

FY 2022-2023 Budget: Senate & Assembly Put forth One-House Budgets Laying Out Priorities & Final Sprint to Enacted Budget

On Monday, March 14, 2022, the Senate and Assembly passed their-hone house budgets, which outline their respective priorities and areas where the houses agree or disagree with Executive budget proposal. Now comes the hard work as the Senate and Assembly have established joint budget conference committees to resolve remaining differences in time for passage of a budget by the April 1st deadline.

Press Release on Senate one-house: https://www.nysenate.gov/sites/default/files/press-release/attachment/03.14.22_one_house_budget_resolution.pdf

Press Release on Assembly on House: <https://nyassembly.gov/Press/?sec=story&story=101141>

**Executive-Senate-Assembly Budget Comparison:
Health and Mental Hygiene Article VII – S8007B/A9007B
3/16/2022**

Executive	Senate	Assembly
Part A – Establishes Nurses Across New York (NANY) Program	<p>MODIFIES</p> <p>-Adds licensed practical nurses (LPNs) as eligible</p>	<p>MODIFIES</p> <p>1. Removes certain Commissioner discretion on allocation without competitive bid or request for proposals</p> <p>2. Clarifies definition of underserved area to read: "located in New York state and shall include, but not be limited to, areas designated by the federal government as a health professional shortage area, a medically underserved area, or medically underserved population, non-profit diagnostic and treatment centers which primarily serve Medicaid eligible or uninsured patients, and other areas and populations as determined by the commissioner."</p> <p>3. Includes nurses working in a NP or PA office as eligible if in underserved area</p>
Part B – Interstate Medical Licensure Compact for Physicians & Nurses	INCLUDED AS PROPOSED BY EXECUTIVE	NOT INCLUDED
<p>Part C - Scope of Practice</p> <ul style="list-style-type: none"> Pharmacist – Adds pharmacist to list of qualified health care professionals authorized to direct a limited service lab to conduct point-of-care non-invasive care. Nurse Practitioners – Eliminates the requirement for nurse practitioners with more than 3,600 hours in primary care to maintain collaborative agreements/relationships with physicians and makes the Nurse Practitioner Modernization Act permanent. 	<p>NOT INCLUDED</p> <p>With respect to scope of practice proposals, the Senate budget resolution states, "The Senate intentionally omits the Executive proposal to expand the scope of practice of several health care professions. While such expansions are noteworthy, each scope of practice deserves a robust conversation outside the context of the Executive Budget."</p>	<p>MODIFIES</p> <p>-Pharmacist provisions – NOT INCLUDED</p> <p>-NP – Makes law permanent, no change to collaborative agreements/relationships</p> <p>-Certified Medication Aide – NOT INCLUDED</p>

<ul style="list-style-type: none"> • Certified Medication Aide (CMA) in Residential Health Care Facilities (RHCF) 		
Part D – Healthcare Workforce Bonuses	MODIFIES Expands the list of eligible personnel to include other front-line workers in support positions and clarifies bonuses would not impact public assistance eligibility.	MODIFIES Per the budget language: "An employee who is employed by a state operated facility, an institutional or direct-care setting operated by the executive branch of the State of New York or a public hospital operated by the state university of New York shall be eligible for the health care and mental hygiene worker bonus. The bonus shall only be paid to employees that receive an annualized base salary of \$125K or less." Assembly accepts an All Funds appropriation of \$120 million to provide bonus payments to state workers whose base salary is subject to collective bargaining.
Part E – General Public Health Work County Support Authorizes DOH to increase the annual base grant full-service local health departments to \$750,000 or \$1.30 per capital and increase grant to partial-service local health departments to \$577,500.	MODIFIES Increase annual base grant funding for Local Health Departments by increasing fringe benefits and restoring New York City's General Public Health Work funding.	MODIFIES Clarifies the allocation formula to be per capita "for each person in the municipality."
Part F – Modernize Emergency Medical Services	MODIFIES Modifies the Executive proposal to by including more funding to support its growth and clarifying definitions including adding community paramedicine to definition of EMS.	NOT INCLUDED
Part G – Transfer of Oversight for Licensed Healthcare Professions	NOT INCLUDED	NOT INCLUDED
Part H – Medicaid Global Cap Metric Modification and Extension <ul style="list-style-type: none"> • Modifies the metric to limit Medicaid spending growth by utilizing a 5-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by the Office of the Actuary in the Centers for Medicaid services (CMS). Extends the Medicaid global cap provision for an additional two years through fiscal year 2024. 	MODIFIES Amendment: REPEALS CAP	MODIFIES Amendment: REPEALS CAP
Part I – Increase Medicaid trend factor by one percent to recognize provider labor cost increases <ul style="list-style-type: none"> • Effective 4/1/22 – 3/31/24, this part allows for a uniform 1 percent rate increase for all DOH Medicaid Fee For Service payments 	INCLUDED	INCLUDED

<p>for services provided on or after April 1, 2022.</p>		
<p>Part J – Hospital related Recommendations</p> <ul style="list-style-type: none"> Provides for the extension of the statutory requirement to rebase acute hospital rates to January 1, 2024. T 	<p>MODIFIES</p> <p>AMENDMENT: Clarification of shall versus may</p>	<p>INCLUDED</p>
<p>Part K – Statewide Health Care Facility Transformation Program IV</p>	<p>MODIFIES</p> <p>Per Senate resolution, "The Senate modifies the Executive All Funds recommendation of \$2.1billion by providing an additional \$400 million."</p> <ul style="list-style-type: none"> Adds Eligibility of Public Hospitals operated by public benefit corp to \$750m pool Adds language allocating 25% of \$750M be allocated to Community based healthcare providers. Adds allocation of 25% of \$150m for telehealth transformation be allocated to Community based health care providers. \$400 million for safety net facilities, including hospitals D & TCs and nursing homes 	<p>MODIFIES</p> <ul style="list-style-type: none"> -Replaces executive proposal for \$25M earmarked for community-based providers and revises to \$100m. -Eliminates \$25M earmarked for Mental health clinics. -Expand the category of providers eligible for funding -Maintaining the Comptroller oversight
<p>PART L Notices for Changes in Ownership of Licensed Entities</p> <ul style="list-style-type: none"> Adds "controlling person" to the list of individuals subject to Public Health and Health Planning Council (PHHPC) review in establishment or change of ownership certificate of need applications, which include those who have been member of corporation or operations for the past seven years Revises the character and competence review look-back period from ten to seven years. Any change of ownership transaction that is subject to PHHPC review shall be effective ninety days after the applicant has fully responded to the DOH's final request for additional information. "Unless prior to the end of the 90-day period, PHHPC notifies the parties that it has barred the transaction for one or more of four reasons identified in the statute." 	<p>NOT INCLUDED</p> <p>AMENDMENT: Require DOH and PHHPC to study on the current oversight process to identify potential barriers to licensure.</p>	<p>NOT INCLUDED</p>

<ul style="list-style-type: none"> Includes a change of ownership for a LHCSA is subject to need based on new regulation 		
<p>Part M – Nursing Home Reforms</p> <ul style="list-style-type: none"> Modifies the definition of residential healthcare facility revenue as it relates to minimum direct care spending requirements by: (1) Excluding reimbursement of provider assessments; and (2) Excluding the capital per diem portion of the reimbursement rate for nursing homes that have a 4- or 5-star CMS rating. Allows the Commissioner discretion in excluding the capital portion from revenue, for 3-star facilities on a case-by-case basis. Allows for funding of the nursing home quality pool to be accomplished through: State appropriation, Rate adjustments, a combination of appropriation and rate adjustments. Amends current law pertaining to the Vital Access Provider Assurance Program to include distressed nursing homes, adult care facilities, independent practice associations and accountable care organizations as eligible providers. Funding is subject to an evaluation process approved by the Commissioner. Effective Date: April 1, 2022 	<p>MODIFIES</p> <ul style="list-style-type: none"> -Adds exclusion of FEMA financial support Grant revenue from calculation of total facility revenue. -Accepted expansion of funding methods for nursing home quality pool 	<p>MODIFIES</p> <ul style="list-style-type: none"> -Adds language for temporary lump sum payments to distressed facilities subject to evaluation and acceptable transformation plan. -Omits exclusion of assessments and capital per diem from calculation of revenue -Accepted expansion of funding methods for nursing home quality pool -Adds ACFs as eligible for VAP Program
<p>Part N – Promote Health Equity and Continuity of Coverage for Vulnerable Seniors and Individuals with Disabilities</p> <ul style="list-style-type: none"> Expands Medicaid eligibility for low-income New Yorkers who are over the age of 65 as well as those with disabilities and provides that this population will maintain Medicaid eligibility after becoming eligible for Medicare. To do so, this proposes to eliminate the resource test and raise the income level to 138% of the Federal Poverty Level for seniors and individuals with disabilities. Effective Date: January 1, 2023 	<p>INCLUDED</p> <p>"The Senate accepts the Executive proposal to eliminate the Medicaid resource test and raise the income eligibility for adults age 65 and older and individuals with intellectual and developmental disabilities."</p>	<p>MODIFIES</p> <ul style="list-style-type: none"> -Technical amendments regarding Medicaid income eligibility limits.

<p>Part O – Medicaid Long Term Care Program Reforms</p> <ul style="list-style-type: none"> Amends Social Service Law to allow for the Fee for Service Private Duty nursing services provider directory for the Medically fragile to be revised to include Medically fragile adults. The bill further allows for increased rates of payment for service providers. Amends Social Service Law to modify implementation of the uniform tasking tool and allows the DOH to develop service guidelines and standards for the use of tasking tools to assist in the determination of appropriate home care services. Amends Public Health Law to establish the licensure process for Programs of All-Inclusive Care for the Elderly (PACE). This bill identifies criteria for program eligibility and licensure and addresses areas including contracting, licensure, and operations and oversight. The bill also addresses Eligibility and enrollment, program enrollment and reimbursement which will be developed and implemented by DOH. Effective Date: April 1, 2022 	<p>MODIFIES</p> <ol style="list-style-type: none"> Provides for increased rates for Private Duty nurses for medically fragile adults and amends the proposal to eliminates the reimbursement cliff for medically fragile adults once they age out of the medically fragile child program Provides increased reimbursement for providers who enroll in the provider directory and rate will be based on Managed care private duty nursing payment averages for 2020 Adds PACE program licensure provisions and largely agrees with executive proposal Authorizes PACE organizations to act as fiscal intermediaries for their enrollees without entering into state contracts for the provision of services There are numerous subtle differences when compared to executive language but none are significant Adds language for payment methodology guidelines including the requirement for an independent actuarial memorandum in determining rates. Did not include modifications to the uniform tasking tool 	<p>MODIFIES</p> <ol style="list-style-type: none"> Provides for increased rates for Private Duty nurses for medically fragile adults and amends the proposal to eliminates the reimbursement cliff for medically fragile adults once they age out of the medically fragile child program Omits all Executive language regarding PACE licensure Did not include modifications to the uniform tasking tool
<p>Part P – Managed Care Reforms</p> <ul style="list-style-type: none"> Authorizes DOH to competitively procure Managed Care Organizations participating in certain Medicaid Managed Care Programs. Authorizes health plans offering Medicaid, Essential Plan, and Qualified Health Plan to contract with national cancer institute-designated cancer centers. Projected fiscal savings: \$100 million in FY 2024 and \$200 million in FY 2025. Effective Date: April 1, 2022 	<p>MODIFIES</p> <ul style="list-style-type: none"> -Does not accept authorization for DOH to competitively procure Managed Care Organizations. -Accepts authorization for essential Plan, and Qualified Health Plan to contract with national cancer institute-designated cancer centers. 	<p>NOT INCLUDED</p>
<p>Part Q – Essential Plan Reforms</p> <p>Authorize the Commissioner of Health to submit federal waiver to expand eligibility for Essential Plan as follows:</p> <ul style="list-style-type: none"> Raise the Federal Poverty Cap for essential plan from 200% to 250% of the Federal Poverty Level. 	<p>MODIFIES</p> <ul style="list-style-type: none"> -Accepts authorization for Commissioner of Health to submit federal waiver. -Accepts proposed expansions in eligibility. -Includes language to allow undocumented immigrants to enroll in Essential plan (otherwise not eligible for federal financial participation). 	<p>MODIFIES</p> <ul style="list-style-type: none"> -Accepts authorization for Commissioner of Health to submit federal waiver. -Accepts proposed expansions in eligibility with modifications. -Allocates an additional \$345 million to provide coverage for undocumented individuals.

<ul style="list-style-type: none"> • Authorize individuals and their newborns to receive coverage for one-year post-partum regardless of any change to income. • Expand covered services under essential plan to include long-term supports and services that is comparable to Medicaid for long-term chronic illnesses. • Effective Date: Varies based on provision (refer to bill) 	<p>-Allocates an additional \$345 million to expand the Essential Plan to all uninsured individuals under 200 percent of the Federal Poverty Level including those who would otherwise be eligible except for their immigration status.</p> <p>-Accepts expansion of covered services under essential plan to include long-term supports and services that is comparable to Medicaid for long-term chronic illnesses</p>	<p>-Accepts expansion of covered services under essential plan to include long-term supports and services that is comparable to Medicaid for long-term chronic illnesses</p>
<p>Part R – Protect Reproductive Access for All –</p> <ul style="list-style-type: none"> • Proposal would require individual and group private insurance coverage for abortion services. Such services would not be subject to co-payments, co-insurance, or annual deductibles (unless the plan is a high deductible plan). 	<p>MODIFIES</p> <p>-Advances language to require health insurance policies to cover abortion services (§.7002).</p>	<p>NOT INCLUDED</p>
<p>Part S – Maternal Health Reforms</p> <ul style="list-style-type: none"> • A \$6.3 million proposal to expand maternal health services to achieve health equity and improve birth outcomes. Amends Social Services law to require prenatal and post-partum care as standard coverage and reimbursement of said services to appropriate healthcare provider; and extends post-partum coverage eligibility to one year following the last day of pregnancy. Proposal does require approval and participation of federal government. 	<p>MODIFIES</p> <p>-Modifies the Executive proposal to extend Medicaid postpartum coverage to one year after the end of pregnancy for all, including undocumented individuals (§.1411-A).</p>	<p>MODIFIES</p> <p>-Modify the Executive proposal by listing eligible services; and modify the Executive proposal to expand post-partum Medicaid coverage to one-year following the end of pregnancy to make individuals eligible for one-year of post-partum coverage regardless of their immigration status.</p>
<p>Part T – Third Trimester Syphilis Screenings</p> <ul style="list-style-type: none"> • Require syphilis testing of pregnant patients by a physician or other authorized practitioner in the third trimester “consistent with guidance and regulations issued by the DOH.” 	<p>NOT INCLUDED</p>	<p>NOT INCLUDED</p>
<p>Part U – Child Health Plus Reforms –</p> <ul style="list-style-type: none"> • Aligns Child Health Plus benefits with Medicaid benefits and transitions Child Health Plus rate setting authority from the Department of Financial Services to the Department of Health. • If enacted, the proposal would expand covered healthcare services to include 	<p>INCLUDED</p> <p>Senate accepts the Executive proposal to expand services under the Child Health Plus plan, eliminate or lower premiums for certain individuals, and increase coverage for particular populations.</p>	<p>MODIFIES</p> <p>-Clarifying that reimbursement must be pursuant to the APG rate</p> <p>-Does not include the Executive proposal to transfer the rate setting authority for the program from the Department of Financial Services to the Department of Health</p>

<p>Children's Family Treatment and Support Services, Children's Home and Community Based Services, Assertive Community Treatment Services, residential rehabilitation for youth services, and health related services provided by voluntary foster care agency health facilities.</p> <ul style="list-style-type: none"> • Seeks to eliminate the \$9.00 per month premium payment for eligible children whose family income is 223% of the federal poverty limit. • Effective Date: Provision related to elimination of premium would take effect April 1, 2022. The other provisions would take effect on January 1, 2023. 		
<p>Part V – Telehealth Parity</p> <ul style="list-style-type: none"> • Establishes reimbursement parity for telehealth services by requiring Medicaid and commercial insurers and health plans to reimburse practitioners delivering services through telehealth on the same basis and at the same rate as delivered in person. 	<p>MODIFIES -Senate intentionally omits the Executive proposal on telehealth and instead advances language to establish parity for health care services delivered via telehealth and expand the list of telehealth providers (§.5505 and §.6846-A).</p>	<p>NOT INCLUDED</p>
<p>Part W – Eliminate Unnecessary Requirements for the Utilization Threshold (UT) program</p> <ul style="list-style-type: none"> • Amends Section 365-g of the Social Services Law to ease the administrative burden on providers for Medicaid utilization review. The Executive Budget transitions utilization review from a prospective process to a retrospective process. The retrospective, post-payment review is established to evaluate the appropriateness and quality of medical assistance, and to safeguard against unnecessary utilization of care and services. • The review will include beneficiary utilization profiles, provider service profiles, exceptions criteria to correct misutilization by beneficiaries and providers, and a process for referral to the Office of Medicaid Inspector General where suspected fraud, waste, or abuse is identified related to the unnecessary or inappropriate use of care, services, or supplies. 	<p>NOT INCLUDED</p>	<p>MODIFIES -Assembly amends to instead reinsert existing law regarding utilization review that the Executive proposed eliminating.</p>

Part X – Rename the Office of Minority Health to Office of Health Equity	NOT INCLUDED	NOT INCLUDED
Part Y – Marriage Certificates <ul style="list-style-type: none"> Amends the Domestic Relations Law to authorize name and gender changes on marriage certificates upon receipt of proof in an effort to assist New Yorkers accurately express their gender identity. Under the provision, acceptable proof includes: “(a) a judgement, order or decree affirming a change of name or gender designation of either party to the marriage; (b) an amended birth certificate demonstrating a change of name or gender designation; or such other as may be established by the commissioner of health.” 	INCLUDED	NOT INCLUDED
Part Z – Physicians Excess Medical Malpractice Program	MODIFIES -Rejects the proposed payment installment structure -Accepts one year extension of program	MODIFIES -Rejects the proposed payment installment structure -Accepts one year extension of program
Part AA – Clarifying provisions regarding emergency medical services and surprise bills	NOT INCLUDED	NOT INCLUDED
Part BB – Medicaid Pharmaceutical Related Recommendations <ul style="list-style-type: none"> Repeal the authority for the prescriber to make final determination with respect to medication under Medicaid Fee for Service and Medicaid Managed Care, known as Prescriber Prevails. Savings attributed to repeal: \$41.21 million in FY 2023 and \$49.45 million in FY 2024 	NOT INCLUDED (and restores funding)	NOT INCLUDED (and restores funding)
Part CC – Extend various provisions of the Public Health, Social Services, Education and Tax Laws <ul style="list-style-type: none"> Extends deadline to determine the Assisted Living Program Need methodology through April 1, 2025. (Section 1) Extends provisions related to the Statewide Patient Centered Medical Home program through April 1, 2025. (Section 2) Makes authorization for temporary operators of adult homes permanent. (Section 3) Extends the authority for DOH to make DSH/IGT payments to hospitals outside of 	NOT INCLUDED	MODIFIES -Assembly accepts Section 1 & 2 -Section 3 Modified – Extend temporary operator provisions for adult homes until April 1, 2031. -Assembly accepts section 4 -Section 5 Modified – Proposes two year extension of authorization for pharmacists to enter into collaborative agreements with physicians in certain settings. -Assembly accepts Section 6 -Assembly does include Section 7 -Assembly includes Section 8 -Assembly accepts Section 10 -Assembly accepts Section 11

<p>New York City through March 31, 2025. (Section 4)</p> <ul style="list-style-type: none"> • Makes authorization for pharmacists to enter into collaborative agreements with physicians in certain settings permanently. (Section 5) • Extends Statewide Medicaid integrity and efficiency initiative for the purpose of achieving audit recoveries through March 31, 2024. (Section 6) • Makes the Distressed Provider Assistance Program permanent. (Section 7) • Extends the Lyme and Tick-Borne Disease Working Group's report due date to May 1, 2023. (Section 8) • Extends the Tick-Borne Diseases and Blood-Borne Pathogen Impact study's due date to October 1, 2022. (Section 9) • Extends due date for the Rare Disease Workgroup Report to December 20, 2022. (Section 10) • Extends due date for Radon Task Force's Report to November 1, 2022. (Section 11) 		
<p>Part DD – 5.4% Human Services Cost of Living Adjustment</p> <ul style="list-style-type: none"> • Proposal to include a one-time 5.4% (consistent with the July 2021 consumer price index) for employees of OMH, OASAS, OPWDD, OTDA, OCFS & SOFA, effective April 1, 2023, through March of 2023. An extensive list of service(s) providers are to be included and can be reviewed in the Article VII language. Highlights include Home and Community Based Services, Children and Family Treatment Support Services and Care Coordination and Management. ' <ul style="list-style-type: none"> • Effective Date: April 1, 2022 	<p>MODIFIES</p> <ul style="list-style-type: none"> -Accepts the 5.4% cost-of-living adjustment for eligible programs for 2022-23 -Advances language to provide an additional 5.4% adjustment for eligible programs in 2023-24. 	<p>MODIFIES</p> <ul style="list-style-type: none"> -Accepts the Executive proposal to fund a 5.4 percent Cost of Living Adjustment (COLA) for human service agencies and provides an additional \$310 million to increase the COLA by 5.6 percent, for a total COLA of 11 percent. -Include the Department of Health to the agencies responsible for establishing the COLA -Add Health Home Care Management programs, New York State supportive housing programs, and preventive workers to those entities that will receive the COLA.
<p>Part EE – 988 Crisis Prevention and Behavioral Health Crisis Act</p> <ul style="list-style-type: none"> • Establishes the infrastructure for the three-digit phone number, 988, as designated by the Federal Communications Commission for the purpose of connecting individuals experiencing a behavioral health crisis with supports including but not 	<p>MODIFIES</p> <ul style="list-style-type: none"> -Modifies the reporting metrics -Ensuring call 988 hotline is operated by employees under OMH jurisdiction 	<p>MODIFIES</p> <ul style="list-style-type: none"> -Clarifies who is authorized to be a member of a mobile crisis team; 988-crisis hotline center follow up services -Providing crisis intervention services and not solely for implementing the 988 crisis hotline centers -Includes veterans and members of rural communities to the list of specialized populations.

<p>limited to mobile crisis teams and crisis stabilization centers.</p> <ul style="list-style-type: none"> • Authorizes OMH and OASAS to designate and set standards for crisis hotline centers, 		
<p>Part FF – Requires reinvestment of underspending from behavioral health transition to managed care back into behavioral health services</p> <ul style="list-style-type: none"> • Amend the Mental Hygiene Law to provide for reinvestment of managed care savings within OMH and OASAS. This could occur if the managed care plans to not meet the medical loss ratio, which defines what portion of premium must be spent on care for enrollees and removes the require that DOH Commissioner issue regulations on the methodology of calculating savings and distribution of funds. 	<p>MODIFIES -Modifies to add reporting and transparency measures including requiring that Department of Health, effective April 1, 2022, post on its website the list of managed care providers that provided a recovery of premiums going back to 2013.</p>	<p>MODIFIES -Modifies to require the Office of Mental Health to provide information related to the amount of reinvest funds available, and a detailed accounting of the amount that was recovered from each provider, and the dates that the recovery of funds represent.</p>
<p>Part GG – Extends DSRIPP</p> <ul style="list-style-type: none"> • Provides four-year extension of the law through 2025 granting the ability for DOH, OMH, OPWDD, and OASAS to waive any necessary regulatory requirements to allow providers involved in Delivery System Reform Incentive Payment (DSRIP) program projects. 	<p>MODIFIES -Modifies to provide only a one-year extension.</p>	<p>NOT INCLUDED</p>
<p>Part HH – Expand access to Naloxone and Buprenorphine in Pharmacies</p> <ul style="list-style-type: none"> • Require pharmacies to maintain a minimum stock of thirty-day supply of both an opioid antagonist (Naloxone) and an opioid partial agonist for the treatment of opioid use disorder. 	<p>MODIFIES -Modifies to remove the dosage requirement for the 30-day supply and to expand the types of partial antagonists that must be available to require a stock of any drug on the single statewide formulary.</p>	<p>NOT INCLUDED</p>
<p>Part II – Establishes Certification for Recovery Residences</p> <ul style="list-style-type: none"> • Authorizes OASAS to establish voluntary certification process for recovery-supported housing, also known as sober homes, including provisions related to inspection, record keeping and operational standards. 	<p>INCLUDED</p>	<p>MODIFIES -Assembly includes standalone bill A7613-A by Asm. Steck that would establish requirements for recovery living residences and certification of such residences.</p>
<p>Part JJ – Modernizes and Expand Alcohol Awareness Program</p> <ul style="list-style-type: none"> • Amends the Mental Hygiene Law to change the name Alcohol Awareness 	<p>NOT INCLUDED</p>	<p>INCLUDED WITH CHANGES</p>

<p>Program to the Substance Use Awareness Program.</p> <ul style="list-style-type: none"> • Expands the program to include raising awareness of the health and social costs of cannabis use. • Appropriates \$750,000 for the development of evidence-based best practices to address addiction by expanding program and making it available to more individuals. 		
<p>Part KK – OASAS Capital Program Reforms</p> <ul style="list-style-type: none"> • Authorizes OASAS and Dormitory Authority to assume responsibility for the development of voluntary capital projects by voluntary-operated addiction services providers from inception with the goal of moving project forward in a more expeditious manner. • Authorizes the state to purchase properties for the development into voluntary-operated addiction service facilities and create a pathway to transfer facilities to service providers. Budget materials note the voluntary-operated addiction services providers provide most of the addiction treatment services in NYS. 	NOT INCLUDED	NOT INCLUDED
<p>Part LL – APG Rate Methodology Extension</p> <ul style="list-style-type: none"> • Extends provisions of law to ensure adjusted rates paid to Article 31 and Article 32 under the Mental Hygiene Law align with current Medicaid Ambulatory Patient Group (APG) methodology for an additional five years through March 31, 2027. • Provides rate provisions continue to apply to behavioral health crisis programs licensed by OMH and OASAS. 	<p>INCLUDED</p> <p>-Accepts the Executive proposal to extend the ambulatory patient group rate methodology through 2027.</p>	<p>MODIFIES</p> <p>-Includes crisis stabilization services to programs receiving the APG rate.</p>
<p>Part MM – Extends Kendra's Law</p> <ul style="list-style-type: none"> • Extends Kendra's Law, which first enacted in 1999 provides a statutory framework by which courts can order individuals with psychiatric disabilities to receive assisted outpatient treatment (AOT), for an additional five years through June 30, 2022. • Makes additional changes to Kendra's Law including: (1) expanding the criteria for AOT to include individuals for whom 	<p>MODIFIES</p> <p>-Modifies to provide only one year extension of Kendra's Law.</p>	<p>MODIFIES</p> <p>-ACCEPTS 5-year extension</p> <p>-No change to criteria for AOT</p> <p>-Authorizes physician who recommends AOT and examines individual to testify by videoconference ONLY "when it has been shown that diligent efforts have been met to attend such hearing in person and the subject of the petition consents to the physician testifying by video conference."</p>

<p>AOT has expired within the last six months and since the expiration the person has experienced "a substantial increase in symptoms of mental illness."</p> <ul style="list-style-type: none"> • Authorizes physician who recommends AOT and examines individual to testify by videoconference at court hearing. • Authorizes a Director of Community Services or designee to require a service provider to release information concerning individuals receiving AOT. 		
<p>Part NN – Expand the property pass through laws which affect individuals with MI living in Community based residential programs</p> <ul style="list-style-type: none"> • Authorizes OMH Commissioner to reimburse supportive housing programs similarly to community residences or residential care centers for adults, which would include property costs such as rent, mortgage payments, principle, and interest on loans. • Effect Date: April 1, 2022 	INCLUDED	INCLUDED
<p>Part OO – Provides Permanent authority for OMH and OPWDD to appoint temporary operators</p> <ul style="list-style-type: none"> • Makes 2016 law permanent that authorizes OMH and OPWDD to appoint temporary operators pursuant to provisions of the Mental Hygiene Law. Among the provision made permanent: (1) statutory factors used to evaluate circumstances when a temporary operator may be necessary to maintain a program's viability and protect health and safety of patients; (2) duties of temporary operator; (3) limitations on a temporary operator's liability and duration of appointment; (4) provisions for notice to the established operator and review when established operator disagrees with temporary operator; and (5) continuing obligations of the established operator. 	NOT INCLUDED	MODIFIES -Provides 3 year extension (not made permanent)
NOT ADDRESSED	NOT ADDRESSED	Part PP The commissioner shall re-establish a program to reimburse the cost of providing health care or health insurance to eligible individuals who have cystic fibrosis; and allocates \$375,000.

NOT ADDRESSED	NOT ADDRESSED	Part QQ DOH in consultation with OASAS shall review policies and practices of DOCCS regarding emerging infectious diseases, women's health, transgender health, chronic health conditions including asthma, diabetes and heart disease, discharge planning for those requiring residential placement and substance use disorders. First report due one year after law becomes effective.
NOT ADDRESSED	NOT ADDRESSED	Part RR Eliminates the sunset for the law authorizing school-based health centers outside of MMC.
NOT ADDRESSED	NOT ADDRESSED	Part SS – Medicare beneficiary Expand eligibility to the Medicare Savings Program to up to 156 percent of the federal poverty level.
NOT ADDRESSED	NEW PART RR -Advances language to establish a base wage for home care workers at 150 percent of the regional minimum wage and a regional minimum rate of reimbursement for fiscal intermediaries (S.5374-A). Allocates additional \$625M.	Part TT – Fair Pay for Home Care -- Establish a minimum wage for home care workers at 150 percent of the regional minimum wage.
NOT ADDRESSED	NOT ADDRESSED	Part UU – Distressed Provider Assistance Account Reduces the amount of funds that the NYS Comptroller must hold in relation to the NYS Agency Trust Fund, Distressed Provider Assistance Account by \$50 million. Extends withhold for one year.
NOT ADDRESSED	NEW PART PP -Advances language to create Medicaid prescription drug reimbursement rate parity between managed care and fee-for-service pharmacy benefits (S.7909); and also prohibits PBMs from limiting individual's choice to receive from non-mail order.	NOT ADDRESSED
NOT ADDRESSED	NEW PART QQ -Advances language to adjust activity of daily living-based restrictions on eligibility for personal and home care services under Medicaid (S.5028-A). The provisions would repeal the limitation on eligibility for personal care service, which had required a person need physical assistance with 3 or more activities of daily living, unless there is diagnosis of Alzheimer's where supervision would be needed with two activities of daily living.	NOT ADDRESSED
NOT ADDRESSED	NEW PART SS -Advances language to codify the Quality Incentive Vital Access Provider Program and provide funding to support its growth.	NOT ADDRESSED

NOT ADDRESSED	NEW PART TT -Advances language to nullify certain provisions which exempted contracts providing health related services from competitive bidding requirements.	NOT ADDRESSED
NOT ADDRESSED	NEW PART XX -Advances language to require a study of the Consumer Directed Personal Care Program and to pause any program changes while such study is underway. Report would be due by 12/31/2023 and suspends any changes until such time. Authorizes the reissuance of FI RFO 180 days after report, which must be published on DOH's website.	NOT ADDRESSED
<p>Part II – Authorizes a social equity fund for retail cannabis dispensaries</p> <ul style="list-style-type: none"> • Amends to state finance law to authorize a private debt or equity fund to be created for use in providing assistance to socially and economically disadvantaged individuals in establishing retail cannabis dispensaries. The fund would provide qualifying individuals with access to funds or fixed capital costs including but limited to all costs related to the acquisition, leasing, purchasing, planning, design, construction, reconstruction, rehabilitation, improvement, furnishing, or equipping of such adult- use cannabis dispensaries. • Amends Public Authorities Law to authorize Dormitory Authority of the State of New York (DASNY) to form one or more subsidiaries and to authorize DASNY to use those subsidiaries to provide services to the Office of Cannabis Management, the Cannabis Control Board, and the Social Equity Fund. 	<p>NOT INCLUDED</p> <p>PART II -- The Senate intentionally omits the Executive proposal to authorize the Dormitory Authority to work with the Office of Cannabis Management to ensure private financing sources can assist with the design and build-out of retail cannabis locations. The Senate supports the concept of using State investment to leverage private funding for establishing social and economic equity licensee dispensaries efficiently and equitably, and seeks to provide additional clarity on the program's implementation and intent.</p>	<p>MODIFIES</p> <p>-Includes provisions for clarifying the administration of the program.</p>
NOT ADDRESSED	NOT ADDRESSED	Part II – Cannabis Industry Expense Deductions: The Assembly includes language to allow licensed cannabis businesses to make ordinary and necessary business deductions from New York State taxes.

Revenue Bill Comparison

Executive	Senate	Assembly
<p>Part CC – Authorize Casino Licenses (Revenue Bill)</p> <ul style="list-style-type: none"> • Bill authorizes the awarding of up to three additional casino licenses. • Authorizes New York State Gaming Facility Location Board to issue a request for applications and Gaming Commission to award licenses to no more than three additional applicants and removes restriction that facility cannot be located downstate (Zone One). 	<p>MODIFIES</p> <p>-Modifies the Executive proposal to authorize the issuance of additional casino licenses by:</p> <ul style="list-style-type: none"> • Limiting the number of facilities per zone. • Requiring local approval of casino siting. • Holding harmless the Nassau County VLT hosting agreement. • Specifying parameters for application scoring, including a diversity category to ensure that jobs and casino ownership are reflective of New York's diverse workforce. • Applying minimum licensing fees of at least \$1 billion per license. 	<p>NOT INCLUDED</p>

Education, Labor & Family Assistance Bill Comparison

Executive	Senate	Assembly
<p>Part V – Ban Non-Compete and No-Poach Agreements</p> <ul style="list-style-type: none"> • Amends NYS Labor Law to prohibit the use of non-compete agreements for any employee or prospective employee earning less than the median wage (as determined and published by the Commissioner of Labor) in New York State. 	<p>NOT INCLUDED</p>	<p>NOT INCLUDED</p>

Child Welfare (Education, Labor & Family Assistance)

Executive	Senate	Assembly
<p>Part L -- Expand income eligibility for child care subsidies</p> <p>Expand access to child care subsidies by raising the maximum income for eligibility from 200 percent to 300 percent of the Federal Poverty Level (FPL), statewide, phased in over three years. This increase will be phased in over three years: FY 2023 – 225% FPL; FY 2024 – 260% FPL; FY 2025 – 300% FPL, provided such persons are at or below eighty-five percent of the state median income.</p>	<p>MODIFIES</p> <p>-Advances an alternative proposal to expand child care vouchers to the 100th percentile of the actual cost of care for households earning up to 500 percent of the FPL, to be phased in over the next three years for children up to five years of age or until the end of their first year of eligibility for kindergarten. Households with incomes between 300 percent and 500 percent of the FPL would not have co-payments of more than 10 percent of their household income over the FPL.</p>	<p>The Assembly proposal provides \$3 billion for child care spending in state and Federal funds through the following allocations:</p> <ul style="list-style-type: none"> • \$2 billion to expand the Executive proposal to increase eligibility for subsidized child care to 400 percent for the Federal Poverty Level (FPL); • \$425 million to increase stabilization grants, for a total of \$500 million; • \$370 million to increase reimbursement for subsidized child care from the 69th to the 90th percentile

	<p>The Senate further proposes to provide workforce stabilization grants to child care providers, and grants for child care infrastructure in both capital funding and assistance with recruitment, training, and retention of child care providers.</p> <p>The Senate directs the Child Care Task Force to develop a plan for achieving free universal child care within four years.</p> <p>For the expansion of child care, the Senate provides:</p> <ul style="list-style-type: none"> -\$.2 billion in SFY 2022-23. -\$3.7 billion in SFY 2023-24. -\$4.1 billion in SFY 2024-25 and thereafter <p>\$200 million to support the construction, conversion, and rehabilitation of properties to create and expand access to child care .</p> <p>\$35 million to restore the State's child welfare reimbursement from 62 percent to 65 percent along with five year extension of the law;</p>	<ul style="list-style-type: none"> • \$200 million in capital funding to support the expansion of access to child care, with an emphasis on child care deserts; • \$75 million to maintain the cap on family copays at 10 percent of income above FPL for subsidized child care; • \$55.2 million for the Foster Care Block grant; • \$30 million to restore the State's child welfare reimbursement from 62 percent to 65 percent along with five year extension of the law; and, • \$26.9 million for adoption subsidies.
<p>PART O – Modernize Maximum State Aid Rates for Voluntary Agencies Enacts into law provisions to modernize requirements for foster care maintenance payments</p>	<p>INCLUDED</p> <p>-Accepts the Executive proposal to require social service districts to increase their payment rates to the full 100 percent of the Maximum State Aid Rates within two years. The Senate separates the Kinship Guardianship Assistance Program (KinGAP) from the Foster Care Block Grant.</p>	<p>MODIFIES</p> <p>The Assembly modifies the Executive proposal to require local social services districts to begin or continue to pay at least 100 percent of the MSAR no later than July 1st, 2023, by requiring the state to assume the entire cost of the rate increase if the new MSAR rates are not released on time</p>
<p>Part P – Homeless Youth Care Consent Authorize homeless youth to consent to their own medical, dental, health and hospital services. Currently, a minor, including a minor who is homeless, needs the consent of a legal guardian to obtain most health care services.</p>	<p>NOT INCLUDED</p>	<p>NOT INCLUDED</p>
<p>Aid to Localities Appropriations</p> <ul style="list-style-type: none"> • Adoption Subsidies: The Executive proposal recommends an expansion of funding for adoption subsidies to \$225.8 million. • Post-Adoption Subsidies and Home Visiting The Executive proposal recommends \$22.8 million for post-adoption subsidies and mandates that half of such total (\$11 	<p>Senate Restorations:</p> <ul style="list-style-type: none"> • Adds \$28.6 million for the State's share of costs for residential placement by the Committee on Special Education. • Adds \$25 million for the Kinship Guardianship Assistance Program (KinGAP) and removes the program from the Foster Care Block Grant. • Adds \$5 million for Child Advocacy Centers, for a total of \$10.2 million. • Restores \$2 million for 2-1-1. 	<p>The Assembly restores the following programs that were eliminated by the Executive:</p> <ul style="list-style-type: none"> • \$2.5 million for Settlement Houses; • \$2 million for Safe Harbor; • \$1.9 million for Kinship Care; • \$1.5 million for Youth Development Program; and • \$100,000 for Kinship Navigator.

<p>million) be used to fund the Home Visiting Program. There is also an additional Home Visiting allocation of \$26.1 million.</p> <ul style="list-style-type: none"> • Kinship Care: The Executive proposal slashes funding for Kinship care from \$2.2 million to \$311,000 	<ul style="list-style-type: none"> • Restores \$1.9 million in additional support for the Kinship Care Program, for a total of \$2.2 million • Restores \$1.5 million in additional support for the Youth Development Program, for a total of \$15.6 million. • Restores \$1.5 million for Child Care Facilitated Enrollment Demonstration Projects in New York City, Erie County, and Onondaga County, providing \$500,000 to each area. • \$720,000 Foster Care Initiative • Adds \$30 million to support legislative initiatives. 	
<p>Juvenile Justice Delinquency Prevention Act – PART Q (ELFA) The Executive proposal recommends codifying the requirements of the Juvenile Justice Delinquency Prevention Act (JJDP A) that are already in effect under federal requirements and would prohibit the use of New York State’s current administrative process for approving alternate jail placement for youth under the age of 21 in detention and transfers of Juvenile Offenders (JO) and Adolescent Offenders (AO) to DOCCS prior to age 21. The provisions within this bill would require that any youth younger than the maximum age at which that individual can be held in a juvenile facility under State law and who is 19 committed to the custody or supervision of a juvenile agency may not be transferred to an adult facility without a court hearing where the judge finds that such transfer is in the interest of justice.</p>	<p>NOT INCLUDED The Senate intentionally omits the Executive proposal to incorporate the Juvenile Justice Delinquency Prevention Act into the Executive Law and Criminal Procedure Law.</p>	<p>NOT INCLUDED The Assembly does not include the Executive proposal to allow a Juvenile Offender, an Adolescent Offender under 21 or a youth under the age of 18 to be detained in a local correctional facility with adults after a hearing is held to determine if such placement is in the interest of justice.</p>

Public Safety/Juvenile Justice

Executive	Senate	Assembly
Continue Implementation of Raise the Age. The Executive Budget continues to appropriate \$250 million in support of Raise the Age.	Accepted	Accepted
Raise the Age Funding	NEW PART KK -Advances language to eliminate the requirement that localities adhere to the property tax cap in order to be eligible for reimbursement due to Raise the Age expenditures.	Not Addressed
Not Addressed	NEW PART HH -The Senate advances language to establish a nighttime Family Court pilot program in New York City (S.3683-D).	Not Addressed

Part B – Gender-Affirming Treatment of Incarcerated Individuals	NOT INCLUDED	NOT INCLUDED
Part H – Establishes the Gender-Based Violence Training Institute <ul style="list-style-type: none"> Creates the Gender-Based Violence Training Institute within the Office for the Prevention of Domestic Violence (OPDV). 	NOT INCLUDED	NOT INCLUDED
	\$250 million for Universal Pre-Kindergarten, with a full phase-in over two years.	\$150 million for Universal Prekindergarten (UPK), including \$25 million to increase the per pupil rate for districts already providing UPK, and \$125 million to support new Statewide Universal Full-Day Prekindergarten (SUFDPK) programs that offer \$10,000 per four-year old;

Gun Violence

Senate	Assembly
<p>Criminal Justice Services, Division of State Operations (S.8000-B)</p> <p>-Adds \$40 million to support restoration and increased support for Legislative grants for community safety and restorative justice grant programs that:</p> <ul style="list-style-type: none"> Support gun violence prevention programs, gang and crime reduction strategies managed by local governments, and community-based not-for-profit service providers. Support survivors of sexual assault and domestic violence. Support criminal and civil legal services, alternatives to incarceration, community supervision and re-entry initiatives. <p>-Modifies gun violence funding to provide \$50,000 dedicated funding streams to SNUG Rochester, SNUG Kingston, SNUG Middletown, SNUG New Rochelle and SNUG Queens</p>	<p>\$19 million for gun violence prevention programs, including increases for SNUG, Cure Violence, the Gun Involved Violence Elimination (GIVE) initiative, and other programs aimed at reducing gun violence in communities;</p>

Mental Health Investments (Aid to Localities)

Senate	Assembly
<p>-\$22 million increase to support 200 additional inpatient beds.</p> <p>Aids to Localities (S.8003-B)</p> <p>The Senate modifies the Executive recommendation of \$2.5 billion as follows:</p> <ul style="list-style-type: none"> Adds \$2.6 million to support restoration of SFY22 Legislative grants. Adds an additional \$2.4 million to increase support for Legislative grants 	<p>The Assembly provides funding for mental hygiene programs including:</p> <ul style="list-style-type: none"> \$1.4 billion for the human service COLA to 11 percent; <ul style="list-style-type: none"> \$53 million in Children and Youth Services including increasing Medicaid rates, as well as funding for various community non-residential programs; \$6 million for crisis intervention teams in the Office of Mental Health (OMH);

<ul style="list-style-type: none"> • Adds an additional \$5 million for the Crisis Intervention Demonstration Program. • Adds an additional \$185,000 for Columbia and Greene County to support the Dwyer program, while accepting overall appropriation of \$7.7 million as proposed by Executive. 	<ul style="list-style-type: none"> • \$5 million for the expansion of crisis intervention services in the Office for People with Developmental Disabilities (OPWDD); • \$4 million for diversion training in the Office of Mental Health (OMH); • \$2 million for substance abuse prevention and intervention specialists; and • \$2 million for a pilot program for integrated mental hygiene services in State operated facilities. • \$1 million For services and expenses related to suicide prevention efforts for high-risk populations, including Latina adolescents, Black youth, members of the Lesbian, Gay, Bi-sexual, Transgender, and Queer community, and Rural Communities • \$7.7 million for expansion of Dwyer Peer to Peer Program accepted
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Other Provisions of Note

Senate: Modifies appropriation language to ensure \$265 million in Opioid Settlement funds is used pursuant to a plan recommended by the Opioid Advisory Board.