaureate programs
21 for minority and economically disadvantaged students and encourage
22 participation from all medical schools in New York. The associated
23 medical schools of New York shall report to the commissioner on an annu-
24 al basis regarding the use of funds for such purpose in such form and
25 manner as specified by the commissioner.

26 [(h)] (g) In the event there are undistributed funds within amounts
27 made available for distributions pursuant to this subdivision, such
28 funds may be reallocated and distributed in current or subsequent

1 distribution periods in a manner determined by the commissioner for any
2 purpose set forth in this subdivision.
3 12. Notwithstanding any provision of law to the contrary, applications
4 submitted on or after April first, two thousand sixteen, for the physi-
5 cian loan repayment program pursuant to paragraph [(c)] (b) of subdivi-
6 sion five-a of this section and subdivision ten of this section or the
7 physician practice support program pursuant to paragraph [(d)] (c) of
8 subdivision five-a of this section, shall be subject to the following
9 changes:
10 (a) Awards shall be made from the total funding available for new
11 awards under the physician loan repayment program and the physician
12 practice support program, with neither program limited to a specific
13 funding amount within such total funding available;
14 (b) An applicant may apply for an award for either physician loan
15 repayment or physician practice support, but not both;
16 (c) An applicant shall agree to practice for three years in an under-
17 served area and each award shall provide up to forty thousand dollars
18 for each of the three years; and
19 (d) To the extent practicable, awards shall be timed to be of use for
20 job offers made to applicants.
21 § 4. Subparagraph (xvi) of paragraph (a) of subdivision 7 of section
22 2807-s of the public health law, as amended by section 8 of part Y of
23 chapter 56 of the laws of 2020, is amended to read as follows:
24 (xvi) provided further, however, for periods prior to July first, two
25 thousand nine, amounts set forth in this paragraph shall be reduced by
26 an amount equal to the actual distribution reductions for all facilities
27 pursuant to paragraph [(s)] (o) of subdivision one of section twenty-
28 eight hundred seven-m of this article.

1 § 5. Subdivision (c) of section 92-dd of the state finance law, as
2 amended by section 9 of part Y of chapter 56 of the laws of 2020, is
3 amended to read as follows:
4 (c) The pool administrator shall, from appropriated funds transferred
5 to the pool administrator from the comptroller, continue to make
6 payments as required pursuant to sections twenty-eight hundred seven-k,
7 twenty-eight hundred seven-m (not including payments made pursuant to
8 <u>subdivision five-b and</u> paragraphs <u>(b),</u> (c)[, (d),, (f)] and [(g)] <u>(f)</u> of
9 subdivision five-a of section twenty-eight hundred seven-m), and twen-
10 ty-eight hundred seven-w of the public health law, paragraph (e) of
11 subdivision twenty-five of section twenty-eight hundred seven-c of the
12 public health law, paragraphs (b) and (c) of subdivision thirty of
13 section twenty-eight hundred seven-c of the public health law, paragraph
14 (b) of subdivision eighteen of section twenty-eight hundred eight of the
15 public health law, subdivision seven of section twenty-five hundred-d of
16 the public health law and section eighty-eight of chapter one of the
17 laws of nineteen hundred ninety-nine.
18 § 6. Article 27-H of the public health law, as added by chapter 550 of
19 the laws of 1998, is REPEALED.
20 § 7. This act shall take effect immediately and shall be deemed to
21 have been in full force and effect on and after April 1, 2025.

22 PART I

23 Section 1. Subdivision 1 of section 4148 of the public health law, as
24 added by chapter 352 of the laws of 2013, is amended to read as follows:
25 1. The department is hereby authorized and directed to design, imple-
26 ment and maintain an electronic death registration system for collect-

1 ing, storing, recording, transmitting, amending, correcting and authen-
2 ticating information, as necessary and appropriate to complete a death
3 registration, and to generate such documents as determined by the
4 department in relation to a death occurring in this state. As part of
5 the design and implementation of the system established by this section,
6 the department shall consult with all persons authorized to use such
7 system to the extent practicable and feasible. [The payment referenced
8 in subdivision five of this section shall be collected for each burial
9 or removal permit issued on or after the effective date of this section
10 from the licensed funeral director or undertaker to whom such permit is
11 issued, in the manner specified by the department and shall be used
12 solely for the purpose set forth in subdivision five of this section.]
13 Except as specifically provided in this section, the existing general
14 duties of, and remuneration received by, local registrars in accepting
15 and filing certificates of death and issuing burial and removal permits
16 pursuant to any statute or regulation shall be maintained, and not
17 altered or abridged in any way by this section.

18 § 2. Subdivision 5 of section 4148 of the public health law is
19 REPEALED.

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

22 PART J

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

1 Notwithstanding subdivision two of this section or any inconsistent
2 provision of law to the contrary, and upon approval of the director of
3 the budget, the commissioner may, subject to the availability of lawful
4 appropriation, award up to four hundred fifty million dollars of the
5 funds made available pursuant to this section for unfunded project
6 applications submitted in response to the request for application number
7 18406 issued by the department on September thirtieth, two thousand
8 twenty-one pursuant to section twenty-eight hundred twenty-five-f of
9 this article. Authorized amounts to be awarded pursuant to applications
10 submitted in response to the request for application number 18406 shall
11 be awarded no later than [December thirty-first, two thousand twenty-
12 two] February twenty-eighth, two thousand twenty-three. Provided, howev-
13 er, that a minimum of:
14 § 2. This act shall take effect immediately and shall be deemed to
15 have been in full force and effect on and after April 1, 2025.

16 PART K

17 Section 1. Subdivisions 1, 2, 3, 4, 5 and 6 of section 2806-a of the
18 public health law, as added by section 50 of part E of chapter 56 of the
19 laws of 2013, paragraph (g) of subdivision 1 as added by section 7,
20 paragraph (a) of subdivision 2 as amended by section 8, and subparagraph
21 (iii) of paragraph (c) of subdivision 5 as amended by section 9 of part
22 K of chapter 57 of the laws of 2015, are amended to read as follows:
23 1. For the purposes of this section:
24 (a) "adult care facility" shall mean an adult home or enriched housing
25 program licensed pursuant to article seven of the social services law or

1 an assisted living residence licensed pursuant to article forty-six-B of
2 this chapter;
3 (b) "established operator" shall mean the operator of [an adult care
4 facility, a general hospital or a diagnostic and treatment center that
5 has been established and issued an operating certificate as such pursu-
6 ant to this article] a facility, including corporations established
7 pursuant to article ten-C of the public authorities law;
8 (c) "facility" shall mean (i) a general hospital or a diagnostic and
9 treatment center that has been issued an operating certificate as such
10 pursuant to this article; or (ii) an adult care facility;
11 (d) "temporary operator" shall mean any person or entity that:
12 (i) agrees to operate a facility on a temporary basis in the best
13 interests of its residents or patients and the community served by the
14 facility; and
15 (ii) has demonstrated that [he or she has] they have the character,
16 competence and financial ability to operate the facility in compliance
17 with applicable standards;
18 (e) "serious financial instability" shall include but not be limited
19 to defaulting or violating key covenants of loans, or missed mortgage
20 payments, or general untimely payment of obligations, including but not
21 limited to employee benefit fund, payroll or payroll tax, and insurance
22 premium obligations, or failure to maintain required debt service cover-
23 age ratios or, as applicable, factors that have triggered a written
24 event of default notice to the department by the dormitory authority of
25 the state of New York; and
26 (f) "extraordinary financial assistance" shall mean state funds
27 provided to a facility upon such facility's request for the purpose of
28 assisting the facility to address serious financial instability. Such

1 funds may be derived from existing programs within the department,
2 special appropriations, or other funds.
3 (g) "improper delegation of management authority by the governing
4 authority or operator" of a general hospital shall include, but not be
5 limited to, the delegation to an entity that has not been established as
6 an operator of the general hospital of (i) authority to hire or fire the
7 administrator or other key management employees; (ii) maintenance and
8 control of the books and records; (iii) authority over the disposition
9 of assets and the incurring of liabilities on behalf of the facility;
10 and (iv) the adoption and enforcement of policies regarding the opera-
11 tion of the facility. The criteria set forth in this paragraph shall not
12 be the sole determining factors, but indicators to be considered with
13 such other factors that may be pertinent in particular instances.
14 Professional expertise shall be exercised in the utilization of the
15 criteria. All of the listed indicia need not be present in a given
16 instance for there to be an improper delegation of authority.
17 2. (a) In the event that: (i) a facility seeks extraordinary financial
18 assistance [and] or the commissioner finds that the facility is experi-
19 encing serious financial instability that is jeopardizing existing or
20 continued access to essential services within the community[,]; or (ii)
21 the commissioner finds that there are conditions within the facility
22 that seriously endanger the life, health or safety of residents or
23 patients[, the commissioner may appoint a temporary operator to assume
24 sole control and sole responsibility for the operations of that facili-
25 ty,]; or (iii) the commissioner finds that there has been an improper
26 delegation of management authority by the governing authority or opera-
27 tor of a general hospital[,]; the commissioner [shall] may appoint a
28 temporary operator to assume sole control and sole responsibility for

1 the operations of that facility. The appointment of the temporary opera-
2 tor shall be effectuated pursuant to this section and shall be in addi-
3 tion to any other remedies provided by law.
4 (b) The established operator of a facility may at any time request the
5 commissioner to appoint a temporary operator. Upon receiving such a
6 request, the commissioner may, if [he or she determines] they determine
7 that such an action is necessary to restore or maintain the provision of
8 quality care to the residents or patients, or alleviate the facility's
9 financial instability, enter into an agreement with the established
10 operator for the appointment of a temporary operator to assume sole
11 control and sole responsibility for the operations of that facility.
12 3. (a) A temporary operator appointed pursuant to this section shall,
13 [prior to his or her] within thirty days of their appointment as tempo-
14 rary operator, provide the commissioner with a work plan satisfactory to
15 the commissioner to address the facility's deficiencies and serious
16 financial instability and a schedule for implementation of such plan. [A
17 work plan shall not be required prior to the appointment of the tempo-
18 rary operator pursuant to clause (ii) of paragraph (a) of subdivision
19 two of this section if the commissioner has determined that the immedi-
20 ate appointment of a temporary operator is necessary because public
21 health or safety is in imminent danger or there exists any condition or
22 practice or a continuing pattern of conditions or practices which poses
23 imminent danger to the health or safety of any patient or resident of
24 the facility. Where such immediate appointment has been found to be
25 necessary, the temporary operator shall provide the commissioner with a
26 work plan satisfactory to the commissioner as soon as practicable.]
27 (b) The temporary operator shall use [his or her] their best efforts
28 to implement the work plan provided to the commissioner, if applicable,

1 and to correct or eliminate any deficiencies or financial instability in
2 the facility and to promote the quality and accessibility of health care
3 services in the community served by the facility. The temporary opera-
4 tor's authority shall include, but not be limited to, hiring or firing
5 of the facility administrator and other key management employees; main-
6 tenance and control of the books and records; authority over the dispo-
7 sition of assets and the incurring of liabilities on behalf of the
8 facility; and the adoption and enforcement of policies regarding the
9 operation of the facility. Such correction or elimination of deficien-
10 cies or serious financial instability shall not include major alter-
11 ations of the physical structure of the facility. During the term of
12 [his or her] their appointment, the temporary operator shall have the
13 sole authority to direct the management of the facility in all aspects
14 of operation and shall be afforded full access to the accounts and
15 records of the facility. The temporary operator shall, during this peri-
16 od, operate the facility in such a manner as to promote safety and the
17 quality and accessibility of health care services or residential care in
18 the community served by the facility. The temporary operator shall have
19 the power to let contracts therefor or incur expenses on behalf of the
20 facility, provided that where individual items of repairs, improvements
21 or supplies exceed ten thousand dollars, the temporary operator shall
22 obtain price quotations from at least three reputable sources. The
23 temporary operator shall not be required to file any bond. No security
24 interest in any real or personal property comprising the facility or
25 contained within the facility, or in any fixture of the facility, shall
26 be impaired or diminished in priority by the temporary operator. Neither
27 the temporary operator nor the department shall engage in any activity

1 that constitutes a confiscation of property without the payment of fair
2 compensation.
3 4. The temporary operator shall be entitled to a reasonable fee, as
4 determined by the commissioner, and necessary expenses incurred during
5 [his or her] their performance as temporary operator, to be paid from
6 the revenue of the facility. The temporary operator shall collect incom-
7 ing payments from all sources and apply them to the reasonable fee and
8 to costs incurred in the performance of [his or her] their functions as
9 temporary operator in correcting deficiencies and causes of serious
10 financial instability. The temporary operator shall be liable only in
11 [his or her] their capacity as temporary operator for injury to person
12 and property by reason of conditions of the facility in a case where an
13 established operator would have been liable; [he or she] they shall not
14 have any liability in [his or her] their personal capacity, except for
15 gross negligence and intentional acts.
16 5. (a) The initial term of the appointment of the temporary operator
17 shall not exceed one hundred eighty days. After one hundred eighty days,
18 if the commissioner determines that termination of the temporary opera-
19 tor would cause significant deterioration of the quality of, or access
20 to, health care or residential care in the community or that reappoint-
21 ment is necessary to correct the conditions within the facility that
22 seriously endanger the life, health or safety of residents or patients,
23 or the financial instability that required the appointment of the tempo-
24 rary operator, the commissioner may authorize up to two additional
25 [ninety-day] one hundred eighty-day terms.
26 (b) Upon the completion of the [two ninety-day] up to three one
27 hundred eighty-day terms referenced in paragraph (a) of this subdivi-
28 sion,

1 (i) if the established operator is the debtor in a bankruptcy proceed-
2 ing, and the commissioner determines that the temporary operator
3 requires additional terms to operate the facility during the pendency of
4 the bankruptcy proceeding and to carry out any plan resulting from the
5 proceeding, the commissioner may reappoint the temporary operator for
6 additional ninety-day terms until the termination of the bankruptcy
7 proceeding, provided that the commissioner shall provide for notice and
8 a hearing as set forth in subdivision six of this section; or
9 (ii) if the established operator requests the reappointment of the
10 temporary operator, the commissioner may reappoint the temporary opera-
11 tor for one additional ninety-day term, pursuant to an agreement between
12 the established operator, the temporary operator and the department.
13 (c) [Within fourteen] No sooner than sixty days and no later than
14 thirty days prior to the termination of each term of the appointment of
15 the temporary operator, the temporary operator shall submit to the
16 commissioner and to the established operator a report describing:
17 (i) the actions taken during the appointment to address [such] the
18 deficiencies and financial instability that led to appointment of the
19 temporary operator,
20 (ii) objectives for the continuation of the temporary operatorship if
21 necessary and a schedule for satisfaction of such objectives,
22 (iii) recommended actions for the ongoing operation of the facility
23 subsequent to the term of the temporary operator including recommenda-
24 tions regarding the proper management of the facility and ongoing agree-
25 ments with individuals or entities with proper delegation of management
26 authority; and
27 (iv) [with respect to the first ninety-day term referenced in para-
28 graph (a) of this subdivision,] a plan and timeline for sustainable

1 operation to avoid closure, or for the transformation of the facility
2 which may include any option permissible under this chapter or the
3 social services law and implementing regulations thereof; and, where
4 applicable, a recommendation with rationale for an additional temporary
5 operator term. The report shall reflect best efforts to produce a full
6 and complete accounting.
7 Each report pursuant to this paragraph shall be reviewed by the commis-
8 sioner, who may consult with the temporary operator and the established
9 operator and make modifications if necessary. Prior to expiration of the
10 temporary operator's final term, a final report shall be submitted by
11 the temporary operator and approved by the commissioner. The estab-
12 lished operator shall implement the recommended actions according to the
13 final report. If the established operator at any time demonstrates
14 unwillingness to make or implement changes identified in the final
15 report, the commissioner may extend the term of, or reinstate, the
16 temporary operator, and/or the commissioner may move to amend or revoke
17 the established operator's operating certificate.
18 (d) The term of the initial appointment and of any subsequent reap-
19 pointment may be terminated prior to the expiration of the designated
20 term, if the established operator and the commissioner agree on a plan
21 of correction and the implementation of such plan.
22 6. (a) The commissioner, upon making a determination to appoint a
23 temporary operator pursuant to paragraph (a) of subdivision two of this
24 section shall, prior to the commencement of the appointment, cause the
25 established operator of the facility to be notified of the determination
26 by registered or certified mail addressed to the principal office of the
27 established operator. Such notification shall include a detailed
28 description of the findings underlying the determination to appoint a

1 temporary operator, and the date and time of a required meeting with the
2 commissioner and/or [his or her] <u>their</u> designee within ten business days
3 of the date of such notice. At such meeting, the established operator
4 shall have the opportunity to review and discuss all relevant findings.
5 At such meeting [or within ten additional business days,] the commis-
6 sioner and the established operator shall attempt to develop a mutually
7 satisfactory plan of correction and schedule for implementation. In the
8 event such plan of correction is agreed upon, the commissioner shall
9 notify the established operator that the commissioner no longer intends
10 to appoint a temporary operator. A meeting shall not be required prior
11 to the appointment of the temporary operator pursuant to clause (ii) of
12 paragraph (a) of subdivision two of this section if the commissioner has
13 determined that the immediate appointment of a temporary operator is
14 necessary because public health or safety is in imminent danger or there
15 exists any condition or practice or a continuing pattern of conditions
16 or practices which poses imminent danger to the health or safety of any
17 patient or resident of the facility. Where such immediate appointment
18 has been found to be necessary, the commissioner shall provide the
19 established operator with a notice as required under this paragraph on
20 the date of the appointment of the temporary operator.
21 (b) Should the commissioner and the established operator be unable to
22 establish a plan of correction pursuant to paragraph (a) of this subdi-
23 vision, or should the established operator fail to respond to the
24 commissioner's initial notification, a temporary operator shall be
25 appointed as soon as is practicable and shall operate pursuant to the
26 provisions of this section.
27 (c) The established operator shall be afforded an opportunity for an
28 administrative hearing on the commissioner's determination to appoint a

1 temporary operator. [Such administrative hearing shall occur prior to
2 such appointment, except that the hearing shall not be required prior to
3 the appointment of the temporary operator pursuant to clause (ii) of
4 paragraph (a) of subdivision two of this section if the commissioner has
5 determined that the immediate appointment of a temporary operator is
6 necessary because public health or safety is in imminent danger or there
7 exists any condition or practice or a continuing pattern of conditions
8 or practices which poses imminent danger to the health or safety of any
9 patient or resident of the facility.] An administrative hearing as
10 provided for under this paragraph shall begin no later than [sixty]
11 thirty days from the date [of the notice to the established operator]
12 the temporary operator is appointed and shall not be extended without
13 the consent of both parties. Any such hearing shall be strictly limited
14 to the issue of whether the determination of the commissioner to appoint
15 a temporary operator is supported by substantial evidence. A [copy of
16 the] decision shall be made and sent to the [established operator]
17 parties no later than ten business days after completion of the hearing.
18 (d) The commissioner shall, upon making a determination to reappoint a
19 temporary operator for the first of an additional [ninety-day] one
20 hundred eighty-day term pursuant to paragraph (a) of subdivision five of
21 this section, cause the established operator of the facility to be noti-
22 fied of the determination by registered or certified mail addressed to
23 the principal office of the established operator. If the commissioner
24 determines that additional reappointments pursuant to subparagraph (i)
25 of paragraph (b) of subdivision five of this section are required, the
26 commissioner shall again cause the established operator of the facility
27 to be notified of such determination by registered or certified mail
28 addressed to the principal office of the established operator at the

1 commencement of the first of every two additional terms. Upon receipt of
2 such notification at the principal office of the established operator
3 and before the expiration of ten days thereafter, the established opera-
4 tor may request an administrative hearing on the determination, to begin
5 no later than [sixty] thirty days from the date of the reappointment of
6 the temporary operator. Any such hearing shall be strictly limited to
7 the issue of whether the determination of the commissioner to reappoint
8 the temporary operator is supported by substantial evidence.
9 § 2. This act shall take effect immediately; provided, however, that
10 the amendments to section 2806-a of the public health law made by
11 section one of this act shall not affect the repeal of such section and
12 shall be deemed repealed therewith.

13 PART L

14 Section 1. Section 18-c of the public health law, as added by section
15 4 of part O of chapter 57 of the laws of 2024, is amended to read as
16 follows:
17 § 18-c. Separate patient consent for treatment and payment for health
18 care services. Informed consent from a patient to provide any treatment,
19 procedure, examination or other direct health care services shall be
20 obtained separately from such patient's consent to pay for the services.
21 Consent to pay for any non-emergency health care services by a patient
22 shall not be given prior to [the patient receiving such services and]
23 discussing treatment costs. For purposes of this section, "consent"
24 means an action which: (a) clearly and conspicuously communicates the
25 individual's authorization of an act or practice; (b) is made in the
26 absence of any mechanism in the user interface that has the purpose or

1 substantial effect of obscuring, subverting, or impairing decision-mak-
2 ing or choice to obtain consent; and (c) cannot be inferred from
3 inaction.
4 § 2. 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.

6 PART M

7 Section 1. Subdivision 4 of section 2805-a of the public health law,
8 as renumbered by chapter 2 of the laws of 1988, is renumbered subdivi-
9 sion 5 and a new subdivision 4 is added to read as follows:
10 4. Every general hospital operating under the provisions of this arti-
11 cle shall file with the commissioner, in a format prescribed by the
12 department, within one hundred eighty days after the end of its fiscal
13 year, a certified report, to be conspicuously posted on the department's
14 website, showing how the hospital spent community benefit expenses,
15 including but not limited to:
16 (a) Financial assistance at cost, which shall include any free or
17 discounted services for those who cannot afford to pay and meet the
18 hospital's financial assistance criteria;
19 (b) Unreimbursed costs from Medicaid;
20 (c) Unreimbursed costs from the children's health insurance program or
21 other means-tested government programs;
22 (d) Community health improvement services and community benefit oper-
23 ations, which shall include costs associated with planning or operating
24 community benefit programs, but shall not include activities or programs
25 if they are provided primarily for marketing purposes or if they are
26 more beneficial to the hospital than to the community;

1 (e) Health professions education programs that result in a degree or
2 certificate or training necessary for residents or interns to be certi-
3 fied;
4 (f) Subsidized health services, which shall include services with a
5 negative margin, services that meet an identifiable community need and
6 services that if no longer offered would be unavailable or fall to the
7 responsibility of another nonprofit or government agency;
8 (g) Research that produces generalizable knowledge and is funded by
9 tax-exempt sources;
10 (h) Cash and in-kind contributions for community benefit, for which
11 in-kind donations may include the indirect cost of space donated to
12 community groups and the direct cost of donated food or supplies; and
13 (i) How such community benefit expenses support the priorities of New
14 York state, as outlined in guidance, including but not limited to the
15 New York state prevention agenda as developed by the department.
16 § 2. This act shall take effect October 1, 2025. Effective immediate-
17 ly, the addition, amendment and/or repeal of any rule or regulation
18 necessary for the implementation of this act on its effective date are
19 authorized to be made and completed on or before such effective date.

20 PART N

21 Section 1. Subdivision 1 of section 250 of the public health law, as
22 added by chapter 338 of the laws of 1998, is amended to read as follows:
23 1. A spinal cord injury research board is hereby created within the
24 department for the purpose of administering spinal cord injury research
25 projects and administering the spinal cord injury research trust fund
26 created pursuant to section ninety-nine-f of the state finance law. The

1 purpose of research projects administered by the board shall be [neuro-
2 logical] research towards treatment and a cure for such injuries and
3 their effects including, but not limited to, health-related quality of
4 life improvements. The members of the spinal cord injury research board
5 shall include but not be limited to representatives of the following
6 fields: neuroscience, neurology, neuro-surgery, neuro-pharmacology, and
7 spinal cord rehabilitative medicine. The board shall be composed of
8 thirteen members, seven of whom shall be appointed by the governor, two
9 of whom shall be appointed by the temporary president of the senate, two
10 of whom shall be appointed by the speaker of the assembly, one of whom
11 shall be appointed by the minority leader of the senate, and one of whom
12 shall be appointed by the minority leader of the assembly.
13 § 2. Subdivision 2 of section 251 of the public health law, as added
14 by chapter 338 of the laws of 1998, is amended to read as follows:
15 2. Solicit, receive, and review applications from public and private
16 agencies and organizations and qualified research institutions for
17 grants from the spinal cord injury research trust fund, created pursuant
18 to section ninety-nine-f of the state finance law, to conduct research
19 programs which focus on the treatment and cure of spinal cord [injury]
20 injuries and their effects. The board shall make recommendations to the
21 commissioner, and the commissioner shall, in [his or her] their
22 discretion, grant approval of applications for grants from those appli-
23 cations recommended by the board.
24 § 3. This act shall take effect immediately.

25 PART O

1 Section 1. Subdivision (b) of schedule I of section 3306 of the public
2 health law is amended by adding eighteen new paragraphs 93, 94, 95, 96,
3 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109 and 110 to
4 read as follows:
5 (93) 1-methoxy-3-{4-(2-methoxy-2-phenylethyl)piperazin-1-yl}-1-phenylp
6 ropan-2-ol. Other name: Zipeprol.
7 (94) N,N-diethyl-2-(2-(4-methoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)e
8 than-1-amine. Other name: Metonitazene.
9 (95) N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide.
10 Other name: meta-Fluorofentanyl.
11 (96) N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide.
12 Other name: meta-Fluoroisobutyryl fentanyl.
13 (97) N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxa
14 mide. Other name: para-Methoxyfuranylfentanyl.
15 (98) N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide. Other
16 name: 3-Furanyl fentanyl.
17 (99) N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropiona
18 mide. Other name: 2',5'-Dimethoxyfentanyl.
19 (100) 3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide. Other
20 name: Isovaleryl fentanyl.
21 (101) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxa
22 mide. Other name: ortho-Fluorofuranylfentanyl.
23 (102) 2-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide. Other
24 name: alpha'-Methyl butyryl fentanyl.
25 (103) N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl)cyclopropanecar
26 boxamide. Other name: para-Methylcyclopropyl fentanyl.
27 (104) 2-(2-(4-ethoxybenzyl)-1H-benzimidazol-1-yl)-N,N-diethylethan-1-
28 amine. Other names: Etodesnitazene; Etazene.

1 (105) 2-(4-ethoxybenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzi
2 midazole. Other names: N-pyrrolidinoetonitazene; Etonitazepyne.
3 (106) N,N-diethyl-2-(5-nitro-2-(4-propoxybenzyl)-1H-benzimidazol-1-yl)
4 ethan-1-amine. Other name: Protonitazene.
5 (107) 1-(2-Methyl-4-(3-phenylprop-2-en-1-yl)piperazin-1-yl)butan-1-
6 one. Other name: 2-Methyl AP-237.
7 (108) 2-(2-(4-butoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethyl
8 ethan-1-amine. Other name: Butonitazene.
9 (109) N,N-diethyl-2-(2-(4-fluorobenzyl)-5-nitro-1H-benzimidazol-1-yl)
10 ethan-1-amine. Other name: Flunitazene.
11 (110) N,N-diethyl-2-(2-(4-methoxybenzyl)-1H-benzimidazol-1-yl)ethan-1-
12 amine). Other name: Metodesnitazene.
13 § 2. Paragraphs 11 and 36 of subdivision (d) of schedule I of section
14 3306 of the public health law, paragraph 11 as added by chapter 664 of
15 the laws of 1985 and paragraph 36 as added by section 5 of part BB of
16 chapter 57 of the laws of 2018, are amended to read as follows:
17 (11) [Ibogane] Ibogaine. Some trade and other names: [7-ethyl-6, 6&,
18 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5h-pyrido
19 {1',2':1,2} azepino {5,4-b} indole: tabernanthe iboga.]
20 7-Ethyl-6,6&,7,8,9,10,12,13-octahydro-2-methoxy-6, 9-methano-5H-pyrido{1'
21 ,2':1,2} azepino {5,4-b} indole; Tabernanthe iboga.
22 (36) 5-methoxy-N,N-dimethyltryptamine. Some trade or other names:
23 5-methoxy-3-{2-(dimethylamino)ethyl}indole; 5-MeO-DMT.
24 § 3. Subdivision (d) of schedule I of section 3306 of the public
25 health law is amended by adding nineteen new paragraphs 32, 39, 40, 41,
26 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55 and 56 to read as
27 follows:
28 (32) 4-methyl-N-ethylcathinone. Some trade or other names: 4-MEC.

1 (39) 4-methyl-alpha-pyrrolidinopropiophenone. Some trade or other
2 names: 4-MePPP.
3 (40) Alpha-pyrrolidinopentiophenone. Some trade or other names: @-PVP.
4 (41) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one. Some trade
5 or other names: Butylone; bk-MBDB.
6 (42) 2-(methylamino)-1-phenylpentan-1-one. Some trade or other names:
7 Pentedrone.
8 (43) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one. Some trade
9 or other names: Pentylone; bk-MBDP.
10 (44) 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl)pentan-1-one. Some trade
11 or other names: Naphyrone.
12 (45) Alpha-pyrrolidinobutiophenone. Some trade or other names: @-PBP.
13 (46) 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one. Some trade
14 or other names: Ethylone.
15 (47) N-ethylpentylone. Some trade or other names: Ephylone;
16 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)pentan-1-one).
17 (48) 1-(4-methoxyphenyl)-N-methylpropan-2-amine. Some trade or other
18 names: Para-methoxymethamphetamine; PMMA.
19 (49) N-Ethylhexedrone. Some trade or other names: @-ethylaminohexano
20 phenone; 2-(ethylamino)-1-phenylhexan-1-one.
21 (50) alpha-Pyrrolidinohexanophenone. Some trade or other names: @-PHP;
22 1-phenyl-2-(pyrrolidin-1-yl)hexan-1-one.
23 (51) 4-Methyl-alpha-ethylaminopentiophenone. Some trade or other
24 names: 4-MEAP; 2-(ethylamino)-1-(4-methylphenyl)pentan-1-one.
25 (52) 4'-Methyl-alpha-pyrrolidinohexiophenone. Some trade or other
26 names: MPHP; 4'-methyl-alpha-pyrrolidinohexanophenone; 1-(4-methylphe
27 nyl)-2-(pyrrolidin-1-yl)hexan-1-one.

1 (53) alpha-Pyrrolidinoheptaphenone. Some trade or other names: PV8;
2 1-phenyl-2-(pyrrolidin-1-yl)heptan-1-one.
3 (54) 4'-Chloro-alpha-pyrrolidinovalerophenone. Some trade or other
4 names: 4-chloro-@-PVP; 4'-Chloro-alpha-pyrrolidinopentiophenone; 1-(4-
5 chlorophenyl)-2-(pyrrolidin-1-yl)pentan-1-one.
6 (55) 2-(ethylamino)-2-(3-methoxyphenyl)cyclohexan-1-one. Some trade or
7 other names: Methoxetamine; MXE.
8 (56) 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)butan-1-one. Some trade or
9 other names: Eutylone; bk-EBDB.
10 § 4. Subdivision (e) of schedule I of section 3306 of the public
11 health law is amended by adding five new paragraphs 7, 8, 9, 10 and 11
12 to read as follows:
13 (7) 4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno{3,2-f}{1,2,4}triazol
14 o{4,3-a}{1,4}diazepine. Some trade or other names: Etizolam.
15 (8) 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-benzo{f}{1,2,4}triazolo{4,
16 3-a}{1,4}diazepine. Some trade or other names: Flualprazolam.
17 (9) 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-benzo{f}{1,2,4}triazolo{4,3
18 -a}{1,4}diazepine. Some trade or other names: Clonazolam.
19 (10) 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-benzo{f}{1,2,4}triazolo{4,
20 3-a}{1,4}diazepine. Some trade or other names: Flubromazolam.
21 (11) 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo{e}{1,4}
22 diazepin-2-one. Some trade or other names: Diclazepam.
23 § 5. Paragraphs 13 and 14 of subdivision (f) of schedule I of section
24 3306 of the public health law, as added by chapter 341 of the laws of
25 2013, are amended and five new paragraphs 25, 26, 27, 28, and 29 are
26 added to read as follows:
27 (13) 3-Fluoromethcathinone. Some trade or other names: 3-fluoro-N
28 -methylcathinone; 3-FMC.

1 (14) 4-Fluoromethcathinone. Some trade or other names: 4-fluoro-N-
2 methylcathinone; 4-FMC; Flephedrone.
3 (25) 7-{(10,11-dihydro-5H-dibenzo{a,d}cyclohepten-5-yl)amino}heptanoic
4 acid. Other name: Amineptine.
5 (26) N-phenyl-N'-(3-(1-phenylpropan-2-yl)-1,2,3-oxadiazol-3-ium-5-yl)
6 carbamimidate. Other name: Mesocarb.
7 (27) N-methyl-1-(thiophen-2-yl)propan-2-amine. Other name: Methiopro-
8 pamine.
9 (28) 4,4'-Dimethylaminorex. Some trade or other names: 4,4'-DMAR; 4,5-
10 dihydro-4-methyl-5-(4-methylphenyl)-2-oxazolamine; 4-methyl-5-(4-methyl
11 phenyl)-4,5-dihydro-1,3-oxazol-2-amine.
12 (29) Ethyl 2-phenyl-2-(piperidin-2-yl)acetate. Other name: Ethylpheni-
13 date.
14 § 6. Paragraphs 2, 6 and 10 of subdivision (g) of schedule I of
15 section 3306 of the public health law, as added by section 7 of part BB
16 of chapter 57 of the laws of 2018, are amended to read as follows:
17 (2) [{1-(5-fluro-pentyl)-1H-indol-3-yl}(2,2,3,3-tetramethylcyclopro
18 pyl) methanone.] {1-(5-fluoro-pentyl)-1H-indol-3-yl}(2,2,3,3-tetramethyl
19 cyclopropyl)methanone. Some trade names or other names: 5-fluoro-UR-
20 144[,]; XLR11.
21 (6) [N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazo
22 [-]le-3-carboxamide.] N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorob
23 enzyl)-1H-indazole-3-carboxamide. Some trade or other names: AB- FUBINA-
24 CA.
25 (10) [{1-(5-fluoropentyl)-1H-indazol-3-yl}(naphthalen-1-yl)methanone.]
26 {1-(5-fluoropentyl)-1H-indazol-3-yl}(naphthalen-1-yl)methanone. Some
27 trade or other names: THJ-2201.

1 § 7. Subdivision (g) of schedule I of section 3306 of the public
2 health law is amended by adding nineteen new paragraphs 11, 12, 13, 14,
3 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 and 29 to read as
4 follows:
5 (11) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-
6 indazole-3-carboxamide. Some trade or other names: MAB-CHMINACA; ADB-
7 CHMINACA.
8 (12) methyl 2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methyl
9 butanoate. Some trade or other names: FUB-AMB; MMB-FUBINACA; AMB-
10 FUBINACA.
11 (13) methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-
12 dimethylbutanoate. Some trade or other names: MDMB-CHMICA; MMB-CHMINACA.
13 (14) methyl 2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3,3-
14 dimethylbutanoate. Some trade or other names: MDMB-FUBINACA.
15 (15) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-in
16 dazole-3-carboxamide. Some trade or other names: ADB-FUBINACA.
17 (16) N-(adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide.
18 Some trade or other names: 5F-APINACA; 5F-AKB48.
19 (17) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3-meth
20 ylbutanoate. Some trade or other names: 5F-AMB.
21 (18) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-
22 dimethylbutanoate. Some trade or other names: 5F-ADB; 5F-MDMB-PINACA.
23 (19) Naphthalen-1-yl 1-(5-fluoropentyl)-1H-indole-3-carboxylate. Some
24 trade or other names: NM2201; CBL2201.
25 (20) N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-inda
26 zole-3-carboxamide. Some trade or other names: 5F-AB-PINACA.

1 (21) 1-(4-cyanobutyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxa
2 mide. Some trade or other names: 4-CN-CUMYL-BUTINACA; 4-cyano-CUMYL-
3 BUTINACA; 4-CN-CUMYL BINACA; CUMYL-4CN-BINACA; SGT-78.
4 (22) methyl2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3-methyl
5 butanoate. Some trade or other names: MMB-CHMICA; AMB-CHMICA.
6 (23) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-pyrrolo{2,3-b}pyrid
7 ine-3-carboxamide. Some trade or other names: 5F-CUMYL-P7AICA.
8 (24) methyl 2-(1-(4-fluorobutyl)-1H-indazole-3-carboxamido)-3,3-dimeth
9 ylbutanoate. Some trade or other names: 4F-MDMB-BINACA; 4F-MDMB-
10 BUTINACA.
11 (25) ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimeth
12 ylbutanoate. Some trade or other names: 5F-EDMB-PINACA.
13 (26) methyl2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimeth
14 ylbutanoate. Some trade or other names: 5F-MDMB-PICA; 5F-MDMB-2201.
15 (27) N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide.
16 Some trade or other names: FUB-AKB48; FUB-APINACA; AKB48
17 N-(4-FLUOROBENZYL).
18 (28) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carbox
19 amide. Some trade or other names: 5F-CUMYL-PINACA; SGT-25.
20 (29) (1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopro
21 pyl)methanone. Some trade or other names: FUB-144.
22 § 8. Paragraph 1 of subdivision (b) of schedule II of section 3306 of
23 the public health law, as amended by section 1 of part C of chapter 447
24 of the laws of 2012, is amended to read as follows:
25 (1) Opium and opiate, and any salt, compound, derivative, or prepara-
26 tion of opium or opiate, excluding apomorphine, dextrorphan, nalbuphine,
27 naldemedine, nalmefene, naloxegol, naloxone, [and] 6&-naltrexol,

1 naltrexone, and samidorphan, and their respective salts, but including
2 the following:
3 1. Raw opium.
4 2. Opium extracts.
5 3. Opium fluid.
6 4. Powdered opium.
7 5. Granulated opium.
8 6. Tincture of opium.
9 7. Codeine.
10 8. Ethylmorphine.
11 9. Etorphine hydrochloride.
12 10. Hydrocodone (also known as dihydrocodeinone).
13 11. Hydromorphone.
14 12. Metopon.
15 13. Morphine.
16 14. Oxycodone.
17 15. Oxymorphone.
18 16. Thebaine.
19 17. Dihydroetorphine.
20 18. Oripavine.
21 19. Noroxymorphone.
22 § 9. Paragraph 4 of subdivision (b) of schedule II of section 3306 of
23 the public health law, as amended by chapter 244 of the laws of 2016, is
24 amended to read as follows:
25 (4) Coca leaves and any salt, compound, derivative, or preparation of
26 coca leaves, and any salt, compound, derivative, or preparation thereof
27 which is chemically equivalent or identical with any of these substances
28 including cocaine and ecgonine, their salts, isomers, and salts of isom-

1 ers, except that the substances shall not include: (A) decocainized coca
2 leaves or extraction of coca leaves, which extractions do not contain
3 cocaine or ecgonine; [or] (B) {123I} ioflupane; or (C) {18F}FP-CIT.
4 § 10. Subdivision (c) of schedule II of section 3306 of the public
5 health law is amended by adding a new paragraph 30 to read as follows:
6 (30) Oliceridine. (N-{(3-methoxythiophen-2-yl)methyl}({2-{(9R)-9-
7 (pyridin-2-yl)-6-oxaspiro{4.5}decan-9-yl}ethyl})amine).
8 § 11. Subdivision (f) of schedule II of section 3306 of the public
9 health law, as amended by chapter 589 of the laws of 1996, the undesig-
10 nated paragraph as amended by chapter 575 of the laws of 2001, is
11 amended to read as follows:
12 (f) Hallucinogenic substances.
13 [Nabilone: Another name for nabilone: (+,-)-trans
14 -3-(1,1-dimethylheptyl)-6, 6a, 7, 8, 10, 10a-hexahydro-1-hydroxy-6,
15 6-dimethyl-9H-dibenzo{b,d}pyran-9-one.] (1) Nabilone. Another name for
16 nabilone:(+,-)-trans-3-(1,1-dimethylheptyl)-6,6a,7,8,10,10a-hexahydro-1-
17 hydroxy-6,6-dimethyl-9H-dibenzo{b,d}pyran-9-one.
18 (2) Dronabinol {(-)-delta-9-transtetrahydrocannabinol} in an oral
19 solution in a drug product approved for marketing by the United States
20 Food and Drug Administration.
21 § 12. Subparagraph (i) of paragraph 3 of subdivision (g) of schedule
22 II of section 3306 of the public health law, as amended by section 2 of
23 part BB of chapter 57 of the laws of 2023, is amended to read as
24 follows:
25 (i) [4-anilino-N-phenenethylpiperidine] 4-anilino-N-phenethylpiperi
26 dine (ANPP)[.];

1 § 13. Subdivision (h) of schedule II of section 3306 of the public
2 health law, as amended by section 8 of part C of chapter 447 of the laws
3 of 2012, is amended to read as follows:
4 (h) (1) Anabolic steroids. Unless specifically excepted or unless
5 listed in another schedule, "anabolic steroid" shall mean any drug or
6 hormonal substance, chemically and pharmacologically related to testos-
7 terone (other than estrogens, progestins, corticosteroids and dehydroe-
8 piandrosterone) and includes:
9 [(1) 3{beta}, 17-dihydroxy-5a-androstane] (i) 3{beta},17{beta}-
10 dihydroxy-5{alpha}-androstane.
11 [(2) 3{alpha}, 17{beta}-dihydroxy-5a-androstane] (ii) 3{alpha},17
12 {beta}-dihydroxy-5{alpha}-androstane.
13 [(3)] (iii) 5{alpha}-androstan-3,17-dione.
14 [(4)] (iv) 1-androstenediol (3{beta},17{beta}-dihydroxy-5{alpha}-
15 androst-1-ene).
16 [(5)] (v) 1-androstenediol (3{alpha},17{beta}-dihydroxy-5{alpha}-
17 androst-1-ene).
18 [(6)] (vi) 4-androstenediol [(3{beta}, 17{beta}-dihydroxy-androst
19 -4-ene)] (3{beta},17{beta}-dihydroxy-androst-4-ene).
20 [(7)] (vii) 5-androstenediol [(3{beta},17{beta}-dihydroxy-androst-5-
21 ene)] (3{beta},17{beta}-dihydroxy-androst-5-ene).
22 [(8)] (viii) 1-androstenedione [({5{alpha}}-androst-1-en-3,17-dione)]
23 (5{alpha}-androst-1-en-3,17-dione).
24 [(9)] (ix) 4-androstenedione (androst-4-en-3,17-dione).
25 [(10)] (x) 5-androstenedione (androst-5-en-3,17-dione).
26 [(11)] (xi) Bolasterone [(7{alpha},17{alpha}-dimethyl-17{beta}-
27 hydroxyandrost-4-en-3-one)] (7{alpha},17{alpha}-dimethyl-17{beta}-hydro
28 xyandrost-4-en-3-one).

1 [(12)] (xii) Boldenone [(17{beta}-hydroxyandrost-1, 4,-diene-3-one)]
2 (17{beta}-hydroxyandrost-1,4-diene-3-one).
3 [(13)] (xiii) Boldione (androsta-1,4-diene-3,17-dione).
4 [(14)] (xiv) Calusterone [(7{beta},17{alpha}-dimethyl-17{beta}-
5 hydroxyandrost-4-en-3-one)] (7{beta},17{alpha}-dimethyl-17{beta}-hydroxy
6 androst-4-en-3-one).
7 [(15)] (xv) Clostebol [(4-chloro-17{beta}-hydroxyandrost-4-en-3-one)]
8 (4-chloro-17{beta}-hydroxyandrost-4-en-3-one).
9 [(16)] (xvi) Dehydrochloromethyltestosterone (4-chloro-17{beta}-
10 hydroxy-17{alpha}-methyl-androst-1, 4-dien-3-one).
11 [(17) {Delta} 1-dihydrotestosterone] (xvii) {Delta}1-dihydrotestos
12 terone (a.k.a. '1-testosterone') (17{beta}-hydroxy-5{alpha}-androst-1-
13 en-3-one).
14 [(18)] (xviii) 4-dihydrotestosterone (17{beta}-hydroxy-androstan-
15 3-one).
16 [(19)] (xix) Drostanolone (17{beta}-hydroxy-2{alpha}-methyl
17 -5{alpha}-androstan-3-one).
18 [(20)] (xx) Ethylestrenol (17{alpha}-ethyl-17{beta}-hydroxyestr-
19 4-ene).
20 [(21)] (xxi) Fluoxymesterone [(9-fluoro-17{alpha}-methyl-11{beta}, 17
21 {beta}-dihydroxyandrost-4-en-3-one)] (9-fluoro-17{alpha}-methyl-
22 11{beta},17{beta}-dihydroxyandrost-4-en-3-one).
23 [(22)] (xxii) Formebolone [(2-formyl-17{alpha}-methyl-11{alpha},
24 17{beta}-dihydroxyandrost-1, 4-dien-3-one)] (2-formyl-17{alpha}-methyl
25 -11{alpha},17{beta}-dihydroxyandrost-1,4-dien-3-one).
26 [(23)] (xxiii) Furazabol [(17{alpha}-methyl-17{beta}-hydroxyandrostano
27 {2, 3-c}-furazan)] (17{alpha}-methyl-17{beta}-hydroxyandrostano{2,3-c}-
28 furazan).

1 [(24) 13{beta}-ethyl-17{beta}-hyroxygon-4-en-3-one] (xxiv) 13{beta}-
2 ethyl-17{beta}-hydroxygon-4-en-3-one.
3 [(25)] (xxv) 4-hydroxytestosterone [(4, 17{beta}-dihydroxy-androst-4-
4 en-3-one)] (4,17{beta}-dihydroxy-androst-4-en-3-one).
5 [(26)] (xxvi) 4-hydroxy-19-nortestosterone [(4,17{beta}-dihydroxy
6 -estr-4-en-3-one)] (4,17{beta}-dihydroxyestr-4-en-3-one).
7 [(27) desoxymethyltestosterone] (xxvii) Desoxymethyltestosterone
8 (17{alpha}-methyl-5 {alpha}-androst-2-en-17{beta}-ol) (a.k.a., [madol)]
9 'madol').
10 [(28)] (xxviii) Mestanolone [(17{alpha}-methyl-17{beta}-hydroxy-5-
11 androstan-3-one)]
12 (17{alpha}-methyl-17{beta}-hydroxy-5-{alpha}-androstan- 3-one).
13 [(29)] (xxix) Mesterolone [(1{alpha}methyl-17{beta}-hydroxy-
14 {5{alpha}}-androstan-3-one)] (1{alpha}-methyl-17{beta}-hydroxy-5{alpha}
15 -androstan-3-one).
16 [(30)] (xxx) Methandienone [(17{alpha}-methyl-17{beta}-hydroxyandrost-
17 1, 4-dien-3-one)] (17{alpha}-methyl-17{beta}-hydroxyandrost-1, 4-dien-3-
18 one).
19 [(31)] (xxxi) Methandriol [(17{alpha}-methyl-3{beta}, 17{beta}-dihydro
20 xyandrost-5-ene)] (17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-
21 5-ene).
22 [(32)] (xxxii) Methenolone [(1-methyl-17{beta}-hydroxy-5{alpha}
23 -androst-1-en-3-one)] (1-methyl-17{beta}-hydroxy-5{alpha}-androst-1-
24 en-3-one).
25 [(33) 17{alpha}-methyl-3{beta}, 17{beta}-dihydroxy-5-androstane]
26 (xxxiii)
27 17{alpha}-methyl-3{beta},17{beta}-dihydroxy-5{alpha}-androstane.

1 [(34) 17{alpha}-methyl-3{alpha}, 17{beta}-dihydroxy-5a-androstane]
2 (xxxiv) 17{alpha}-methyl-3{alpha},17{beta}-dihydroxy5{alpha}-androstane.
3 [(35) 17{alpha}-methyl-3{beta}, 17{beta}-dihydroxyandrost-4-ene.]
4 (xxxv) 17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-4-ene.
5 [(36) 17{alpha}-methyl-4-hydroxynandrolone (17{alpha}-methyl-4-hydroxy
6 -17{beta}-hydroxyestr-4-en-3-one).] (xxxvi) 17{alpha}-methyl-4-hydroxy
7 nandrolone(17{alpha}-methyl-4-hydroxy-17{beta}-hydroxyestr-4-en-3-one).
8 [(37)] (xxxvii) Methyldienolone [(17{alpha}-methyl-17{beta}-hydroxy
9 estra-4,9(10)-dien-3-one).] (17{alpha}-methyl-17{beta}-hydroxyestra-4,9
10 (10)-dien-3-one).
11 [(38)] (xxxviii) Methyltrienolone [(17{alpha}-methyl-17{beta}-hydroxy
12 estra-4, 9-11-trien-3-one).] (17{alpha}-methyl-17{beta}-hydroxyestra-4,
13 9,11-trien-3-one).
14 [(39)] (xxxix) Methyltestosterone (17{alpha}-methyl-17{beta}-hydroxy
15 androst-4-en-3-one).
16 [(40)] (xl) Mibolerone (7{alpha},17{alpha}-dimethyl-17{beta}-hydroxy
17 estr-4-en-3-one).
18 [(41) 17{alpha}-methyl-{Delta} 1-dihydrotestosterone(17b{beta}-hydroxy
19 -17{alpha}-methyl-5{alpha}-androst-1-en-3-one)] (xli) 17{alpha}-methyl-
20 {Delta}1-dihydrotestosterone(17{beta}-hydroxy-17{alpha}-methyl-5{alpha}-
21 androst-1-en-3-one) (a.k.a. '17-{alpha}-methyl-1-testosterone').
22 [(42) Nandrolone(17{beta}-hydroxyestr-4-en-3-one).] (xlii) Nandrolone
23 (17{beta}-hydroxyestr-4-en-3-one).
24 [(43)] (xliii) 19-nor-4-androstenediol [(3{beta},17{beta}-dihydroxy
25 estr -4-ene).] (3{beta},17{beta}-dihydroxyestr-4-ene).
26 [(44)] (xliv) 19-nor-4-androstenediol [(3{alpha},17{beta}-dihydroxy
27 estr-4-ene).] (3{alpha},17{beta}-dihydroxyestr-4-ene).

1 [(45)] (xlv) 19-nor-5-androstenediol [(3{beta},17{beta}-dihydroxyestr
2 -5-ene).] (3{beta},17{beta}-dihydroxyestr-5-ene).
3 [(46)] (xlvi) 19-nor-5-androstenediol [(3{alpha},17{beta}-dihydrox-
4 yestr-5-ene).] (3{alpha},17{beta}-dihydroxyestr-5-ene).
5 [(47) 19-nor-4,9(10)-androstadienedione (estra-4,9(10)-diene-3,17-
6 dione).] (xlvii) 19-nor-4,9 (10)-androstadienedione (estra-4,9(10)-
7 diene-3,17-dione).
8 [(48)] (xlviii) 19-nor-4-androstenedione (estr-4-en-3,17-dione).
9 [(49)] (xlix) 19-nor-5-androstenedione (estr-5-en-3,17-dione).
10 [(50)] (l) Norbolethone [(13{beta}, 17{alpha}-diethyl-17{beta}-
11 hydroxygon-4-en-3-one).] (13{beta},17{alpha}-diethyl-17{beta}-hydroxygon
12 -4-en-3-one).
13 [(51)] (li) Norclostebol [(4-chloro-17{beta}-hydroxyestr-4-en-3-
14 one).] (4-chloro-17{beta}-hydroxyestr-4-en-3-one).
15 [(52)] (lii) Norethandrolone (17{alpha}-ethyl-17{beta}-hydroxyestr-
16 4-en-3-one).
17 [(53)] (liii) Normethandrolone [(17{alpha}-methyl-17{beta}-hydroxestr-
18 4-en-3-one).] (17{alpha}-methyl-17{beta}-hydroxyestr-4-en-3-one).
19 [(54)] (liv) Oxandrolone [(17{alpha}-methyl-17{beta}-hydroxy-2-oxa-
20 {5{alpha}}-androstan-3-one).] (17{alpha}-methyl-17{beta}-hydroxy-2-oxa-
21 5{alpha}-androstan-3-one).
22 [(55)] (lv) Oxymesterone [(17{alpha}-methyl-4, 17{beta}-dihydroxy
23 androst-4-en-3-one).] (17{alpha}-methyl-4,17{beta}-dihydroxyandrost-4-
24 en-3-one).
25 [(56)] (lvi) Oxymetholone [(17 {alpha}-methyl-2-hydroxymethylene-17
26 {beta}-hydroxy-{5{alpha}}- androstan-3-one).] (17{alpha}-methyl-2-hydro
27 xymethylene-17{beta}-hydroxy-5{alpha}-androstan-3-one).

1 [(57)] (lvii) Stanozolol [(17{alpha}-methyl-17{beta}-hydroxy-
2 {5{alpha}}-androst-2-eno{3,2-c}-pyrazole).] (17{alpha}-methyl-17{beta}-
3 hydroxy-5{alpha}-androst-2-eno{3,2-c}-pyrazole).
4 [(58)] (lviii) Stenbolone [(17{beta}-hydroxy-2-methyl-{5{alpha}}-
5 androst-1-en-3-one).] (17{beta}-hydroxy-2-methyl-5{alpha}-androst-1-en-
6 3-one).
7 [(59)] (lix) Testolactone [(13-hydroxy-3-oxo-13, 17-secoandrosta-1,
8 4-dien-17-oic acid lactone).] (13-hydroxy-3-oxo-13,17-secoandrosta1,4-
9 dien-17-oic acid lactone).
10 [(60)] (lx) Testosterone (17{beta}-hydroxyandrost-4-en-3-one).
11 [(61)] (lxi) Tetrahydrogestrinone [(13{beta}, 17{alpha}-diethyl-
12 17{beta}-hydroxygon-4, 9, 11-trien-3-one).] (13{beta},17{alpha}-diethyl-
13 17{beta}-hydroxygon-4,9,11-trien-3-one).
14 [(62)] (lxii) Trenbolone [(17{beta}-hydroxyestr-4, 9, 11-trien-
15 3-one).] (17{beta}-hydroxyestr-4,9,11-trien-3-one).
16 [(63)] (lxiii) 5{alpha}-androstan-3,6,17-trione.
17 (lxiv) 6-bromo-androsta-1,4-diene-3,17-dione.
18 (lxv) 6-bromo-androstan-3,17-dione.
19 (lxvi) 4-chloro-17{alpha}-methyl-androsta-1,4-diene-3,17{beta}-diol.
20 (lxvii) 4-chloro-17{alpha}-methyl-androst-4-ene-3{beta},17{beta}-diol.
21 (lxviii) 4-chloro-17{alpha}-methyl-17{beta}hydroxy-androst-4-en-3-one.
22 (lxix) 4-chloro-17{alpha}-methyl-17{beta}hydroxy-androst-4-ene-3,11-
23 dione.
24 (lxx) 2{alpha},17{alpha}-dimethyl-17{beta}-hydroxy-5{beta}-androstan-
25 3-one.
26 (lxxi) 2{alpha},3{alpha}-epithio-17{alpha}-methyl-5{alpha}androstan-17
27 {beta}-ol.
28 (lxxii) estra-4,9,11-triene-3,17-dione.

1 (lxxiii) {3,2-c}furazan-5{alpha}-androstan-17{beta}-ol.
2 (lxxiv) 18a-homo-3-hydroxy-estra-2,5(10)-dien-17-one.
3 (lxxv) 4-hydroxy-androst-4-ene-3,17-dione.
4 (lxxvi) 17{beta}-hydroxy-androstano{2,3-d}isoxazole.
5 (lxxvii) 17{beta}-hydroxy-androstano{3,2-c}isoxazole.
6 (lxxviii) 3{beta}-hydroxy-estra-4,9,11-trien-17-one.
7 (lxxix) Methasterone (2{alpha},17{alpha}-dimethyl-5{alpha}-androstan-
8 17{beta}-ol-3-one or 2{alpha},17{alpha}-dimethyl-17{beta}-hydroxy-
9 5{alpha}-androstan-3-one).
10 (lxxx) 17{alpha}-methyl-androsta-1,4-diene-3,17{beta}-diol.
11 (lxxxi) 17{alpha}-methyl-5{alpha}-androstan-17{beta}-ol.
12 (lxxxii) 17{alpha}-methyl-androstan-3-hydroxyimine-17{beta}-ol.
13 (lxxxiii) 6{alpha}-methyl-androst-4-ene-3,17-dione.
14 (lxxxiv) 17{alpha}-methyl-androst-2-ene-3,17{beta}diol.
15 (lxxxv) Prostanozol (17{beta}-hydroxy-5{alpha}-androstano{3,2-c}
16 pyrazole) or {3,2-c}pyrazole-5{alpha}-androstan-17{beta}-ol.
17 (lxxxvi) {3,2-c}pyrazole-androst-4-en-17{beta}-ol.
18 (lxxxvii) Any salt, ester or ether of a drug or substance described or
19 listed in this subdivision.
20 (2) (i) Subject to subparagraph (ii) of this paragraph, a drug or
21 hormonal substance, other than estrogens, progestins, corticosteroids,
22 and dehydroepiandrosterone, that is not listed in paragraph one of this
23 subdivision and is derived from, or has a chemical structure substan-
24 tially similar to, one or more anabolic steroids listed in paragraph one
25 of this subdivision shall be considered to be an anabolic steroid for
26 purposes of this schedule if:
27 (A) the drug or substance has been created or manufactured with the
28 intent of producing a drug or other substance that either:

1 1. promotes muscle growth; or
2 2. otherwise causes a pharmacological effect similar to that of
3 testosterone; or
4 (B) the drug or substance has been, or is intended to be, marketed or
5 otherwise promoted in any manner suggesting that consuming it will
6 promote muscle growth or any other pharmacological effect similar to
7 that of testosterone.
8 (ii) A substance shall not be considered to be a drug or hormonal
9 substance for purposes of this subdivision if:
10 (A) it is:
11 1. an herb or other botanical;
12 2. a concentrate, metabolite, or extract of, or a constituent isolated
13 directly from, an herb or other botanical; or
14 3. a combination of two or more substances described in clause one or
15 two of this item;
16 (B) it is a dietary ingredient for purposes of the Federal Food, Drug,
17 and Cosmetic Act (21 U.S.C. 301 et seq.); and
18 (C) it is not anabolic or androgenic.
19 (iii) In accordance with subdivision one of section thirty-three
20 hundred ninety-six of this article, any person claiming the benefit of
21 an exemption or exception under subparagraph (ii) of this paragraph
22 shall bear the burden of going forward with the evidence with respect to
23 such exemption or exception.
24 § 14. Subdivision (c) of schedule III of section 3306 of the public
25 health law is amended by adding a new paragraph 15 to read as follows:
26 (15) Perampanel, its salts, isomers and salts of isomers.

1 § 15. Subdivision (c) of schedule IV of section 3306 of the public
2 health law is amended by adding seven new paragraphs 54, 55, 56, 57, 58,
3 59 and 60 to read as follows:
4 (54) Alfaxalone.
5 (55) Brexanolone.
6 (56) Daridorexant.
7 (57) Lemborexant.
8 (58) Remimazolam.
9 (59) Suvorexant.
10 (60) Zuranolone.
11 § 16. Paragraph 10 of subdivision (e) of schedule IV of section 3306
12 of the public health law, as amended by chapter 589 of the laws of 1996,
13 is amended and two new paragraphs 13 and 14 are added to read as
14 follows:
15 (10) SPA((-)[)]-1-dimethylamino-1, 2-diphenylethane).
16 (13) Serdexmethylphenidate.
17 (14) Solriamfetol (2-amino-3-phenylpropyl carbamate; benzenepropanol,
18 beta-amino-, carbamate(ester)).
19 § 17. Subdivision (f) of schedule IV of section 3306 of the public
20 health law, as added by chapter 664 of the laws of 1985, paragraph 2 as
21 added by chapter 457 of the laws of 2006 and paragraph 3 as added by
22 section 14 of part C of chapter 447 of the laws of 2012, is amended to
23 read as follows:
24 (f) Other substances. Unless specifically excepted or unless listed in
25 another schedule, any material, compound, mixture or preparation which
26 contains any quantity of the following substances, including its salts,
27 isomers, and salts of such isomers, whenever the existence of such
28 salts, isomers, and salts of isomers is possible:

1 (1) Pentazocine.
2 (2) Butorphanol (including its optical isomers).
3 (3) Tramadol in any quantities.
4 (4) Eluxadoline (5-{{{(2S))-2-amino-3-{4-(aminocarbonyl)-2,6-dimethyl
5 phenyl}-1-oxopropyl}{(1S)-1-(4-phenyl-1H-imidazol-2-yl)ethyl}amino}meth
6 yl}-2-methoxybenzoic acid) (including its optical isomers) and its
7 salts, isomers, and salts of isomers.
8 (5) Lorcaserin.
9 § 18. Subdivision (d) of schedule V of section 3306 of the public
10 health law, as amended by section 16 of part C of chapter 447 of the
11 laws of 2012, is amended to read as follows:
12 (d) Depressants. Unless specifically exempted or excluded or unless
13 listed in another schedule, any material, compound, mixture, or prepara-
14 tion which contains any quantity of the following substances having a
15 depressant effect on the central nervous system, including its salts,
16 isomers, and salts of isomers:
17 (1) Ezogabine [{N-{2-amino-4-(4-fluorobenzylamino)-phenyl}-carbamic
18 acid ethyl ester}] (N-{2-amino-4-(4-fluorobenzylamino)-phenyl}-carbamic
19 acid ethyl ester).
20 (2) Lacosamide [{(R)-2-acetoamido-N-benzyl-3-methoxy-propionamide}]
21 ((R)-2-acetoamido-N-benzyl-3-methoxy-propionamide).
22 (3) Pregabalin [{(S)-3-(aminomethyl)-5-methylhexanoic acid}]
23 ((S)-3-(aminomethyl)-5-methylhexonoic acid).
24 (4) Brivaracetam ((2S)-2-{(4R)-2-oxo-4-propylpyrrolidin-1-yl}butana
25 mide). Some trade or other names: BRV; UCB-34714; Briviact.
26 (5) Cenobamate ({(1R)-1-(2-chlorophenyl)-2-(tetrazol-2-yl)ethyl}
27 carbamate; 2H-tetrazole-2-ethanol, alpha-(2-chlorophenyl)-, carbamate

1 (ester), (alphaR)-; carbamic acid(R)-(+)-1-(2-chlorophenyl)-2-(2H-tetra
2 zol-2-yl)ethyl ester).
3 (6) Ganaxolone (3{alpha}-hydroxy-3{beta}-methyl-5{alpha}-pregnan-20-
4 one).
5 (7) Lasmiditan (2,4,6-trifluoro-N-(6-(1-methylpiperidine-4-carbonyl)
6 pyridine-2-yl-benzamide).
7 § 19. Subdivision 2 of section 3342 of the public health law, as
8 amended by chapter 466 of the laws of 2024, is amended to read as
9 follows:
10 2. An institutional dispenser may dispense controlled substances for
11 use off its premises only pursuant to a prescription, prepared and filed
12 in conformity with this title, provided, however, that, in an emergency
13 situation as defined by rule or regulation of the department, a practi-
14 tioner in a hospital without a full-time pharmacy may dispense
15 controlled substances to a patient in a hospital emergency room for use
16 off the premises of the institutional dispenser for a period not to
17 exceed twenty-four hours, [unless the federal drug enforcement adminis-
18 tration has authorized a longer time period for the purpose of initiat-
19 ing maintenance treatment, detoxification treatment, or both] and
20 provided further that a practitioner in any institutional dispenser may
21 dispense controlled substances as emergency treatment to a patient for
22 use off the premises of the institutional dispenser as authorized by the
23 federal drug enforcement administration for the purpose of initiating
24 maintenance treatment, detoxification treatment, or both.
25 § 20. Subdivision 1 of section 3302 of the public health law, as
26 amended by chapter 92 of the laws of 2021, is amended to read as
27 follows:

1 1. ["Addict"] "Person with a substance use disorder" means a person
2 who habitually uses a controlled substance for a non-legitimate or
3 unlawful use, and who by reason of such use is dependent thereon.
4 § 21. Subdivision 1 of section 3331 of the public health law, as added
5 by chapter 878 of the laws of 1972, is amended to read as follows:
6 1. Except as provided in titles III or V of this article, no substance
7 in schedules II, III, IV, or V may be prescribed for or dispensed or
8 administered to [an addict] a person with a substance use disorder or
9 habitual user.
10 § 22. The title heading of title 5 of article 33 of the public health
11 law, as added by chapter 878 of the laws of 1972, is amended to read as
12 follows:

13 DISPENSING TO [ADDICTS]
14 PERSONS WITH A SUBSTANCE USE DISORDER
15 AND HABITUAL USERS
16 § 23. Section 3350 of the public health law, as added by chapter 878
17 of the laws of 1972, is amended to read as follows:
18 § 3350. Dispensing prohibition. Controlled substances may not be
19 prescribed for, or administered or dispensed to [addicts] persons with a
20 substance use disorder or habitual users of controlled substances,
21 except as provided by this title or title III of this article.
22 § 24. Section 3351 of the public health law, as added by chapter 878
23 of the laws of 1972 and subdivision 5 as amended by chapter 558 of the
24 laws of 1999, is amended to read as follows:
25 § 3351. Dispensing for medical use. 1. Controlled substances may be
26 prescribed for, or administered or dispensed to [an addict] a person
27 with a substance use disorder or habitual user:

1 (a) during emergency medical treatment unrelated to [abuse] such
2 substance use disorder or habitual use of controlled substances;
3 (b) who is a bona fide patient suffering from an incurable and fatal
4 disease such as cancer or advanced tuberculosis;
5 (c) who is aged, infirm, or suffering from serious injury or illness
6 and the withdrawal from controlled substances would endanger the life or
7 impede or inhibit the recovery of such person.
8 1-a. A practitioner may prescribe, administer and dispense any sched-
9 ule III, IV, or V narcotic drug approved by the federal food and drug
10 administration specifically for use in maintenance or detoxification
11 treatment to a person with a substance use disorder or habitual user.
12 2. Controlled substances may be ordered for use by [an addict] a
13 person with a substance use disorder or habitual user by a practitioner
14 and administered by a practitioner [or], registered nurse, emergency
15 medical technician-paramedic, acting within their scope of practice, to
16 relieve acute withdrawal symptoms.
17 3. Methadone, or such other controlled substance designated by the
18 commissioner as appropriate for such use, may be ordered for use [of an
19 addict] by a person with a substance use disorder by a practitioner and
20 dispensed or administered by a practitioner or [his] their designated
21 agent as interim treatment for [an addict on a waiting list for admis-
22 sion to an authorized maintenance program] a person with a substance use
23 disorder while arrangements are being made for referral to treatment for
24 such substance use disorder.
25 4. Methadone, or such other controlled substance designated by the
26 commissioner as appropriate for such use, may be administered to [an
27 addict] a person with a substance use disorder by a practitioner or by
28 [his] their designated agent acting under the direction and supervision

1 of a practitioner, as part of a [regime] regimen designed and intended
2 as maintenance or detoxification treatment or to withdraw a patient from
3 addiction to controlled substances.
4 5. [Methadone] Notwithstanding any other law and consistent with
5 federal requirements, methadone, or such other controlled substance
6 designated by the commissioner as appropriate for such use, may be
7 administered or dispensed directly to [an addict] a person with a
8 substance use disorder by a practitioner or by [his] their designated
9 agent acting under the direction and supervision of a practitioner, as
10 part of a substance [abuse or chemical dependence] use disorder program
11 approved pursuant to article [twenty-three or] thirty-two of the mental
12 hygiene law.
13 § 25. Section 3372 of the public health law, as amended by chapter 195
14 of the laws of 1973, is amended to read as follows:
15 § 3372. Practitioner patient reporting. It shall be the duty of every
16 attending practitioner and every consulting practitioner to report
17 promptly to the commissioner, or [his] the commissioner's duly desig-
18 nated agent, the name and, if possible, the address of, and such other
19 data as may be required by the commissioner with respect to, any person
20 under treatment if [he] the commissioner finds that such person is [an
21 addict or a habitual user of any narcotic drug] a person with a
22 substance use disorder. Such report shall be kept confidential and may
23 be utilized only for statistical, epidemiological or research purposes,
24 except that those reports which originate in the course of a criminal
25 proceeding other than under section 81.25 of the mental hygiene law
26 shall be subject only to the confidentiality requirements of section
27 thirty-three hundred seventy-one of this article.

1 § 26. This act shall take effect immediately; provided, however, that
2 the amendments to subdivision 2 of section 3342 of the public health law
3 made by section nineteen of this act, shall take effect on the same date
4 and in the same manner as chapter 466 of the laws of 2024, takes effect.

5 PART P

6 Section 1. Section 2805-b of the public health law is amended by
7 adding a new subdivision 6 to read as follows:
8 6. When emergency services are provided as an organized service of a
9 general hospital licensed pursuant to this article, the hospital must
10 terminate the pregnancy of any individual presenting for care at the
11 hospital if the individual has an emergency medical condition, and
12 termination of the pregnancy is needed to stabilize that individual,
13 unless the individual (or the individual's legally authorized represen-
14 tative, when the legally authorized representative is authorized to act
15 on behalf of the individual) does not consent to the treatment. If such
16 consent is not provided, a general hospital meets the requirements of
17 this subdivision with respect to an individual if the hospital offers
18 the individual the treatment. Hospitals that have limited capability for
19 receiving and treating high risk maternity patients in need of special-
20 ized emergency care shall develop and implement standard descriptions of
21 such patients and have triage, treatment, and transfer protocols. Such
22 protocols shall provide that patients shall be transferred to another
23 hospital only when:
24 (a) the patient's condition is stable or being managed;
25 (b) the attending practitioner has authorized the transfer; and

1 <u>(c) the receiving hospital is informed, can provide the necessary</u>
2 <u>resources to care for the patient, and has accepted the patient.</u>
3 § 2. Section 2599-bb of the public health law is amended by adding a
4 new subdivision 1-a to read as follows:
5 <u>1-a. At a health care prescriber's request, the prescription label for</u>
6 <u>abortion medications, including, but not limited to, mifepristone and</u>
7 <u>misoprostol shall include the prescribing health care facility name or</u>
8 <u>address instead of the name of the practitioner. The prescriber shall</u>
9 <u>inform the patient whether the prescriber has requested to include the</u>
10 <u>health care facility name or address on the prescription label.</u>
11 § 3. Subdivision 1 of section 6810 of the education law, as amended by
12 section 2 of part V of chapter 57 of the laws of 2012, is amended and a
13 new subdivision 10-b is added to read as follows:
14 1. No drug for which a prescription is required by the provisions of
15 the Federal Food, Drug and Cosmetic Act or by the commissioner of health
16 shall be distributed or dispensed to any person except upon a
17 prescription written by a person legally authorized to issue such
18 prescription. Such drug shall be compounded or dispensed by a licensed
19 pharmacist, and no such drug shall be dispensed without affixing to the
20 immediate container in which the drug is sold or dispensed a label bear-
21 ing the name and address of the owner of the establishment in which it
22 was dispensed, the date compounded, the number of the prescription under
23 which it is recorded in the pharmacist's prescription files, the name of
24 the prescriber, <u>or the name or address of the prescribing health care</u>
25 <u>facility pursuant to section twenty-five hundred ninety-nine-bb of the</u>
26 <u>public health law,</u> the name and address of the patient, and the
27 directions for the use of the drug by the patient as given upon the
28 prescription. All labels shall conform to such rules and regulations as

1 promulgated by the commissioner pursuant to section sixty-eight hundred
2 twenty-nine of this article. The prescribing and dispensing of a drug
3 which is a controlled substance shall be subject to additional require-
4 ments provided in article thirty-three of the public health law. The
5 words "drug" and "prescription required drug" within the meaning of this
6 article shall not be construed to include soft or hard contact lenses,
7 eyeglasses, or any other device for the aid or correction of vision.
8 Nothing in this subdivision shall prevent a pharmacy from furnishing a
9 drug to another pharmacy which does not have such drug in stock for the
10 purpose of filling a prescription.
11 10-b. At the request of a practitioner pursuant to section twenty-five
12 hundred ninety-nine-bb of the public health law, a pharmacy that
13 receives an electronic prescription shall list the prescribing health
14 care facility name or address on the prescription label instead of the
15 name of the practitioner.
16 § 4. This act shall take effect immediately and shall be deemed to
17 have been in full force and effect on and after April 1, 2025.

18 PART Q

19 Section 1. Subdivision 2 of section 365-a of the social services law
20 is amended by adding a new paragraph (nn) to read as follows:
21 (nn) (i) Medical assistance shall include the coverage of the follow-
22 ing services for individuals with iatrogenic infertility directly or
23 indirectly caused by medical treatment, which is an impairment of
24 fertility resulting from surgery, radiation, chemotherapy, sickle cell
25 treatment, or other medical treatment affecting reproductive organs or
26 processes:

1 (1) standard fertility preservation services to prevent or treat
2 infertility, which shall include medically necessary collection, freez-
3 ing, preservation and storage of oocytes or sperm, and such other stand-
4 ard services that are not experimental or investigational; together with
5 prescription drugs, which shall be limited to federal food and drug
6 administration approved medications and subject to medical assistance
7 program coverage requirements. In vitro fertilization (IVF) shall not be
8 covered as a fertility preservation service; and
9 (2) coverage of the costs of storage of oocytes or sperm shall be
10 subject to continued medical assistance program eligibility of the indi-
11 vidual with iatrogenic infertility, and shall terminate upon any discon-
12 tinuance of medical assistance eligibility.
13 (ii) In the event that federal financial participation for such
14 fertility preservation services is not available, medical assistance
15 shall not include coverage of these services.
16 § 2. Section 4 of part K of chapter 82 of the laws of 2002 amending
17 the insurance law and the public health law relating to coverage for the
18 diagnosis and treatment of infertility, is REPEALED.
19 § 3. The public health law is amended by adding a new section
20 2599-bb-2 to read as follows:
21 § 2599-bb-2. Improved access to infertility health care services grant
22 program. 1. The commissioner, subject to the availability of funds
23 pursuant to section twenty-eight hundred seven-v of this chapter, shall
24 establish a program to provide grants to health care providers for the
25 purpose of improving access to and expanding health care services
26 related to the range of care for infertility. Such program shall fund
27 uncompensated health care services related to the range of care for
28 infertility, to ensure the affordability of and access to care for indi-

1 viduals who lack the ability to pay for care, lack insurance coverage,
2 are underinsured, or whose insurance is deemed unusable by the rendering
3 provider. Notwithstanding sections one hundred twelve and one hundred
4 sixty-three of the state finance law, grants provided pursuant to such
5 program may be made without competitive bid or request for proposal.
6 2. Services, treatments, and procedures paid for pursuant to the grant
7 program shall be made available only in accordance with standards,
8 protocols, and other parameters established by the commissioner, which
9 shall incorporate but not be limited to the American Society for Repro-
10 ductive Medicine (ASRM) and the American College of Obstetricians and
11 Gynecologists (ACOG) standards for the appropriateness of individuals,
12 providers, treatments, and procedures.
13 3. At least one such provider shall be located in the city of New York
14 and one such provider shall be located in an upstate region. Any organ-
15 ization or provider receiving funds from the program shall take all
16 necessary steps to ensure the confidentiality of the individuals receiv-
17 ing services, treatments or procedures paid for pursuant to the grant
18 program pursuant to state and federal laws.
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, 2025; provided,
21 however, that section one of this act shall take effect October 1, 2025.
22 Effective immediately, the addition, amendment and/or repeal of any rule
23 or regulation necessary for the implementation of this act on its effec-
24 tive date are authorized to be made and completed on or before such
25 date.

26 PART R

1 Section 1. Section 3001 of the public health law is amended by adding
2 three new subdivisions 22, 23 and 24 to read as follows:
3 22. "Emergency medical services agencies" shall mean organized enti-
4 ties certified or licensed by the department to provide emergency
5 medical service, including ambulance services, advanced life support
6 first response services, and other integrated first response services
7 responsible for providing emergency medical services.
8 23. "Communities" shall include counties, cities, towns, villages, and
9 special districts within New York state.
10 24. "Scoring matrix" shall refer to the emergency medical community
11 assessment program framework of criteria and weightings established by
12 the department for evaluating emergency medical services systems and
13 agencies.
14 § 2. Section 3008 of the public health law is amended by adding a new
15 subdivision 4-a to read as follows:
16 4-a. In determining public need for additional emergency medical
17 services, the regional emergency medical services councils shall consid-
18 er factors related to access, community need, consistency with state
19 emergency medical system plans, and the feasibility and impact of the
20 proposed service, including any innovations or improvements in service
21 delivery, and other factors as determined by the commissioner.
22 § 3. The public health law is amended by adding a new section 3019 to
23 read as follows:
24 § 3019. Emergency medical community assessment program. 1. The emer-
25 gency medical community assessment program is hereby established to
26 evaluate and enhance the emergency medical services throughout the
27 state. The program shall assess the capabilities and performance of
28 emergency medical services agencies and the service they provide to the

1 communities they serve, assigning scores to identify strengths, defi-
2 ciencies, and areas for improvement.
3 2. The department, in consultation with the state council and other
4 stakeholders, shall establish the criteria and scoring matrix to evalu-
5 ate emergency medical services systems. Criteria shall include, but not
6 be limited to, system organization, access to care, response effective-
7 ness, operational efficiency, and quality improvement. The scoring
8 matrix shall ensure objective evaluations and consistency statewide,
9 with assessments informing resource allocation and system improvements.
10 Assessment results shall be publicly accessible and integrated into
11 county emergency medical services plans to identify gaps, prioritize
12 resources, and enhance system readiness and sustainability.
13 3. The department shall prepare and publish, in a manner determined by
14 the department, a comprehensive statewide report of the emergency
15 medical community assessment program results at least every five years,
16 or at such intervals as deemed necessary by the commissioner.
17 4. All jurisdictions and emergency medical services agencies, except
18 cities with populations of one million or more, shall participate in the
19 program and provide timely and accurate information.
20 5. The commissioner is authorized to allocate funding to assist coun-
21 ties and agencies in implementing the program, conducting assessments,
22 addressing deficiencies, and improving system performance and shall
23 prioritize areas with significant resource gaps and align with program
24 objectives.
25 § 4. The public health law is amended by adding a new section 3019-a
26 to read as follows:
27 § 3019-a. Statewide comprehensive emergency medical system plan. 1.
28 The state emergency medical services council, in collaboration and with

1 final approval of the department, shall develop and maintain a statewide
2 comprehensive emergency medical system plan that shall provide for a
3 coordinated emergency medical system within the state, which shall
4 include but not be limited to:
5 (a) establishing a comprehensive statewide emergency medical system,
6 consisting of facilities, transportation, workforce, communications, and
7 other components to improve the delivery, access and utilization of
8 emergency medical services and thereby decrease morbidity, hospitaliza-
9 tion, disability, and mortality;
10 (b) improving the accessibility of high-quality emergency medical
11 services;
12 (c) coordinating professional medical organizations, hospitals, and
13 other public and private agencies in developing alternative delivery
14 models for persons who are presently using emergency departments for
15 routine, nonurgent and primary medical care to be served appropriately
16 and economically; provided, however, that the provisions of this subdi-
17 vision shall not be mandated for cities with a population of one million
18 or more; and
19 (d) developing, conducting, promoting, and encouraging programs of
20 initial and advanced education and training designed to enhance and
21 recognize the knowledge and skills of emergency medical services practi-
22 tioners throughout the state with emphasis on regions underserved by or
23 with limited access to emergency medical services.
24 2. The statewide comprehensive emergency medical system plan shall be
25 reviewed, updated if necessary, and published every five years on the
26 department's website, or at such earlier times as may be necessary to
27 improve the effectiveness and efficiency of the state's emergency
28 medical services system.

1 3. Each county shall develop and maintain a comprehensive county emer-
2 gency medical system plan, in a manner and format established by the
3 department, that shall provide for a coordinated emergency medical
4 system within the county to provide essential emergency medical services
5 for all residents within the county. The county office of emergency
6 medical services shall be responsible for the development, implementa-
7 tion, and maintenance of the comprehensive county emergency medical
8 system plan.
9 (a) County plans shall require review and approval by the department.
10 The state emergency medical services council and the regional emergency
11 medical services council may review county plans and provide recommenda-
12 tions to the department prior to final approval.
13 (b) Any permanent modifications to the approved county emergency
14 medical system plan, including the dissolution of an ambulance service
15 district or other significant modification of emergency medical services
16 agency coverage, including but not limited to an agency choosing to stop
17 servicing an area that is not otherwise served by an agency, shall
18 require review and approval by the department prior to implementation.
19 Such modifications shall be submitted in writing to the department no
20 less than one hundred eighty days before the proposed effective date of
21 the county plans.
22 (c) The county plan shall designate a primary responding emergency
23 medical services agency or agencies responsible for responding to
24 requests for emergency medical services within each part of the county.
25 No emergency medical services agency designated in the county plan, may
26 refuse to respond to a request for service within their primary response
27 area or as listed in the plan unless they can prove, to the satisfaction

1 of the department, that they are unable to respond because of capacity
2 limitations.
3 (d) The county plan shall incorporate all ambulance services that hold
4 a valid ambulance service certificate and have any designated geographic
5 area within the county listed as primary territory on the operating
6 certificate issued by the department.
7 (e) No county shall remove or reassign an area served by an existing
8 emergency medical services agency where such emergency medical services
9 agency is compliant with all statutory and regulatory requirements, and
10 has agreed to participate in the provision of the approved county plan.
11 (f) The county plan shall incorporate findings from the emergency
12 medical community assessment program, as described in section three
13 thousand nineteen of this article, to identify opportunities for
14 improvement, prioritize resource allocation, and determine additional
15 needs for emergency medical services within the county.
16 (g) The county plan shall include any findings which demonstrate a
17 public need for additional emergency medical services based on the
18 considerations outlined in section three thousand eight of this article.
19 Such findings shall be submitted to the regional emergency medical
20 services council and the state emergency medical services council to
21 provide recommendations and inform decisions related to regional deter-
22 minations of public need.
23 § 5. The opening paragraph of subdivision 1 of section 122-b of the
24 general municipal law, as amended by chapter 471 of the laws of 2011, is
25 amended and a new paragraph (g) is added to read as follows:
26 [Any] General ambulance services are an essential service and a matter
27 of state concern. Every county, city, town [or] and village, acting
28 individually or jointly or in conjunction with a special district, [may

1 provide] shall ensure that an emergency medical service, a general ambu-
2 lance service or a combination of such services are provided for the
3 purpose of providing prehospital emergency medical treatment or trans-
4 porting sick or injured persons found within the boundaries of the muni-
5 cipality or the municipalities acting jointly to a hospital, clinic,
6 sanatorium or other place for treatment of such illness or injury, [and
7 for] provided, however, the provisions of this subdivision shall not
8 apply to a city with a population of one million or more. For purposes
9 of this section, "special district" shall have the same meaning as
10 "improvement districts" as defined in article twelve-a of the town law.
11 In furtherance of that purpose, a county, city, town or village may:
12 (g) Establish a special district for the financing and operation of
13 general ambulance services, including support for agencies currently
14 providing emergency medical services, as set forth by this section,
15 whereby any county, city, town or village, acting individually, or
16 jointly with any other county, city, town and/or village, through its
17 governing body or bodies, following applicable procedures as are
18 required for the establishment of fire districts in article eleven of
19 the town law or following applicable procedures as are required for the
20 establishment of joint fire districts in article eleven-A of the town
21 law, with such special district being authorized by this section to be
22 established in all or any part of any such participating county or coun-
23 ties, town or towns, city or cities and/or village or villages; provided
24 that the term "town board", "town", or "commissioner", insofar as either
25 is used in article eleven or article eleven-A of the town law, shall
26 mean the legislative body of a village, city having a population less
27 than one million, and county outside of any such city, as applicable for
28 such village, city, and county to establish or extend a special district

1 or special improvement district as authorized under this section.
2 Notwithstanding any provision of this article, rule or regulation to the
3 contrary, any special district created under this section shall not
4 overlap with a pre-existing city, town or village ambulance district
5 unless such existing district is merged into the newly created district.
6 No city, town or village shall eliminate or dissolve a pre-existing
7 ambulance district without express approval and consent by the county to
8 assume responsibility for the emergency medical services previously
9 provided by such district. Such express county approval and consent
10 shall be adopted by resolution of the county legislative body, and the
11 resolution shall be filed with the Department of State. When a special
12 district is established pursuant to this article, the cities, towns, or
13 villages contained within the county shall not reduce current ambulance
14 funding without such changes being incorporated into the comprehensive
15 county emergency medical system plan.
16 § 6. Section 3000 of the public health law, as amended by chapter 804
17 of the laws of 1992, is amended to read as follows:
18 § 3000. Declaration of policy and statement of purpose. The furnishing
19 of medical assistance in an emergency is a matter of vital state concern
20 affecting the public health, safety and welfare. Emergency medical
21 services and ambulance services are essential services and shall be
22 available to every person in the state in a reliable manner. Prehospital
23 emergency medical care, other emergency medical services, the provision
24 of prompt and effective communication among ambulances and hospitals and
25 safe and effective care and transportation of the sick and injured are
26 essential public health services and shall be available to every person
27 in the state in a reliable manner.

1 It is the purpose of this article to promote the public health, safety
2 and welfare by providing for certification of all advanced life support
3 first response services and ambulance services; the creation of regional
4 emergency medical services councils; and a New York state emergency
5 medical services council to develop minimum training standards for
6 certified first responders, emergency medical technicians and advanced
7 emergency medical technicians and minimum equipment and communication
8 standards for advanced life support first response services and ambu-
9 lance services.

10 § 7. Subdivision 1 of section 3001 of public health law, as amended by
11 chapter 804 of the laws of 1992, is amended to read as follows:

12 1. "Emergency medical service" means [initial emergency medical
13 assistance including, but not limited to, the treatment of trauma,
14 burns, respiratory, circulatory and obstetrical emergencies.] a coordi-
15 nated system of medical response, including assessment, treatment,
16 transportation, emergency medical dispatch, medical direction, and emer-
17 gency medical services education that provides essential emergency and
18 non-emergency care and transportation for the ill and injured, while
19 supporting public health, emergency preparedness, and risk mitigation
20 through an organized and planned response system.

21 § 8. The public health law is amended by adding a new section 3003-c
22 to read as follows:

23 § 3003-c. Emergency medical services demonstration programs. 1. The
24 purpose of this section is to promote innovation in emergency medical
25 services by enabling agencies and practitioners to develop and test
26 novel delivery models and care strategies that address the diverse needs
27 of their communities. This includes improving patient outcomes, system
28 efficiency, and cost-effectiveness, particularly in rural and under-

1 served regions. Demonstration programs may enhance the operational goals
2 of state and county emergency medical services plans and serve as models
3 for broader adoption statewide.
4 2. The commissioner is authorized to:
5 (a) approve emergency medical services demonstration programs that
6 align with the objectives of this section, ensuring that they address
7 regional needs and promote system-level improvements;
8 (b) provide financial support for these programs, subject to the
9 availability of appropriated funds; and
10 (c) grant narrowly tailored waivers for specific provisions of this
11 article, article thirty-A of this chapter, or applicable regulations, as
12 necessary to implement approved demonstration programs. Waivers shall
13 prioritize patient safety and the integrity of care delivery.
14 3. Emergency medical services demonstration programs shall be submit-
15 ted to the department for review and approval prior to implementation.
16 Proposals must include a detailed plan outlining program objectives,
17 operational details, anticipated outcomes, and mechanisms to ensure
18 patient safety and compliance with applicable laws and regulations.
19 Approved demonstration programs shall undergo periodic evaluation,
20 assessing metrics such as patient outcomes, system performance, and
21 cost-effectiveness, to ensure alignment with program goals and inform
22 potential statewide adoption.
23 4. Demonstration programs approved under this section shall not
24 include, overlap, or replicate services included in the community-based
25 paramedicine demonstration program as defined under section three thou-
26 sand eighteen of this article.
27 § 9. Section 3020 of the public health law is amended by adding a new
28 subdivision 3 to read as follows:

1 3. The department, in consultation with the state council, shall
2 establish standards for the licensure of emergency medical services
3 practitioners by the commissioner. Such standards shall align with
4 existing requirements for certification and shall not impose additional
5 burdens or requirements beyond those necessary to ensure competence and
6 public safety. The term "licensed" shall replace "certified" to reflect
7 the professional status of emergency medical services practitioners,
8 including but not limited to emergency medical technicians and advanced
9 emergency medical technicians.
10 § 10. This act shall take effect six months after it shall have become
11 a law.

12 PART S

13 Section 1. Section 4552 of the public health law, as added by section
14 1 of part M of chapter 57 of the laws of 2023, is amended to read as
15 follows:
16 § 4552. Notice of material transactions; requirements. 1. A health
17 care entity shall submit to the department written notice, with support-
18 ing documentation as described below and further defined in regulation
19 developed by the department, which the department shall be in receipt of
20 at least [thirty] sixty days before the closing date of the transaction,
21 in the form and manner prescribed by the department. Immediately upon
22 the submission to the department, the department shall submit electronic
23 copies of such notice with supporting documentation to the antitrust,
24 health care and charities bureaus of the office of the New York attorney
25 general. Such written notice shall include, but not be limited to:

1 (a) The names of the parties to the material transaction and their
2 current addresses;
3 (b) Copies of any definitive agreements governing the terms of the
4 material transaction, including pre- and post-closing conditions;
5 (c) Identification of all locations where health care services are
6 currently provided by each party and the revenue generated in the state
7 from such locations;
8 (d) Any plans to reduce or eliminate services and/or participation in
9 specific plan networks;
10 (e) The closing date of the proposed material transaction;
11 (f) A brief description of the nature and purpose of the proposed
12 material transaction including:
13 (i) the anticipated impact of the material transaction on cost, quali-
14 ty, access, health equity, and competition in the impacted markets,
15 which may be supported by data and a formal market impact analysis; and
16 (ii) any commitments by the health care entity to address anticipated
17 impacts[.]<u>;</u>
18 <u>(g) A statement as to whether any party to the transaction, or a</u>
19 <u>controlling person or parent company of such party, owns any other</u>
20 <u>health care entity which, in the past three years has closed operations,</u>
21 <u>is in the process of closing operations, or has experienced a substan-</u>
22 <u>tial reduction in services provided. The parties shall specifically</u>
23 <u>identify the health care entity or entities subject to such closure or</u>
24 <u>substantial service reduction and detail the circumstances of such; and</u>
25 <u>(h) A statement as to whether a sale-leaseback agreement or mortgage</u>
26 <u>or lease payments or other payments associated with real estate are a</u>
27 <u>component of the proposed transaction and if so, the parties shall</u>

1 provide the proposed sale-leaseback agreement or mortgage, lease, or
2 real estate documents with the notice.
3 2. [(a) Except as provided in paragraph (b) of this subdivision,
4 supporting documentation as described in subdivision one of this section
5 shall not be subject to disclosure under article six of the public offi-
6 cers law.
7 (b)] During such [thirty-day] sixty-day period prior to the closing
8 date, the department shall post on its website:
9 [(i)] (a) a summary of the proposed transaction;
10 [(ii)] (b) an explanation of the groups or individuals likely to be
11 impacted by the transaction;
12 [(iii)] (c) information about services currently provided by the
13 health care entity, commitments by the health care entity to continue
14 such services and any services that will be reduced or eliminated; and
15 [(iv)] (d) details about how to submit comments, in a format that is
16 easy to find and easy to read.
17 3. (a) A health care entity that is a party to a material transaction
18 shall notify the department upon closing of the transaction in the form
19 and manner prescribed by the department.
20 (b) Annually, for a five-year period following closing of the trans-
21 action and on the date of such anniversary, parties to a material trans-
22 action shall notify the department, in the form and manner prescribed by
23 the department, of factors and metrics to assess the impacts of the
24 transaction on cost, quality, access, health equity, and competition.
25 The department may require that any party to a transaction, including
26 any parents or subsidiaries thereof, submit additional documents and
27 information in connection with the annual report required under this
28 paragraph, to the extent such additional information is necessary to

1 assess the impacts of the transaction on cost, quality, access, health
2 equity, and competition or to verify or clarify information submitted in
3 support or as part of the annual report required under this paragraph.
4 Parties shall submit such information within twenty-one days of request.
5 4. (a) The department shall conduct a preliminary review of all
6 proposed transactions. Review of a material transaction notice may also,
7 at the discretion of the department, consist of a full cost and market
8 impact review. The department shall notify the parties if and when it
9 determines that a full cost and market impact review is required and, if
10 so, the date that the preliminary review is completed.
11 (b) In the event the department determines that a full cost and market
12 impact review is required, the department shall have discretion to
13 require parties to delay the proposed transaction closing until such
14 cost and market impact review is completed, but in no event shall the
15 closing be delayed more than one hundred eighty days from the date the
16 department completes its preliminary review of the proposed transaction.
17 (c) The department may assess on parties to a material transaction all
18 actual, reasonable, and direct costs incurred in reviewing and evaluat-
19 ing the notice. Any such fees shall be payable to the department within
20 fourteen days of notice of such assessment.
21 5. (a) The department may require that any party to a transaction,
22 including any parents or subsidiaries thereof, submit additional docu-
23 ments and information in connection with a material transaction notice
24 or a full cost and market impact review required under this section, to
25 the extent such additional information is necessary to conduct a prelim-
26 inary review of the transaction; to assess the impacts of the trans-
27 action on cost, quality, access, health equity, and competition; or to
28 verify or clarify information submitted pursuant to subdivision one of

1 this section. Parties shall submit such information within twenty-one
2 days of request.
3 (b) The department shall keep confidential all nonpublic information
4 and documents obtained under this subdivision and shall not disclose the
5 information or documents to any person without the consent of the
6 parties to the proposed transaction, except as set forth in paragraph
7 (c) of this subdivision.
8 (c) Any data reported to the department pursuant to subdivision three
9 of this section, any information obtained pursuant to paragraph (a) of
10 this subdivision, and any cost and market impact review findings made
11 pursuant to subdivision four of this section may be used as evidence in
12 investigations, reviews, or other actions by the department or the
13 office of the attorney general, including but not limited to use by the
14 department in assessing certificate of need applications submitted by
15 the same healthcare entities involved in the reported material trans-
16 action or unrelated parties which are located in the same market area
17 identified in the cost and market impact review.
18 6. Except as provided in subdivision two of this section, documenta-
19 tion, data, and information submitted to the department as described in
20 subdivisions one, three, and five of this section shall not be subject
21 to disclosure under article six of the public officers law.
22 7. The commissioner shall promulgate regulations to effectuate this
23 section.
24 8. Failure to [notify the department of a material transaction under]
25 comply with any requirement of this section shall be subject to civil
26 penalties under section twelve of this chapter. Each day in which the
27 violation continues shall constitute a separate violation.

1 § 2. This act shall take effect one year after it shall have become a
2 law. Effective immediately, the addition, amendment and/or repeal of any
3 rule or regulation necessary for the implementation of this act on its
4 effective date are authorized to be made and completed on or before such
5 effective date.

6 PART T

7 Section 1. Paragraphs (a), (b), (c) and (d) of subdivision 1 of
8 section 2805-i of the public health law are relettered paragraphs (d),
9 (e), (f) and (g) and three new paragraphs (a), (b) and (c) are added to
10 read as follows:
11 (a) Maintaining the following full-time, part-time, contracted, or
12 on-call staff:
13 (1) One or more hospital sexual violence response coordinators who are
14 designated to ensure that the hospital's sexual violence response is
15 integrated within the hospital's clinical oversight and quality improve-
16 ment structure and to ensure chain of custody is maintained;
17 (2) Sexual assault forensic examiners sufficient to meet hospital
18 needs. Such individuals shall:
19 (i) be a registered professional nurse, certified nurse practitioner,
20 licensed physician assistant or licensed physician acting within their
21 lawful scope of practice and specially trained in forensic examination
22 of sexual offense victims and the preservation of forensic evidence in
23 such cases and certified as qualified to provide such services, pursuant
24 to regulations promulgated by the commissioner; and

1 (ii) have successfully completed a didactic and clinical training
2 course and post course preceptorship as appropriate to scope of practice
3 that aligns with guidance released by the commissioner.
4 (b) Ensuring that such sexual assault forensic examiners are on-call
5 and available on a twenty-four hour a day basis every day of the year;
6 (c) Ensuring that such sexual assault forensic examiners maintain
7 competency in providing sexual assault examinations;
8 § 2. Paragraph (a) of subdivision 13 of section 631 of the executive
9 law, as amended by section 3 of subpart S of part XX of chapter 55 of
10 the laws of 2020, is amended to read as follows:
11 (a) Notwithstanding any other provision of law, rule, or regulation to
12 the contrary, when any New York state accredited hospital, accredited
13 sexual assault examiner program, or licensed health care provider
14 furnishes services to any sexual assault survivor, including but not
15 limited to a health care forensic examination in accordance with the sex
16 offense evidence collection protocol and standards established by the
17 department of health, such hospital, sexual assault examiner program, or
18 licensed healthcare provider shall provide such services to the person
19 without charge and shall bill the office directly. The office, in
20 consultation with the department of health, shall define the specific
21 services to be covered by the sexual assault forensic exam reimbursement
22 fee, which must include at a minimum forensic examiner services, hospi-
23 tal or healthcare facility services related to the exam, and any neces-
24 sary related laboratory tests or pharmaceuticals; including but not
25 limited to HIV post-exposure prophylaxis provided by a hospital emergen-
26 cy room at the time of the forensic rape examination pursuant to para-
27 graph [(c)] (f) of subdivision one of section twenty-eight hundred
28 five-i of the public health law. For a person eighteen years of age or

1 older, follow-up HIV post-exposure prophylaxis costs shall continue to
2 be reimbursed according to established office procedure. The office, in
3 consultation with the department of health, shall also generate the
4 necessary regulations and forms for the direct reimbursement procedure.
5 § 3. Paragraph (d) of subdivision 1 and paragraph (c) of subdivision 2
6 of section 2805-p of the public health law, as added by chapter 625 of
7 the laws of 2003, are amended to read as follows:
8 (d) "Rape survivor" or "survivor" shall mean any [female] person who
9 alleges or is alleged to have been raped and who presents as a patient.
10 (c) provide emergency contraception to such survivor, unless contrain-
11 dicated, upon [her] <u>such survivor's</u> request. No hospital may be required
12 to provide emergency contraception to a rape survivor who is pregnant.
13 § 4. This act shall take effect immediately and shall be deemed to
14 have been in full force and effect on and after April 1, 2025; provided,
15 however, that sections one and two of this act shall take effect October
16 1, 2025.

17 PART U

18 Section 1. Paragraph (g) of subdivision 2 of section 4100 of the
19 public health law is REPEALED.
20 § 2. Paragraphs (h) and (i) of subdivision 2 of section 4100 of the
21 public health law, paragraph (h) as added by chapter 545 of the laws of
22 1965 and paragraph (i) as added by chapter 690 of the laws of 1994, are
23 amended to read as follows:
24 [(h)] <u>(g)</u> prescribe and prepare the necessary methods and forms for
25 obtaining and preserving records and statistics of autopsies which are
26 conducted by a coroner or by a medical examiner, or by [his] <u>their</u>

1 order, within the state of New York, and shall require all those
2 performing such autopsies, for the purpose of determining the cause of
3 death or the means or manner of death, to enter upon such record the
4 pathological appearances and findings embodying such information as may
5 be prescribed, and to append thereto the diagnosis of the cause of death
6 and the means or manner of death[.]; and
7 [(i)] (h) upon notification by the division of criminal justice
8 services that a person who was born in the state is a missing child,
9 flag the certificate record of that person in such manner that whenever
10 a copy of the record is requested, [he or she] such person shall be
11 alerted to the fact that the record is that of a missing child. The
12 commissioner shall also notify the appropriate registrar to likewise
13 flag [his or her] their records. The commissioner or registrar shall
14 immediately report to the local law enforcement authority and the divi-
15 sion of criminal justice services any request concerning flagged birth
16 records or knowledge as to the whereabouts of any missing child. Upon
17 notification by the division of criminal justice services that the miss-
18 ing child has been recovered, the commissioner shall remove the flag
19 from the person's certificate record and shall notify any other previ-
20 ously notified registrar to remove the flag from [his or her] their
21 record. In the city of New York, the commissioner of the department of
22 health for the city of New York shall implement the requirements of this
23 paragraph.
24 § 3. Section 4104 of the public health law, as amended by chapter 491
25 of the laws of 2019, is amended to read as follows:
26 § 4104. Vital statistics; application of article. The provisions of
27 this article except for the provisions contained in paragraph [(i)] (h)
28 of subdivision two and subdivision four of section four thousand one

1 hundred, section four thousand one hundred three, subdivision two of
2 section four thousand one hundred thirty-five, section four thousand one
3 hundred thirty-five-b, subdivision eight of section four thousand one
4 hundred seventy-four, paragraphs (b) and (e) of subdivision one, para-
5 graph (a) and (b) of subdivision three, and subdivisions five and eight
6 of section four thousand one hundred thirty-eight, subdivision eleven of
7 section four thousand one hundred thirty-eight-c, paragraph (b) of
8 subdivision three of section four thousand one hundred thirty-eight-d,
9 section four thousand one hundred thirty-eight-e and section four thou-
10 sand one hundred seventy-nine of this article, shall not apply to the
11 city of New York.
12 § 4. Subdivision (h) of section 4170 of the public health law, as
13 added by chapter 690 of the laws of 1994, is amended to read as follows:
14 (h) immediately notify the division of criminal justice services in
15 the event that a copy of a birth certificate or information concerning
16 the birth records of any person whose record is flagged pursuant to
17 paragraph [(i)] <u>(h)</u> of subdivision two of section four thousand one
18 hundred of this article is requested. In the event that a copy of the
19 birth certificate of a person whose record is so flagged is requested in
20 person, the registrar's personnel accepting the request shall immediate-
21 ly notify [his or her] <u>their</u> supervisor who shall notify the local law
22 enforcement agency and department in accordance with regulations promul-
23 gated by the department. The person making the request shall complete a
24 form as prescribed by the commissioner, which shall include the name,
25 address, telephone numbers and social security numbers of the person
26 making the request. A motor vehicle operator's license, or if such
27 license is not available, such other identification as the commissioner
28 determines to be satisfactory, shall be presented, photocopied and

1 returned to [him or her] them. When a copy of the birth certificate of a
2 person whose record has been flagged is requested in writing, the
3 registrar shall notify the local law enforcement agency and the depart-
4 ment in accordance with regulations promulgated by the department.
5 § 5. Subdivisions 2, 3, 8, and 9 of section 4174 of the public health
6 law, subdivisions 2 and 3 as amended by section 2 and subdivision 9 as
7 added by section 3 of part W2 of chapter 62 of the laws of 2003 and
8 subdivision 8 as added by chapter 690 of the laws of 1994, are amended
9 to read as follows:
10 2. Each applicant for a certification of birth or death, certificate
11 of birth data or for a certified copy or certified transcript of a birth
12 or death certificate or certificate of birth data shall remit to the
13 commissioner with such application a fee of [thirty] forty-five dollars
14 in payment for the search of the files and records and the furnishing of
15 a certification, certified copy or certified transcript if such record
16 is found or for a certification that a search discloses no record of a
17 birth or of a death.
18 3. [For any] Regarding requests to search [of the files and] vital
19 records [conducted] for authorized genealogical or research purposes[,
20 the commissioner or any person authorized by him shall be entitled to,
21 and the applicant shall pay, a fee of twenty dollars for each hour or
22 fractional part of an hour of time of search, together with a fee of two
23 dollars for each uncertified copy or abstract of such record requested
24 by the applicant or for a certification that a search discloses no
25 record.]:
26 (a) Notwithstanding any contrary provision of law, the commissioner
27 shall have the authority to determine the means and methods by which the
28 following genealogical records may be released to an applicant meeting

1 the qualifications to receive the relevant record type as described in
2 this article or article three of the domestic relations law: (1) a
3 record of birth which has been on file for at least one hundred twenty-
4 five years, when the person to whom the record relates is known to be
5 deceased, (2) a record of death which has been on file for at least
6 seventy-five years, or (3) a record of marriage or dissolution of
7 marriage which has been on file for at least one hundred years, when
8 both parties to the marriage are known to be deceased. No such record or
9 abstract of such record shall be subject to disclosure under article six
10 of the public officers law.
11 (b) The commissioner or any person authorized by them shall have the
12 authority to approve a request for records sought for research purposes.
13 In the event that such approval is granted, the commissioner or any
14 person authorized by them shall be entitled to, and the applicant shall
15 pay, a fee of fifty dollars for each hour or fractional part of each
16 hour of time devoted to search or retrieval of records, together with a
17 fee of forty-five dollars for each uncertified copy or abstract of an
18 individual record or for a certification that a search discloses no
19 record.
20 8. The commissioner, the commissioner of health of the city of New
21 York, or any person authorized by the commissioner having jurisdiction
22 shall immediately notify the division of criminal justice services in
23 the event that a copy of a birth certificate or information concerning
24 the birth records of any person whose record is flagged pursuant to
25 paragraph [(i)] (h) of subdivision two of section four thousand one
26 hundred of this article is requested. In the event that a copy of the
27 birth certificate of a person whose record is so flagged is requested in
28 person, the personnel accepting the request shall immediately notify

1 [his or her] <u>their</u> supervisor. The person making the request shall
2 complete a form as prescribed by the commissioner or, in the city of New
3 York, the commissioner of health of the city of New York, which shall
4 include the name, address and telephone numbers and social security
5 number of the person making the request. A motor vehicle operator's
6 license, or if such license is not available, such other identification
7 as the commissioner, or in the city of New York, the commissioner of the
8 New York city department of health, determines to be satisfactory, of
9 the person making the request shall be presented, shall be photocopied
10 and returned to [him or her] <u>them</u>. The person receiving the request
11 shall note the physical description of the person making the request and
12 [his or her] <u>their</u> supervisor shall immediately notify the local law
13 enforcement authority as to the request and the information obtained
14 pursuant to this [subsection] <u>subdivision</u>. When a copy of the birth
15 certificate of a person whose record has been flagged is requested in
16 writing, the law enforcement authority having jurisdiction shall be
17 notified as to the request and shall be provided with a copy of the
18 written request. The registrar shall retain the original written
19 response.
20 9. The commissioner may institute an additional fee of [fifteen] <u>thir-</u>
21 <u>ty</u> dollars for priority handling for each certification, certified copy
22 or certified transcript of certificates of birth, death, or dissolution
23 of marriage; or [fifteen] <u>thirty</u> dollars for priority handling for each
24 certification, certified copy or certified transcript of certificate of
25 marriage.
26 § 6. This act shall take effect immediately and shall be deemed to be
27 in full force and effect on and after April 1, 2025.

1 PART V

2 Section 1. This part enacts into law major components of legislation
3 relating to the scope of practice of certified nurse aides, medical
4 assistants, pharmacists, and pharmacy technicians. Each component is
5 wholly contained within a Subpart identified as Subparts A through F.
6 The effective date for each particular provision contained within such
7 Subpart is set forth in the last section of such Subpart. Any provision
8 in any section contained within a Subpart, including the effective date
9 of the Subpart, which makes reference to a section "of this act", when
10 used in connection with that particular component, shall be deemed to
11 mean and refer to the corresponding section of the Subpart in which it
12 is found. Section three of this Part sets forth the general effective
13 date of this Part.

14 SUBPART A

15 Section 1. Section 6908 of the education law is amended by adding a
16 new subdivision 3 to read as follows:
17 3. This article shall not be construed as prohibiting medication
18 related tasks provided by a certified medication aide working in a resi-
19 dential health care facility, as defined in section twenty-eight hundred
20 one of the public health law, in accordance with regulations developed
21 by the commissioner of health, in consultation with the commissioner.
22 The commissioner of health, in consultation with the commissioner, shall
23 adopt regulations governing certified medication aides that, at a mini-
24 mum, shall:

1 a. specify the medication-related tasks that may be performed by
2 certified medication aides pursuant to this subdivision. Such tasks
3 shall include the administration of medications which are routine and
4 pre-filled or otherwise packaged in a manner that promotes relative ease
5 of administration, provided that administration of medications by
6 injection, sterile procedures, and central line maintenance shall be
7 prohibited. Provided, however, such prohibition shall not apply to
8 injections of insulin or other injections for diabetes care, to
9 injections of low molecular weight heparin, and to pre-filled auto-in-
10 jections of naloxone and epinephrine for emergency purposes, and
11 provided, further, that entities employing certified medication aides
12 pursuant to this subdivision shall establish a systematic approach to
13 address drug diversion;
14 b. provide that medication-related tasks performed by certified medi-
15 cation aides may be performed only under appropriate supervision as
16 determined by the commissioner of health;
17 c. establish a process by which a registered professional nurse may
18 assign medication-related tasks to a certified medication aide. Such
19 process shall include, but not be limited to:
20 (i) allowing assignment of medication-related tasks to a certified
21 medication aide only where such certified medication aide has demon-
22 strated to the satisfaction of the supervising registered professional
23 nurse competency in every medication-related task that such certified
24 medication aide is authorized to perform, a willingness to perform such
25 medication-related tasks, and the ability to effectively and efficiently
26 communicate with the individual receiving services and understand such
27 individual's needs;

1 (ii) authorizing the supervising registered professional nurse to
2 revoke any assigned medication-related task from a certified medication
3 aide for any reason; and
4 (iii) authorizing multiple registered professional nurses to jointly
5 agree to assign medication-related tasks to a certified medication aide,
6 provided further that only one registered professional nurse shall be
7 required to determine if the certified medication aide has demonstrated
8 competency in the medication-related task to be performed;
9 d. provide that medication-related tasks may be performed only in
10 accordance with and pursuant to an authorized health practitioner's
11 ordered care;
12 e. provide that only a certified nurse aide may perform medication-re-
13 lated tasks as a certified medication aide when such aide has:
14 (i) a valid New York state nurse aide certificate;
15 (ii) a high school diploma, or its equivalent;
16 (iii) evidence of being at least eighteen years old;
17 (iv) at least one year of experience providing nurse aide services in
18 a residential health care facility licensed pursuant to article twenty-
19 eight of the public health law or a similarly licensed facility in
20 another state or United States territory;
21 (v) the ability to read, write, and speak English and to perform basic
22 math skills;
23 (vi) completed the requisite training and demonstrated competencies of
24 a certified medication aide as determined by the commissioner of health
25 in consultation with the commissioner;
26 (vii) successfully completed competency examinations satisfactory to
27 the commissioner of health in consultation with the commissioner; and

1 (viii) meets other appropriate qualifications as determined by the
2 commissioner of health in consultation with the commissioner;
3 f. prohibit a certified medication aide from holding themselves out,
4 or accepting employment as, a person licensed to practice nursing under
5 the provisions of this article;
6 g. provide that a certified medication aide is not required nor
7 permitted to assess the medication or medical needs of an individual;
8 h. provide that a certified medication aide shall not be authorized to
9 perform any medication-related tasks or activities pursuant to this
10 subdivision that are outside the scope of practice of a licensed practi-
11 cal nurse or any medication-related tasks that have not been appropri-
12 ately assigned by the supervising registered professional nurse;
13 i. provide that a certified medication aide shall document all medica-
14 tion-related tasks provided to an individual, including medication
15 administration to each individual through the use of a medication admin-
16 istration record; and
17 j. provide that the supervising registered professional nurse shall
18 retain the discretion to decide whether to assign medication-related
19 tasks to certified medication aides under this program and shall not be
20 subject to coercion, retaliation, or the threat of retaliation.
21 § 2. Section 6909 of the education law is amended by adding a new
22 subdivision 12 to read as follows:
23 12. A registered professional nurse, while working for a residential
24 health care facility licensed pursuant to article twenty-eight of the
25 public health law, may, in accordance with this subdivision, assign
26 certified medication aides to perform medication-related tasks for indi-
27 viduals pursuant to the provisions of subdivision three of section

1 sixty-nine hundred eight of this article and supervise certified medica-
2 tion aides who perform assigned medication-related tasks.
3 § 3. Paragraph (a) of subdivision 3 of section 2803-j of the public
4 health law, as added by chapter 717 of the laws of 1989, is amended to
5 read as follows:
6 (a) Identification of individuals who have successfully completed a
7 nurse aide training and competency evaluation program, [or] a nurse aide
8 competency evaluation program, or a medication aide program;
9 § 4. The commissioner of health shall, in consultation with the
10 commissioner of education, issue a report on the implementation of
11 certified medication aides in residential care facilities in the state
12 two years after the effective date of this act. Such report shall
13 include the number of certified medication aides authorized pursuant to
14 this act; the impact, if any, that the introduction of certified medica-
15 tion aides had on workforce availability in residential care facilities
16 and/or the retention of registered nurses and/or licensed practical
17 nurses working in residential care facilities; the number of complaints
18 pertaining to services provided by certified medication aides that were
19 reported to the department of health; and the number of certified medi-
20 cation aides who had their authorization limited or revoked. Such report
21 shall provide recommendations to the governor and the chairs of the
22 senate and assembly health and higher education committees regarding the
23 implementation of certified medication aides pursuant to this act, and
24 any recommendations related thereto.
25 § 5. This act shall take effect on the one hundred eightieth day after
26 it shall have become a law and shall expire ten years following such
27 effective date when upon such date the provisions of this act shall
28 expire and be deemed repealed.

1 SUBPART B

2 Section 1. Section 6526 of the education law is amended by adding a
3 new subdivision 9-a to read as follows:
4 9-a. A medical assistant when drawing and administering an immuniza-
5 tion in an outpatient office setting under the direct supervision of a
6 physician or a physician assistant.
7 § 2. The public health law is amended by adding a new section 2113 to
8 read as follows:
9 § 2113. Administration of immunizations; medical assistants. Notwith-
10 standing any other law, rule, or regulation to the contrary, physicians
11 and physician assistants are hereby authorized to delegate the task of
12 drawing up and administering immunizations to medical assistants in
13 outpatient office settings provided such immunizations are recommended
14 by the advisory committee for immunization practices (ACIP) of the
15 Centers for Disease Control and Prevention; and provided further that
16 medical assistants receive appropriate training and adequate supervision
17 determined pursuant to regulations by the commissioner in consultation
18 with the commissioner of education.
19 § 3. This act shall take effect on the one hundred eightieth day after
20 it shall have become a law. Effective immediately, the addition, amend-
21 ment and/or repeal of any rule or regulation necessary for the implemen-
22 tation of this act on its effective date are authorized to be made and
23 completed on or before such effective date.

24 SUBPART C

1 Section 1. Paragraph (a) and (b) of subdivision 7 of section 6527 of
2 the education law, as amended by chapter 555 of the laws of 2021, are
3 amended to read as follows:
4 (a) administering immunizations to prevent influenza <u>and COVID-19</u> to
5 patients two years of age or older; and (b) administering immunizations
6 to prevent pneumococcal, acute herpes zoster, hepatitis A, hepatitis B,
7 human papillomavirus, measles, mumps, rubella, varicella, [COVID-19,]
8 meningococcal, tetanus, diphtheria or pertussis disease and medications
9 required for emergency treatment of anaphylaxis to patients eighteen
10 years of age or older; and
11 § 2. Paragraph (b) of subdivision 4 of section 6801 of the education
12 law, as amended by section 1 of part DD of chapter 57 of the laws of
13 2018, is amended to read as follows:
14 (b) education materials on influenza <u>and COVID-19</u> vaccinations for
15 children as determined by the commissioner and the commissioner of
16 health.
17 § 3. Subparagraph 2 of paragraph (a) of subdivision 22 of section 6802
18 of the education law, as amended by chapter 802 of the laws of 2022, is
19 amended to read as follows:
20 (2) the direct application of an immunizing agent to children between
21 the ages of two and eighteen years of age, whether by injection, inges-
22 tion, inhalation or any other means, pursuant to a patient specific
23 order or non-patient specific regimen prescribed or ordered by a physi-
24 cian or certified nurse practitioner, for immunization to prevent influ-
25 enza <u>and COVID-19</u> and medications required for emergency treatment of
26 anaphylaxis resulting from such immunization. If the commissioner of
27 health determines that there is an outbreak of influenza <u>or COVID-19</u>, or
28 that there is the imminent threat of an outbreak of influenza <u>or COVID-</u>

1 19, then the commissioner of health may issue a non-patient specific
2 regimen applicable statewide.
3 § 4. Paragraphs (a) and (b) of subdivision 7 of section 6909 of the
4 education law, as amended by chapter 555 of the laws of 2021, are
5 amended to read as follows:
6 (a) administering immunizations to prevent influenza and COVID-19 to
7 patients two years of age or older; and (b) administering immunizations
8 to prevent pneumococcal, acute herpes zoster, hepatitis A, hepatitis B,
9 human papillomavirus, measles, mumps, rubella, varicella, [COVID-19,]
10 meningococcal, tetanus, diphtheria or pertussis disease and medications
11 required for emergency treatment of anaphylaxis to patients eighteen
12 years of age or older; and
13 § 5. Subdivision 1 of section 6841 of the education law, as added by
14 chapter 414 of the laws of 2019, is amended to read as follows:
15 1. (a) A registered pharmacy technician may, under the direct personal
16 supervision of a licensed pharmacist, assist such licensed pharmacist,
17 as directed, in compounding, preparing, labeling, or dispensing of drugs
18 used to fill valid prescriptions or medication orders or in compounding,
19 preparing, and labeling in anticipation of a valid prescription or medi-
20 cation order for a patient to be served by the facility, in accordance
21 with article one hundred thirty-seven of this title where such tasks
22 require no professional judgment. Such professional judgment shall only
23 be exercised by a licensed pharmacist. A registered pharmacy technician
24 may administer the same immunizations as licensed pharmacists are
25 authorized to administer under the direct supervision of a licensed
26 pharmacist consistent with the training and other requirements in arti-
27 cle one hundred thirty-seven of this title. A registered pharmacy tech-
28 nician may only practice in a facility licensed in accordance with arti-

1 cle twenty-eight of the public health law, or a pharmacy owned and
2 operated by such a facility, under the direct personal supervision of a
3 licensed pharmacist employed in such a facility or pharmacy. Such facil-
4 ity shall be responsible for ensuring that the registered pharmacy tech-
5 nician has received appropriate training, in accordance with paragraph
6 (b) of this subdivision, to ensure competence before [he or she] such
7 registered pharmacy technician begins assisting a licensed pharmacist in
8 compounding, administering immunizations, preparing, labeling, or
9 dispensing of drugs, in accordance with this article and article one
10 hundred thirty-seven of this title. For the purposes of this article,
11 direct personal supervision means supervision of procedures based on
12 instructions given directly by a supervising licensed pharmacist who
13 remains in the immediate area where the procedures are being performed,
14 authorizes the procedures and evaluates the procedures performed by the
15 registered pharmacy technicians and a supervising licensed pharmacist
16 shall approve all work performed by the registered pharmacy technician
17 prior to the actual dispensing of any drug.
18 (b) No registered pharmacy technician shall administer immunizing
19 agents without receiving training satisfactory to the commissioner, in
20 consultation with the commissioner of health, as prescribed in regu-
21 lations of the commissioner, which shall include, but not be limited to:
22 techniques for screening individuals and obtaining informed consent;
23 techniques of administration; indications, precautions, and contraindi-
24 cations in the use of an agent or agents; recordkeeping of immunization
25 and information; and handling emergencies, including anaphylaxis and
26 needlestick injuries. The registered pharmacy technician and the facili-
27 ty shall maintain documentation that the registered pharmacy technician

1 has completed the required training, pursuant to regulations of the
2 commissioner.
3 § 6. This act shall take effect immediately and shall be deemed to
4 have been in full force and effect on and after April 1, 2025.

5 SUBPART D

6 Section 1. Section 6801 of the education law is amended by adding a
7 new subdivision 10 to read as follows:
8 10. A licensed pharmacist within their lawful scope of practice may
9 prescribe and order medications to treat nicotine dependence approved by
10 the federal food and drug administration for smoking cessation.
11 § 2. This act shall take effect nine months after it shall have become
12 a law.

13 SUBPART E

14 Section 1. Notwithstanding any other provision of law, rule, or regu-
15 lation to the contrary, the following articles of title 8 of the educa-
16 tion law governing the healthcare professions are hereby REPEALED and
17 all removed provisions, and all powers authorized pursuant to such
18 provisions, are hereby added to the public health law under the authori-
19 ty of the commissioner of health, pursuant to a plan to be proposed not
20 inconsistent with this section, which shall include the text of the new
21 laws to be adopted.
22 Article 131 MEDICINE
23 Article 131-A DEFINITIONS OF PROFESSIONAL MISCONDUCT APPLICABLE TO
24 PHYSICIANS, PHYSICIAN'S ASSISTANTS AND SPECIALIST'S ASSISTANTS

1 Article 131-B PHYSICIAN ASSISTANTS
2 Article 131-C SPECIALIST ASSISTANTS
3 § 2. Transfer of functions, powers, duties and obligations. Notwith-
4 standing any inconsistent provisions of law to the contrary, effective
5 January 1, 2026, all functions, powers, duties and obligations of the
6 education department concerning the professions of medicine, physicians,
7 physician assistants, and specialist assistants under title 8 of the
8 education law shall be transferred to the New York state department of
9 health.
10 § 3. Transfer of records. All books, papers and property of the state
11 education department with respect to the functions, powers and duties
12 transferred by sections one through nine of this act are to be delivered
13 to the appropriate offices within the department of health, at such
14 place and time, and in such manner as the department of health requires.
15 § 4. Continuity of authority. For the purpose of all functions,
16 powers, duties and obligations of the state education department trans-
17 ferred to and assumed by the department of health, the department of
18 health shall continue the operation of the provisions previously done by
19 the state education department, pursuant to sections one through ten of
20 this act.
21 § 5. Completion of unfinished business. Any business or other matter
22 undertaken or commenced by the state education department pertaining to
23 or connected with the functions, powers, duties and obligations hereby
24 transferred and assigned to the department of health and pending on the
25 effective date of January 1, 2026 shall be conducted and completed by
26 the department of health in the same manner and under the same terms and
27 conditions and with the same effect as if conducted and completed by the
28 state education department.

1 § 6. Continuation of rules and regulations. All rules, regulations,
2 acts, orders, determinations, and decisions of the state education
3 department in force at the time of such transfer and assumption, shall
4 continue in force and effect as rules, regulations, acts, orders, deter-
5 minations and decisions of the department of health until duly modified
6 or abrogated by the department of health.
7 § 7. Terms occurring in laws, contracts and other documents. When-
8 ever the state education department is referred to or designated in any
9 law, contract or document pertaining to the functions, powers, obli-
10 gations and duties hereby transferred and assigned, such reference or
11 designation shall be deemed to refer to department of health or the
12 commissioner thereof.
13 § 8. Existing rights and remedies preserved. No existing right or
14 remedy of any character shall be lost, impaired or affected by reason of
15 sections one through ten of this act.
16 § 9. Pending actions or proceedings. No action or proceeding pending
17 at the time when sections one through ten of this act shall take effect
18 relating to the functions, powers and duties of the state education
19 department transferred pursuant to sections one through eight of this
20 act, brought by or against the state education department or board of
21 regents shall be affected by any provision of this act, but the same may
22 be prosecuted or defended in the name of the commissioner of the depart-
23 ment of health. In all such actions and proceedings, the commissioner of
24 health, upon application to the court, shall be substituted as a party.
25 § 10. Transfer of appropriations heretofore made to the state educa-
26 tion department. Upon the transfer pursuant to sections one through nine
27 of this act of the functions and powers possessed by and of the obli-
28 gations and duties of the education department, all appropriations and

1 reappropriations which shall have been made available as of the date of
2 such transfer to the education department, or segregated pursuant to
3 law, to the extent of remaining unexpended or unencumbered balances
4 thereof, whether allocated or unallocated and whether obligated or unob-
5 ligated, shall be transferred to and made available for use and expendi-
6 ture by the department of health and shall be payable on vouchers certi-
7 fied or approved by the commissioner of taxation and finance, on audit
8 and warrant of the comptroller. Payments of liabilities for expenses of
9 personnel services, maintenance and operation which shall have been
10 incurred as of the date of such transfer by the education department,
11 and for liabilities incurred and to be incurred in completing its
12 affairs, shall also be made on vouchers certified or approved by the
13 commissioner of education on audit and warrant of the comptroller.
14 § 11. This act shall take effect January 1, 2026.

15 SUBPART F

16 Section 1. Section 6542 of the education law, as amended by chapter
17 520 of the laws of 2024, is amended to read as follows:
18 § 6542. Performance of medical services. 1. Notwithstanding any other
19 provision of law, a physician assistant may perform medical services,
20 but only when under the supervision of a physician and only when such
21 acts and duties as are assigned to such physician assistant are within
22 the scope of practice of such supervising physician <u>unless otherwise</u>
23 <u>permitted by this section</u>.
24 <u>1-a. (a) A physician assistant may practice without the supervision of</u>
25 <u>a physician under the following circumstances:</u>

1 (i) Where the physician assistant, licensed under section sixty-five
2 hundred forty-one of this article has practiced for more than eight
3 thousand hours within the same or a substantially similar specialty that
4 the physician assistant seeks to practice in without supervision; and
5 (A) is practicing in primary care. For purposes of this clause, "primary
6 care" shall mean non-surgical care in the fields of general pediatrics,
7 general adult medicine, general geriatric medicine, general internal
8 medicine, obstetrics and gynecology, family medicine, or such other
9 related areas as determined by the commissioner of health; or (B) is
10 employed by a health system or hospital established under article twen-
11 ty-eight of the public health law, and the health system or hospital
12 determines the physician assistant meets the qualifications of the
13 medical staff bylaws and the health system or hospital gives the physi-
14 cian assistant privileges; and
15 (ii) Where a physician assistant licensed under section sixty-five
16 hundred forty-one of this article has completed a program approved by
17 the department of health, in consultation with the department, when such
18 services are performed within the scope of such program.
19 (b) The department and the department of health are authorized to
20 promulgate and update regulations pursuant to this section.
21 (c) In the event that a physician assistant seeks to practice in a
22 substantially different specialty, the physician assistant shall
23 complete at least eight thousand hours of practice in such new specialty
24 before such physician assistant may practice without physician super-
25 vision pursuant to subdivision (a) of this section.
26 2. [Supervision] Where supervision is required by this section, it
27 shall be continuous but shall not be construed as necessarily requiring

1 the physical presence of the supervising physician at the time and place
2 where such services are performed.
3 3. [No physician shall employ or supervise more than six physician
4 assistants in such physician's private practice at one time.
5 4.] Nothing in this article shall prohibit a hospital from employing
6 physician assistants, provided that they [work under the supervision of
7 a physician designated by the hospital and not beyond the scope of prac-
8 tice of such physician. The numerical limitation of subdivision three of
9 this section shall not apply to services performed in a hospital.
10 5. Notwithstanding any other provision of this article, nothing shall
11 prohibit a physician employed by or rendering services to the department
12 of corrections and community supervision under contract from supervising
13 no more than eight physician assistants in such physician's practice for
14 the department of corrections and community supervision at one time.
15 6. Notwithstanding any other provision of law, a trainee in an
16 approved program may perform medical services when such services are
17 performed within the scope of such program] meet the qualifications of
18 the medical staff bylaws and are given privileges and otherwise meet the
19 requirements of this section.
20 [7.] 4. A physician assistant shall be authorized to prescribe,
21 dispense, order, administer, or procure items necessary to commence or
22 complete a course of therapy.
23 5. A physician assistant may prescribe and order a patient specific
24 order or non-patient specific regimen to a licensed pharmacist or regis-
25 tered professional nurse, pursuant to regulations promulgated by the
26 commissioner of health, and consistent with the public health law, for
27 administering immunizations. Nothing in this subdivision shall authorize
28 unlicensed persons to administer immunizations, vaccines or other drugs.

1 6. A physician assistant may prescribe and order a non-patient specif-
2 ic regimen to a registered professional nurse, pursuant to regulations
3 promulgated by the commissioner, and consistent with the public health
4 law, for:
5 (a) administering immunizations.
6 (b) the emergency treatment of anaphylaxis.
7 (c) administering purified protein derived (PPD) tests or other tests
8 to detect or screen for tuberculosis infections.
9 (d) administering tests to determine the presence of the human immuno-
10 deficiency virus.
11 (e) administering tests to determine the presence of the hepatitis C
12 virus.
13 (f) the urgent or emergency treatment of opioid related overdose or
14 suspected opioid related overdose.
15 (g) screening of persons at increased risk of syphilis, gonorrhea, and
16 chlamydia.
17 (h) administering electrocardiogram tests to detect signs and symptoms
18 of acute coronary syndrome.
19 (i) administering point-of-care blood glucose tests to evaluate acute
20 mental status changes in persons with suspected hypoglycemia.
21 (j) administering tests and intravenous lines to persons that meet
22 severe sepsis and septic shock criteria.
23 (k) administering tests to determine pregnancy.
24 (l) administering tests to determine the presence of COVID-19 or its
25 antibodies or influenza virus.
26 [8.] 7. Nothing in this article, or in article thirty-seven of the
27 public health law, shall be construed to authorize physician assistants
28 to perform those specific functions and duties specifically delegated by

1 law to those persons licensed as allied health professionals under the
2 public health law or this chapter.
3 § 2. Subdivision 1 of section 3701 of the public health law, as
4 amended by chapter 48 of the laws of 2012, is amended to read as
5 follows:
6 1. to promulgate regulations defining and restricting the duties
7 [which may be assigned to] <u>of</u> physician assistants [by their supervising
8 physician, the degree of supervision required and the manner in which
9 such duties may be performed] <u>consistent with section sixty-five hundred</u>
10 <u>forty-two of the education law</u>;
11 § 3. Section 3702 of the public health law, as amended by section 48
12 of the laws of 2012, and subdivision 1 as amended by chapter 520 of the
13 laws of 2024, is amended to read as follows:
14 § 3702. Special provisions. 1. Inpatient medical orders. A licensed
15 physician assistant employed or extended privileges by a hospital may,
16 if permissible under the bylaws, rules and regulations of the hospital,
17 write medical orders, including those for controlled substances and
18 durable medical equipment, for inpatients [under the care of the physi-
19 cian responsible for the supervision of such physician assistant. Coun-
20 tersignature of such orders may be required if deemed necessary and
21 appropriate by the supervising physician or the hospital, but in no
22 event shall countersignature be required prior to execution].
23 2. Withdrawing blood. A licensed physician assistant or certified
24 nurse practitioner acting within [his or her] <u>such physician assistant's</u>
25 <u>or certified nurse practitioner's</u> lawful scope of practice may supervise
26 and direct the withdrawal of blood for the purpose of determining the
27 alcoholic or drug content therein under subparagraph one of paragraph
28 (a) of subdivision four of section eleven hundred ninety-four of the

1 vehicle and traffic law, notwithstanding any provision to the contrary
2 in clause (ii) of such subparagraph.
3 3. Prescriptions for controlled substances. A licensed physician
4 assistant, in good faith and acting within [his or her] such physician
5 assistant's lawful scope of practice, and to the extent assigned by [his
6 or her] the supervising physician as applicable under section sixty-five
7 hundred forty-two of the education law, may prescribe controlled
8 substances as a practitioner under article thirty-three of this chapter,
9 to patients under the care of such physician responsible for [his or
10 her] such physician assistant's supervision. The commissioner, in
11 consultation with the commissioner of education, may promulgate such
12 regulations as are necessary to carry out the purposes of this section.
13 § 4. Section 3703 of the public health law, as amended by chapter 48
14 of the laws of 2012, is amended to read as follows:
15 § 3703. Statutory construction. A physician assistant may perform any
16 function in conjunction with a medical service lawfully performed by the
17 physician assistant, in any health care setting, that a statute author-
18 izes or directs a physician to perform and that is appropriate to the
19 education, training and experience of the licensed physician assistant
20 and within the ordinary practice of the supervising physician, as appli-
21 cable pursuant to section sixty-five hundred forty-two of the education
22 law. This section shall not be construed to increase or decrease the
23 lawful scope of practice of a physician assistant under the education
24 law.
25 § 5. Paragraph a of subdivision 2 of section 902 of the education law,
26 as amended by chapter 376 of the laws of 2015, is amended to read as
27 follows:

1 a. The board of education, and the trustee or board of trustees of
2 each school district, shall employ, at a compensation to be agreed upon
3 by the parties, a qualified physician, a physician assistant, or a nurse
4 practitioner to the extent authorized by the nurse practice act and
5 consistent with subdivision three of section six thousand nine hundred
6 two of this chapter, to perform the duties of the director of school
7 health services, including any duties conferred on the school physician
8 or school medical inspector under any provision of law, to perform and
9 coordinate the provision of health services in the public schools and to
10 provide health appraisals of students attending the public schools in
11 the city or district. The physicians, physician assistants, or nurse
12 practitioners so employed shall be duly licensed pursuant to applicable
13 law.
14 § 6. Subdivision 27 of section 3302 of the public health law, as
15 amended by chapter 92 of the laws of 2021, is amended to read as
16 follows:
17 27. "Practitioner" means:
18 A physician, physician assistant, dentist, podiatrist, veterinarian,
19 scientific investigator, or other person licensed, or otherwise permit-
20 ted to dispense, administer or conduct research with respect to a
21 controlled substance in the course of a licensed professional practice
22 or research licensed pursuant to this article. Such person shall be
23 deemed a "practitioner" only as to such substances, or conduct relating
24 to such substances, as is permitted by [his] their license, permit or
25 otherwise permitted by law.
26 § 7. This act shall take effect December 31, 2025; provided, however,
27 that if the provisions of chapter 520 of the laws of 2024 have taken
28 effect on or before such date, then sections one and three of this act

1 shall take effect on the same date and in the same manner as such chap-
2 ter of the laws of 2024 takes effect; and provided further, however,
3 that the amendments to paragraph (1) of subdivision 7 of section 6542 of
4 the education law made by section one of this act shall not affect the
5 repeal of such paragraph and shall be deemed repealed therewith.
6 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
7 sion, section, or subpart of this part shall be adjudged by any court of
8 competent jurisdiction to be invalid, such judgment shall not affect,
9 impair, or invalidate the remainder of that subpart or this part, but
10 shall be confined in its operation to the clause, sentence, paragraph,
11 subdivision, section, or subpart directly involved in the controversy in
12 which such judgment shall have been rendered. It is hereby declared to
13 be the intent of the legislature that this part and each subpart herein
14 would have been enacted even if such invalid provisions had not been
15 included herein.
16 § 3. This act shall take effect immediately and shall be deemed to
17 have been in full force and effect on and after April 1, 2025; provided,
18 however, that the applicable effective dates of Subparts A through F of
19 this act shall be as specifically set forth in the last section of such
20 Subparts.

21 PART W

22 Section 1. Article 170 of the education law is renumbered article 171
23 and a new article 170 is added to title 8 of the education law to read
24 as follows:
25 ARTICLE 170
26 NURSE LICENSURE COMPACT

1 Section 8900. Nurse licensure compact.
2 8901. Findings and declaration of purpose.
3 8902. Definitions.
4 8903. General provisions and jurisdiction.
5 8904. Applications for licensure in a party state.
6 8905. Additional authorities invested in party state licensing
7 boards.
8 8906. Coordinated licensure information system and exchange of
9 information.
10 8907. Establishment of the interstate commission of nurse licen-
11 sure compact administrators.
12 8908. Rulemaking.
13 8909. Oversight, dispute resolution and enforcement.
14 8910. Effective date, withdrawal and amendment.
15 8911. Construction and severability.
16 § 8900. Nurse licensure compact. The nurse license compact as set
17 forth in the article is hereby adopted and entered into with all party
18 states joining therein.
19 § 8901. Findings and declaration of purpose 1. Findings. The party
20 states find that:
21 a. The health and safety of the public are affected by the degree of
22 compliance with and the effectiveness of enforcement activities related
23 to state nurse licensure laws;
24 b. Violations of nurse licensure and other laws regulating the prac-
25 tice of nursing may result in injury or harm to the public;
26 c. The expanded mobility of nurses and the use of advanced communi-
27 cation technologies as part of our nation's health care delivery system

1 require greater coordination and cooperation among states in the areas
2 of nurse licensure and regulation;
3 d. New practice modalities and technology make compliance with indi-
4 vidual state nurse licensure laws difficult and complex;
5 e. The current system of duplicative licensure for nurses practicing
6 in multiple states is cumbersome and redundant for both nurses and
7 states; and
8 f. Uniformity of nurse licensure requirements throughout the states
9 promotes public safety and public health benefits.
10 2. Declaration of purpose. The general purposes of this compact are
11 to:
12 a. Facilitate the states' responsibility to protect the public's
13 health and safety;
14 b. Ensure and encourage the cooperation of party states in the areas
15 of nurse licensure and regulation;
16 c. Facilitate the exchange of information between party states in the
17 areas of nurse regulation, investigation and adverse actions;
18 d. Promote compliance with the laws governing the practice of nursing
19 in each jurisdiction;
20 e. Invest all party states with the authority to hold a nurse account-
21 able for meeting all state practice laws in the state in which the
22 patient is located at the time care is rendered through the mutual
23 recognition of party state licenses;
24 f. Decrease redundancies in the consideration and issuance of nurse
25 licenses; and
26 g. Provide opportunities for interstate practice by nurses who meet
27 uniform licensure requirements.
28 § 8902. Definitions. 1. Definitions. As used in this compact:

1 a. "Adverse action" means any administrative, civil, equitable or
2 criminal action permitted by a state's laws which is imposed by a
3 licensing board or other authority against a nurse, including actions
4 against an individual's license or multistate licensure privilege such
5 as revocation, suspension, probation, monitoring of the licensee, limi-
6 tation on the licensee's practice, or any other encumbrance on licensure
7 affecting a nurse's authorization to practice, including issuance of a
8 cease and desist action.
9 b. "Alternative program" means a non-disciplinary monitoring program
10 approved by a licensing board.
11 c. "Coordinated licensure information system" means an integrated
12 process for collecting, storing and sharing information on nurse licen-
13 sure and enforcement activities related to nurse licensure laws that is
14 administered by a nonprofit organization composed of and controlled by
15 licensing boards.
16 d. "Commission" means the interstate commission of nurse licensure
17 compact administrators.
18 e. "Current significant investigative information" means:
19 1. Investigative information that a licensing board, after a prelimi-
20 nary inquiry that includes notification and an opportunity for the nurse
21 to respond, if required by state law, has reason to believe is not
22 groundless and, if proved true, would indicate more than a minor infrac-
23 tion; or
24 2. Investigative information that indicates that the nurse represents
25 an immediate threat to public health and safety regardless of whether
26 the nurse has been notified and had an opportunity to respond.

1 f. "Encumbrance" means a revocation or suspension of, or any limita-
2 tion on, the full and unrestricted practice of nursing imposed by a
3 licensing board.
4 g. "Home state" means the party state which is the nurse's primary
5 state of residence.
6 h. "Licensing board" means a party state's regulatory body responsible
7 for issuing nurse licenses.
8 i. "Multistate license" means a license to practice as a registered
9 nurse (RN) or as a licensed practical/vocational nurse (LPN/VN), which
10 is issued by a home state licensing board, and which authorizes the
11 licensed nurse to practice in all party states under a multistate licen-
12 sure privilege.
13 j. "Multistate licensure privilege" means a legal authorization asso-
14 ciated with a multistate license permitting the practice of nursing as
15 either a RN or a LPN/VN in a remote state.
16 k. "Nurse" means RN or LPN/VN, as those terms are defined by each
17 party state's practice laws.
18 l. "Party state" means any state that has adopted this compact.
19 m. "Remote state" means a party state, other than the home state.
20 n. "Single-state license" means a nurse license issued by a party
21 state that authorizes practice only within the issuing state and does
22 not include a multistate licensure privilege to practice in any other
23 party state.
24 o. "State" means a state, territory or possession of the United States
25 and the District of Columbia.
26 p. "State practice laws" means a party state's laws, rules and regu-
27 lations that govern the practice of nursing, define the scope of nursing
28 practice, and create the methods and grounds for imposing discipline.

1 "State practice laws" shall not include requirements necessary to obtain
2 and retain a license, except for qualifications or requirements of the
3 home state.
4 § 8903. General provisions and jurisdiction. 1. General provisions and
5 jurisdiction. a. A multistate license to practice registered or licensed
6 practical/vocational nursing issued by a home state to a resident in
7 that state will be recognized by each party state as authorizing a nurse
8 to practice as a registered nurse (RN) or as a licensed
9 practical/vocational nurse (LPN/VN), under a multistate licensure privi-
10 lege, in each party state.
11 b. A state shall implement procedures for considering the criminal
12 history records of applicants for an initial multistate license or
13 licensure by endorsement. Such procedures shall include the submission
14 of fingerprints or other biometric-based information by applicants for
15 the purpose of obtaining an applicant's criminal history record informa-
16 tion from the federal bureau of investigation and the agency responsible
17 for retaining that state's criminal records.
18 c. Each party state shall require its licensing board to authorize an
19 applicant to obtain or retain a multistate license in the home state
20 only if the applicant:
21 i. Meets the home state's qualifications for licensure or renewal of
22 licensure, and complies with all other applicable state laws;
23 ii. (1) Has graduated or is eligible to graduate from a licensing
24 board-approved RN or LPN/VN prelicensure education program; or
25 (2) Has graduated from a foreign RN or LPN/VN prelicensure education
26 program that has been: (A) approved by the authorized accrediting body
27 in the applicable country, and (B) verified by an independent creden-

1 tials review agency to be comparable to a licensing board-approved prel-
2 icensure education program;
3 iii. Has, if a graduate of a foreign prelicensure education program
4 not taught in English or if English is not the individual's native
5 language, successfully passed an English proficiency examination that
6 includes the components of reading, speaking, writing and listening;
7 iv. Has successfully passed an NCLEX-RN or NCLEX-PN examination or
8 recognized predecessor, as applicable;
9 v. Is eligible for or holds an active, unencumbered license;
10 vi. Has submitted, in connection with an application for initial
11 licensure or licensure by endorsement, fingerprints or other biometric
12 data for the purpose of obtaining criminal history record information
13 from the federal bureau of investigation and the agency responsible for
14 retaining that state's criminal records;
15 vii. Has not been convicted or found guilty, or has entered into an
16 agreed disposition, of a felony offense under applicable state or feder-
17 al criminal law;
18 viii. Has not been convicted or found guilty, or has entered into an
19 agreed disposition, of a misdemeanor offense related to the practice of
20 nursing as determined on a case-by-case basis;
21 ix. Is not currently enrolled in an alternative program;
22 x. Is subject to self-disclosure requirements regarding current
23 participation in an alternative program; and
24 xi. Has a valid United States social security number.
25 d. All party states shall be authorized, in accordance with existing
26 state due process law, to take adverse action against a nurse's multi-
27 state licensure privilege such as revocation, suspension, probation or
28 any other action that affects a nurse's authorization to practice under

1 a multistate licensure privilege, including cease and desist actions. If
2 a party state takes such action, it shall promptly notify the adminis-
3 trator of the coordinated licensure information system. The administra-
4 tor of the coordinated licensure information system shall promptly noti-
5 fy the home state of any such actions by remote states.
6 e. A nurse practicing in a party state shall comply with the state
7 practice laws of the state in which the client is located at the time
8 service is provided. The practice of nursing is not limited to patient
9 care but shall include all nursing practice as defined by the state
10 practice laws of the party state in which the client is located. The
11 practice of nursing in a party state under a multistate licensure privi-
12 lege will subject a nurse to the jurisdiction of the licensing board,
13 the courts and the laws of the party state in which the client is
14 located at the time service is provided.
15 f. Individuals not residing in a party state shall continue to be able
16 to apply for a party state's single-state license as provided under the
17 laws of each party state. However, the single-state license granted to
18 these individuals will not be recognized as granting the privilege to
19 practice nursing in any other party state. Nothing in this compact shall
20 affect the requirements established by a party state for the issuance of
21 a single-state license.
22 g. Any nurse holding a home state multistate license, on the effective
23 date of this compact, may retain and renew the multistate license issued
24 by the nurse's then-current home state, provided that:
25 i. A nurse, who changes primary state of residence after this
26 compact's effective date, shall meet all applicable requirements set
27 forth in this article to obtain a multistate license from a new home
28 state.

1 ii. A nurse who fails to satisfy the multistate licensure requirements
2 set forth in this article due to a disqualifying event occurring after
3 this compact's effective date shall be ineligible to retain or renew a
4 multistate license, and the nurse's multistate license shall be revoked
5 or deactivated in accordance with applicable rules adopted by the
6 commission.
7 § 8904. Applications for licensure in a party state. 1. Applications
8 for licensure in a party state. a. Upon application for a multistate
9 license, the licensing board in the issuing party state shall ascertain,
10 through the coordinated licensure information system, whether the appli-
11 cant has ever held, or is the holder of, a license issued by any other
12 state, whether there are any encumbrances on any license or multistate
13 licensure privilege held by the applicant, whether any adverse action
14 has been taken against any license or multistate licensure privilege
15 held by the applicant and whether the applicant is currently participat-
16 ing in an alternative program.
17 b. A nurse may hold a multistate license, issued by the home state, in
18 only one party state at a time.
19 c. If a nurse changes primary state of residence by moving between two
20 party states, the nurse must apply for licensure in the new home state,
21 and the multistate license issued by the prior home state will be deac-
22 tivated in accordance with applicable rules adopted by the commission.
23 i. The nurse may apply for licensure in advance of a change in primary
24 state of residence.
25 ii. A multistate license shall not be issued by the new home state
26 until the nurse provides satisfactory evidence of a change in primary
27 state of residence to the new home state and satisfies all applicable
28 requirements to obtain a multistate license from the new home state.

1 d. If a nurse changes primary state of residence by moving from a
2 party state to a non-party state, the multistate license issued by the
3 prior home state will convert to a single-state license, valid only in
4 the former home state.
5 § 8905. Additional authorities invested in party state licensing
6 boards. 1. Licensing board authority. In addition to the other powers
7 conferred by state law, a licensing board shall have the authority to:
8 a. Take adverse action against a nurse's multistate licensure privi-
9 lege to practice within that party state.
10 i. Only the home state shall have the power to take adverse action
11 against a nurse's license issued by the home state.
12 ii. For purposes of taking adverse action, the home state licensing
13 board shall give the same priority and effect to reported conduct
14 received from a remote state as it would if such conduct had occurred
15 within the home state. In so doing, the home state shall apply its own
16 state laws to determine appropriate action.
17 b. Issue cease and desist orders or impose an encumbrance on a nurse's
18 authority to practice within that party state.
19 c. Complete any pending investigations of a nurse who changes primary
20 state of residence during the course of such investigations. The licens-
21 ing board shall also have the authority to take appropriate action or
22 actions and shall promptly report the conclusions of such investigations
23 to the administrator of the coordinated licensure information system.
24 The administrator of the coordinated licensure information system shall
25 promptly notify the new home state of any such actions.
26 d. Issue subpoenas for both hearings and investigations that require
27 the attendance and testimony of witnesses, as well as the production of
28 evidence. Subpoenas issued by a licensing board in a party state for the

1 attendance and testimony of witnesses or the production of evidence from
2 another party state shall be enforced in the latter state by any court
3 of competent jurisdiction, according to the practice and procedure of
4 that court applicable to subpoenas issued in proceedings pending before
5 it. The issuing authority shall pay any witness fees, travel expenses,
6 mileage and other fees required by the service statutes of the state in
7 which the witnesses or evidence are located.
8 e. Obtain and submit, for each nurse licensure applicant, fingerprint
9 or other biometric-based information to the federal bureau of investi-
10 gation for criminal background checks, receive the results of the feder-
11 al bureau of investigation record search on criminal background checks
12 and use the results in making licensure decisions.
13 f. If otherwise permitted by state law, recover from the affected
14 nurse the costs of investigations and disposition of cases resulting
15 from any adverse action taken against that nurse.
16 g. Take adverse action based on the factual findings of the remote
17 state, provided that the licensing board follows its own procedures for
18 taking such adverse action.
19 2. Adverse actions. a. If adverse action is taken by the home state
20 against a nurse's multistate license, the nurse's multistate licensure
21 privilege to practice in all other party states shall be deactivated
22 until all encumbrances have been removed from the multistate license.
23 All home state disciplinary orders that impose adverse action against a
24 nurse's multistate license shall include a statement that the nurse's
25 multistate licensure privilege is deactivated in all party states during
26 the pendency of the order.
27 b. Nothing in this compact shall override a party state's decision
28 that participation in an alternative program may be used in lieu of

1 adverse action. The home state licensing board shall deactivate the
2 multistate licensure privilege under the multistate license of any nurse
3 for the duration of the nurse's participation in an alternative program.
4 § 8906. Coordinated licensure information system and exchange of
5 information. 1. Coordinated licensure information system and exchange
6 of information. a. All party states shall participate in a coordinated
7 licensure information system of all licensed registered nurses (RNs) and
8 licensed practical/vocational nurses (LPNs/VNs). This system will
9 include information on the licensure and disciplinary history of each
10 nurse, as submitted by party states, to assist in the coordination of
11 nurse licensure and enforcement efforts.
12 b. The commission, in consultation with the administrator of the coor-
13 dinated licensure information system, shall formulate necessary and
14 proper procedures for the identification, collection and exchange of
15 information under this compact.
16 c. All licensing boards shall promptly report to the coordinated
17 licensure information system any adverse action, any current significant
18 investigative information, denials of applications with the reasons for
19 such denials and nurse participation in alternative programs known to
20 the licensing board regardless of whether such participation is deemed
21 nonpublic or confidential under state law.
22 d. Current significant investigative information and participation in
23 nonpublic or confidential alternative programs shall be transmitted
24 through the coordinated licensure information system only to party state
25 licensing boards.
26 e. Notwithstanding any other provision of law, all party state licens-
27 ing boards contributing information to the coordinated licensure infor-
28 mation system may designate information that may not be shared with

1 non-party states or disclosed to other entities or individuals without
2 the express permission of the contributing state.
3 f. Any personally identifiable information obtained from the coordi-
4 nated licensure information system by a party state licensing board
5 shall not be shared with non-party states or disclosed to other entities
6 or individuals except to the extent permitted by the laws of the party
7 state contributing the information.
8 g. Any information contributed to the coordinated licensure informa-
9 tion system that is subsequently required to be expunged by the laws of
10 the party state contributing that information shall also be expunged
11 from the coordinated licensure information system.
12 h. The compact administrator of each party state shall furnish a
13 uniform data set to the compact administrator of each other party state,
14 which shall include, at a minimum:
15 i. Identifying information;
16 ii. Licensure data;
17 iii. Information related to alternative program participation; and
18 iv. Other information that may facilitate the administration of this
19 compact, as determined by commission rules.
20 i. The compact administrator of a party state shall provide all inves-
21 tigative documents and information requested by another party state.
22 § 8907. Establishment of the interstate commission of nurse licensure
23 compact administrators. 1. Commission of nurse licensure compact admin-
24 istrators. The party states hereby create and establish a joint public
25 entity known as the interstate commission of nurse licensure compact
26 administrators. The commission is an instrumentality of the party
27 states.

1 2. Venue. Venue is proper, and judicial proceedings by or against the
2 commission shall be brought solely and exclusively, in a court of compe-
3 tent jurisdiction where the principal office of the commission is
4 located. The commission may waive venue and jurisdictional defenses to
5 the extent it adopts or consents to participate in alternative dispute
6 resolution proceedings.
7 3. Sovereign immunity. Nothing in this compact shall be construed to
8 be a waiver of sovereign immunity.
9 4. Membership, voting and meetings. a. Each party state shall have and
10 be limited to one administrator. The head of the state licensing board
11 or designee shall be the administrator of this compact for each party
12 state. Any administrator may be removed or suspended from office as
13 provided by the law of the state from which the administrator is
14 appointed. Any vacancy occurring in the commission shall be filled in
15 accordance with the laws of the party state in which the vacancy exists.
16 b. Each administrator shall be entitled to one vote with regard to the
17 promulgation of rules and creation of bylaws and shall otherwise have an
18 opportunity to participate in the business and affairs of the commis-
19 sion. An administrator shall vote in person or by such other means as
20 provided in the bylaws. The bylaws may provide for an administrator's
21 participation in meetings by telephone or other means of communication.
22 c. The commission shall meet at least once during each calendar year.
23 Additional meetings shall be held as set forth in the bylaws or rules of
24 the commission.
25 d. All meetings shall be open to the public, and public notice of
26 meetings shall be given in the same manner as required under the rule-
27 making provisions in section eighty-nine hundred eight of this article.

1 5. Closed meetings. a. The commission may convene in a closed, nonpub-
2 lic meeting if the commission shall discuss:
3 i. Noncompliance of a party state with its obligations under this
4 compact;
5 ii. The employment, compensation, discipline or other personnel
6 matters, practices or procedures related to specific employees or other
7 matters related to the commission's internal personnel practices and
8 procedures;
9 iii. Current, threatened or reasonably anticipated litigation;
10 iv. Negotiation of contracts for the purchase or sale of goods,
11 services or real estate;
12 v. Accusing any person of a crime or formally censuring any person;
13 vi. Disclosure of trade secrets or commercial or financial information
14 that is privileged or confidential;
15 vii. Disclosure of information of a personal nature where disclosure
16 would constitute a clearly unwarranted invasion of personal privacy;
17 viii. Disclosure of investigatory records compiled for law enforcement
18 purposes;
19 ix. Disclosure of information related to any reports prepared by or on
20 behalf of the commission for the purpose of investigation of compliance
21 with this compact; or
22 x. Matters specifically exempted from disclosure by federal or state
23 statute.
24 b. If a meeting, or portion of a meeting, is closed pursuant to this
25 paragraph the commission's legal counsel or designee shall certify that
26 the meeting may be closed and shall reference each relevant exempting
27 provision. The commission shall keep minutes that fully and clearly
28 describe all matters discussed in a meeting and shall provide a full and

1 accurate summary of actions taken, and the reasons therefor, including a
2 description of the views expressed. All documents considered in
3 connection with an action shall be identified in such minutes. All
4 minutes and documents of a closed meeting shall remain under seal,
5 subject to release by a majority vote of the commission or order of a
6 court of competent jurisdiction.
7 c. The commission shall, by a majority vote of the administrators,
8 prescribe bylaws or rules to govern its conduct as may be necessary or
9 appropriate to carry out the purposes and exercise the powers of this
10 compact, including but not limited to:
11 i. Establishing the fiscal year of the commission;
12 ii. Providing reasonable standards and procedures:
13 (1) For the establishment and meetings of other committees; and
14 (2) Governing any general or specific delegation of any authority or
15 function of the commission;
16 iii. Providing reasonable procedures for calling and conducting meet-
17 ings of the commission, ensuring reasonable advance notice of all meet-
18 ings and providing an opportunity for attendance of such meetings by
19 interested parties, with enumerated exceptions designed to protect the
20 public's interest, the privacy of individuals, and proprietary informa-
21 tion, including trade secrets. The commission may meet in closed session
22 only after a majority of the administrators vote to close a meeting in
23 whole or in part. As soon as practicable, the commission must make
24 public a copy of the vote to close the meeting revealing the vote of
25 each administrator, with no proxy votes allowed;
26 iv. Establishing the titles, duties and authority and reasonable
27 procedures for the election of the officers of the commission;

1 v. Providing reasonable standards and procedures for the establishment
2 of the personnel policies and programs of the commission. Notwithstand-
3 ing any civil service or other similar laws of any party state, the
4 bylaws shall exclusively govern the personnel policies and programs of
5 the commission; and
6 vi. Providing a mechanism for winding up the operations of the commis-
7 sion and the equitable disposition of any surplus funds that may exist
8 after the termination of this compact after the payment or reserving of
9 all of its debts and obligations.
10 6. General provisions. a. The commission shall publish its bylaws and
11 rules, and any amendments thereto, in a convenient form on the website
12 of the commission.
13 b. The commission shall maintain its financial records in accordance
14 with the bylaws.
15 c. The commission shall meet and take such actions as are consistent
16 with the provisions of this compact and the bylaws.
17 7. Powers of the commission. The commission shall have the following
18 powers:
19 a. To promulgate uniform rules to facilitate and coordinate implemen-
20 tation and administration of this compact. The rules shall have the
21 force and effect of law and shall be binding in all party states;
22 b. To bring and prosecute legal proceedings or actions in the name of
23 the commission, provided that the standing of any licensing board to sue
24 or be sued under applicable law shall not be affected;
25 c. To purchase and maintain insurance and bonds;
26 d. To borrow, accept or contract for services of personnel, including,
27 but not limited to, employees of a party state or nonprofit organiza-
28 tions;

1 e. To cooperate with other organizations that administer state
2 compacts related to the regulation of nursing, including but not limited
3 to sharing administrative or staff expenses, office space or other
4 resources;
5 f. To hire employees, elect or appoint officers, fix compensation,
6 define duties, grant such individuals appropriate authority to carry out
7 the purposes of this compact, and to establish the commission's person-
8 nel policies and programs relating to conflicts of interest, qualifica-
9 tions of personnel and other related personnel matters;
10 g. To accept any and all appropriate donations, grants and gifts of
11 money, equipment, supplies, materials and services, and to receive,
12 utilize and dispose of the same; provided that at all times the commis-
13 sion shall avoid any appearance of impropriety or conflict of interest;
14 h. To lease, purchase, accept appropriate gifts or donations of, or
15 otherwise to own, hold, improve or use, any property, whether real,
16 personal or mixed; provided that at all times the commission shall avoid
17 any appearance of impropriety;
18 i. To sell, convey, mortgage, pledge, lease, exchange, abandon or
19 otherwise dispose of any property, whether real, personal or mixed;
20 j. To establish a budget and make expenditures;
21 k. To borrow money;
22 l. To appoint committees, including advisory committees comprised of
23 administrators, state nursing regulators, state legislators or their
24 representatives, and consumer representatives, and other such interested
25 persons;
26 m. To provide and receive information from, and to cooperate with, law
27 enforcement agencies;
28 n. To adopt and use an official seal; and

1 o. To perform such other functions as may be necessary or appropriate
2 to achieve the purposes of this compact consistent with the state regu-
3 lation of nurse licensure and practice.
4 8. Financing of the commission. a. The commission shall pay, or
5 provide for the payment of, the reasonable expenses of its establish-
6 ment, organization and ongoing activities.
7 b. The commission may also levy on and collect an annual assessment
8 from each party state to cover the cost of its operations, activities
9 and staff in its annual budget as approved each year. The aggregate
10 annual assessment amount, if any, shall be allocated based upon a formu-
11 la to be determined by the commission, which shall promulgate a rule
12 that is binding upon all party states.
13 c. The commission shall not incur obligations of any kind prior to
14 securing the funds adequate to meet the same; nor shall the commission
15 pledge the credit of any of the party states, except by, and with the
16 authority of, such party state.
17 d. The commission shall keep accurate accounts of all receipts and
18 disbursements. The receipts and disbursements of the commission shall be
19 subject to the audit and accounting procedures established under its
20 bylaws. However, all receipts and disbursements of funds handled by the
21 commission shall be audited yearly by a certified or licensed public
22 accountant, and the report of the audit shall be included in and become
23 part of the annual report of the commission.
24 9. Qualified immunity, defense and indemnification. a. The administra-
25 tors, officers, executive director, employees and representatives of the
26 commission shall be immune from suit and liability, either personally or
27 in their official capacity, for any claim for damage to or loss of prop-
28 erty or personal injury or other civil liability caused by or arising

1 out of any actual or alleged act, error or omission that occurred, or
2 that the person against whom the claim is made had a reasonable basis
3 for believing occurred, within the scope of the commission's employment,
4 duties or responsibilities; provided that nothing in this paragraph
5 shall be construed to protect any such person from suit or liability for
6 any damage, loss, injury or liability caused by the intentional, willful
7 or wanton misconduct of that person.
8 b. The commission shall defend any administrator, officer, executive
9 director, employee or representative of the commission in any civil
10 action seeking to impose liability arising out of any actual or alleged
11 act, error or omission that occurred within the scope of the commis-
12 sion's employment, duties or responsibilities, or that the person
13 against whom the claim is made had a reasonable basis for believing
14 occurred within the scope of the commission's employment, duties or
15 responsibilities; provided that nothing herein shall be construed to
16 prohibit that person from retaining such person's own counsel; and
17 provided further that the actual or alleged act, error or omission did
18 not result from that person's intentional, willful or wanton misconduct.
19 c. The commission shall indemnify and hold harmless any administrator,
20 officer, executive director, employee or representative of the commis-
21 sion for the amount of any settlement or judgment obtained against that
22 person arising out of any actual or alleged act, error or omission that
23 occurred within the scope of the commission's employment, duties or
24 responsibilities, or that such person had a reasonable basis for believ-
25 ing occurred within the scope of the commission's employment, duties or
26 responsibilities, provided that the actual or alleged act, error or
27 omission did not result from the intentional, willful or wanton miscon-
28 duct of that person.

1 § 8908. Rulemaking. 1. Rulemaking. a. The commission shall exercise
2 its rulemaking powers pursuant to the criteria set forth in this article
3 and the rules adopted thereunder. Rules and amendments shall become
4 binding as of the date specified in each rule or amendment and shall
5 have the same force and effect as provisions of this compact.
6 b. Rules or amendments to the rules shall be adopted at a regular or
7 special meeting of the commission.
8 2. Notice. a. Prior to promulgation and adoption of a final rule or
9 rules by the commission, and at least sixty days in advance of the meet-
10 ing at which the rule will be considered and voted upon, the commission
11 shall file a notice of proposed rulemaking:
12 i. On the website of the commission; and
13 ii. On the website of each licensing board or the publication in which
14 each state would otherwise publish proposed rules.
15 b. The notice of proposed rulemaking shall include:
16 i. The proposed time, date and location of the meeting in which the
17 rule will be considered and voted upon;
18 ii. The text of the proposed rule or amendment, and the reason for the
19 proposed rule;
20 iii. A request for comments on the proposed rule from any interested
21 person; and
22 iv. The manner in which interested persons may submit notice to the
23 commission of their intention to attend the public hearing and any writ-
24 ten comments.
25 c. Prior to adoption of a proposed rule, the commission shall allow
26 persons to submit written data, facts, opinions and arguments, which
27 shall be made available to the public.

1 3. Public hearings on rules. a. The commission shall grant an opportu-
2 nity for a public hearing before it adopts a rule or amendment.
3 b. The commission shall publish the place, time and date of the sched-
4 uled public hearing.
5 i. Hearings shall be conducted in a manner providing each person who
6 wishes to comment a fair and reasonable opportunity to comment orally or
7 in writing. All hearings will be recorded, and a copy will be made
8 available upon request.
9 ii. Nothing in this section shall be construed as requiring a separate
10 hearing on each rule. Rules may be grouped for the convenience of the
11 commission at hearings required by this section.
12 c. If no one appears at the public hearing, the commission may proceed
13 with promulgation of the proposed rule.
14 d. Following the scheduled hearing date, or by the close of business
15 on the scheduled hearing date if the hearing was not held, the commis-
16 sion shall consider all written and oral comments received.
17 4. Voting on rules. The commission shall, by majority vote of all
18 administrators, take final action on the proposed rule and shall deter-
19 mine the effective date of the rule, if any, based on the rulemaking
20 record and the full text of the rule.
21 5. Emergency rules. Upon determination that an emergency exists, the
22 commission may consider and adopt an emergency rule without prior
23 notice, opportunity for comment or hearing, provided that the usual
24 rulemaking procedures provided in this compact and in this section shall
25 be retroactively applied to the rule as soon as reasonably possible, in
26 no event later than ninety days after the effective date of the rule.
27 For the purposes of this provision, an emergency rule is one that must
28 be adopted immediately in order to:

1 a. Meet an imminent threat to public health, safety or welfare;
2 b. Prevent a loss of the commission or party state funds; or
3 c. Meet a deadline for the promulgation of an administrative rule that
4 is required by federal law or rule.
5 6. Revisions. The commission may direct revisions to a previously
6 adopted rule or amendment for purposes of correcting typographical
7 errors, errors in format, errors in consistency or grammatical errors.
8 Public notice of any revisions shall be posted on the website of the
9 commission. The revision shall be subject to challenge by any person for
10 a period of thirty days after posting. The revision may be challenged
11 only on grounds that the revision results in a material change to a
12 rule. A challenge shall be made in writing, and delivered to the
13 commission, prior to the end of the notice period. If no challenge is
14 made, the revision will take effect without further action. If the
15 revision is challenged, the revision may not take effect without the
16 approval of the commission.
17 § 8909. Oversight, dispute resolution and enforcement. 1. Oversight.
18 a. Each party state shall enforce this compact and take all actions
19 necessary and appropriate to effectuate this compact's purposes and
20 intent.
21 b. The commission shall be entitled to receive service of process in
22 any proceeding that may affect the powers, responsibilities or actions
23 of the commission, and shall have standing to intervene in such a
24 proceeding for all purposes. Failure to provide service of process in
25 such proceeding to the commission shall render a judgment or order void
26 as to the commission, this compact or promulgated rules.
27 2. Default, technical assistance and termination. a. If the commission
28 determines that a party state has defaulted in the performance of its

1 obligations or responsibilities under this compact or the promulgated
2 rules, the commission shall:
3 i. Provide written notice to the defaulting state and other party
4 states of the nature of the default, the proposed means of curing the
5 default or any other action to be taken by the commission; and
6 ii. Provide remedial training and specific technical assistance
7 regarding the default.
8 b. If a state in default fails to cure the default, the defaulting
9 state's membership in this compact may be terminated upon an affirmative
10 vote of a majority of the administrators, and all rights, privileges and
11 benefits conferred by this compact may be terminated on the effective
12 date of termination. A cure of the default does not relieve the offend-
13 ing state of obligations or liabilities incurred during the period of
14 default.
15 c. Termination of membership in this compact shall be imposed only
16 after all other means of securing compliance have been exhausted. Notice
17 of intent to suspend or terminate shall be given by the commission to
18 the governor of the defaulting state and to the executive officer of the
19 defaulting state's licensing board and each of the party states.
20 d. A state whose membership in this compact has been terminated is
21 responsible for all assessments, obligations and liabilities incurred
22 through the effective date of termination, including obligations that
23 extend beyond the effective date of termination.
24 e. The commission shall not bear any costs related to a state that is
25 found to be in default or whose membership in this compact has been
26 terminated unless agreed upon in writing between the commission and the
27 defaulting state.

1 f. The defaulting state may appeal the action of the commission by
2 petitioning the U.S. District Court for the District of Columbia or the
3 federal district in which the commission has its principal offices. The
4 prevailing party shall be awarded all costs of such litigation, includ-
5 ing reasonable attorneys' fees.
6 3. Dispute resolution. a. Upon request by a party state, the commis-
7 sion shall attempt to resolve disputes related to the compact that arise
8 among party states and between party and non-party states.
9 b. The commission shall promulgate a rule providing for both mediation
10 and binding dispute resolution for disputes, as appropriate.
11 c. In the event the commission cannot resolve disputes among party
12 states arising under this compact:
13 i. The party states may submit the issues in dispute to an arbitration
14 panel, which will be comprised of individuals appointed by the compact
15 administrator in each of the affected party states, and an individual
16 mutually agreed upon by the compact administrators of all the party
17 states involved in the dispute.
18 ii. The decision of a majority of the arbitrators shall be final and
19 binding.
20 4. Enforcement. a. The commission, in the reasonable exercise of its
21 discretion, shall enforce the provisions and rules of this compact.
22 b. By majority vote, the commission may initiate legal action in the
23 U.S. District Court for the District of Columbia or the federal
24 district in which the commission has its principal offices against a
25 party state that is in default to enforce compliance with the provisions
26 of this compact and its promulgated rules and bylaws. The relief sought
27 may include both injunctive relief and damages. In the event judicial

1 enforcement is necessary, the prevailing party shall be awarded all
2 costs of such litigation, including reasonable attorneys' fees.
3 c. The remedies herein shall not be the exclusive remedies of the
4 commission. The commission may pursue any other remedies available under
5 federal or state law.
6 § 8910. Effective date, withdrawal and amendment. 1. Effective date.
7 a. This compact shall become effective and binding on the earlier of
8 the date of legislative enactment of this compact into law by no less
9 than twenty-six states or the effective date of the chapter of the laws
10 of two thousand twenty-five that enacted this compact. Thereafter, the
11 compact shall become effective and binding as to any other compacting
12 state upon enactment of the compact into law by that state. All party
13 states to this compact, that also were parties to the prior nurse licen-
14 sure compact, superseded by this compact, (herein referred to as "prior
15 compact"), shall be deemed to have withdrawn from said prior compact
16 within six months after the effective date of this compact.
17 b. Each party state to this compact shall continue to recognize a
18 nurse's multistate licensure privilege to practice in that party state
19 issued under the prior compact until such party state has withdrawn from
20 the prior compact.
21 2. Withdrawal. a. Any party state may withdraw from this compact by
22 enacting a statute repealing the same. A party state's withdrawal shall
23 not take effect until six months after enactment of the repealing stat-
24 ute.
25 b. A party state's withdrawal or termination shall not affect the
26 continuing requirement of the withdrawing or terminated state's licens-
27 ing board to report adverse actions and significant investigations
28 occurring prior to the effective date of such withdrawal or termination.

1 c. Nothing contained in this compact shall be construed to invalidate
2 or prevent any nurse licensure agreement or other cooperative arrange-
3 ment between a party state and a non-party state that is made in accord-
4 ance with the other provisions of this compact.
5 3. Amendment. a. This compact may be amended by the party states. No
6 amendment to this compact shall become effective and binding upon the
7 party states unless and until it is enacted into the laws of all party
8 states.
9 b. Representatives of non-party states to this compact shall be
10 invited to participate in the activities of the commission, on a nonvot-
11 ing basis, prior to the adoption of this compact by all states.
12 § 8911. Construction and severability. 1. Construction and severabil-
13 ity. This compact shall be liberally construed so as to effectuate the
14 purposes thereof. The provisions of this compact shall be severable, and
15 if any phrase, clause, sentence or provision of this compact is declared
16 to be contrary to the constitution of any party state or of the United
17 States, or if the applicability thereof to any government, agency,
18 person or circumstance is held to be invalid, the validity of the
19 remainder of this compact and the applicability thereof to any govern-
20 ment, agency, person or circumstance shall not be affected thereby. If
21 this compact shall be held to be contrary to the constitution of any
22 party state, this compact shall remain in full force and effect as to
23 the remaining party states and in full force and effect as to the party
24 state affected as to all severable matters.
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 X

1 Section 1. Section 6605-b of the education law, as added by chapter
2 437 of the laws of 2001 and subdivision 1 as amended by chapter 198 of
3 the laws of 2022, is amended to read as follows:
4 § 6605-b. Dental hygiene restricted local infiltration and block
5 anesthesia/nitrous oxide analgesia certificate. 1. A dental hygienist
6 shall not administer or monitor nitrous oxide analgesia or local infil-
7 tration or block anesthesia in the practice of dental hygiene without a
8 dental hygiene restricted local infiltration and block
9 anesthesia/nitrous oxide analgesia certificate and except under the
10 personal supervision of a dentist and in accordance with regulations
11 promulgated by the commissioner. Personal supervision, for purposes of
12 this section, means that the supervising dentist remains in the dental
13 office where the local infiltration or block anesthesia or nitrous oxide
14 analgesia services are being performed, personally authorizes and
15 prescribes the use of local infiltration or block anesthesia or nitrous
16 oxide analgesia for the patient and, before dismissal of the patient,
17 personally examines the condition of the patient after the use of local
18 infiltration or block anesthesia or nitrous oxide analgesia is
19 completed. It is professional misconduct for a dentist to fail to
20 provide the supervision required by this section, and any dentist found
21 guilty of such misconduct under the procedures prescribed in section
22 sixty-five hundred ten of this title shall be subject to the penalties
23 prescribed in section sixty-five hundred eleven of this title.
24 2. The commissioner shall promulgate regulations establishing stand-
25 ards and procedures for the issuance of such certificate. Such standards
26 shall require completion of an educational program and/or course of
27 training or experience sufficient to ensure that a dental hygienist is
28 specifically trained in the administration and monitoring of nitrous

1 oxide analgesia and local infiltration or block anesthesia, the possible
2 effects of such use, and in the recognition of and response to possible
3 emergency situations.
4 3. The fee for a dental hygiene restricted local infiltration and
5 block anesthesia/nitrous oxide analgesia certificate shall be twenty-
6 five dollars and shall be paid on a triennial basis upon renewal of such
7 certificate. A certificate may be suspended or revoked in the same
8 manner as a license to practice dental hygiene.
9 § 2. Subdivision 1 of section 6606 of the education law, as amended by
10 chapter 239 of the laws of 2013, is amended to read as follows:
11 1. The practice of the profession of dental hygiene is defined as the
12 performance of dental services which shall include removing calcareous
13 deposits, accretions and stains from the exposed surfaces of the teeth
14 which begin at the epithelial attachment and applying topical agents
15 indicated for a complete dental prophylaxis, removing cement, placing or
16 removing rubber dam, removing sutures, placing matrix band, providing
17 patient education, applying topical medication, placing pre-fit ortho-
18 dontic bands, using light-cure composite material, taking cephalometric
19 radiographs, taking two-dimensional and three-dimensional photography of
20 dentition, adjusting removable appliances including nightguards, bleach-
21 ing trays, retainers and dentures, placing and exposing diagnostic
22 dental X-ray films, performing topical fluoride applications and topical
23 anesthetic applications, polishing teeth, taking medical history, chart-
24 ing caries, taking impressions for study casts, placing and removing
25 temporary restorations, administering and monitoring nitrous oxide
26 analgesia and administering and monitoring local infiltration and block
27 anesthesia, subject to certification in accordance with section sixty-
28 six hundred five-b of this article, and any other function in the defi-

1 nition of the practice of dentistry as may be delegated by a licensed
2 dentist in accordance with regulations promulgated by the commissioner.
3 The practice of dental hygiene may be conducted in the office of any
4 licensed dentist or in any appropriately equipped school or public
5 institution but must be done either under the supervision of a licensed
6 dentist or, in the case of a registered dental hygienist working for a
7 hospital as defined in article twenty-eight of the public health law[,]
8 or pursuant to a collaborative arrangement with a licensed and regis-
9 tered dentist [who has a formal relationship with the same hospital]
10 pursuant to section sixty-six hundred seven-a of this article and in
11 accordance with regulations promulgated by the department in consulta-
12 tion with the department of health. [Such collaborative arrangement
13 shall not obviate or supersede any law or regulation which requires
14 identified services to be performed under the personal supervision of a
15 dentist. When dental hygiene services are provided pursuant to a colla-
16 borative agreement, such dental hygienist shall instruct individuals to
17 visit a licensed dentist for comprehensive examination or treatment.]
18 § 3. The education law is amended by adding a new section 6607-a to
19 read as follows:
20 § 6607-a. Practice of collaborative practice dental hygiene and use of
21 title "registered dental hygienist, collaborative practice" (RDH-CP). 1.
22 The practice of the profession of dental hygiene, as defined under this
23 article, may be performed in collaboration with a licensed dentist
24 provided such services are performed in accordance with a written prac-
25 tice agreement and written practice protocols to be known as a collabo-
26 rative practice agreement. Under a collaborative practice agreement,
27 dental hygienists may perform all services which are designated in regu-
28 lation without prior evaluation of a dentist or medical professional and

1 may be performed without supervision in a collaborative practice
2 setting.
3 2. (a) The collaborative practice agreement shall include consider-
4 ation for medically compromised patients, specific medical conditions,
5 and age-and procedure-specific practice protocols, including, but not
6 limited to recommended intervals for the performance of dental hygiene
7 services and a periodicity in which an examination by a dentist should
8 occur.
9 (b) The collaborative agreement shall be:
10 (i) signed and maintained by the dentist, the dental hygienist, and
11 the facility, program, or organization;
12 (ii) reviewed annually by the collaborating dentist and dental hygien-
13 ist; and
14 (iii) made available to the department and other interested parties
15 upon request.
16 (c) Only one agreement between a collaborating dentist and registered
17 dental hygienist, collaborative practice (RDH-CP) may be in force at a
18 time.
19 3. Before performing any services authorized under this section, a
20 dental hygienist shall provide the patient with a written statement
21 advising the patient that the dental hygiene services provided are not a
22 substitute for a dental examination by a licensed dentist and instruct-
23 ing individuals to visit a licensed dentist for comprehensive examina-
24 tion or treatment. If the dental hygienist makes any referrals to the
25 patient for further dental procedures, the dental hygienist must fill
26 out a referral form and provide a copy of the form to the collaborating
27 dentist.

1 4. The collaborative practice dental hygienist may enter into a
2 contractual arrangement with any New York state licensed and registered
3 dentist, health care facility, program, and/or non-profit organization
4 to perform dental hygiene services in the following settings: dental
5 offices; long-term care facilities/skilled nursing facilities; public or
6 private schools; public health agencies/federally qualified health
7 centers; correctional facilities; public institutions/mental health
8 facilities; drug treatment facilities; and domestic violence shelters.
9 5. A collaborating dentist shall have collaborative agreements with no
10 more than six collaborative practice dental hygienists. The department
11 may grant exceptions to these limitations for public health settings on
12 a case-by-case basis.
13 6. A dental hygienist must make application to the department to prac-
14 tice as a registered dental hygienist, collaborative practice (RDH-CP)
15 and pay a fee set by the department. As a condition of collaborative
16 practice, the dental hygienist shall have been engaged in practice for
17 at least three years with a minimum of four thousand five hundred prac-
18 tice hours and shall complete an eight hour continuing education program
19 that includes instruction in medical emergency procedures, review of
20 clinical recommendations and standards for providing preventive services
21 (for example sealants and fluoride varnish) in public health settings,
22 risk management, dental hygiene jurisprudence and professional ethics.
23 § 4. This act shall take effect on the one hundred eightieth day after
24 it shall have become a law.

25 PART Y

1 Section 1. Section 2803 of the public health law is amended by adding
2 a new subdivision 15 to read as follows:
3 15. Subject to the availability of federal financial participation and
4 notwithstanding any provision of this article, or any rule or regulation
5 to the contrary, the commissioner may allow general hospitals to provide
6 off-site acute care medical services, that are:
7 (a) not home care services as defined in subdivision one of section
8 thirty-six hundred two of this chapter or the professional services
9 enumerated in subdivision two of section thirty-six hundred two of this
10 chapter; provided, however, that nothing shall preclude a hospital from
11 offering hospital services as defined in subdivision four of section
12 twenty-eight hundred one of this article;
13 (b) provided by a medical professional, including a physician, regis-
14 tered nurse, nurse practitioner, or physician assistant, to a patient
15 with a preexisting clinical relationship with the general hospital, or
16 with the health care professional providing the service;
17 (c) provided to a patient for whom a medical professional has deter-
18 mined is appropriate to receive acute medical services at their resi-
19 dence; and
20 (d) consistent with all applicable federal, state, and local laws, the
21 general hospital has appropriate discharge planning in place to coordi-
22 nate discharge to a home care agency where medically necessary and
23 consented to by the patient after the patient's acute care episode ends.
24 (e) Nothing in this subdivision shall preclude off-site services from
25 being provided in accordance with subdivision eleven of this section and
26 department regulations.
27 (f) The department is authorized to establish medical assistance
28 program rates to effectuate this subdivision. For the purposes of the

1 department determining the applicable rates pursuant to such authority,
2 any general hospital approved pursuant to this subdivision shall report
3 to the department, in the form and format required by the department,
4 its annual operating costs and statistics, specifically for such off-
5 site acute services. Failure to timely submit such cost data to the
6 department may result in revocation of authority to participate in a
7 program under this section due to the inability to establish appropriate
8 reimbursement rates.
9 § 2. This act shall take effect immediately and shall be deemed to
10 have been in full force and effect on and after April 1, 2025.

11 PART Z

12 Section 1. Section 4 of chapter 565 of the laws of 2022 amending the
13 state finance law relating to preferred source status for entities that
14 provide employment to certain persons, is amended to read as follows:
15 § 4. This act shall take effect immediately; provided that [section
16 one of this act shall expire and be deemed repealed three years after
17 such effective date; and provided further that] this act shall not apply
18 to any contracts or requests for proposals issued by government entities
19 before such date.
20 § 2. This act shall take effect immediately.

21 PART AA

22 Section 1. Section 2 of part NN of chapter 58 of the laws of 2015,
23 amending the mental hygiene law relating to clarifying the authority of
24 the commissioners in the department of mental hygiene to design and

1 implement time-limited demonstration programs, as amended by section 1
2 of part Z of chapter 57 of the laws of 2024, is amended to read as
3 follows:
4 § 2. This act shall take effect immediately [and shall expire and be
5 deemed repealed March 31, 2025].
6 § 2. This act shall take effect immediately.

7 PART BB

8 Section 1. Section 4 of part L of chapter 59 of the laws of 2016,
9 amending the mental hygiene law relating to the appointment of temporary
10 operators for the continued operation of programs and the provision of
11 services for persons with serious mental illness and/or developmental
12 disabilities and/or chemical dependence, as amended by section 1 of part
13 OO of chapter 57 of the laws of 2022, is amended to read as follows:
14 § 4. This act shall take effect immediately and shall be deemed to
15 have been in full force and effect on and after April 1, 2016[;
16 provided, however, that sections one and two of this act shall expire
17 and be deemed repealed on March 31, 2025].
18 § 2. This act shall take effect immediately.

19 PART CC

20 Section 1. Subdivision 1-a of section 84 of part A of chapter 56 of
21 the laws of 2013, amending the social services law and other laws relat-
22 ing to enacting the major components of legislation necessary to imple-
23 ment the health and mental hygiene budget for the 2013-2014 state fiscal

1 year, as amended by section 1 of part EE of chapter 57 of the laws of
2 2023, is amended to read as follows:
3 1-a. sections seventy-three through eighty-a shall expire and be
4 deemed repealed December 31, [2025] 2027;
5 § 2. This act shall take effect immediately and shall be deemed to
6 have been in full force and effect on and after April 1, 2025.

7 PART DD

8 Section 1. Subdivision (a) of section 22.11 of the mental hygiene law,
9 as added by chapter 558 of the laws of 1999, is amended to read as
10 follows:
11 (a) For the purposes of this section, the word "minor" shall mean a
12 person under eighteen years of age, but does not include a person who is
13 the parent of a child or has married or who is emancipated, or is a
14 homeless youth, as defined in section five hundred thirty-two-a of the
15 executive law, or receives services at an approved runaway and homeless
16 youth crisis services program or a transitional independent living
17 support program as defined in section five hundred thirty-two-a of the
18 executive law.
19 § 2. Paragraph 1 of subdivision (a) of section 33.21 of the mental
20 hygiene law, as amended by chapter 461 of the laws of 1994, is amended
21 to read as follows:
22 (1) "minor" shall mean a person under eighteen years of age, but shall
23 not include a person who is the parent of a child, emancipated, has
24 married or is on voluntary status on [his or her] their own application
25 pursuant to section 9.13 of this chapter, or is a homeless youth, as
26 defined in section five hundred thirty-two-a of the executive law, or

1 receives services at an approved runaway and homeless youth crisis
2 services program or a transitional independent living support program as
3 defined in section five hundred thirty-two-a of the executive law;
4 § 3. Subdivision 1 of section 2504 of the public health law, as
5 amended by chapter 107 of the laws of 2023, is amended to read as
6 follows:
7 1. Any person who is eighteen years of age or older, or is the parent
8 of a child or has married, or is a homeless youth as defined in section
9 five hundred thirty-two-a of the executive law, or receives services at
10 an approved runaway and homeless youth crisis services program or a
11 transitional independent living support program as defined in section
12 five hundred thirty-two-a of the executive law, may give effective
13 consent for medical, dental, health and hospital services, including
14 behavioral health services, for themself, and the consent of no other
15 person shall be necessary.
16 § 4. This act shall take effect on the ninetieth day after it shall
17 have become a law.

18 PART EE

19 Section 1. The second and third undesignated paragraphs of section
20 9.01 of the mental hygiene law, as amended by chapter 723 of the laws of
21 1989, are amended to read as follows:
22 "in need of involuntary care and treatment" means that a person has a
23 mental illness for which care and treatment as a patient in a hospital
24 is essential to such person's welfare and whose judgment is so impaired
25 that [he] the person is unable to understand the need for such care and
26 treatment.

1 "likelihood to result in serious harm" or "likely to result in serious
2 harm" means (a) a substantial risk of physical harm to the person as
3 manifested by threats of or attempts at suicide or serious bodily harm
4 or other conduct demonstrating that the person is dangerous to [himself
5 or herself] themself, or (b) a substantial risk of physical harm to
6 other persons as manifested by homicidal or other violent behavior by
7 which others are placed in reasonable fear of serious physical harm, or
8 (c) a substantial risk of physical harm to the person due to an inabili-
9 ty or refusal, as a result of their mental illness, to provide for their
10 own essential needs such as food, clothing, medical care, safety, or
11 shelter.
12 § 2. The mental hygiene law is amended by adding a new section 9.04 to
13 read as follows:
14 § 9.04 Clinical determination of likelihood to result in serious harm.
15 In making a clinical determination of whether a person's mental
16 illness is likely to result in serious harm to self or others, the eval-
17 uating clinician shall review:
18 1. medical records available to the evaluating clinician;
19 2. all credible reports of the person's recent behavior;
20 3. any credible, known information related to the person's medical and
21 behavioral history; and
22 4. any other available relevant information.
23 § 3. Subdivisions (a), (d), (e), and (i) of section 9.27 of the mental
24 hygiene law, as renumbered by chapter 978 of the laws of 1977 and subdi-
25 vision (i) as amended by chapter 847 of the laws of 1987, are amended to
26 read as follows:
27 (a) The director of a hospital may receive and retain therein as a
28 patient any person alleged to be mentally ill and in need of involuntary

1 care and treatment upon the [certificate] certificates of two examining
2 physicians, or upon the certificates of an examining physician and a
3 psychiatric nurse practitioner. Such certificates shall be accompanied
4 by an application for the admission of such person. The examination may
5 be conducted jointly but each [examining physician] certifying practi-
6 tioner shall execute a separate certificate.
7 (d) Before an examining physician or psychiatric nurse practitioner
8 completes the certificate of examination of a person for involuntary
9 care and treatment, [he] they shall consider alternative forms of care
10 and treatment that might be adequate to provide for the person's needs
11 without requiring involuntary hospitalization. If the examining physi-
12 cian or psychiatric nurse practitioner knows that the person [he is]
13 they are examining for involuntary care and treatment has been under
14 prior treatment, [he] they shall, insofar as possible, consult with the
15 physician or psychologist furnishing such prior treatment prior to
16 completing [his] their certificate. Nothing in this section shall
17 prohibit or invalidate any involuntary admission made in accordance with
18 the provisions of this chapter.
19 (e) The director of the hospital where such person is brought shall
20 cause such person to be examined forthwith by a physician who shall be a
21 member of the psychiatric staff of such hospital other than the original
22 examining physicians or psychiatric nurse practitioner whose certificate
23 or certificates accompanied the application and, if such person is found
24 to be in need of involuntary care and treatment, [he] they may be admit-
25 ted thereto as a patient as herein provided.
26 (i) After an application for the admission of a person has been
27 completed and both [physicians] certifying practitioners have examined
28 such person and separately certified that [he or she] such person is

1 mentally ill and in need of involuntary care and treatment in a hospi-
2 tal, either [physician] <u>certifying practitioner</u> is authorized to request
3 peace officers, when acting pursuant to their special duties, or police
4 officers, who are members of an authorized police department or force or
5 of a sheriff's department, to take into custody and transport such
6 person to a hospital for determination by the director whether such
7 person qualifies for admission pursuant to this section. Upon the
8 request of either [physician] <u>certifying practitioner,</u> an ambulance
9 service, as defined by subdivision two of section three thousand one of
10 the public health law, is authorized to transport such person to a
11 hospital for determination by the director whether such person qualifies
12 for admission pursuant to this section.
13 § 4. Subsection (a) of section 9.37 of the mental hygiene law, as
14 renumbered by chapter 978 of the laws of 1977, is amended to read as
15 follows:
16 (a) The director of a hospital, upon application by a director of
17 community services or an examining physician duly designated by [him]
18 <u>them</u>, may receive and care for in such hospital as a patient any person
19 who, in the opinion of the director of community services or [his] <u>their</u>
20 designee, has a mental illness for which immediate inpatient care and
21 treatment in a hospital is appropriate and which is likely to result in
22 serious harm to [himself] <u>themself</u> or others; "likelihood of serious
23 harm" shall mean:
24 1. substantial risk of physical harm to [himself] <u>themself</u> as mani-
25 fested by threats of or attempts at suicide or serious bodily harm or
26 other conduct demonstrating that [he is] <u>they are</u> dangerous to [himself]
27 <u>themself</u>, or

1 2. a substantial risk of physical harm to other persons as manifested
2 by homicidal or other violent behavior by which others are placed in
3 reasonable fear or serious physical harm[.]; or
4 3. a substantial risk of physical harm to the person due to an inabil-
5 ity or refusal, as a result of their mental illness, to provide for
6 their own essential needs such as food, clothing, medical care, safety,
7 or shelter.
8 The need for immediate hospitalization shall be confirmed by a staff
9 physician of the hospital prior to admission. Within seventy-two hours,
10 excluding Sunday and holidays, after such admission, if such patient is
11 to be retained for care and treatment beyond such time and [he does]
12 they do not agree to remain in such hospital as a voluntary patient, the
13 certificate of another examining physician who is a member of the
14 psychiatric staff of the hospital that the patient is in need of invol-
15 untary care and treatment shall be filed with the hospital. From the
16 time of [his] their admission under this section the retention of such
17 patient for care and treatment shall be subject to the provisions for
18 notice, hearing, review, and judicial approval of continued retention or
19 transfer and continued retention provided by this article for the admis-
20 sion and retention of involuntary patients, provided that, for the
21 purposes of such provisions, the date of admission of the patient shall
22 be deemed to be the date when the patient was first received in the
23 hospital under this section.
24 § 5. Subsection (a) of section 9.39 of the mental hygiene law, as
25 amended by chapter 789 of the laws of 1985, is amended to read as
26 follows:
27 (a) The director of any hospital maintaining adequate staff and facil-
28 ities for the observation, examination, care, and treatment of persons

1 alleged to be mentally ill and approved by the commissioner to receive
2 and retain patients pursuant to this section may receive and retain
3 therein as a patient for a period of fifteen days any person alleged to
4 have a mental illness for which immediate observation, care, and treat-
5 ment in a hospital is appropriate and which is likely to result in seri-
6 ous harm to [himself] themself or others. "Likelihood to result in seri-
7 ous harm" as used in this article shall mean:
8 1. substantial risk of physical harm to [himself] themself as mani-
9 fested by threats of or attempts at suicide or serious bodily harm or
10 other conduct demonstrating that [he is] they are dangerous to [himself]
11 themself, or
12 2. a substantial risk of physical harm to other persons as manifested
13 by homicidal or other violent behavior by which others are placed in
14 reasonable fear of serious physical harm[.], or
15 3. a substantial risk of physical harm to the person due to an inabil-
16 ity or refusal, as a result of their mental illness, to provide for
17 their own essential needs such as food, clothing, medical care, safety,
18 or shelter.
19 § 6. Subdivision (a) of section 9.45 of the mental hygiene law, as
20 amended by section 6 of part AA of chapter 57 of the laws of 2021, is
21 amended to read as follows:
22 (a) The director of community services or the director's designee
23 shall have the power to direct the removal of any person, within [his or
24 her] their jurisdiction, to a hospital approved by the commissioner
25 pursuant to subdivision (a) of section 9.39 of this article, or to a
26 comprehensive psychiatric emergency program pursuant to subdivision (a)
27 of section 9.40 of this article, if the parent, adult sibling, spouse
28 [or], domestic partner as defined in section twenty-nine hundred nine-

1 ty-four-a of the public health law, child of the person, cohabitant of
2 the person's residential unit, the committee or legal guardian of the
3 person, a licensed psychologist, registered professional nurse or certi-
4 fied social worker currently responsible for providing treatment
5 services to the person, a supportive or intensive case manager currently
6 assigned to the person by a case management program which program is
7 approved by the office of mental health for the purpose of reporting
8 under this section, a licensed physician, health officer, peace officer
9 or police officer reports to [him or her] the director of community
10 services or the director's designee that such person has a mental
11 illness for which immediate care and treatment is appropriate and
12 [which] that is likely to result in serious harm to [himself or herself]
13 self or others. It shall be the duty of peace officers, when acting
14 pursuant to their special duties, or police officers[,] who are members
15 of an authorized police department, or force or of a sheriff's depart-
16 ment to assist representatives of such director to take into custody and
17 transport any such person. Upon the request of a director of community
18 services or the director's designee, an ambulance service, as defined in
19 subdivision two of section three thousand one of the public health law,
20 is authorized to transport any such person. Such person may then be
21 retained in a hospital pursuant to the provisions of section 9.39 of
22 this article or in a comprehensive psychiatric emergency program pursu-
23 ant to the provisions of section 9.40 of this article.
24 § 7. Subparagraph (iii) of paragraph 4 and paragraph 7 of subdivision
25 (c), subparagraph (ii) of paragraph 1 of subdivision (e), paragraph 2 of
26 subdivision (h), and paragraph 3 of subdivision (i) of section 9.60 of
27 the mental hygiene law, as amended by chapter 158 of the laws of 2005,
28 and subparagraph (iii) of paragraph 4 of subdivision (c) and paragraph 2

1 of subdivision (h) as amended by section 2 of subpart H of part UU of
2 chapter 56 of the laws of 2022, are amended to read as follows:
3 (iii) notwithstanding subparagraphs (i) and (ii) of this paragraph,
4 resulted in the issuance of a court order for assisted outpatient treat-
5 ment [which] that has expired within the last six months, and since the
6 expiration of the order[,]; (a) the person has experienced a substantial
7 increase in symptoms of mental illness [and such symptoms] that substan-
8 tially interferes with or limits [one or more major life activities as
9 determined by a director of community services who previously was
10 required to coordinate and monitor the care of any individual who was
11 subject to such expired assisted outpatient treatment order. The appli-
12 cable director of community services or their designee shall arrange for
13 the individual to be evaluated by a physician. If the physician deter-
14 mines court ordered services are clinically necessary and the least
15 restrictive option, the director of community services may initiate a
16 court proceeding.] the person's ability to maintain their health or
17 safety; or (b) the person, due to a lack of compliance with recommended
18 treatment, has received emergency treatment or inpatient care or has
19 been incarcerated;
20 (7) is likely to benefit from assisted outpatient treatment. Previous
21 non-compliance with court oversight or mandated treatment shall not
22 preclude a finding that the person is likely to benefit from assisted
23 outpatient treatment.
24 (ii) the parent, spouse, domestic partner, sibling eighteen years of
25 age or older, or child eighteen years of age or older of the subject of
26 the petition; or
27 (2) The court shall not order assisted outpatient treatment unless an
28 examining physician, who recommends assisted outpatient treatment and

1 has personally examined the subject of the petition no more than ten
2 days before the filing of the petition, testifies in person or by video-
3 conference at the hearing. [Provided however, a physician shall only be
4 authorized to testify by video conference when it has been: (i) shown
5 that diligent efforts have been made to attend such hearing in person
6 and the subject of the petition consents to the physician testifying by
7 video conference; or (ii) the court orders the physician to testify by
8 video conference upon a finding of good cause.] Such physician shall
9 state the facts and clinical determinations which support the allegation
10 that the subject of the petition meets each of the criteria for assisted
11 outpatient treatment.
12 (3) The court shall not order assisted outpatient treatment unless a
13 physician appearing on behalf of a director testifies in person or by
14 video conference to explain the written proposed treatment plan. Such
15 physician shall state the categories of assisted outpatient treatment
16 recommended, the rationale for each such category, facts which establish
17 that such treatment is the least restrictive alternative, and, if the
18 recommended assisted outpatient treatment plan includes medication, such
19 physician shall state the types or classes of medication recommended,
20 the beneficial and detrimental physical and mental effects of such medi-
21 cation, and whether such medication should be self-administered or
22 administered by an authorized professional. If the subject of the peti-
23 tion has executed a health care proxy, such physician shall state the
24 consideration given to any directions included in such proxy in develop-
25 ing the written treatment plan. If a director is the petitioner, testi-
26 mony pursuant to this paragraph shall be given at the hearing on the
27 petition. If a person other than a director is the petitioner, such

1 testimony shall be given on the date set by the court pursuant to para-
2 graph three of subdivision (j) of this section.
3 § 8. The mental hygiene law is amended by adding a new section 9.64 to
4 read as follows:
5 § 9.64 Notice of admission determination to community provider.
6 Upon an admission to a hospital or received as a patient in a compre-
7 hensive psychiatric emergency program pursuant to the provisions of this
8 article, the director of such hospital or program shall ensure that
9 reasonable efforts are made to identify and promptly notify of such
10 determination any community provider of mental health services that
11 maintains such person on its caseload.
12 § 9. Subdivision (f) of section 29.15 of the mental hygiene law, as
13 amended by chapter 135 of the laws of 1993, is amended to read as
14 follows:
15 (f) The discharge or conditional release of all clients at develop-
16 mental centers, patients at psychiatric centers or patients at psychiat-
17 ric inpatient services subject to licensure by the office of mental
18 health shall be in accordance with a written service plan prepared by
19 staff familiar with the case history of the client or patient to be
20 discharged or conditionally released and in cooperation with appropriate
21 social services officials and directors of local governmental units. In
22 causing such plan to be prepared, the director of the facility shall
23 take steps to assure that the following persons are interviewed,
24 provided an opportunity to actively participate in the development of
25 such plan and advised of whatever services might be available to the
26 patient through the mental hygiene legal service: the patient to be
27 discharged or conditionally released; a representative of a community
28 provider of mental health services, including a provider of case manage-

1 ment services, that maintains the patient on its caseload; an authorized
2 representative of the patient, to include the parent or parents if the
3 patient is a minor, unless such minor sixteen years of age or older
4 objects to the participation of the parent or parents and there has been
5 a clinical determination by a physician that the involvement of the
6 parent or parents is not clinically appropriate and such determination
7 is documented in the clinical record and there is no plan to discharge
8 or release the minor to the home of such parent or parents; and upon the
9 request of the patient sixteen years of age or older, [a significant] an
10 individual significant to the patient including any relative, close
11 friend or individual otherwise concerned with the welfare of the
12 patient, other than an employee of the facility.
13 § 10. This act shall take effect ninety days after it shall have
14 become a law; provided, however, section four of this act shall take
15 effect on the same date as the reversion of subsection (a) of section
16 9.37 of the mental hygiene law as provided in section 21 of chapter 723
17 of the laws of 1989, as amended; provided further, however, the amend-
18 ments to section 9.45 of the mental hygiene law made by section six of
19 this act shall not affect the repeal of such section and shall be deemed
20 repealed therewith; and provided further, however, the amendments to
21 section 9.60 of the mental hygiene law made by section seven of this act
22 shall not affect the repeal of such section and shall be deemed repealed
23 therewith.

24 PART FF

25 Section 1. 1. Subject to available appropriations and approval of the
26 director of the budget, the commissioners of the office of mental

1 health, office for people with developmental disabilities, office of
2 addiction services and supports, office of temporary and disability
3 assistance, office of children and family services, and the state office
4 for the aging (hereinafter "the commissioners") shall establish a state
5 fiscal year 2025-2026 targeted inflationary increase, effective April 1,
6 2025, for projecting for the effects of inflation upon rates of
7 payments, contracts, or any other form of reimbursement for the programs
8 and services listed in subdivision four of this section. The targeted
9 inflationary increase established herein shall be applied to the appro-
10 priate portion of reimbursable costs or contract amounts. Where appro-
11 priate, transfers to the department of health (DOH) shall be made as
12 reimbursement for the state and/or local share of medical assistance.
13 2. Notwithstanding any inconsistent provision of law, subject to the
14 approval of the director of the budget and available appropriations
15 therefor, for the period of April 1, 2025 through March 31, 2026, the
16 commissioners shall provide funding to support a two and one-tenth
17 percent (2.1%) targeted inflationary increase under this section for all
18 eligible programs and services as determined pursuant to subdivision
19 four of this section.
20 3. Notwithstanding any inconsistent provision of law, and as approved
21 by the director of the budget, the 2.1 percent targeted inflationary
22 increase established herein shall be inclusive of all other inflationary
23 increases, cost of living type increases, inflation factors, or trend
24 factors that are newly applied effective April 1, 2025. Except for the
25 2.1 percent targeted inflationary increase established herein, for the
26 period commencing on April 1, 2025 and ending March 31, 2026 the commis-
27 sioners shall not apply any other new targeted inflationary increases or
28 cost of living adjustments for the purpose of establishing rates of

1 payments, contracts or any other form of reimbursement. The phrase "all
2 other inflationary increases, cost of living type increases, inflation
3 factors, or trend factors" as defined in this subdivision shall not
4 include payments made pursuant to the American Rescue Plan Act or other
5 federal relief programs related to the Coronavirus Disease 2019 (COVID-
6 19) pandemic public health emergency. This subdivision shall not
7 prevent the office of children and family services from applying addi-
8 tional trend factors or staff retention factors to eligible programs and
9 services under paragraph (v) of subdivision four of this section.
10 4. Eligible programs and services. (i) Programs and services funded,
11 licensed, or certified by the office of mental health (OMH) eligible for
12 the targeted inflationary increase established herein, pending federal
13 approval where applicable, include: office of mental health licensed
14 outpatient programs, pursuant to parts 587 and 599 of title 14 CRR-NY of
15 the office of mental health regulations including clinic (mental health
16 outpatient treatment and rehabilitative services programs), continuing
17 day treatment, day treatment, intensive outpatient programs and partial
18 hospitalization; outreach; crisis residence; crisis stabilization,
19 crisis/respite beds; mobile crisis, part 590 comprehensive psychiatric
20 emergency program services; crisis intervention; home based crisis
21 intervention; family care; supported single room occupancy; supported
22 housing programs/services excluding rent; treatment congregate;
23 supported congregate; community residence - children and youth;
24 treatment/apartment; supported apartment; community residence single
25 room occupancy; on-site rehabilitation; employment programs; recreation;
26 respite care; transportation; psychosocial club; assertive community
27 treatment; case management; care coordination, including health home
28 plus services; local government unit administration; monitoring and

1 evaluation; children and youth vocational services; single point of
2 access; school-based mental health program; family support children and
3 youth; advocacy/support services; drop in centers; recovery centers;
4 transition management services; bridger; home and community based waiver
5 services; behavioral health waiver services authorized pursuant to the
6 section 1115 MRT waiver; self-help programs; consumer service dollars;
7 conference of local mental hygiene directors; multicultural initiative;
8 ongoing integrated supported employment services; supported education;
9 mentally ill/chemical abuse (MICA) network; personalized recovery
10 oriented services; children and family treatment and support services;
11 residential treatment facilities operating pursuant to part 584 of title
12 14-NYCRR; geriatric demonstration programs; community-based mental
13 health family treatment and support; coordinated children's service
14 initiative; homeless services; and promise zones.
15 (ii) Programs and services funded, licensed, or certified by the
16 office for people with developmental disabilities (OPWDD) eligible for
17 the targeted inflationary increase established herein, pending federal
18 approval where applicable, include: local/unified services; chapter 620
19 services; voluntary operated community residential services; article 16
20 clinics; day treatment services; family support services; 100% day
21 training; epilepsy services; traumatic brain injury services; hepatitis
22 B services; independent practitioner services for individuals with
23 intellectual and/or developmental disabilities; crisis services for
24 individuals with intellectual and/or developmental disabilities; family
25 care residential habilitation; supervised residential habilitation;
26 supportive residential habilitation; respite; day habilitation; prevoca-
27 tional services; supported employment; community habilitation; interme-
28 diate care facility day and residential services; specialty hospital;

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

1 (iv) Programs and services funded, licensed, or certified by the
2 office of temporary and disability assistance (OTDA) eligible for the
3 targeted inflationary increase established herein, pending federal
4 approval where applicable, include: the nutrition outreach and education
5 program (NOEP).
6 (v) Programs and services funded, licensed, or certified by the office
7 of children and family services (OCFS) eligible for the targeted infla-
8 tionary increase established herein, pending federal approval where
9 applicable, include: programs for which the office of children and fami-
10 ly services establishes maximum state aid rates pursuant to section
11 398-a of the social services law and section 4003 of the education law;
12 emergency foster homes; foster family boarding homes and therapeutic
13 foster homes; supervised settings as defined by subdivision twenty-two
14 of section 371 of the social services law; adoptive parents receiving
15 adoption subsidy pursuant to section 453 of the social services law; and
16 congregate and scattered supportive housing programs and supportive
17 services provided under the NY/NY III supportive housing agreement to
18 young adults leaving or having recently left foster care.
19 (vi) Programs and services funded, licensed, or certified by the state
20 office for the aging (SOFA) eligible for the targeted inflationary
21 increase established herein, pending federal approval where applicable,
22 include: community services for the elderly; expanded in-home services
23 for the elderly; and the wellness in nutrition program.
24 5. Each local government unit or direct contract provider receiving
25 funding for the targeted inflationary increase established herein shall
26 submit a written certification, in such form and at such time as each
27 commissioner shall prescribe, attesting how such funding will be or was
28 used to first promote the recruitment and retention of support staff,

1 direct care staff, clinical staff, non-executive administrative staff,
2 or respond to other critical non-personal service costs prior to
3 supporting any salary increases or other compensation for executive
4 level job titles.
5 6. Notwithstanding any inconsistent provision of law to the contrary,
6 agency commissioners shall be authorized to recoup funding from a local
7 governmental unit or direct contract provider for the targeted infla-
8 tionary increase established herein determined to have been used in a
9 manner inconsistent with the appropriation, or any other provision of
10 this section. Such agency commissioners shall be authorized to employ
11 any legal mechanism to recoup such funds, including an offset of other
12 funds that are owed to such local governmental unit or direct contract
13 provider.
14 § 2. This act shall take effect immediately and shall be deemed to
15 have been in full force and effect on and after April 1, 2025.
16 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-
17 sion, section or part of this act shall be adjudged by any court of
18 competent jurisdiction to be invalid, such judgment shall not affect,
19 impair, or invalidate the remainder thereof, but shall be confined in
20 its operation to the clause, sentence, paragraph, subdivision, section
21 or part thereof directly involved in the controversy in which such judg-
22 ment shall have been rendered. It is hereby declared to be the intent of
23 the legislature that this act would have been enacted even if such
24 invalid provisions had not been included herein.
25 § 3. This act shall take effect immediately provided, however, that
26 the applicable effective date of Parts A through FF of this act shall be
27 as specifically set forth in the last section of such Parts.