

FY 2025 Executive Budget Amendments

**Amendments to Senate S.8307; Assembly A.8807  
(HMH Article VII Bill)**

**Part E**, relating to nursing home proposals, is amended to:

- Make technical amendments to clarify the scope of the nursing home rate freeze.

**Part G**, relating to long term care proposals, is amended to:

- Clarify that the definition of "home care aide" is being amended only as it relates to wage parity.

**Part H**, relating to Managed care proposals, is amended to:

- Include certain unintentionally omitted provisions necessary for the procurement of managed care plans.

**Part J**, relating to Essential Plan proposals, is amended to:

- Make technical changes to incorporate references to the 1332 waiver into the marketplace statute.

**Part L**, relating to Miscellaneous Public Health proposals, is amended to:

- Make a technical change.

**Part N**, relating to maternal and reproductive health, is amended to:

- Make changes to require that pregnant and post-partum individuals give informed consent prior to testing for alcohol, cannabis, or other drugs.

**Part S**, relating to Health Care Safety Net Transformation, is amended to:

- Clarify that a hospital organization must apply in conjunction with at least one partner organization in order to qualify for grants funding under this program and make various technical corrections.

**Part U**, relating to Opioids and Overdose Prevention, is amended to:

- Clarify data sharing language to allow sharing with other State agencies, in accordance with applicable laws, rules, and regulations.
- Create a veterinary exemption for Xylazine and establish safe storage, record keeping requirements, and make other technical changes.

**Part V**, relating to EMS and Hospital at Home, is amended to:

- Clarify that the Department of Health must approve the county medical emergency response plans, not the format of the plans.

- Clarify that the Commissioner will allow general hospitals to provide off-site acute care medical services, subject to the availability of Federal financial participation.
- Add nurse practitioner to the list of medical professionals that can provide off-site acute care to a patient with a pre-existing relationship with the hospital or medical professional, including care for patients who were admitted and resided through emergency departments and on inpatient hospital beds.
- Clarify that the ambulance services used by counties must be licensed by the Department of Health.
- Makes technical changes to allow counties time to adjust their medical emergency response plans in the event of a service no longer being available.
- Clarify that changes made to the Provision of Emergency Medical Dispatch section would apply only to dispatchers/dispatch agencies with primary role as emergency medical dispatch, and that all licensure/protocols/minimum standards will be established with the advice and consent of the State Interoperability Emergency Communications (SIEC) board.

**Part X**, relating to the opioid stewardship fund extender, is amended to:

- Intentionally omit HMH Part X to avoid duplication of provisions, the extender is carried in Part B.

**Part FF**, relating to establishing a cost-of-living adjustment (COLA) for designated human services programs, is amended to:

- Make a technical amendment to conform the exclusion of care coordination organizations from the list of eligible programs and services.

**New Part GG**, relating to contracting flexibility in relation to 1115 Medicaid waivers, is added to:

- Provide the Department of Health with additional contracting flexibilities in relation to the 1115 Medicaid waiver, in order to carry out provisions of the waiver.

**New Part HH**, relating to long term care reforms, is added to:

- Include regulation authority relating to quality of care standards and labor protections for the Consumer Directed Personal Assistance Program (CDPAP) and Personal Care.
- Require consumer self-direction in the CDPAP.
- Eliminate conflicts of interest between CDPAP Fiscal Intermediaries (FIs), Licensed Home Care Service Agencies (LHCSAs), and Managed Long-Term Care Plans (MLTCs).
- Repeal the FI request for proposals and replace with FI authorization process.

Amend Senate S8307, Assembly A8807, 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...

Page	Line	Amendment
Page 4,	Unnumbered lines 34 through 37 (AN ACT CLAUSE),	Strike out "to amend part NN of chapter 57 of the laws of 2018 amending the public health law and other laws relating to enacting the opioid stewardship act, in relation to making the opioid stewardship fund permanent" Insert "intentionally omitted"
Page 5,	Unnumbered Line 7	After "(Part EE;)" strike out "and"
Page 5,	Unnumbered Line 8	After "(Part FF)" insert "; to amend the social services law, in relation to providing contracting flexibility in relation to 1115 medicaid waivers (Part GG); and to amend the social services law, in relation to the removal of the fiscal intermediary procurement and replacing it with an authorization process; to amend the public health law, in relation to eliminating conflicts of interest between consumer directed personal assistance program fiscal intermediaries and licensed home care services agencies; to amend the social services law, in relation to the consumer directed personal assistance program; and to repeal certain provisions of the social services law relating thereto (Part HH)"
Page 5,	Line 4,	After "through" strike out "FF" and insert "HH"
Page 15,	Line 45,	After " <u>twenty-four,</u> " and insert " <u>the case mix adjustment from</u> "
Page 15,	Line 47,	After " <u>from the</u> " strike out " <u>January two thousand twenty four</u> " and insert " <u>July two thousand twenty-three</u> "
Page 21,	Between lines 8 and 9,	Insert "§3. Paragraph (a) of subdivision 1 of section 3614-f of the public health law, as added by section 3 of part NN of chapter 57 of the laws of 2023, is amended to read as follows: (a) "Home care aide" [shall have the same meaning as defined in section thirty-six hundred fourteen-c of this article] means, for the purpose of this section, a home health aide, personal care aide, home attendant, personal assistant performing consumer directed personal assistance services pursuant to section three hundred sixty-five-f of the social services law, or other licensed or unlicensed person whose primary responsibility includes the provision of in-home assistance with activities of daily living, instrumental activities of daily living or health-related tasks; provided, however, that home care aide

		does not include any individual (i)working on a casual basis, or (ii) (except for a person employed under the consumer directed personal assistance program under section three hundred sixty-five-f of the social services law) who is a relative through blood, marriage or adoption of: (1) the employer; or (2) the person for whom the worker is delivering services, under a program funded or administered by federal, state or local government."
Page 21,	Line 9,	After "\$" strike out "3" and insert "4"
Page 22,	Line 3,	After "(a)" strike out "The" and insert "the"
Page 22,	Line 3,	After "(a)" insert " <u>Notwithstanding sections one hundred twelve and one hundred sixty-three of the state finance law, sections one hundred forty-two and one hundred forty-three of the economic development law, and any other inconsistent provision of law,</u> "
Page 22,	Line 10,	After "however," insert " <u>notwithstanding sections one hundred twelve and one hundred sixty-three of the state finance law, sections one hundred forty-two and one hundred forty-three of the economic development law, and any other inconsistent provision of law,</u> "
Page 22,	Line 10,	After "however," strike out "that"
Page 24,	Line 1,	After "(v)" insert " <u>Awards and contracting.</u> "
Page 24,	Line 34,	After "(b)" insert " <u>Transitioning the managed care program.</u> <u>(i) Within sixty-days of the department issuing the request for proposals under paragraph (a) of this subdivision, a managed care provider that was approved to participate in the managed care program prior to the issuance of the request for proposals, shall submit its intention to complete such proposal to the department.</u> <u>(ii) A managed care provider that: (A) fails to submit its intent timely, (B) indicates within the sixty-days its intent not to complete such a proposal, (C) fails to submit a proposal within the further timeframe specified by the commissioner in the request for proposals, or (D) is not awarded the ability to participate in the managed care program under paragraph (a) of this subdivision, shall, upon direction from the commissioner, terminate its services and operations in accordance with the contract between the managed care provider and the department and shall be additionally required to maintain coverage of participants for such period of time as determined necessary by the commissioner to achieve the safe and orderly transfer of participants.</u> <u>(c) Addressing needs for additional managed care providers to ensure participant access and choice."</u>

Page 24,	Line 44,	Strike out " <u>(c)</u> " and insert " <u>(d)</u> "
Page 24,	Line 49,	Strike out " <u>(d)</u> " and insert " <u>(e)</u> "
Page 24,	Line 51,	Strike out " <u>(e)</u> " and insert " <u>(f)</u> "
Page 24,	Line 51,	Strike out " <u>(d)</u> " and insert " <u>(e)</u> "
Page 25,	Line 11,	Before "An eligible applicant shall" insert " <u>Certificate of Authority; form.</u> "
Page 28,	Line 41,	After " <u>(v)</u> " insert " <u>Award and contracting.</u> "
Page 29,	Line 19,	After " <u>(b)</u> " insert " <u>Transitioning enrollees who are eligible under title XIX of the federal social security act (i) Within sixty-days of the department issuing the request for proposals under paragraph (a) of this subdivision, a managed long term care plan that was approved to provide health and long term care services to enrollees who are eligible under title XIX of the federal social security act prior to the issuance of the request for proposals, shall submit its intention to complete such proposal to the department. (ii) A managed long term care plan that: (A) fails to submit its intent timely; (B) indicates within the sixty-days its intent not to complete such a proposal, (C) fails to submit a proposal within the further timeframe specified by the commissioner in the request for proposals, or (D) is not awarded the ability to provide health and long term care services to enrollees who are eligible under title XIX of the federal social security act under paragraph (a) of this subdivision, shall, upon direction from the commissioner, terminate its services and operations in accordance with the contract between the managed long term care plan and the department and shall be additionally required to maintain coverage of enrollees for such period of time as determined necessary by the commissioner to achieve the safe and orderly transfer of enrollees. (c)</u> "
Page 29,	Line 31,	Before " <u>(d)</u> " strike out "[" and after " <u>(d)</u> " strike out "]" <u>(c)</u> "
Page 30,	Line 11,	Before " <u>(e)</u> " strike out "[" and after " <u>(e)</u> " strike out "For the duration of the moratorium under paragraph (d) of this subdivision (d)]
Page 31,	Line 20,	After " <u>the</u> " strike out " <u>notice</u> " and insert " <u>statement of damages</u> "
Page 31,	Lines 32 through 36,	After " <u>d(i)</u> " strike out " <u>To dispute liquidated damages imposed by this subdivision the to the commissioner within thirty calendar days from the date of the statement of damages. Such dispute shall be made in the form and manner prescribed by the commissioner</u> " and

		insert <u>"A managed care organization may dispute the imposition of liquidated damages in writing, and in the form and manner prescribed by the commissioner, within thirty calendar days from the date of the statement of damages"</u>
Page 31,	Lines 37 and 38	After <u>"(ii)"</u> strike out <u>"The department will deny any disputes that are not delivered in the format and timeframe specified by the department"</u> and insert <u>"Disputes that are not delivered in the format and timeframe specified by the department shall be denied by the department and deemed waived by the managed care organization"</u>
Page 31,	Lines 39 through 46,	After <u>"(iii)"</u> strike out <u>"The managed care organization waives any dispute not raised within thirty calendar days of issuance of the statement of damages. It also waives any arguments it fails to raise in writing within thirty calendar days of issuance of the statement of damages, and waives the right to use any materials, data, and/or information not contained in or accompanying the managed care organization's submission submitted within the thirty calendar days of issuance of the statement of damages in any subsequent legal or administrative proceeding"</u> and insert <u>"A managed care organization shall waive any arguments, materials, data, and information not contained in or accompanying a timely submitted written dispute, including for use in any subsequent legal or administrative proceeding"</u>
Pages 31 and 32,	Lines 51 through 4,	After <u>"(e)"</u> strike out <u>"For purposes of this subdivision a violation shall mean a determination by the commissioner that the managed care organization failed to act as required under the model contract or applicable federal and state statutes, rules or regulations governing managed care organization. For the purposes of this subdivision, each day that an ongoing violation continues shall be a separate violation. In addition, each instance of failing to furnish necessary and/or required medical services or items to each enrollee shall be a separate violation. As well, each day that the managed care organization fails to furnish necessary and/or required medical services or items to enrollees shall be a separate violation"</u> and insert <u>"For purposes of this subdivision a violation shall mean: (i) a determination by the commissioner that the managed care organization failed to act as required under the model contract or applicable federal and state statutes, rules or regulations governing managed care organization; (ii) each instance of a managed care organization failing to furnish necessary and/or required medical services or items to each enrollee shall be a separate violation. For the purposes of this subdivision, each day that an ongoing violation continues shall be a separate violation"</u>

Page 46,	Between lines 42 and 43,	<p>Insert “§ 8. Section 268 of the public health law, as added by section 2 of part T of chapter 57 of the laws of 2019, is amended to read as follows:</p> <p>The purpose of this title is to codify the establishment of the health benefit exchange in New York, known as NY State of Health, The Official Health Plan Marketplace (Marketplace), in conformance with Executive Order 42 (Cuomo) issued April 12, 2012. The Marketplace shall continue to perform eligibility determinations for federal and state insurance affordability programs including medical assistance in accordance with section three hundred sixty-six of the social services law, child health plus in accordance with section twenty-five hundred eleven of this chapter, the basic health program in accordance with section three hundred sixty-nine-gg of the social services law, <u>the 1332 state innovation program in accordance with section three hundred sixty-nine-ii of the social service law</u>, and premium tax credits and cost-sharing reductions, together with performing eligibility determinations for qualified health plans and such other health insurance programs as determined by the commissioner. The Marketplace shall also facilitate enrollment in insurance affordability programs, qualified health plans and other health insurance programs as determined by the commissioner, the purchase and sale of qualified health plans and/or other or additional health plans certified by the Marketplace pursuant to this title, and shall continue to have the authority to operate a small business health options program (“SHOP”) to assist eligible small employers in selecting qualified health plans and/or other or additional health plans certified by the Marketplace and to determine small employer eligibility for purposes of small employer tax credits. It is the intent of the legislature, by codifying the Marketplace in state statute, to continue to promote quality and affordable health coverage and care, reduce the number of uninsured persons, provide a transparent marketplace, educate consumers and assist individuals with access to coverage, premium assistance tax credits and cost-sharing reductions. In addition, the legislature declares the intent that the Marketplace continue to be properly integrated with insurance affordability programs, including Medicaid, child health plus and the basic health program, <u>the 1332 state innovation program</u>, and such other health insurance programs as determined by the commissioner.</p>
----------	--------------------------	---

		<p>§ 9. Subdivision 8 of section 268-a of the public health law, as added by section 2 of part T of chapter 57 of the laws of 2019, is amended to read as follows:</p> <p>8. "Insurance affordability program" means Medicaid, child health plus, the basic health program, <u>the 1332 state innovation program</u>, post-partum extended coverage and any other health insurance subsidy program designated as such by the commissioner."</p>
Page 46,	Line 43,	After "\$" strike out "8" insert " <u>10</u> "
Page 46,	Lines 45 and 46,	After "however," strike out "that sections four, five, six, and seven of this act shall take 46 effect January 1, 2025; provided, further,"
Page 70,	Line 36,	After "committee" insert "[" and after "or" insert "]"."
Page 72,	Between lines 43 and 44,	<p>Insert "<u>§ 5. Section 2504 of the public health law is amended by adding a new subdivision 8 to read as follows:</u></p> <p><u>8. Drug, cannabis, or alcohol testing for pregnant or postpartum individuals.</u></p> <p><u>(a) Definition. As used in this subdivision, "test" shall mean a test using a biological sample, including, but not limited to, urine, blood, or hair, for the presence of drugs, cannabis, or alcohol.</u></p> <p><u>(b) Unless legally authorized to do so, no health care professional licensed, certified, or authorized under title eight of the education law shall:</u></p> <p><u>(i) perform a drug, cannabis, or alcohol test on a person who is pregnant or up to one year postpartum unless:</u></p> <p><u>(A) the pregnant or postpartum patient gives prior verbal or written informed consent specific to the drug, cannabis, or alcohol test; and</u></p> <p><u>(B) the performance of the drug, cannabis, or alcohol test is within the scope of medical care being provided to the patient.</u></p> <p><u>(c) Verbal or written informed consent to a drug, cannabis, or alcohol test pursuant to this subdivision shall occur prior to administration, in language understandable to the pregnant or postpartum patient, under circumstances that provide such person sufficient opportunity to consider whether or not to authorize the drug, cannabis, or alcohol test and minimize the possibility of coercion or undue influence, and shall consist of verbal authorization memorialized in the medical record or written authorization that is dated and signed. Such authorization shall include the following:</u></p>



		<p><u>(i) a statement explaining that consenting to a drug, cannabis, or alcohol test is voluntary and requires written or verbal informed consent, except when conditions under subdivision four of this section or paragraph (d) of this subdivision are met;</u></p> <p><u>(ii) a statement that testing positive for drugs, cannabis, or alcohol could have legal consequences;</u></p> <p><u>(iii) a statement explaining the extent of confidentiality of the test results;</u></p> <p><u>(iv) a statement of the medical purpose of the test;</u> <u>and</u></p> <p><u>(v) a general description of the test.</u></p> <p><u>(d) Drug, cannabis, or alcohol testing pursuant to this subdivision may be performed without consent of the patient when, in the health care professional's judgment, an emergency exists and the patient is in immediate need of medical attention, and an attempt to secure consent would result in delay of treatment that could increase the risk to the patient's life or health. In the case that drug, cannabis, or alcohol testing is performed under these circumstances, the results shall be discussed with the patient, in language understandable to the patient and shall consist of verbal notification or written notification that is dated, signed, and includes the following:</u></p> <p><u>(i) a statement that testing positive for drugs, cannabis, or alcohol could have legal consequences;</u></p> <p><u>(ii) a statement in the medical record with a description of the emergency that necessitated unconsented drug, cannabis, or alcohol testing; and</u></p> <p><u>(iii) a statement explaining the extent of confidentiality of the results.</u></p> <p><u>(e) Nothing in this section shall diminish any other requirement to obtain informed consent for a drug, cannabis, or alcohol test or any other procedure."</u></p>
Page 72,	Line 44,	After " <u>\$</u> " strike out " <u>5</u> " insert " <u>6</u> "
Page 113,	Line 50,	After " <u>both.</u> " strike out " <u>A</u> " and insert " <u>Any application for this program must be jointly submitted by a</u> "
Page 113,	Line 50,	After " <u>and</u> " strike out " <u>a</u> " and insert " <u>at least one</u> "

Page 113,	Line 51,	After " <u>organization</u> " strike out " <u>may jointly apply for this program</u> "
Page 114,	Line 31,	After " <u>with</u> " strike out " <u>article</u> " and insert " <u>section</u> "
Page 119,	Line 49,	Before "new" strike out "two" and insert "a" and after "new" strike out "subdivisions" and insert "subdivision" and after "42" strike out "and 43"
Page 120,	Lines 8 through 11,	Strike out "43. " <u>"Patient identifying information" means information or direct identifiers and demographic information that can be used to readily identify a particular patient as may be specified in more detail in regulations promulgated by the commissioner.</u> "
Page 120,	Lines 46 and 47,	After "formula" strike out " <u>or possesses patient identifying information</u> "
Page 121,	Line 5,	After "(e)" insert " <u>to</u> "
Page 121,	Line 26,	After " <u>program</u> " insert " <u>registry</u> "
Page 121,	Line 39,	After " <u>surveillance</u> " insert " <u>,</u> "
Page 121,	Line 40,	After " <u>outreach:</u> " insert a line break
Page 121,	Line 42,	After "commissioner;" insert a line break
Page 121,	Line 44,	After "protected;" insert a line break
Page 121,	Line 45,	After "and" insert a line break
Page 122,	Lines 7 and 8,	After "(93)" strike out " <u>Zipeprol(1-methoxy-3-[4-(2-methoxy-2-phenylethyl)piperazin-1-yl]-1-phenylpropan-2-ol).</u> " and insert " <u>1-methoxy-3-{4-(2-methoxy-2-phenylethyl)piperazin-1-yl}-1-phenylpropan-2-ol. Other name: Zipeprol</u> "
Page 122,	Line 10,	After " <u>than-1-amine.</u> " strike out " <u>Some trade or other names</u> " and insert " <u>Other names</u> "
Page 122,	Lines 11 and 12,	After "(95)" strike out " <u>meta-fluorofentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide)</u> " and insert " <u>meta-Fluorofentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide)</u> "

Page 122,	Lines 13 and 14,	After " <u>(96)</u> " strike out " <u>meta-fluoroisobutyryl fentanyl(N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide)</u> " and insert " <u>meta-Fluoroisobutyryl fentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide)</u> "
Page 122,	Line 15,	After " <u>(97)</u> " strike out " <u>para-methoxyfuranyl</u> " and insert " <u>para-Methoxyfuranyl</u> "
Page 122,	Lines 17 and 18,	After " <u>(98)</u> " strike out " <u>3-furanyl fentanyl(N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide)</u> " and insert " <u>3-furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide)</u> "
Page 122,	Lines 19 and 20,	After " <u>(99)</u> " strike out " <u>2',5'-dimethoxyfentanyl(N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropionamide)</u> " and insert " <u>2',5'-Dimethoxyfentanyl (N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropionamide)</u> "
Page 122,	Lines 21 and 22,	After " <u>(100)</u> " strike out " <u>Isovaleryl fentanyl(3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide)</u> " and insert " <u>Isovaleryl fentanyl (3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide)</u> "
Page 122,	Lines 23 and 24,	After " <u>(101)</u> " strike out " <u>ortho-fluorofuranyl fentanyl(N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide).</u> " and insert " <u>ortho-Fluorofuranyl fentanyl (N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide).</u> "
Page 122,	Line 25 and 26,	After " <u>(102)</u> " strike out " <u>alpha'-methyl butyryl fentanyl(2-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide).</u> " and insert " <u>alpha'-Methyl butyryl fentanyl (2-methyl-N-(1-phenethylpiperidin 4-yl)-N-phenylbutanamide).</u> "
Page 122,	Line 27,	After " <u>(103)</u> " strike out " <u>para-methylcyclopropyl</u> " and insert " <u>para-Methylcyclopropyl</u> "
Page 122,	Lines 33 through 35,	After " <u>other names:</u> " strike out " <u>7-ethyl-6, 6&amp;, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5h-</u>

		pyrido {1',2':1,2}azepino {5,4-b} indole: tabernanthe iboga." and insert "7-Ethyl-6,6&,7,8,9,10,12,13-octahydro-2-methoxy-6, 9-methano-5H-pyrido{1',2':1,2}azepino {5,4-b} indole; Tabernanthe iboga."
Page 122,	Lines 36 and 37,	After "or other" strike out " <u>names:5-methoxy-3-[2-(dimethylamino)ethyl]indole; 5-MeO-DMT</u> " and insert " <u>names: 5-methoxy-3-{2-(dimethylamino)ethyl}indole; 5-MeO-DMT</u> "
Page 123,	Lines 14 and 15,	After "PV8;" strike out " <u>1-phenyl-2-(pyrrolidin-1-yl)heptan-1-one.</u> " and insert " <u>1-phenyl-2-(pyrrolidin-1-yl)heptan-1-one.</u> "
Page 123,	Line 16,	After "(54)" strike out " <u>4-Chloro-alpha-pyrrolidinovalerophenone.</u> " and insert " <u>4'-Chloro-alpha-pyrrolidinovalerophenone.</u> "
Page 123,	Lines 19 and 20,	After "2-(ethylamino)-2-(3-methoxyphenyl)cyclohexan-1-one" strike out " <u>(methoxeta-mine, MXE).</u> " and insert " <u>(methoxetamine, MXE).</u> "
Page 123,	Lines 26 and 27,	After "(7)" strike out " <u>4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno{3,2-f}{1,2,4}triazolo{4,3-a}{1,4}diazepine.</u> " and insert " <u>4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno{3,2-f}{1,2,4}triazolo{4,3-{alpha}}{1,4}diazepine.</u> "
Page 123,	Lines 28 and 29,	After "(8)" strike out " <u>8-chloro-6-(2-fluorophenyl)-1-methyl-4H-benzo{f}{1,2,4}triazolo{4,3-a}{1,4}diazepine.</u> " and insert " <u>8-chloro-6-(2-fluorophenyl)-1-methyl-4H-benzo{f}{1,2,4}triazolo{4,3-{alpha}}{1,4}diazepine.</u> "
Page 123,	Lines 30 and 31,	After "(9)" strike out " <u>6-(2-chlorophenyl)-1-methyl-8-nitro-4H-benzo{f}{1,2,4}triazolo{4,3-a}{1,4}diazepine.</u> " and insert " <u>6-(2-chlorophenyl)-1-methyl-8-nitro-4H-benzo{f}{1,2,4}triazolo{4,3-{alpha}}{1,4}diazepine.</u> "
Page 123,	Lines 32 through 34,	After "(10)" strike out " <u>8-bromo-6-(2-fluorophenyl)-1-methyl-4H-benzo{f}{1,2,4}triazolo{4,3-a}{1,4}diazepine (alternate chemical name: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-{1,2,4}triazolo{4,3-a}{1,4}benzodiazepine)</u> " and insert " <u>8-bromo-6-(2-fluorophenyl)-1-methyl-4H-benzo{f}{1,2,4}triazolo{4,3-{alpha}}{1,4}diazepine.</u> "
Page 123,	Lines 44 and 45,	After "names:" strike out " <u>4-fluoro-N-methylcathinone;</u> " and insert " <u>4-fluoro-N-methylcathinone;</u> "
Page 123,	Line 46,	After "(25)" strike out " <u>7-[(10,11-dihydro-5H-dibenzo]a,d[cyclohepten-5-yl)amino]heptanoic</u> " and insert " <u>7-{(10,11-dihydro-5H-dibenzo{a,d}cyclohepten-5-yl)amino}heptanoic</u> "

Page 123,	Lines 50 and 51,	After " <u>name:</u> " strike out " <u>methiopropamine.</u> " and insert " <u>methiopropamine.</u> "
Page 123,	Lines 53 and 54,	After " <u>4,5-dihydro-4-methyl-5-(4-methylphenyl)-2-oxazolamine;</u> " strike out " <u>4-methyl-5-(4-methylphenyl)-4,5-dihydro-1,3-oxazol-2-amine.</u> " and insert " <u>4-methyl-5-(4-methylphenyl)-4,5-dihydro-1,3-oxazol-2-amine.</u> "
Page 124,	Lines 4 and 5,	After "(2)" strike out " <u>{1-(5-fluoro-pentyl)-1H-indol-3-yl} (2,2,3,3-tetramethylcyclopropyl)methanone.</u> " and insert " <u>{1-(5-fluoro-pentyl)-1H-indol-3-yl} (2,2,3,3-tetramethylcyclopropyl)methanone.</u> "
Page 124,	Lines 6 and 7,	After "(6)" strike out " <u>N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazo[-]le-3-carboxamide.</u> " and insert " <u>N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazo[- ]le-3-carboxamide.</u> "
Page 124,	Lines 8 and 9,	After "(10)" strike out " <u>{1-(5-fluoropentyl)-1H-indazol-3-yl} (naphthalen-1-[yl ]yl)methanone.</u> " and insert " <u>{1-(5-fluoropentyl)-1H-indazol-3-yl} (naphthalen-1-[yl ]yl)methanone.</u> "
Page 124,	Lines 18 and 19,	After " <u>MMB-FUBINACA;</u> " strike out " <u>AMB-FUBINA-CA.</u> " and insert " <u>AMBFUBINACA</u> "
Page 124,	Lines 34 and 35,	After "(20)" strike out " <u>N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-indazol e-3-carboxamide.</u> " and insert " <u>N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-indazol e-3-carboxamide.</u> "
Page 124,	Lines 37 and 38,	After " <u>4-CN-CUMYL-BUTINACA;</u> " strike out " <u>4-cyano-CUMYL-BUTI- NACA;4-CN-CUMYL BINACA;</u> " and insert " <u>4-cyano-CUMYL-BUTINACA; 4-CN-CUMYL BINACA;</u> "
Page 124,	Lines 44 and 45,	After " <u>4F-MDMB-BINACA;</u> " strike out " <u>4F-MDMB-BUTINA-CA.</u> " and insert " <u>4F-MDMB-BUTINACA.</u> "
Page 124,	Lines 55 and 56,	After "(29)" strike out " <u>(1-4-fluorobenzyl)-1H-indol-3-yl} (2,2,3,3-tetramethylcyclopropyl)methanone.</u> " and insert " <u>(1-(4-fluorobenzyl)-1H-indol-3-yl) (2,2,3,3-tetramethylcyclopropyl)methanone.</u> "
Page 125,	Line 6,	After " <u>nalmefene,</u> " strike out " <u>naloxefol,</u> " and insert " <u>naloxegol,</u> "
Page 125,	Line 30,	Strike out " <u>30.</u> " and insert " <u>(30)</u> "
Page 125,	Lines 37 through 39,	After "(1)" strike out " <u>Nabilone: Another name for nabilone: (+,-)-trans-3-(1,1-dimethylheptyl)-6, 6a, 7, 8, 10, 10a-hexahydro-1-hydroxy-6, 6-dimethyl-9H-dibenzo{b,d}pyran-9-one.</u> " and insert " <u>Nabilone. Another</u> "

		name for nabilone: +,-)-trans-3-(1,1-dimethylheptyl)-6,6a,7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H-dibenzo{b,d}pyran-9-one."
Page 125,	Line 47 and 48,	After "(i)" strike out "[4-anilino-N-phenethylpiperidine] 4-anilino-N-phenethylpiperidine (ANPP)" and insert " <u>4-anilino-N-phenethylpiperidine (ANPP).</u> "
Page 126,	Line 1,	After "(i)" strike out "3{beta}, 17-dihydroxy-5a-androstane" and insert " <u>3{beta},17{beta}-dihydroxy-5{alpha}-androstane</u> "
Page 126,	Line 2,	After "(ii)" strike out "3{alpha}, 17{beta}-dihydroxy-5a-androstane" and insert " <u>3{alpha},17{beta}-dihydroxy-5{alpha}-androstane</u> "
Page 126,	Lines 8 and 9,	After "4-androstenediol" strike out "(3{beta}, 17{beta}-dihydroxy-androst-4-ene)" and insert " <u>(3{beta},17{beta}-dihydroxy-androst-4-ene)</u> "
Page 126,	Lines 10 and 11,	After "5-androstenediol" strike out "(3{beta}, 17{beta}-dihydroxy-androst-5-ene)" and insert " <u>(3{beta},17{beta}-dihydroxy-androst-5-ene)</u> "
Page 126,	Line 12,	After "1-androstenedione" strike out "({5{alpha}}-androst-1-en-3, 17-dione)" and insert " <u>(5{alpha}-androst-1-en-3,17-dione)</u> "
Page 126,	Lines 15 and 16,	After "Bolasterone" strike out "(7{alpha},17{alpha}-dimethyl-17{beta}-hydroxyandrost-4-en-3-one)" and insert " <u>(7{alpha},17{alpha}-dimethyl-17{beta}-hydroxyandrost-4-en-3-one)</u> "
Page 126,	Line 17,	After "Boldenone" strike out "(17{beta}-hydroxyandrost-1, 4,-diene -3-one)" and insert " <u>(17{beta}-hydroxyandrost-1,4,-diene-3-one)</u> "
Page 126,	Lines 19 and 20,	After "Calusterone" strike out "(7{beta}, 17{alpha}-dimethyl-17{beta}-hydroxyandrost- 4-en-3-one)" insert " <u>(7{beta},17{alpha}-dimethyl-17{beta}-hydroxyandrost-4-en-3-one)</u> "
Page 126,	Line 21,	After "Clostebol" strike out "(4-chloro-17{beta}-hydroxyandrost-4-e n-3-one)" and insert " <u>(4-chloro-17{beta}-hydroxyandrost-4-en-3-one)</u> "
Page 126,	Line 24,	After "(xvii)" strike out "{Delta} 1-dihydrotestosterone" and insert " <u>{Delta}1-dihydrotestosterone</u> "
Page 126,	Lines 32 and 33,	After "Fluoxymesterone" strike out "(9-fluoro-17{alpha}-methyl-11{beta},17 {beta}-dihydroxyandrost-4-en-3-one)" and insert " <u>(9-fluoro-17{alpha}-methyl-11{beta},17{beta}-dihydroxyandrost-4-en-3-one)</u> "

Page 126,	Lines 34 and 35,	After "Formebolone" strike out "(2-formyl-17{alpha}-methyl-11{alpha},17{beta}-dihydroxyandrost-1, 4-dien-3-one)" and insert " <u>(2-formyl-17{alpha}-methyl-11{alpha},17{beta}-dihydroxyandrost-1,4-dien-3-one)</u> "
Page 126,	Lines 36 and 37,	After "Furazabol" strike out "(17{alpha}-methyl-17{beta}-hydroxyandros tano {2, 3-c}-furazan)" and insert " <u>(17{alpha}-methyl-17{beta}-hydroxyandrostano {2,3-c}-furazan)</u> "
Page 126,	Line 38,	After "(xxiv)" strike out "13{beta}-ethyl-17{beta}-hydroxygon-4-en-3-one" and insert " <u>13{beta}-ethyl-17{beta}-hydroxygon-4-en-3-one</u> "
Page 126,	Lines 39 and 40,	After "4-hydroxytestosterone" strike out "(4, 17{beta}-dihydroxy-androst-4-en-3-one)" and insert " <u>(4,17{beta}-dihydroxy-androst-4-en-3-one)</u> "
Page 126,	Lines 41 and 42,	After "4-hydroxy-19-nortestosterone" strike out "(4,17{beta}-dihydroxy-estr-4-en-3-one)" and insert "(4,17{beta}-dihydroxyestr-4-en-3-one)"
Page 126,	Line 43,	After "(xxvii)" strike out "desoxymethyltestosterone" and insert " <u>Desoxymethyltestosterone</u> "
Page 126,	Line 44,	After "a.k.a.," strike out "madol)" and insert " <u>'madol'</u> "
Page 126,	Lines 45 and 46,	After "Mestanolone" strike out "(17{alpha}-methyl-17{beta}- hydroxy- 5-an-drostan-3-one)" and insert " <u>(17{alpha}-methyl-17{beta}-hydroxy-5-androstan-3-one)</u> "
Page 126,	Lines 47 and 48,	After "Mesterolone" strike out "(1{alpha}methyl-17{beta}-hydroxy-{5{alpha}}-androstan-3-one)" and insert " <u>(1{alpha}-methyl-17{beta}-hydroxy-5{alpha}-androstan-3-one)</u> "
Page 126,	Lines 49 and 50,	After "Methandienone" strike out "(17{alpha}-methyl-17{beta}-hydroxyandrost-1, 4-dien-3-one)" and insert " <u>(17{alpha}-methyl-17{beta}-hydroxyandrost-1,4-dien-3-one)</u> "
Page 126,	Lines 51 and 52,	After "Methandriol" strike out "(17{alpha}-methyl-3{beta}, 17{beta}-dihydroxyandrost-5-ene)" and insert " <u>(17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-5-ene)</u> "
Page 126,	Line 53 and 54,	After "Methenolone" strike out "(1-methyl- 17{beta}-hydroxy-5 {alpha}-androst- 1-en-3-one)." and insert " <u>Methenolone (1-methyl-17{beta}-hydroxy-5{alpha}-androst-1-en-3-one).</u> "
Page 126,	Lines 55 and 56,	After "(xxxiii)" strike out "17{alpha}-methyl-3{beta},17{beta}-dihydroxy - 5a-an-drostan-3-one." and

		insert " <u>17{alpha}-methyl-3{beta},17{beta}-dihydroxy-5{alpha}-androstane.</u> "
Page 127,	Lines 1 and 2,	After " <u>(xxxiv)</u> " strike out "17{alpha}-methyl-3{alpha},17{beta}- dihydroxy- 5a-an-drostane" and insert " <u>17{alpha}-methyl-3{alpha},17{beta}-dihydroxy-5{alpha}-androstane</u> "
Page 127,	Lines 3 and 4,	After " <u>(xxxv)</u> " strike out "17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-4-ene." and insert " <u>17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-4-ene.</u> "
Page 127,	Lines 5 and 6,	After " <u>(xxxvi)</u> " strike out "17{alpha}-methyl-4-hydroxynandrolone (17{alpha}-methyl-4-hydroxy-17{beta}-hydroxyestr-4-en-3-one)." and insert " <u>17{alpha}-methyl-4-hydroxynandrolone (17{alpha}-methyl-4-hydroxy-17{beta}-hydroxyestr-4-en-3-one).</u> "
Page 127,	Lines 7 and 8,	After "Methyldienolone" strike out "(17{alpha}-methyl-17{beta}- hydroxyes-tra- 4,9(10)-dien-3-one)." and insert " <u>(17{alpha}-methyl-17{beta}-hydroxyes-tra-4,9(10)-dien-3-one).</u> "
Page 127,	Lines 9 and 10,	After "Methyltrienolone" strike out "(17{alpha}-methyl-17{beta}-hydroxyestra-4, 9-11-trien-3-one)." and insert " <u>(17{alpha}-methyl-17{beta}-hydroxyestra-4,9-11-trien-3-one).</u> "
Page 127,	Lines 15 and 16,	After " <u>(xli)</u> " strike out "17{alpha}-methyl- $\Delta$ 1-dihydrotestosterone (17b{beta}-hydroxy-17{alpha}-methyl-5{alpha}-androst-1-en-3-one)" and insert " <u>17{alpha}-methyl-<math>\Delta</math>1-dihydrotestosterone (17{beta}-hydroxy-17{alpha}-methyl-5{alpha}-androst-1-en-3-one)</u> "
Page 127,	Line 18,	After " <u>(xlii)</u> " strike out "Nandrolone(17{beta}-hydroxyestr-4-en-3-one)." and insert " <u>Nandrolone (17{beta}-hydroxyestr-4-en-3-one).</u> "
Page 127,	Lines 19 and 20,	After "19-nor-4-androstenediol" strike out "(3{beta},17{beta}-dihydroxyestr- 4-ene)." and insert " <u>(3{beta},17{beta}-dihydroxyestr-4-ene).</u> "
Page 127,	Lines 21 and 22,	After "19-nor-4-androstenediol" strike out "(3{alpha},17{beta}-dihydrox-yestr-4-ene)." and insert " <u>(3{alpha},17{beta}-dihydroxyestr-4-ene).</u> "
Page 127,	Line 23,	After "19-nor-5-androstenediol" strike out "(3{beta},17{beta}-dihydroxyestr -5-ene)." and insert " <u>(3{beta},17{beta}-dihydroxyestr-5-ene).</u> "
Page 127,	Lines 24 and 25,	After "19-nor-5-androstenediol" strike out "(3{alpha},17{beta}-dihydrox-yestr-5-ene)." and insert " <u>(3{alpha},17{beta}-dihydroxyestr-5-ene).</u> "



Page 127,	Lines 26 and 27,	After " <u>(xlvii)</u> " strike out "19-nor-4,9(10)-androstadienedione (estra-4,9(10)-diene-3,17-dione)." and insert " <u>19-nor-4,9(10)-androstadienedione (estra-4,9(10)-diene-3,17-dione).</u> "
Page 127,	Lines 30 and 31,	After "Norbolethone" strike out "(13{beta}, 17{alpha}-diethyl-17{beta}-hydroxygon-4-en-3-one)." and insert " <u>(13{beta},17{alpha}-diethyl-17{beta}-hydroxygon-4-en-3-one).</u> "
Page 127,	Line 32,	After "Norclostebol" strike out "(4-chloro-17{beta}-hydroxyestr-4-en-3-one)." and insert " <u>(4-chloro-17{beta}-hydroxyestr-4-en-3-one).</u> "
Page 127,	Lines 35 and 36,	After "Normethandrolone" strike out "(17 {alpha}-methyl-17{beta}-hydroxyestr-4-en-3-one)." and insert " <u>(17{alpha}-methyl-17{beta}-hydroxyestr-4-en-3-one).</u> "
Page 127,	Lines 37 and 38,	After "Oxandrolone" strike out "(17{alpha}-methyl-17{beta}-hydroxy-2-oxa- {5{alpha}}-androstan-3-one)." and insert " <u>(17{alpha}-methyl-17{beta}-hydroxy-2-oxa-5{alpha}-androstan-3-one).</u> "
Page 127,	Lines 39 and 40,	After "Oxymesterone" strike out "(17{alpha}-methyl-4, 17 {beta}-dihydroxyandrost-4-en-3-one)." and insert " <u>(17{alpha}-methyl-4,17{beta}-dihydroxyandrost-4-en-3-one).</u> "
Page 127,	Lines 41 and 42,	After "Oxymetholone" strike out "(17 {alpha}-methyl-2-hydroxymethylene-17 {beta}-hydroxy-{5{alpha}}-androstan-3-one)." and insert " <u>(17{alpha}-methyl-2-hydroxymethylene-17{beta}-hydroxy-5{alpha}-androstan-3-one).</u> "
Page 127,	Lines 43 and 44,	After "Stanozolol" strike out "(17{alpha}-methyl-17{beta}-hydroxy-{5{alpha}}- androst-2-eno{3, 2-c}-pyrazole)." and insert " <u>(17{alpha}-methyl-17{beta}-hydroxy-5{alpha}-androst-2-eno{3, 2-c}-pyrazole).</u> "
Page 127,	Lines 45 and 46,	After "Stenbolone" strike out "(17{beta}-hydroxy-2-methyl-{5{alpha}}-androst- 1-en-3-one)." and insert " <u>(17{beta}-hydroxy-2-methyl-5{alpha}-androst-1-en-3-one).</u> "
Page 127,	Lines 47 and 48,	After "Testolactone" strike out "(13-hydroxy-3-oxo-13, 17-secoandrosta-1, 4-dien-17-oic acid lactone)." and insert " <u>(13-hydroxy-3-oxo-13,17-secoandrosta-1,4-dien-17-oic acid lactone).</u> "
Page 127,	Lines 50 and 51,	After "Tetrahydrogestrinone" strike out "(13{beta}, 17{alpha} -diethyl-17{beta}-hydroxygon-4, 9, 11 -trien-3-one)." and insert " <u>(13{beta},17{alpha}-diethyl-17{beta}-hydroxygon-4,9,11-trien-3-one).</u> "

Page 127,	Line 52,	After "Trenbolone" strike out "(17{beta}-hydroxyestr-4, 9, 11-trien- 3-one)." and insert " <u>(17{beta}-hydroxyestr-4,9,11-trien-3-one).</u> "
Page 128,	Lines 5 and 6,	After "(lxx)" strike out " <u>2{alpha}, 17{alpha}-dimethyl-17{beta}-hydroxy-5{beta}-androstan-3-one.</u> " and insert " <u>2{alpha},17{alpha}-dimethyl-17{beta}-hydroxy-5{beta}-androstan-3-one.</u> "
Page 128,	Line 10,	After "(lxxiii)" strike out " <u>[3,2-c]furazan-5{alpha}-androstan-17{beta}ol.</u> " and insert " <u>{3,2-c}furazan-5{alpha}-androstan-17{beta}-ol.</u> "
Page 128,	Line 13,	After "(lxxvi)" strike out " <u>17{beta}-hydroxy-androstano[<del>2,3-d</del>]isoxazole.</u> " and insert " <u>17{beta}-hydroxy-androstano{2,3-d}isoxazole.</u> "
Page 128,	Line 14,	Before "(lxxvii)" strike out "(" and after "(lxxvii)" strike out " <u>17{beta}-hydroxy-androstano[<del>3,2-e</del>]isoxazole.</u> " and insert " <u>17{beta}-hydroxy-androstano{3,2-c}isoxazole.</u> "
Page 128,	Lines 16 through 18,	After "Methasterone" strike out " <u>(2{alpha},17{alpha}-dimethyl-5{alpha}-androstan-7{beta}-ol-3-one) or 2{alpha}17{alpha}-dimethyl-17{beta}-hydroxy-5{alpha}-androstan-3-one).</u> " and insert " <u>(2{alpha},17{alpha}-dimethyl-5{alpha}-androstan-17{beta}-ol-3-one or 2{alpha}17{alpha}-dimethyl-17{beta}-hydroxy-5{alpha}-androstan-3-one).</u> "
Page 128,	Lines 24 and 25,	After "(lxxxv)" strike out " <u>Prostanozol(17{beta}-hydroxy-5{alpha}-androstano[<del>3,2-e</del>]pyrazole) or [3,2-<del>e</del>]pyrazole-5{alpha}-androstan-17{beta}-ol.</u> " and insert " <u>Prostanozol (17{beta}-hydroxy-5{alpha}-androstano{3,2-c}pyrazole) or {3,2-c}pyrazole-5{alpha}-androstan-17{beta}-ol.</u> "
Page 128,	Line 26,	After "(lxxxvi)" strike out " <u>[3,2-c]pyrazole-androst-4-en-17{beta}-ol.</u> " and insert " <u>{3,2-c}pyrazole-androst-4-en-17{beta}-ol.</u> "
Page 129,	Line 9,	After "Perampanel" insert " <u>, its salts, isomers and salts of isomers"</u>
Page 129,	Line 10,	After "of isomers" insert " <u>, except when expressly intended for use by a veterinarian in the course of the professional practice of veterinary medicine; provided, however, that such substance stocks shall be at all times properly safeguarded and secured, and access shall be limited to the minimum number of employees actually required to efficiently handle the custody, dispensing, administration or other handling of such substance; and further provided, however, that all veterinarians shall maintain records, orders and prescriptions of the substance for a period of five years from the date of transaction, which shall</u>

		be readily available and promptly produced, in electronic or hardcopy format that is readily understandable, for inspection and copying upon request by authorized representatives of the department. Any individual who knowingly and willfully administers themselves or another person, prescribes, dispenses or distributes such substance when any such substance is intended for human consumption or for any purpose other than the normal course of practice of veterinary medicine shall be subject to the same penalties as any individual or practitioner who violates the provisions of this section and any other penalties prescribed by law"
Page 129,	Line 22,	After "by" insert "amending paragraph 10 and"
Page 129,	Between lines 23 and 24,	Insert "(10) SPA((-)[])-1-dimethylamino-1,2-diphenylethane)."
Page 129,	Line 25,	After "Solriamfetol." insert "(2-amino-3-phenylpropyl carbamate; benzenepropanol, beta-amino-, carbamate(ester))."
Page 129,	Lines 39 through 41,	After "Eluxadoline." strike out "(5-(((2S)-2-amino-3-(4-aminocarbonyl)-2,6-dimethylphenyl)-1-xopropyl){(1S)-1-(4-phenyl-1H-imidazol-2-yl)ethyl}amino)methyl}-2-methoxybenzoic acid)." and insert "(5-(((2S)-2-amino-3-(4-(aminocarbonyl)-2,6-dimethylphenyl)-1-oxopropyl){(1S)-1-(4-phenyl-1H-imidazol-2-yl)ethyl}amino)methyl}-2-methoxybenzoic acid) (including its optical isomers) and its salts, isomers, and salts of isomers."
Page 129,	Lines 46 and 47,	After "Brivaracetam" strike out "((2S)-2-((4R)-2-oxo-4-propylpyrrolidin-1-yl) butanam-ide)." and insert "((2S)-2-((4R)-2-oxo-4-propylpyrrolidin-1-yl) butanamide)."
Page 129,	Lines 50 and 51,	After "2H-tetrazole-2-ethanol," strike out " alpha-(2-chlorophenyl)-, carbamate(ester)," and insert "alpha-(2-chlorophenyl)-, carbamate(ester),"
Page 129,	Line 53,	After "Ganaxolone." strike out "3@-hydroxy-3&-methyl-5@-pregnan-20-one." and insert "3{alpha}-hydroxy-3{beta}-methyl-5{alpha}-pregnan-20- one."
Page 132,	Lines 15 and 16,	After "chapter" strike out "and authorize pursuant to section three thousand eighteen of this chapter to provide community paramedicine"
Page 134,	Line 52,	After "15" strike out "Notwithstanding" and insert "Subject to the availability of federal financial participation and notwithstanding"
Page 134,	Line 54,	After "off-site" strike out "primary care and" insert "acute care" and after "medical" strike out "care"

Page 134,	Line 55,	Strike out "including but not limited to acute care and preventative wellness care,"
Page 135,	Line 4,	After "a" strike out "primary care" insert "medical"
Page 135,	Line 5,	After "registered nurse," insert "nurse practitioner,"
Page 135,	Line 8,	After "patient" strike out "who is unable to leave his or her residence" and insert "for whom a medical professional has determined is appropriate to receive acute medical services at their residence"
Page 135,	Lines 9 through 11,	Strike out "to receive services at the general hospital without unreasonable difficulty due to circumstances, including but not limited to, clinical impairment and conditions of immunosuppression"
Page 135,	Line 36,	After "not" strike "lawfully" and insert "currently approved and" and after "operating" strike out "and established pursuant to" and insert "in accordance with"
Page 135,	Line 43,	After "or" strike out "expanded" and insert "modified"
Page 135,	Line 46,	After "paragraph" strike out "shall" and insert "may"
Page 137,	Line 24,	After "services" insert "by an EMS medical dispatch agency"
Page 137,	Line 30,	After "needed" insert ", except for any such individual or entity that is subject to minimum standards promulgated under section three-hundred twenty-eight of County Law"
Page 137,	Line 47,	After "plan" strike out ", in a format"
Page 137,	Line 49,	After "coordination," insert "utilization of existing ambulance services licensed by the Department,"
Page 137,	Line 54,	After "county." insert "Any proposed permanent changes, including a full closure or significant modification of coverage of a primary medical emergency response agency designated by a county shall be submitted in writing to the county and the department no later than 180 days before the change. Such changes shall not be made until receipt of the appropriate department approval. No county shall remove or reassign an area served by an existing medical emergency response agency where that agency is compliant with all statutory and regulatory requirements of the department, and that has agreed to the provision of approved plan."
Page 138,	Line 42,	After "Every" strike out "emergency" and insert "EMS"

Page 138,	Line 43,	After " <u>agency</u> " insert " <u>, as defined in this section,</u> "
Page 138,	Line 44,	After " <u>with</u> " insert " <u>emergency medical dispatch</u> "
Page 138,	Line 46,	After " <u>All</u> " strike out " <u>emergency</u> " and insert " <u>EMS</u> " and after " <u>agencies</u> " strike out " <u>shall</u> " and insert " <u>may be required to</u> "
Page 138,	Line 47,	After " <u>The department</u> " strike out " <u>shall</u> " insert " <u>, in consultation with the State Interoperable Emergency Communications Board, may</u> "
Page 138,	Line 48,	Before " <u>medical</u> " strike out " <u>emergency</u> " and insert " <u>EMS</u> " and after " <u>agencies</u> " insert " <u>, as defined in this section,</u> " and after " <u>with</u> " strike out " <u>emergency</u> " and insert " <u>EMS</u> "
Page 138,	Line 50,	After " <u>dispatchers</u> " insert " <u>with a primary role of providing emergency medical dispatch services while</u> " and after " <u>by</u> " strike out " <u>emergency</u> " insert " <u>EMS</u> "
Page 138,	Line 51,	After " <u>agencies</u> " insert " <u>, as defined in this section,</u> " and after " <u>complete</u> " strike out " <u>a</u> " insert " <u>an emergency medical dispatch</u> "
Page 138,	Line 52,	After " <u>department</u> " insert " <u>, in consultation with the State Interoperable Emergency Communications Board,</u> "
Page 138,	Line 53,	After " <u>the</u> " strike out " <u>emergency</u> " and insert " <u>EMS</u> " and after " <u>agency</u> " insert " <u>, as defined in this section, with a primary role</u> "
Page 138,	Line 54,	After " <u>dispatcher</u> " insert " <u>, and may be required to be licensed by the department</u> " and after " <u>department</u> " strike out " <u>shall</u> " and insert " <u>, in consultation with the State Interoperable Emergency Communications Board, may</u> "
Page 138,	Line 55,	After " <u>dispatch</u> " insert " <u>certification</u> " and after " <u>dispatcher</u> " strike out " <u>certification</u> " and insert " <u>licensure</u> "
Page 139,	Line 38,	After " <u>to</u> " strike out " <u>evaluate</u> " and insert " <u>effectuate</u> "
Page 141,	Line 12 through line 24,	Strike out "Section 1. Section 5 of part NN of chapter 57 of laws of 2018 amending the public health law and other laws relating to the opioid stewardship act, as amended by section 5 of part XX of chapter 59 of the laws of 2019, is amended to read as follows: § 5. This act shall take effect July 1, 2018 and sections one, two and four of this part shall expire and be deemed to be repealed on June 30, 2024, provided that, effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date

		are authorized to be made and completed on or before such effective date, and, provided that this act shall only apply to the sale or distribution of opioids in the state of New York on or before December 31, 2018.§ 2. This act shall take effect immediately." and insert "Intentionally Omitted."
Page 146,	Line 10 through line 11,	After "services;" strike out "basic home and community based services (HCBS) plan support;"
Page 147,	Between lines 25 and 26,	Insert New Part GG (LBD #71037-01-4) Insert New Part HH (LBD #71016-05-4)
Page 147,	Line 36,	After "through" strike out "FF" and insert "HH"

tests and modernizing nurse practitioners, and chapter 21 of the laws of 2011 amending the education law relating to authorizing pharmacists to perform collaborative drug therapy management with physicians in certain settings, in relation to the effectiveness thereof (Part P); to amend the education law and the public health law, in relation to the scope of practice of physician assistants, certified nurse aides, medical assistants, dentists and dental hygienists (Part Q); to amend the education law, in relation to enacting the interstate medical licensure compact; and to amend the education law, in relation to enacting the nurse licensure compact (Part R); to amend the public health law, in relation to establishing the healthcare safety net transformation program (Part S); to amend the public health law and the education law, in relation to making necessary changes to end the HIV, HCV, HBV, syphilis and mpox epidemics; and to repeal certain provisions the public health law relating thereto (Part T); to amend the public health law, in relation to increasing prescription monitoring program data retention periods and allowing enhanced data sharing to combat the opioid crisis, updating controlled substance schedules to conform with those of the federal drug enforcement administration, permitting providers to distribute three-day supplies of buprenorphine, and updating the term "addict" to "person with a substance use disorder" in certain provisions of such law; and to repeal section 3372 of such law relating to practitioner patient reporting (Part U); to amend the public health law, in relation to expanding hospital services and home care collaboration into the home and community; to amend the public health law and the education law, in relation to modernizing the state of New York's emergency medical system and workforce; to amend the public health law, in relation to establishing the paramedic urgent care program; and to amend 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 (Part V); to amend the elder law, in relation to establishing the interagency elder justice coordinating council (Part W); ~~to amend part NN of chapter 57 of the laws of 2018 amending the public health law and other laws relating to enacting the opioid stewardship act, in relation to making the opioid stewardship fund permanent~~ intentionally omitted (Part X); to amend chapter 62 of the laws of 2003, amending the mental hygiene law and the state finance law relating to the community mental health support and workforce reinvestment program, the membership of subcommittees for mental health of community services boards and the duties of such subcommittees and creating the community mental health and workforce reinvestment account, in relation to the effectiveness thereof (Part Y); 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 making such provisions permanent (Part Z); to amend the insurance law, in relation to setting minimal reimbursement for behavioral health treatment (Part AA); to amend chapter 723 of the laws of 1989 amending the mental hygiene law and other laws relating to comprehensive psychiatric emergency programs, in relation to the effectiveness of certain provisions thereof (Part BB); to amend the social services law, in relation to clarifying the requirements related to referrals of substantiated reports of abuse or neglect from the justice center to the office of the Medicaid inspector general (Part CC); to amend part A of chapter

111 of the laws of 2010 amending the mental hygiene law relating to the receipt of federal and state benefits received by individuals receiving care in facilities operated by an office of the department of mental hygiene, in relation to the effectiveness thereof (Part DD); to amend the education law, in relation to expanding the description of certain services which are not prohibited by statutes governing the practice of nursing (Part EE); ~~and~~ to establish a cost of living adjustment for designated human services programs (Part FF); to amend the social services law, in relation to providing contracting flexibility in relation to 1115 medicaid waivers (Part GG); and to amend the social services law, in relation to the removal of the fiscal intermediary procurement and replacing it with an authorization process; to amend the public health law, in relation to eliminating conflicts of interest between consumer directed personal assistance program fiscal intermediaries and licensed home care services agencies; to amend the social services law, in relation to the consumer directed personal assistance program; and to repeal certain provisions of the social services law relating thereto (Part HH)

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 2024-2025 state fiscal year. Each component is wholly contained  
 4 within a Part identified as Parts A through ~~FF~~HH. 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 2023, is  
 17 amended to read as follows:

18 (a) For state fiscal years 2011-12 through [2024-25] 2025-26, 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, 2024.

27 PART B

28 Section 1. Subdivision p of section 76 of part D of chapter 56 of the  
 29 laws of 2013 amending the social services law relating to eligibility  
 30 conditions, as amended by section 2 of part E of chapter 57 of the laws  
 31 of 2019, is amended to read as follows:

32 p. the amendments to subparagraph 7 of paragraph (b) of subdivision 1  
 33 of section 366 of the social services law made by section one of this



34 act shall expire and be deemed repealed October 1, [2024] 2029.  
35 § 2. Section 10 of chapter 649 of the laws of 1996 amending the public  
36 health law, the mental hygiene law and the social services law relating  
37 to authorizing the establishment of special needs plans, as amended by  
38 section 21 of part E of chapter 57 of the laws of 2019, is amended to  
39 read as follows:

1 two thousand eighteen, and April first, two thousand nineteen, and of up  
 2 to five hundred million dollars in such aggregate annual additional  
 3 payments for the state fiscal years beginning April first, two thousand  
 4 twenty, April first, two thousand twenty-one, and April first, two thou-  
 5 sand twenty-two, and of up to five hundred million dollars in such  
 6 aggregate annual additional payments for the state fiscal years begin-  
 7 ning April first, two thousand twenty-three, and from April first, two  
 8 thousand twenty-four until December thirty-first, two thousand twenty-  
 9 four, and [April first, two thousand twenty-five] for the calendar year  
 10 January first, two thousand twenty-five through December thirty-first,  
 11 two thousand twenty-five, and for each calendar year thereafter. The  
 12 amount allocated to each eligible public residential health care facili-  
 13 ty for this period shall be computed in accordance with the provisions  
 14 of paragraph (f) of this subdivision, provided, however, that patient  
 15 days shall be utilized for such computation reflecting actual reported  
 16 data for two thousand three and each representative succeeding year as  
 17 applicable, and provided further, however, that, in consultation with  
 18 impacted providers, of the funds allocated for distribution in the state  
 19 fiscal year beginning April first, two thousand thirteen, up to thirty-  
 20 two million dollars may be allocated in accordance with paragraph (f-1)  
 21 of this subdivision.

22 § 10. This act shall take effect immediately; provided, however,  
 23 section one of this act shall take effect October 1, 2024; and provided,  
 24 further, that sections three, four, five, six, seven, eight and nine of  
 25 this act shall take effect January 1, 2025.

26

## PART E

27 Section 1. Subparagraph (ii) of paragraph (b) of subdivision 2-b of  
 28 section 2808 of the public health law, as added by section 47 of part C  
 29 of chapter 109 of the laws of 2006, is amended to read as follows:

30 (ii) (A) The operating component of rates shall be subject to case mix  
 31 adjustment through application of the relative resource utilization  
 32 groups system of patient classification (RUG-III) employed by the feder-  
 33 al government with regard to payments to skilled nursing facilities  
 34 pursuant to title XVIII of the federal social security act (Medicare),  
 35 as revised by regulation to reflect New York state wages and fringe  
 36 benefits, provided, however, that such RUG-III classification system  
 37 weights shall be increased in the following amounts for the following  
 38 categories of residents: [(A)] (1) thirty minutes for the impaired  
 39 cognition A category, [(B)] (2) forty minutes for the impaired cognition  
 40 B category, and [(C)] (3) twenty-five minutes for the reduced physical  
 41 functions B category. Such adjustments shall be made in January and  
 42 July of each calendar year. Such adjustments and related patient classi-  
 43 fications in each facility shall be subject to audit review in accord-  
 44 ance with regulations promulgated by the commissioner.

45 (B) Effective April first, two thousand twenty-four, the case mix  
 46 adjustment from the operating  
 47 component of the rates for skilled nursing facilities shall remain  
 48 unchanged from the ~~January two thousand twenty-four~~ July two thousand  
 49 twenty-three rates during the  
 50 development and until full implementation of a case mix methodology  
 51 using the Patient Driven Payment Model.

52 § 2. Subparagraph (iv) of paragraph (b) of subdivision 2-b of section  
 53 2808 of the public health law, as amended by section 1 of part NN of  
 54 chapter 56 of the laws of 2020, is amended to read as follows:

(iv) The capital cost component of rates on and after January first,  
 two thousand nine shall: (A) fully reflect the cost of local property

1 third party with which the certified home health agency, long term home  
 2 health care program, or managed care plan has a contract because the  
 3 licensed agency, [fiscal intermediary,] or other third party failed to  
 4 comply with the provisions of this section if the certified home health  
 5 agency, long term home health care program, or managed care plan has  
 6 reasonably and in good faith collected certifications and all informa-  
 7 tion required pursuant to this section and conducts the monitoring and  
 8 reporting required by this section.

§3. Paragraph (a) of subdivision 1 of section 3614-f of the public health law, as added by section 3 of part NN of chapter 57 of the laws of 2023, is amended to read as follows:

(a) "Home care aide" [shall have the same meaning as defined in section thirty-six hundred fourteen-c of this article] means, for the purpose of this section, a home health aide, personal care aide, home attendant, personal assistant performing consumer directed personal assistance services pursuant to section three hundred sixty-five-f of the social services law, or other licensed or unlicensed person whose primary responsibility includes the provision of in-home assistance with activities of daily living, instrumental activities of daily living or health-related tasks; provided, however, that home care aide does not include any individual

(i) working on a casual basis, or (ii) (except for a person employed under the consumer directed personal assistance program under section three hundred sixty-five-f of the social services law) who is a relative through blood, marriage or adoption of: (1) the employer; or (2) the person for whom the worker is delivering services, under a program funded or administered by federal, state or local government.

9 § 34. This act shall take effect October 1, 2024.

10

#### PART H

11 Section 1. Section 602 of the financial services law, as added by  
 12 section 26 of part H of chapter 60 of the laws of 2014, is amended to  
 13 read as follows:

14 § 602. Applicability. [(a)] This article shall not apply to health  
 15 care services, including emergency services, where physician fees are  
 16 subject to schedules or other monetary limitations under any other law,  
 17 including the workers' compensation law and article fifty-one of the  
 18 insurance law, and shall not preempt any such law. This article also  
 19 shall not apply to health care services, including emergency services,  
 20 subject to medical assistance program coverage provided pursuant to  
 21 section three hundred sixty-four-j of the social services law.

22 § 2. Subdivision 2 of section 364-j of the social services law is  
 23 amended by adding a new paragraph (e) to read as follows:

24 (e) Effective April first, two thousand twenty-four and expiring on  
 25 the date the commissioner publishes on the department's website a  
 26 request for proposals in accordance with paragraph (a) of subdivision  
 27 five of this section, the commissioner shall place a moratorium on the  
 28 processing and approval of applications seeking authority to establish a  
 29 managed care provider, including applications seeking authorization to  
 30 expand the scope of eligible enrollee populations. Such moratorium shall  
 31 not apply to:

32 (i) applications submitted to the department prior to January first,  
 33 two thousand twenty-four;

34 (ii) applications seeking approval to transfer ownership or control of  
 35 an existing managed care provider;

36 (iii) applications seeking authorization to expand an existing managed  
 37 care provider's approved service area;

38 (iv) applications seeking authorization to form or operate a managed  
 39 care provider through an entity certified under section forty-four

40 hundred three-c or forty-four hundred three-g of the public health law;  
41 (v) applications demonstrating to the commissioner's satisfaction that  
42 submission of the application for consideration would be appropriate to  
43 address a serious concern with care delivery, such as a lack of adequate  
44 access to managed care providers in a geographic area or a lack of  
45 adequate and appropriate care, language and cultural competence, or  
46 special needs services.

47 § 3. Subdivision 5 of section 364-j of the social services law, as  
48 amended by section 15 of part C of chapter 58 of the laws of 2004, para-  
49 graph (a) as amended by section 40 of part A of chapter 56 of the laws  
50 of 2013, and paragraphs (d), (e) and (f) as amended by section 80 of  
51 part H of chapter 59 of the laws of 2011, is amended to read as follows:

52 5. Managed care programs shall be conducted in accordance with the  
53 requirements of this section and, to the extent practicable, encourage

1 the provision of comprehensive medical services, pursuant to this arti-  
2 cle.

3 (a) Notwithstanding sections one hundred twelve and one hundred sixty-  
three of the state finance law, sections one hundred forty-two and one hundred  
forty-three of the economic development law, and any other inconsistent  
provision of law,

~~The~~ the [managed care program] commissioner of health shall, through a  
4 competitive bid process based on proposals submitted to the department,  
5 provide for the selection of qualified managed care providers [by the  
6 commissioner of health] to participate in the managed care program  
7 pursuant to a contract with the department, including [comprehensive HIV  
8 special needs plans and] special needs managed care plans in accordance  
9 with the provisions of section three hundred sixty-five-m of this title;  
10 provided, however, notwithstanding sections one hundred twelve and one  
hundred sixty-three of the state finance law, sections one hundred forty-two  
and one hundred forty-three of the economic development law, and any other  
inconsistent provision of law,

[that] the commissioner of health may contract directly  
11 with comprehensive HIV special needs plans [consistent with standards  
12 set forth in this section] without a competitive bid process, and assure  
13 that such providers are accessible taking into account the needs of  
14 persons with disabilities and the differences between rural, suburban,  
15 and urban settings, and in sufficient numbers to meet the health care  
16 needs of participants, and shall consider the extent to which major  
17 public hospitals are included within such providers' networks[.]; and  
18 provided further that:

19 [(b) A proposal] (i) Proposals submitted by a managed care provider to  
20 participate in the managed care program shall:

21 [(i)] (A) designate the geographic [area] areas, as defined by the  
22 commissioner in the request for proposals, to be served [by the provid-  
23 er], and estimate the number of eligible participants and actual partic-  
24 ipants in such designated area;

25 [(ii)] (B) include a network of health care providers in sufficient  
26 numbers and geographically accessible to service program participants;

27 [(iii)] (C) describe the procedures for marketing in the program  
28 location, including the designation of other entities which may perform  
29 such functions under contract with the organization;

30 [(iv)] (D) describe the quality assurance, utilization review and case  
31 management mechanisms to be implemented;

32 [(v)] (E) demonstrate the applicant's ability to meet the data analy-  
33 sis and reporting requirements of the program;

34 [(vi)] (F) demonstrate financial feasibility of the program; and

35 [(vii)] (G) include such other information as the commissioner of  
36 health may deem appropriate.

37 [(c) The commissioner of health shall make a determination whether to  
38 approve, disapprove or recommend modification of the proposal.

39 (d) Notwithstanding any inconsistent provision of this title and  
40 section one hundred sixty-three of the state finance law, the commis-  
41 sioner of health may contract with managed care providers approved under  
42 paragraph (b) of this subdivision, without a competitive bid or request  
43 for proposal process, to provide coverage for participants pursuant to  
44 this title.

45 (e) Notwithstanding any inconsistent provision of this title and  
46 section one hundred forty-three of the economic development law, no  
47 notice in the procurement opportunities newsletter shall be required for  
48 contracts awarded by the commissioner of health, to qualified managed  
49 care providers pursuant to this section.

50 (f) [(ii)] In addition to the criteria described in subparagraph (i) of  
51 this paragraph, the commissioner shall also consider:

52 (A) accessibility and geographic distribution of network providers,  
53 taking into account the needs of persons with disabilities and the  
54 differences between rural, suburban, and urban settings;  
55 (B) the extent to which major public hospitals are included in the  
56 submitted provider network;

- 1 (C) demonstrated cultural and language competencies specific to the  
2 population of participants;
- 3 (D) the corporate organization and status of the bidder as a charita-  
4 ble corporation under the not-for-profit corporation law;
- 5 (E) the ability of a bidder to offer plans in multiple regions;
- 6 (F) the type and number of products the bidder proposes to operate,  
7 including products bid for in accordance with the provisions of subdivi-  
8 sion six of section forty-four hundred three-f of the public health law,  
9 and other products determined by the commissioner, including but not  
10 necessarily limited to those operated under title one-A of article twen-  
11 ty-five of the public health law and section three hundred sixty-nine-gg  
12 of this article;
- 13 (G) whether the bidder participates in products for integrated care  
14 for participants who are dually eligible for Medicaid and medicare;
- 15 (H) whether the bidder participates in value based payment arrange-  
16 ments as defined by the department, including the delegation of signif-  
17 icant financial risk to clinically integrated provider networks;
- 18 (I) the bidder's commitment to participation in managed care in the  
19 state;
- 20 (J) the bidder's commitment to quality improvement;
- 21 (K) the bidder's commitment to community reinvestment spending, as  
22 shall be defined in the procurement;
- 23 (L) for current or previously authorized managed care providers, past  
24 performance in meeting managed care contract or federal or state  
25 requirements, and if the commissioner issued any statements of findings,  
26 statements of deficiency, intermediate sanctions or enforcement actions  
27 to a bidder for non-compliance with such requirements, whether the  
28 bidder addressed such issues in a timely manner; and
- 29 (M) any other criteria deemed appropriate by the commissioner.
- 30 (iii) Subparagraphs (i) and (ii) of this paragraph describing proposal  
31 content and selection criteria requirements shall not be construed as  
32 limiting or requiring the commissioner to evaluate such content or  
33 criteria on a pass/fail scale, or other methodological basis; provided  
34 however, that the commissioner must consider all such content and crite-  
35 ria using methods determined by the commissioner in their discretion  
36 and, as applicable, in consultation with the commissioners of the office  
37 of mental health, the office for people with developmental disabilities,  
38 the office of addiction services and supports, and the office of chil-  
39 dren and family services.
- 40 (iv) The department shall post on its website:
- 41 (A) The request for proposals and a description of the proposed  
42 services to be provided pursuant to contracts in accordance with this  
43 subdivision;
- 44 (B) The criteria on which the department shall determine qualified  
45 bidders and evaluate their proposals, including all criteria identified  
46 in this subdivision;
- 47 (C) The manner by which a proposal may be submitted, which may include  
48 submission by electronic means;
- 49 (D) The manner by which a managed care provider may continue to  
50 participate in the managed care program pending award of managed care  
51 providers through a competitive bid process pursuant to this subdivi-  
52 sion; and
- 53 (E) Upon award, the managed care providers that the commissioner  
54 intends to contract with pursuant to this subdivision, provided that the  
55 commissioner shall update such list to indicate the final slate of  
56 contracted managed care providers.



1 (v) Award and contracting. (A) All responsible and responsive  
2 submissions that are received  
3 from bidders in a timely fashion shall be reviewed by the commissioner  
4 of health in consultation with the commissioners of the office of mental  
5 health, the office for people with developmental disabilities, the  
6 office of addiction services and supports, and the office of children  
7 and family services, as applicable. The commissioner shall consider  
8 comments resulting from the review of proposals and make awards in  
9 consultation with such agencies.

10 (B) The commissioner may make awards under this subdivision for each  
11 product, for which proposals were requested, to two or more managed care  
12 providers in each geographic region defined by the commissioner in the  
13 request for proposals for which at least two managed care providers have  
14 submitted a proposal, and shall have discretion to offer more contracts  
15 based on need for access.

16 (C) Managed care providers awarded under this subdivision shall be  
17 entitled to enter into a contract with the department for the purpose of  
18 participating in the managed care program. Such contracts shall run for  
19 a term to be determined by the commissioner, which may be renewed or  
20 modified from time to time without a new request for proposals, to  
21 ensure consistency with changes in federal and state laws, regulations  
22 and policies, including but not limited to the expansion or reduction of  
23 medical assistance services available to the participants through a  
24 managed care provider.

25 (D) Nothing in this paragraph or other provision of this section shall  
26 be construed to limit in any way the ability of the department to termi-  
27 nate awarded contracts for cause, which shall include but not be limited  
28 to any violation of the terms of such contracts or violations of state  
29 or federal laws and regulations and any loss of necessary state or  
30 federal funding.

31 (E) Nothing in this paragraph or other provision of this section shall  
32 be construed to limit in any way the ability of the department to issue  
33 a new request for proposals for a term following an existing term of an  
34 award.

35 (b) Transitioning the managed care program. (i) Within sixty-days of the  
36 department issuing the request for proposals under paragraph (a) of this  
37 subdivision, a managed care provider that was approved to participate in the  
38 managed care program prior to the issuance of the request for proposals, shall  
39 submit its intention to complete such proposal to the department.

40 (ii) A managed care provider that: (A) fails to submit its intent timely, (B)  
41 indicates within the sixty-days its intent not to complete such a proposal,  
42 (C) fails to submit a proposal within the further timeframe specified by the  
43 commissioner in the request for proposals, or (D) is not awarded the ability  
44 to participate in the managed care program under paragraph (a) of this  
45 subdivision, shall, upon direction from the commissioner, terminate its  
46 services and operations in accordance with the contract between the managed  
47 care provider and the department and shall be additionally required to  
48 maintain coverage of participants for such period of time as determined  
49 necessary by the commissioner to achieve the safe and orderly transfer of  
50 participants.

51 (c) Addressing needs for additional managed care providers to ensure  
52 participant access and choice.

53 If necessary to ensure access to a sufficient number of managed  
54 care providers on a geographic or other basis, including a lack of  
55 adequate and appropriate care, language and cultural competence, or  
56 special needs services, the commissioner may reissue a request for  
57 proposals as provided for under paragraph (a) of this subdivision,  
58 provided however that such request may be limited to the geographic or  
59 other basis of need that the request for proposals is seeking to  
60 achieve.



41 address. Any awards made shall be subject to the requirements of this  
42 section, including but not limited to the minimum and maximum number of  
43 awards in a region.

44 ~~(e)~~ d) The care and services described in subdivision four of this  
45 section will be furnished by a managed care provider pursuant to the  
46 provisions of this section when such services are furnished in accord-  
47 ance with an agreement with the department of health, and meet applica-  
48 ble federal law and regulations.

49 [(g)] ~~(de)~~ The commissioner of health may delegate some or all of the  
50 tasks identified in this section to the local districts.

51 [(h)] ~~(ef)~~ Any delegation pursuant to paragraph [(g)] ~~(de)~~ of this  
52 subdivision shall be reflected in the contract between a managed care  
53 provider and the commissioner of health.

54 § 4. Subdivision 4 of section 365-m of the social services law is  
55 REPEALED and a new subdivision 4 is added to read as follows:

1 4. The commissioner of health, jointly with the commissioners of the  
2 office of mental health and the office of addiction services and  
3 supports, shall select a limited number of special needs managed care  
4 plans under section three hundred sixty-four-j of this title, in accord-  
5 ance with subdivision five of such section, capable of managing the  
6 behavioral and physical health needs of medical assistance enrollees  
7 with significant behavioral health needs.

8 § 5. The opening paragraph of subdivision 2 of section 4403-f of the  
9 public health law, as amended by section 8 of part C of chapter 58 of  
10 the laws of 2007, is amended to read as follows:

11 Certificate of Authority; form. An eligible applicant shall submit an  
12 application for a certificate of  
13 authority to operate a managed long term care plan upon forms prescribed  
14 by the commissioner, including any such forms or processes as may be  
15 required or prescribed by the commissioner in accordance with the  
16 competitive bid process under subdivision six of this section. Such  
17 eligible applicant shall submit information and documentation to the  
18 commissioner which shall include, but not be limited to:

19 § 6. Subdivision 3 of section 4403-f of the public health law, as  
20 amended by section 41-a of part H of chapter 59 of the laws of 2011, is  
21 amended to read as follows:

22 3. Certificate of authority; approval. (a) The commissioner shall not  
23 approve an application for a certificate of authority unless the appli-  
24 cant demonstrates to the commissioner's satisfaction:

25 [(a)] (i) that it will have in place acceptable quality-assurance  
26 mechanisms, grievance procedures, mechanisms to protect the rights of  
27 enrollees and case management services to ensure continuity, quality,  
28 appropriateness and coordination of care;

29 [(b)] (ii) that it will include an enrollment process which shall  
30 ensure that enrollment in the plan is informed. The application shall  
31 describe the disenrollment process, which shall provide that an other-  
32 wise eligible enrollee shall not be involuntarily disenrolled on the  
33 basis of health status;

34 [(c)] (iii) satisfactory evidence of the character and competence of  
35 the proposed operators and reasonable assurance that the applicant will  
36 provide high quality services to an enrolled population;

37 [(d)] (iv) sufficient management systems capacity to meet the require-  
38 ments of this section and the ability to efficiently process payment for  
39 covered services;

40 [(e)] (v) readiness and capability to maximize reimbursement of and  
41 coordinate services reimbursed pursuant to title XVIII of the federal  
42 social security act and all other applicable benefits, with such benefit  
43 coordination including, but not limited to, measures to support sound  
44 clinical decisions, reduce administrative complexity, coordinate access  
45 to services, maximize benefits available pursuant to such title and  
46 ensure that necessary care is provided;

47 [(f)] (vi) readiness and capability to arrange and manage covered  
48 services and coordinate non-covered services which could include prima-  
49 ry, specialty, and acute care services reimbursed pursuant to title XIX  
50 of the federal social security act;

51 [(g)] (vii) willingness and capability of taking, or cooperating in,  
52 all steps necessary to secure and integrate any potential sources of  
53 funding for services provided by the managed long term care plan,  
54 including, but not limited to, funding available under titles XVI,  
55 XVIII, XIX and XX of the federal social security act, the federal older  
56 Americans act of nineteen hundred sixty-five, as amended, or any succes-  
sor provisions subject to approval of the director of the state office

1 for aging, and through financing options such as those authorized pursu-  
2 ant to section three hundred sixty-seven-f of the social services law;  
3 [(h)] (viii) that the contractual arrangements for providers of health  
4 and long term care services in the benefit package are sufficient to  
5 ensure the availability and accessibility of such services to the  
6 proposed enrolled population consistent with guidelines established by  
7 the commissioner; with respect to individuals in receipt of such  
8 services prior to enrollment, such guidelines shall require the managed  
9 long term care plan to contract with agencies currently providing such  
10 services, in order to promote continuity of care. In addition, such  
11 guidelines shall require managed long term care plans to offer and cover  
12 consumer directed personal assistance services for eligible individuals  
13 who elect such services pursuant to section three hundred sixty-five-f  
14 of the social services law; and

15 [(i)] (ix) that the applicant is financially responsible and may be  
16 expected to meet its obligations to its enrolled members.

17 (b) Notwithstanding paragraph (a) of this subdivision, the approval of  
18 any application for certification as a managed long term care plan under  
19 this section for a plan that seeks to cover a population of enrollees  
20 eligible for services under title XIX of the federal social security  
21 act, shall be subject to and conditioned on selection through the  
22 competitive bid process provided under subdivision six of this section.

23 § 7. Subdivision 6 of section 4403-f of the public health law, as  
24 amended by section 41-b of part H of chapter 59 of the laws of 2011,  
25 paragraph (a) as amended by section 2 of part I of chapter 57 of the  
26 laws of 2023, paragraphs (d), (e), and (f) as added by section 5 of part  
27 MM of chapter 56 of the laws of 2020, and the opening paragraph of  
28 subparagraph (i) of paragraph (d) as amended by section 3 of part I of  
29 chapter 57 of the laws of 2023, is amended to read as follows:

30 6. Approval authority. [(a)] An applicant shall be issued a certif-  
31 icate of authority as a managed long term care plan upon a determination  
32 by the commissioner that the applicant complies with the operating  
33 requirements for a managed long term care plan under this section;  
34 provided, however, that any managed long term care plan seeking to  
35 provide health and long term care services to a population of enrollees  
36 that are eligible under title XIX of the federal social security act  
37 shall not receive a certificate of authority, nor be eligible for a  
38 contract to provide such services with the department, unless selected  
39 through the competitive bid process described in this subdivision. [The  
40 commissioner shall issue no more than seventy-five certificates of  
41 authority to managed long term care plans pursuant to this section.

42 (a-1) Nothing in this section shall be construed as requiring the  
43 department to contract with or to contract for a particular line of  
44 business with an entity certified under this section for the provision  
45 of services available under title eleven of article five of the social  
46 services law. A managed long term care plan that has been issued a  
47 certificate of authority, or an applicant for a certificate of authority  
48 as a managed long term care plan that has in any of the three calendar  
49 years immediately preceding the application, met any of the following  
50 criteria shall not be eligible for a contract for the provision of  
51 services available under title eleven of article five of the social  
52 services law: (i) classified as a poor performer, or substantially simi-  
53 lar terminology, by the centers for medicare and medicaid services; or  
54 (ii) an excessive volume of penalties, statements of findings, state-  
55 ments of deficiency, intermediate sanctions or enforcement actions,

1 regardless of whether the applicant has addressed such issues in a time-  
2 ly manner.

3 (b) An operating demonstration shall be issued a certificate of  
4 authority as a managed long term care plan upon a determination by the  
5 commissioner that such demonstration complies with the operating  
6 requirements for a managed long term care plan under this section.  
7 Nothing in this section shall be construed to affect the continued legal  
8 authority of an operating demonstration to operate its previously  
9 approved program.

10 (c) For the period beginning April first, two thousand twelve and  
11 ending March thirty-first, two thousand fifteen, the majority leader of  
12 the senate and the speaker of the assembly may each recommend to the  
13 commissioner, in writing, up to four eligible applicants to convert to  
14 be approved managed long term care plans. An applicant shall only be  
15 approved and issued a certificate of authority if the commissioner  
16 determines that the applicant meets the requirements of subdivision  
17 three of this section. The majority leader of the senate or the speaker  
18 of the assembly may assign their authority to recommend one or more  
19 applicants under this section to the commissioner]

20 (a) Notwithstanding sections one hundred twelve and one hundred  
21 sixty-three of the state finance law, sections one hundred forty-two and  
22 one hundred forty-three of the economic development law, and any other  
23 inconsistent provision of law, the commissioner shall, through a compet-  
24 itive bid process based on proposals submitted to the department,  
25 provide for the selection of qualified managed long term care plans to  
26 provide health and long term care services to enrollees who are eligible  
27 under title XIX of the federal social security act pursuant to a  
28 contract with the department; provided, however, that:

29 (i) A proposal submitted by a managed long term care plan shall  
30 include information sufficient to allow the commissioner to evaluate the  
31 bidder in accordance with the requirements identified in subdivisions  
32 two, three and four of this section.

33 (ii) In addition to the criteria described in subparagraph (i) of this  
34 paragraph, the commissioner shall also consider:

35 (A) accessibility and geographic distribution of network providers,  
36 taking into account the needs of persons with disabilities and the  
37 differences between rural, suburban, and urban settings;

38 (B) the extent to which major public hospitals are included in the  
39 submitted provider network;

40 (C) demonstrated cultural and language competencies specific to the  
41 population of participants;

42 (D) the corporate organization and status of the bidder as a charita-  
43 ble corporation under the not-for-profit corporation law;

44 (E) the ability of a bidder to offer plans in multiple regions;

45 (F) the type and number of products the bidder proposes to operate,  
46 including products applied for in accordance with the provisions of  
47 subdivision five of section three hundred sixty-four-j of the social  
48 services law, and other products determined by the commissioner, includ-  
49 ing but not necessarily limited to those operated under title one-A of  
50 article twenty-five of this chapter and section three hundred sixty-  
51 nine-gg of the social services law;

52 (G) whether the bidder participates in products for integrated care  
53 for participants who are dually eligible for Medicaid and medicare;

54 (H) whether the bidder participates in value based payment arrange-  
55 ments as defined by the department, including the delegation of signif-  
56 icant financial risk to clinically integrated provider networks;

1 (I) the bidder's commitment to participation in managed care in the  
2 state;  
3 (J) the bidder's commitment to quality improvement;  
4 (K) the bidder's commitment to community reinvestment spending, as  
5 shall be defined in the procurement;  
6 (L) for current or previously authorized managed care providers, past  
7 performance in meeting managed care contract or federal or state  
8 requirements, and if the commissioner issued any statements of findings,  
9 statements of deficiency, intermediate sanctions or enforcement actions  
10 to a bidder for non-compliance with such requirements, whether the  
11 bidder addressed such issues in a timely manner; and  
12 (M) any other criteria deemed appropriate by the commissioner.  
13 (iii) Subparagraphs (i) and (ii) of this paragraph describing proposal  
14 content and selection criteria requirements shall not be construed as  
15 limiting or requiring the commissioner to evaluate such content or  
16 criteria on a pass/fail scale, or other particular methodological basis;  
17 provided however, that the commissioner must consider all such content  
18 and criteria using methods determined by the commissioner in their  
19 discretion and, as applicable, in consultation with the commissioners of  
20 the office of mental health, the office for people with developmental  
21 disabilities, the office of addiction services and supports, and the  
22 office of children and family services.  
23 (iv) The department shall post on its website:  
24 (A) The request for proposals and a description of the proposed  
25 services to be provided pursuant to contracts in accordance with this  
26 subdivision;  
27 (B) The criteria on which the department shall determine qualified  
28 bidders and evaluate their applications, including all criteria identi-  
29 fied in this subdivision;  
30 (C) The manner by which a proposal may be submitted, which may include  
31 submission by electronic means;  
32 (D) The manner by which a managed long term care plan may continue to  
33 provide health and long term care services to enrollees who are eligible  
34 under title XIX of the federal social security act pending awards to  
35 managed long term care plans through a competitive bid process pursuant  
36 to this subdivision; and  
37 (E) Upon award, the managed long term care plans that the commissioner  
38 intends to contract with pursuant to this subdivision, provided that the  
39 commissioner shall update such list to indicate the final slate of  
40 contracted managed long term care plans.  
41 (v) Award and contracting. (A) All responsible and responsive  
42 submissions that are received  
43 from bidders in a timely fashion shall be reviewed by the commissioner  
44 in consultation with the commissioners of the office of mental health,  
45 the office for people with developmental disabilities, the office of  
46 addiction services and supports, and the office of children and family  
47 services, as applicable. The commissioner shall consider comments  
48 resulting from the review of proposals and make awards in consultation  
49 with such agencies.  
50 (B) The commissioner may make awards under this subdivision, for each  
51 product for which proposals were requested, to two or more managed long  
52 term care plans in each geographic region defined by the commissioner in  
53 the request for proposals for which at least two managed long term care  
54 plans have submitted a proposal, and shall have discretion to offer more  
55 contracts based on need for access.  
56 (C) Managed long term care plans awarded under this subdivision shall  
be entitled to enter into a contract with the department for the purpose

1 of providing health and long term care services to enrollees who are  
2 eligible under title XIX of the federal social security act. Such  
3 contracts shall run for a term to be determined by the commissioner,  
4 which may be renewed or modified from time to time without a new request  
5 for proposals, to ensure consistency with changes in federal and state  
6 laws, regulations and policies, including but not limited to the expan-  
7 sion or reduction of medical assistance services available to the  
8 participants through a managed long term care plan.

9 (D) Nothing in this paragraph or other provision of this section shall  
10 be construed to limit in any way the ability of the department to termi-  
11 nate awarded contracts for cause, which shall include but not be limited  
12 to any violation of the terms of such contracts or violations of state  
13 or federal laws and regulations and any loss of necessary state or  
14 federal funding.

15 (E) Nothing in this paragraph or other provision of this section shall  
16 be construed to limit in any way the ability of the department to issue  
17 a new request for proposals for a term following an existing term of an  
18 award.

19 (b) Transitioning enrollees who are eligible under title XIX of the  
federal social security act. (i) Within sixty-days of the department issuing  
the request for proposals under paragraph (a) of this subdivision, a managed  
long term care plan that was approved to provide health and long term care  
services to enrollees who are eligible under title XIX of the federal social  
security act prior to the issuance of the request for proposals, shall submit  
its intention to complete such proposal to the department.

(ii) A managed long term care plan that: (A) fails to submit its intent  
timely; (B) indicates within the sixty-days its intent not to complete such a  
proposal, (C) fails to submit a proposal within the further timeframe  
specified by the commissioner in the request for proposals, or (D) is not  
awarded the ability to provide health and long term care services to enrollees  
who are eligible under title XIX of the federal social security act under  
paragraph (a) of this subdivision, shall, upon direction from the  
commissioner, terminate its services and operations in accordance with the  
contract between the managed long term care plan and the department and shall  
be additionally required to maintain coverage of enrollees for such period of  
time as determined necessary by the commissioner to achieve the safe and  
orderly transfer of enrollees.

(c) Addressing needs for additional managed long term care plans to  
20 ensure access and choice for enrollees eligible under title XIX of the  
21 federal social security act. If necessary to ensure access to a suffi-  
22 cient number of managed long term care plans on a geographic or other  
23 basis, including a lack of adequate and appropriate care, language and  
24 cultural competence, or special needs services, the commissioner may  
25 reissue a request for proposals as provided for under paragraph (a) of  
26 this subdivision, provided however that such request may be limited to  
27 the geographic or other basis of need that the request for proposals  
28 seeks to address. Any awards made shall be subject to the requirements  
29 of this section, including but not limited to the minimum and maximum  
30 number of awards in a region.

31 ~~†(d)†~~ ~~(c)~~ (i) Effective April first, two thousand twenty, and expiring  
32 [March thirty-first, two thousand twenty-seven] on the date the commis-  
33 sioner publishes on the department's website a request for proposals in  
34 accordance with subparagraph (iv) of paragraph (a) of this subdivision,  
35 the commissioner shall place a moratorium on the processing and approval  
36 of applications seeking a certificate of authority as a managed long  
37 term care plan pursuant to this section, including applications seeking  
38 authorization to expand an existing managed long term care plan's  
39 approved service area or scope of eligible enrollee populations. Such  
40 moratorium shall not apply to:



41 (A) applications submitted to the department prior to January first,  
42 two thousand twenty;  
43 (B) applications seeking approval to transfer ownership or control of  
44 an existing managed long term care plan;  
45 (C) applications demonstrating to the commissioner's satisfaction that  
46 submission of the application for consideration would be appropriate to  
47 address a serious concern with care delivery, such as a lack of adequate  
48 access to managed long term care plans in a geographic area or a lack of  
49 adequate and appropriate care, language and cultural competence, or  
50 special needs services; and  
51 (D) applications seeking to operate under the PACE (Program of All-In-  
52 clusive Care for the Elderly) model as authorized by federal public law  
53 105-33, subtitle I of title IV of the Balanced Budget Act of 1997, or to  
54 serve individuals dually eligible for services and benefits under titles  
55 XVIII and XIX of the federal social security act in conjunction with an  
56 affiliated Medicare Dual Eligible Special Needs Plan, based on the need

1 for such plans and the experience of applicants in serving dually eligi-  
2 ble individuals as determined by the commissioner in their discretion.  
3 (ii) For the duration of the moratorium, the commissioner shall assess  
4 the public need for managed long term care plans that are not integrated  
5 with an affiliated Medicare plan, the ability of such plans to provide  
6 high quality and cost effective care for their membership, and based on  
7 such assessment develop a process and conduct an orderly wind-down and  
8 elimination of such plans, which shall coincide with the expiration of  
9 the moratorium unless the commissioner determines that a longer wind-  
10 down period is needed.

11 ~~[(e) For the duration of the moratorium under paragraph (d) of this~~  
12 ~~subdivision] (d) From April first, two thousand twenty, until March~~  
13 ~~thirty-first, two thousand twenty-four, the commissioner shall estab-~~  
14 ~~lish, and enforce by means of a premium withholding equal to three~~  
15 ~~percent of the base rate, an annual cap on total enrollment (enrollment~~  
16 ~~cap) for each managed long term care plan, subject to subparagraphs (ii)~~  
17 ~~and (iii) of this paragraph, based on a percentage of each plan's~~  
18 ~~reported enrollment as of October first, two thousand twenty.~~

19 (i) The specific percentage of each plan's enrollment cap shall be  
20 established by the commissioner based on: (A) the ability of individuals  
21 eligible for such plans to access health and long term care services,  
22 (B) plan quality of care scores, (C) historical plan disenrollment, (D)  
23 the projected growth of individuals eligible for such plans in different  
24 regions of the state, (E) historical plan enrollment of patients with  
25 varying levels of need and acuity, and (F) other factors in the commis-  
26 sioner's discretion to ensure compliance with federal requirements,  
27 appropriate access to plan services, and choice by eligible individuals.

28 (ii) In the event that a plan exceeds its annual enrollment cap, the  
29 commissioner is authorized under this paragraph to retain all or a  
30 portion of the premium withheld based on the amount over which a plan  
31 exceeds its enrollment cap. Penalties assessed pursuant to this subdivi-  
32 sion shall be determined by regulation.

33 (iii) The commissioner may not establish an annual cap on total  
34 enrollment under this paragraph for plans' lines of business operating  
35 under the PACE (Program of All-Inclusive Care for the Elderly) model as  
36 authorized by federal public law 105-33, subtitle I of title IV of the  
37 Balanced Budget Act of 1997, or that serve individuals dually eligible  
38 for services and benefits under titles XVIII and XIX of the federal  
39 social security act in conjunction with an affiliated Medicare Dual  
40 Eligible Special Needs Plan.

41 [(f) In implementing the provisions of paragraphs (d) and (e) of this  
42 subdivision, the commissioner shall, to the extent practicable, consider  
43 and select methodologies that seek to maximize continuity of care and  
44 minimize disruption to the provider labor workforce, and shall, to the  
45 extent practicable and consistent with the ratios set forth herein,  
46 continue to support contracts between managed long term care plans and  
47 licensed home care services agencies that are based on a commitment to  
48 quality and value.]

49 § 8. Section 1 of part I of chapter 57 of the laws of 2022, providing  
50 a one percent across the board payment increase to all qualifying fee-  
51 for-service Medicaid rates, is amended by adding two new subdivisions 3  
52 and 4 to read as follows:

53 3. For the state fiscal years beginning April 1, 2024, and thereafter,  
54 all department of health Medicaid payments made to Medicaid managed care  
55 organizations will no longer be subject to the uniform rate increase in  
56 subdivision one of this section.



1 4. Rate adjustments made pursuant to subdivisions one through three of  
 2 this section shall not be subject to the notification requirements set  
 3 forth in subdivision 7 of section 2807 of the public health law.

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

6 40. (a) The commissioner shall be entitled to recover liquidated  
 7 damages from managed care organizations for failure to meet the contrac-  
 8 tual obligations and performance standards of their contract.

9 (b) The commissioner shall have sole discretion in determining whether  
 10 to impose a recovery of the financial loss and damages for noncompliance  
 11 with any provision of the contract.

12 (c) (i) Liquidated damages imposed by this subdivision against a  
 13 managed care organization shall be from two hundred fifty dollars up to  
 14 twenty-five thousand dollars per violation depending on the severity of  
 15 the noncompliance determined by the commissioner.

16 (ii) Any liquidated damages findings as a result of the review  
 17 required by this subdivision shall be due and payable sixty calendar  
 18 days from the issuance of a statement of damages regardless of any  
 19 dispute in the amount or interpretation of the amount due contained in  
 20 the notice statement of damages.

21 (iii) The commissioner may elect, in their sole discretion, to collect  
 22 damages imposed by this section from, and as a set off against, payments  
 23 due to the managed care organization, or payments that becomes due any  
 24 time after the calculation of liquidated damages. Deductions shall  
 25 continue until the full amount of the noticed damages are paid in full.

26 (iv) All liquidated damages imposed by this subdivision shall be paid  
 27 out of the administrative costs and profits of the managed care organ-  
 28 ization.

29 (v) The managed care organization shall not pass the liquidated  
 30 damages imposed under this subdivision through to any provider and/or  
 31 subcontractor.

32 (d) (i)

~~To dispute liquidated damages imposed by this subdivision the~~  
~~33 managed care organization must submit a written request of its dispute~~  
~~34 to the commissioner within thirty calendar days from the date of the~~  
~~35 statement of damages. Such dispute shall be made in the form and manner~~  
~~36 prescribed by the commissioner.~~  
 A managed care organization may dispute the  
 imposition of liquidated damages in writing, and in the form and manner  
 prescribed by the commissioner, within thirty calendar days from the date of  
 the statement of damages.

37 (ii)

~~The department will deny any disputes that are not delivered in~~  
~~38 the format and timeframe specified by the department.~~  
 Disputes that are not  
 delivered in the format and timeframe specified by the department shall be  
 denied by the department and deemed waived by the managed care organization.

39 (iii)

~~The managed care organization waives any dispute not raised~~  
~~40 within thirty calendar days of issuance of the statement of damages. It~~  
~~41 also waives any arguments it fails to raise in writing within thirty~~  
~~42 calendar days of issuance of the statement of damages, and waives the~~  
~~43 right to use any materials, data, and/or information not contained in or~~  
~~44 accompanying the managed care organization's submission submitted within~~  
~~45 the thirty calendar days of issuance of the statement of damages in any~~  
~~46 subsequent legal or administrative proceeding.~~  
 A managed care organization  
 shall waive any arguments, materials, data, and information not contained in  
 or accompanying a timely submitted written dispute, including for use in any  
 subsequent legal or administrative proceeding.

47 (iv) The commissioner or their designee shall decide the dispute,  
 48 reduce the decision to writing and issue their decision to the managed

49 care organization within ninety calendar days of receipt of the dispute.  
50 This written decision shall be final.

51 (e)

~~52 For purposes of this subdivision a violation shall mean a determi-~~  
~~53 nation by the commissioner that the managed care organization failed to~~  
~~54 act as required under the model contract or applicable federal and state~~  
~~55 statutes, rules or regulations governing managed care organization. For~~  
~~56 the purposes of this subdivision, each day that an ongoing violation~~  
~~continues shall be a separate violation. In addition, each instance of~~

~~1 failing to furnish necessary and/or required medical services or items  
2 to each enrollee shall be a separate violation. As well, each day that  
3 the managed care organization fails to furnish necessary and/or required  
4 medical services or items to enrollees shall be a separate violation.~~

For the purposes of this subdivision a violation shall mean a determination by the commissioner that the managed care organization failed to act as required under the model contract or applicable federal and state statutes, rules or regulations governing managed care organizations. For the purposes of this subdivision, a violation shall also mean each instance for which a determination has been made by the commissioner that a managed care organization failed to furnish necessary and/or required medical services or items to each enrollee. Each day that an ongoing violation continues shall be a separate violation.

5 (f) For purposes of this subdivision managed care organization shall  
6 mean any managed care organizations subject to this section and article  
7 forty-four of the public health law, including managed long term care  
8 plans.

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

12 § 10. This act shall not be construed to prohibit managed care provid-  
13 ers participating in the managed care program and managed long term care  
14 plans approved to provide health and long term care services to enrol-  
15 lees who are eligible under title XIX of the federal social security  
16 act, that were so authorized as of the effective date of this act from  
17 continuing operations as authorized until such time as awards are made  
18 in accordance with this act and such additional time subject to direc-  
19 tion from the commissioner of health to ensure the safe and orderly  
20 transfer of participants.

21 § 11. This act shall take effect immediately and shall apply to  
22 disputes filed with the superintendent of financial services pursuant to  
23 article six of the financial services law on or after such effective  
24 date; provided that:

25 (a) the amendments to section 364-j of the social services law made by  
26 sections two, three and nine of this act shall not affect the repeal of  
27 such section and shall be deemed repealed therewith; and

28 (b) the amendments to section 4403-f of the public health law made by  
29 sections five, six and seven of this act shall not affect the repeal of  
30 such section and shall be deemed repealed therewith.

31

## PART I

32 Section 1. Paragraph (a) of subdivision 4 of section 365-a of the  
33 social services law, as amended by chapter 493 of the laws of 2010, is  
34 amended to read as follows:

35 (a) drugs which may be dispensed without a prescription as required by  
36 section sixty-eight hundred ten of the education law; provided, however,  
37 that the state commissioner of health may by regulation specify certain  
38 of such drugs which may be reimbursed as an item of medical assistance  
39 in accordance with the price schedule established by such commissioner.  
40 Notwithstanding any other provision of law, [additions] modifications to  
41 the list of drugs reimbursable under this paragraph may be filed as  
42 regulations by the commissioner of health without prior notice and  
43 comment;

44 § 2. Paragraph (b) of subdivision 3 of section 273 of the public  
45 health law, as added by section 10 of part C of chapter 58 of the laws  
46 of 2005, is amended to read as follows:

47 (b) In the event that the patient does not meet the criteria in para-  
48 graph (a) of this subdivision, the prescriber may provide additional

49 information to the program to justify the use of a prescription drug  
50 that is not on the preferred drug list. The program shall provide a  
51 reasonable opportunity for a prescriber to reasonably present his or her  
52 justification of prior authorization. [If, after consultation with the  
53 program, the prescriber, in his or her reasonable professional judgment,  
54 determines that] The program will consider the additional information

1 qualified health plans in accordance with applicable law and other  
2 health insurance programs as determined by the commissioner;

3 § 5. Subdivision 16 of section 268-c of the public health law, as  
4 added by section 2 of part T of chapter 57 of the laws of 2019, is  
5 amended to read as follows:

6 16. In accordance with applicable federal and state law, inform indi-  
7 viduals of eligibility requirements for the Medicaid program under title  
8 XIX of the social security act and the social services law, the chil-  
9 dren's health insurance program (CHIP) under title XXI of the social  
10 security act and this chapter, the basic health program under section  
11 three hundred sixty-nine-gg of the social services law, the 1332 state  
12 innovation program in accordance with section three hundred sixty-nine-  
13 ii of the social services law, or any applicable state or local public  
14 health insurance program and if, through screening of the application by  
15 the Marketplace, the Marketplace determines that such individuals are  
16 eligible for any such program, enroll such individuals in such program.

17 § 6. Section 268-c of the public health law is amended by adding a new  
18 subdivision 26 to read as follows:

19 26. Subject to federal approval if required, the use of state funds  
20 and the availability of funds in the 1332 state innovation program fund  
21 established pursuant to section ninety-eight-d of the state finance law,  
22 the commissioner shall have the authority to establish a program to  
23 provide subsidies for the payment of premium or cost sharing or both to  
24 assist individuals who are eligible to purchase qualified health plans  
25 through the marketplace, or take such other action as appropriate to  
26 reduce or eliminate qualified health plan premiums or cost-sharing or  
27 both.

28 § 7. Subparagraph (i) of paragraph (a) of subdivision 4 of section  
29 268-e of the public health law, as added by section 2 of part T of chap-  
30 ter 57 of the laws of 2019, is amended to read as follows:

31 (i) An initial determination of eligibility, including:

32 (A) eligibility to enroll in a qualified health plan;

33 (B) eligibility for Medicaid;

34 (C) eligibility for Child Health Plus;

35 (D) eligibility for the Basic Health Program;

36 (E) eligibility for the 1332 state innovation program;

37 (F) the amount of advance payments of the premium tax credit and level  
38 of cost-sharing reductions;

39 [(F)] (G) the amount of any other subsidy that may be available under  
40 law; and

41 [(G)] (H) eligibility for such other health insurance programs as  
42 determined by the commissioner; and

§ 8. Section 268 of the public health law, as added by section 2 of part T of  
chapter 57 of the laws of 2019, is amended to read as follows:

The purpose of this title is to codify the establishment of the health benefit  
exchange in New York, known as NY State of Health, The Official Health Plan  
Marketplace (Marketplace), in conformance with Executive Order 42 (Cuomo)  
issued April 12, 2012. The Marketplace shall continue to perform eligibility  
determinations for federal and state insurance affordability programs  
including medical assistance in accordance with section three hundred sixty-  
six of the social services law, child health plus in accordance with section  
twenty-five hundred eleven of this chapter, the basic health program in  
accordance with section three hundred sixty-nine-gg of the social services  
law, the 1332 state innovation program in accordance with section three  
hundred sixty-nine-ii of the social service law, and premium tax credits and  
cost-sharing reductions, together with performing eligibility determinations  
for qualified health plans and such other health insurance programs as  
determined by the commissioner. The Marketplace shall also facilitate  
enrollment in insurance affordability programs, qualified health plans and

other health insurance programs as determined by the commissioner, the purchase and sale of qualified health plans and/or other or additional health plans certified by the Marketplace pursuant to this title, and shall continue to have the authority to operate a small business health options program (“SHOP”) to assist eligible small employers in selecting qualified health plans and/or other or additional health plans certified by the Marketplace and to determine small employer eligibility for purposes of small employer tax credits. It is the intent of the legislature, by codifying the Marketplace in state statute, to continue to promote quality and affordable health coverage and care, reduce the number of uninsured persons, provide a transparent marketplace, educate consumers and assist individuals with access to coverage, premium assistance tax credits and cost-sharing reductions. In addition, the legislature declares the intent that the Marketplace continue to be properly integrated with insurance affordability programs, including Medicaid, child health plus and the basic health program, the 1332 state innovation program, and such other health insurance programs as determined by the commissioner. § 9. Subdivision 8 of section 268-a of the public health law, as added by section 2 of part T of chapter 57 of the laws of 2019, is amended to read as follows:

8. “Insurance affordability program” means Medicaid, child health plus, the basic health program, the 1332 state innovation program, post-partum extended coverage and any other health insurance subsidy program designated as such by the commissioner.

43 § 810. This act shall take effect immediately and shall be deemed to  
44 have been in full force and effect on and after April 1, 2024; provided,  
45 however, ~~that sections four, five, six, and seven of this act shall take~~  
46 ~~effect January 1, 2025; provided, further,~~ that section six of this act  
47 shall only take effect upon the commissioner of health obtaining and  
48 maintaining all necessary approvals from the secretary of health and  
49 human services and the secretary of the treasury based on an amended  
50 application for a waiver for state innovation pursuant to section 1332  
51 of the patient protection and affordable care act (P.L. 111-148) and  
52 subdivision 25 of section 268-c of the public health law; and provided,  
53 further, that the commissioner of health shall notify the legislative  
54 bill drafting commission upon the occurrence of the enactment of the  
55 legislation provided for in section six of this act in order that the  
56 commission may maintain an accurate and timely effective data base of

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 subdivision five-b and paragraphs (b), (c), (d), (f) and (g) (f) 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. Paragraph (c) of subdivision 1 of section 461-b of the social  
19 services law is REPEALED.

20 § 7. Article 27-H of the public health law is REPEALED.

21 § 8. Paragraph (c) of subdivision 11 of section 230 of the public  
22 health law, as amended by chapter 343 of the laws of 1980, subparagraph  
23 (ii) as amended by section 10 of part B of chapter 57 of the laws of  
24 2023, is amended to read as follows:

25 (c) Notwithstanding the foregoing, no physician shall be responsible  
26 for reporting pursuant to paragraph (a) of this subdivision with respect  
27 to any information discovered by such physician solely as a result of:

28 [(i)] Participation in a properly conducted mortality and/or morbidity  
29 conference, departmental meeting or a medical or tissue committee  
30 constituted pursuant to the by-laws of a hospital which is duly estab-  
31 lished pursuant to article twenty-eight of the public health law, unless  
32 the procedures of such conference, department or committee of such  
33 hospital shall have been declared to be unacceptable for the purpose  
34 hereof by the commissioner, and provided that the obligations of report-  
35 ing such information when appropriate to do so shall be the responsibil-  
36 ity of the chairperson of such conference, department or committee, ~~or~~.

37 [(ii)] Participation and membership during a three year demonstration  
38 period in a physician committee of the Medical Society of the State of  
39 New York or the New York State Osteopathic Society whose purpose is to  
40 confront and refer to treatment physicians who are thought to be suffer-  
41 ing from alcoholism, drug abuse, or mental illness. Such demonstration  
42 period shall commence on April first, nineteen hundred eighty and termi-  
43 nate on May thirty-first, nineteen hundred eighty-three. An additional  
44 demonstration period shall commence on June first, nineteen hundred  
45 eighty-three and terminate on March thirty-first, nineteen hundred  
46 eighty-six. An additional demonstration period shall commence on April  
47 first, nineteen hundred eighty-six and terminate on March thirty-first,  
48 nineteen hundred eighty-nine. An additional demonstration period shall  
49 commence April first, nineteen hundred eighty-nine and terminate March  
50 thirty-first, nineteen hundred ninety-two. An additional demonstration  
51 period shall commence April first, nineteen hundred ninety-two and  
52 terminate March thirty-first, nineteen hundred ninety-five. An addi-  
53 tional demonstration period shall commence on April first, nineteen  
54 hundred ninety-five and terminate on March thirty-first, nineteen  
55 hundred ninety-eight. An additional demonstration period shall commence  
56 on April first, nineteen hundred ninety-eight and terminate on March



1 Section 1. Paragraph (d) of subdivision 4 of section 206 of the public  
2 health law, as added by chapter 602 of the laws of 2007, is amended and  
3 a new paragraph (e) is added to read as follows:

4 (d) assess civil penalties against a public water system which  
5 provides water to the public for human consumption through pipes or  
6 other constructed conveyances, as further defined in the state sanitary  
7 code or, in the case of mass gatherings, the person who holds or  
8 promotes the mass gathering as defined in subdivision five of section  
9 two hundred twenty-five of this article not to exceed twenty-five thou-  
10 sand dollars per day, for each violation of or failure to comply with  
11 any term or provision of the state sanitary code as it relates to public  
12 water systems that serve a population of five thousand or more persons  
13 or any mass gatherings, which penalty may be assessed after a hearing or  
14 an opportunity to be heard[.];

15 (e) notwithstanding section sixty-five hundred thirty of the education  
16 law, issue a non-patient specific statewide standing order for the  
17 provision of doula services for pregnant, birthing, and postpartum indi-  
18 viduals through twelve months postpartum.

19 § 2. Subdivision 3 of section 2504 of the public health law, as added  
20 by chapter 976 of the laws of 1984, is amended to read as follows:

21 3. Any person, including a minor, who is pregnant may give effective  
22 consent for any and all medical, dental, health and hospital services  
23 relating to [prenatal] reproductive health care, including consent to  
24 terminate a pregnancy for any reason.

25 § 3. The opening paragraph of section 2599-aa of the public health  
26 law, as added by chapter 1 of the laws of 2019, is amended to read as  
27 follows:

28 The legislature finds that comprehensive reproductive health care is a  
29 fundamental component of every individual's health, privacy and  
30 equality, including minors. Therefore, it is the policy of the state  
31 that:

32 § 4. The public health law is amended by adding a new section  
33 2599-bb-1 to read as follows:

34 § 2599-bb-1. Contraception. 1. A health care practitioner licensed,  
35 certified, or authorized under title eight of the education law, acting  
36 within their lawful scope of practice, may prescribe or distribute a  
37 contraceptive device or medication when, according to the practitioner's  
38 reasonable and good faith professional judgment based on the facts of  
39 the patient's case, they determine the patient is able to medically  
40 tolerate such treatment.

41 2. This article shall be construed and applied consistent with and  
42 subject to applicable laws and applicable and authorized regulations  
43 governing health care procedures.

§ 5. Section 2504 of the public health law is amended by adding a new  
subdivision 8 to read as follows:

8. Drug, cannabis, or alcohol testing for pregnant or postpartum individuals.

(a) Definition. As used in this subdivision, "test" shall mean a test using a  
biological sample, including, but not limited to, urine, blood, or hair, for  
the presence of drugs, cannabis, or alcohol.

(b) Unless legally authorized to do so, no health care professional licensed,  
certified, or authorized under title eight of the education law shall:

(i) perform a drug, cannabis, or alcohol test on a person who is pregnant or  
up to one year postpartum unless:

(A) the pregnant or postpartum patient gives prior verbal or written informed  
consent specific to the drug, cannabis, or alcohol test; and

(B) the performance of the drug, cannabis, or alcohol test is within the scope  
of medical care being provided to the patient.



(c) Verbal or written informed consent to a drug, cannabis, or alcohol test pursuant to this subdivision shall occur prior to administration, in language understandable to the pregnant or postpartum patient, under circumstances that provide such person sufficient opportunity to consider whether or not to authorize the drug, cannabis, or alcohol test and minimize the possibility of coercion or undue influence, and shall consist of verbal authorization memorialized in the medical record or written authorization that is dated and signed. Such authorization shall include the following:

(i) a statement explaining that consenting to a drug, cannabis, or alcohol test is voluntary and requires written or verbal informed consent, except when conditions under subdivision four of this section or paragraph (d) of this subdivision are met;

(ii) a statement that testing positive for drugs, cannabis, or alcohol could have legal consequences;

(iii) a statement explaining the extent of confidentiality of the test results;

(iv) a statement of the medical purpose of the test; and

(v) a general description of the test.

(d) Drug, cannabis, or alcohol testing pursuant to this subdivision may be performed without consent of the patient when, in the health care professional's judgment, an emergency exists and the patient is in immediate need of medical attention, and an attempt to secure consent would result in delay of treatment that could increase the risk to the patient's life or health. In the case that drug, cannabis, or alcohol testing is performed under these circumstances, the results shall be discussed with the patient, in language understandable to the patient and shall consist of verbal notification or written notification that is dated, signed, and includes the following:

(i) a statement that testing positive for drugs, cannabis, or alcohol could have legal consequences;

(ii) a statement in the medical record with a description of the emergency that necessitated unconsented drug, cannabis, or alcohol testing; and

(iii) a statement explaining the extent of confidentiality of the results.

(e) Nothing in this section shall diminish any other requirement to obtain informed consent for a drug, cannabis, or alcohol test or any other procedure.

44 § 56. This act shall take effect immediately and shall be deemed to  
45 have been in full force and effect on and after April 1, 2024.

46

#### PART 0

47 Section 1. Subdivision 1 of section 2807-k of the public health law is  
48 amended by adding a new paragraph (h) to read as follows:

49 (h) "Underinsured" shall mean an individual with out of pocket medical  
50 costs that amount to more than ten percent of such individual's gross  
51 annual income for the past twelve months.

52 § 2. Subdivision 9-a of section 2807-k of the public health law, as  
53 added by section 39-a of part A of chapter 57 of the laws of 2006 and

1 compact"), shall be deemed to have withdrawn from said prior compact  
2 within six months after the effective date of this compact.

3 b. Each party state to this compact shall continue to recognize a  
4 nurse's multistate licensure privilege to practice in that party state  
5 issued under the prior compact until such party state has withdrawn from  
6 the prior compact.

7 2. Withdrawal. a. Any party state may withdraw from this compact by  
8 enacting a statute repealing the same. A party state's withdrawal shall  
9 not take effect until six months after enactment of the repealing stat-  
10 ute.

11 b. A party state's withdrawal or termination shall not affect the  
12 continuing requirement of the withdrawing or terminated state's licens-  
13 ing board to report adverse actions and significant investigations  
14 occurring prior to the effective date of such withdrawal or termination.

15 c. Nothing contained in this compact shall be construed to invalidate  
16 or prevent any nurse licensure agreement or other cooperative arrange-  
17 ment between a party state and a non-party state that is made in accord-  
18 ance with the other provisions of this compact.

19 3. Amendment. a. This compact may be amended by the party states. No  
20 amendment to this compact shall become effective and binding upon the  
21 party states unless and until it is enacted into the laws of all party  
22 states.

23 b. Representatives of non-party states to this compact shall be  
24 invited to participate in the activities of the commission, on a nonvot-  
25 ing basis, prior to the adoption of this compact by all states.

26 § 8911. Construction and severability. 1. Construction and severabil-  
27 ity. This compact shall be liberally construed so as to effectuate the  
28 purposes thereof. The provisions of this compact shall be severable, and  
29 if any phrase, clause, sentence or provision of this compact is declared  
30 to be contrary to the constitution of any party state or of the United  
31 States, or if the applicability thereof to any government, agency,  
32 person or circumstance is held to be invalid, the validity of the  
33 remainder of this compact and the applicability thereof to any govern-  
34 ment, agency, person or circumstance shall not be affected thereby. If  
35 this compact shall be held to be contrary to the constitution of any  
36 party state, this compact shall remain in full force and effect as to  
37 the remaining party states and in full force and effect as to the party  
38 state affected as to all severable matters.

39 § 3. This act shall take effect immediately and shall be deemed to  
40 have been in full force and effect on and after April 1, 2024.

41

## PART S

42 Section 1. The public health law is amended by adding a new section  
43 2825-i to read as follows:

44 § 2825-i. Healthcare safety net transformation program. 1. A statewide  
45 healthcare safety net transformation program shall be established within  
46 the department for the purpose of supporting the transformation of safe-  
47 ty net hospitals to improve access, equity, quality, and outcomes while  
48 increasing the financial sustainability of safety net hospitals. Such  
49 program may provide or utilize new or existing capital funding, or oper-  
50 ating subsidies, or both. Any application for this program must be jointly  
51 submitted by a [A] safety net hospital and [a] at least one partner organiza-  
52 tion [~~may jointly apply for this program~~].

52 2. The commissioner shall enter an agreement with the president of the  
53 dormitory authority of the state of New York pursuant to section sixteen  
54 hundred eighty-r of the public authorities law, as required, which shall

1 apply to this agreement, subject to the approval of the director of the  
2 division of the budget, for the purposes of the distribution and admin-  
3 istration of available funds pursuant to such agreement and made avail-  
4 able pursuant to this section and subject to appropriation. Such funds  
5 may be awarded and distributed by the department to safety net hospi-  
6 tals, or a partner organization, in the form of grants. To qualify as a  
7 safety net hospital for purposes of this section, a hospital shall:

8 (a) be either a public hospital, a rural emergency hospital, critical  
9 access hospital or sole community hospital;

10 (b) have at least thirty percent of its inpatient discharges made up  
11 of medical assistance program eligible individuals, uninsured individ-  
12 uals or medical assistance program dually eligible individuals and at  
13 least thirty-five percent of its outpatient visits made up of medical  
14 assistance program eligible individuals, uninsured individuals or  
15 medical assistance program dually-eligible individuals;

16 (c) serve at least thirty percent of the residents of a county or a  
17 multi-county area who are medical assistance program eligible individ-  
18 uals, uninsured individuals or medical assistance program dually-eli-  
19 ble individuals; or

20 (d) in the discretion of the commissioner, serve a significant popu-  
21 lation of medical assistance program eligible individuals, uninsured  
22 individuals or medical assistance program dually-eligible individuals.

23 3. Partner organizations may include, but are not limited to, health  
24 systems, hospitals, health plans, residential health care facilities,  
25 physician groups, community-based organization, or other healthcare  
26 entities who can serve as partners in the transformation of the safety  
27 net hospital. The commissioner shall have the discretion to deem any  
28 organization a partner organization upon a finding that deeming so will  
29 advance the goals of this section.

30 4. Notwithstanding any law to the contrary, and in accordance with  
31 article section four of the state finance law, the comptroller is hereby  
author-

32 ized and directed to transfer, upon request of the director of budget,  
33 on or before March thirty-first, two thousand twenty-five, up to five  
34 hundred million dollars to the department from amounts appropriated to  
35 administer the programs established in sections twenty-eight hundred  
36 twenty-five-g and twenty-eight hundred twenty-five-h of this article to  
37 support this program. Notwithstanding section one hundred sixty-three  
38 of the state finance law, sections one hundred forty-two and one hundred  
39 forty-three of the economic development law or any inconsistent  
40 provisions of law to the contrary, awards may be provided without a  
41 competitive bid or request for proposal process to safety net hospitals  
42 or partner organizations for purposes of increasing access, equity,  
43 quality, outcomes, and long-term financial sustainability of such safety  
44 net hospitals.

45 5. Notwithstanding any provision of law to the contrary, the commis-  
46 sioner is authorized to waive any regulatory requirements to allow  
47 applicants to more effectively or efficiently implement projects awarded  
48 through the healthcare safety net transformation program, provided,  
49 however, that regulations pertaining to patient safety, patient auton-  
50 omy, patient privacy, patient rights, due process, scope of practice,  
51 professional licensure, environmental protections, provider reimburse-  
52 ment methodologies, or occupational standards and employee rights may  
53 not be waived, nor shall any regulations be waived if such waiver would  
54 risk patient safety. Such waiver shall not exceed the life of the  
55 project or such shorter time periods as the commissioner may determine.  
56 Any regulatory relief granted pursuant to this subdivision shall be

1 specifically described and requested within each project application and  
2 be reviewed by the commissioner. The waiver of any regulatory require-  
3 ments shall be made in the sole discretion of the commissioner.

4 6. Qualifying safety net hospitals and their designated partner organ-  
5 ization or organizations shall provide, as part of the application,  
6 which shall be in a manner as prescribed by the commissioner, a trans-  
7 formation plan that includes at least a five-year strategic and opera-  
8 tional plan outlining the roles and responsibilities of each entity and  
9 specifically state any regulatory flexibility which may be required to  
10 implement such plan. The transformation plan shall also include a time-  
11 line of key metrics and goals related to improved access, equity, quali-  
12 ty, outcomes, and increased financial sustainability of the safety net  
13 hospital. The request for level and type of support shall be specific  
14 and detailed in the application. Continued support shall be contingent  
15 upon the implementation of the approved plan and key milestones. Appli-  
16 cations may include a range of collaboration models, including but not  
17 be limited to merger, acquisition, a management services contract, or a  
18 clinical integration.

19 7. The release of any funding will be contingent upon compliance with  
20 the transformation plan and a determination that acceptable progress has  
21 been made with such plan. If key milestones and goals are not met, addi-  
22 tional financial resources may be withheld and redirected, upon the  
23 recommendation of the commissioner and approval by the director of budg-  
24 et.

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, 2024.

27

## PART T

28 Section 1. Subdivision 1 of section 2130 of the public health law, as  
29 amended by chapter 308 of the laws of 2010, is amended to read as  
30 follows:

31 1. (a) Every physician or other person authorized by law to order  
32 diagnostic tests or make a medical diagnosis, or any laboratory perform-  
33 ing such tests shall immediately [(a)] (i) upon determination that a  
34 person is [infected] positive/reactive with human immunodeficiency virus  
35 (HIV), [(b)] (ii) upon diagnosis [that a person is afflicted] with [the  
36 disease known as] acquired immune deficiency syndrome (AIDS), [(c)]  
37 (iii) upon diagnosis [that a person is afflicted] with HIV related  
38 illness, and [(d)] (iv) upon periodic monitoring of HIV infection by any  
39 laboratory tests report such case or data to the commissioner.

40 (b) Any permitted clinical laboratory, as defined in section five  
41 hundred seventy-one of this chapter, performing such diagnostic tests  
42 shall also, upon determination that a test result is not  
43 positive/reactive for HIV, report such negative HIV test result to the  
44 commissioner.

45 § 2. Subdivision 1 of section 2102 of the public health law is amended  
46 to read as follows:

47 1. Whenever any laboratory examination discloses evidence of communi-  
48 cable disease, and for hepatitis B virus or syphilis upon determination  
49 that a test result is not positive/reactive, the results of such exam-  
50 ination together with all required pertinent facts, shall be immediately  
51 reported by the person in charge of the laboratory or the person making  
52 such examination to the local or state health official to whom the  
53 attending physician is required to report such case.

1 the pharmacist shall direct the patient to a licensed physician and  
2 provide the patient with a list of health care service providers and  
3 clinics within the county where the pharmacist is located or adjacent  
4 counties;

5 (ii) provide the patient with a self-screening risk assessment ques-  
6 tionnaire, developed by the commissioner of health in consultation with  
7 the commissioner, to be reviewed by the pharmacist to identify any known  
8 risk factors and assist the patient's selection of an appropriate PrEP  
9 medication; and

10 (iii) provide the patient with a fact sheet, developed by the commis-  
11 sioner of health, that includes but is not limited to, the clinical  
12 considerations and recommendations for use of PrEP, the appropriate  
13 method for using PrEP, information on the importance of follow-up health  
14 care, health care referral information, and the ability of the patient  
15 to opt out of practitioner reporting requirements.

16 c. No pharmacist shall dispense PrEP under this subdivision without  
17 receiving training in accordance with regulations promulgated by the  
18 commissioner of health in consultation with the commissioner.

19 d. A pharmacist shall notify the patient's primary health care practi-  
20 tioner, unless the patient opts out of such notification, within seven-  
21 ty-two hours of dispensing PrEP, that PrEP has been dispensed. If the  
22 patient does not have a primary health care practitioner, or is unable  
23 to provide contact information for their primary health care practition-  
24 er, the pharmacist shall provide the patient with a written record of  
25 the PrEP medications dispensed, and advise the patient to consult an  
26 appropriate health care practitioner.

27 e. Nothing in this subdivision shall prevent a pharmacist from refus-  
28 ing to dispense a non-patient specific order of PrEP pursuant to this  
29 subdivision if, in their professional judgment, potential adverse  
30 effects, interactions, or other therapeutic complications could endanger  
31 the health of the patient.

32 § 8. Section 6801 of the education law is amended by adding a new  
33 subdivision 11 to read as follows:

34 11. A licensed pharmacist within their lawful scope of practice may  
35 administer to patients eighteen years of age or older, immunizing agents  
36 to prevent mpox pursuant to a patient specific order or a non-patient  
37 specific order. When a licensed pharmacist administers an mpox immuniz-  
38 ing agent, they shall comply with subdivisions two, three and four of  
39 this section.

40 § 9. Section 2307 of the public health law is REPEALED.

41 § 10. This act shall take effect immediately; provided, however,  
42 sections one, two, and three of this act shall take effect on the one  
43 hundred eightieth day after it shall have become a law. Effective imme-  
44 diately, the addition, amendment and/or repeal of any rule or regulation  
45 necessary for the implementation of this act on its effective date are  
46 authorized to be made and completed on or before such effective date.

47 PART U

48 Section 1. Section 3302 of the public health law is amended by adding  
49 two new subdivisions 42 and 43 to read as follows:

50 42. "Public health surveillance" means the continuous, systematic  
51 collection, analysis, and interpretation of health-related data needed  
52 for the planning, implementation, and evaluation of public health prac-  
53 tice. Public health surveillance may be used for all of the following  
54 purposes:



- 1 (a) as an early warning system for impending public health emergen-  
2 cies;  
3 (b) to document the impact of an intervention;  
4 (c) to track progress towards specified goals;  
5 (d) to monitor and clarify the epidemiology of health outcomes;  
6 (e) to establish public health priorities; and  
7 (f) to inform public health policy and strategies.

~~8 43. "Patient identifying information" means information or direct  
9 identifiers and demographic information that can be used to readily  
10 identify a particular patient as may be specified in more detail in  
11 regulations promulgated by the commissioner.~~

12 § 2. Subparagraphs (ix) and (x) of paragraph (a) of subdivision 2 of  
13 section 3343-a of the public health law, as added by section 2 of part A  
14 of chapter 447 of the laws of 2012, are amended and a new subparagraph  
15 (xi) is added to read as follows:

16 (ix) a situation where the registry is not operational as determined  
17 by the department or where it cannot be accessed by the practitioner due  
18 to a temporary technological or electrical failure, as set forth in  
19 regulation; [or]

20 (x) a practitioner who has been granted a waiver due to technological  
21 limitations that are not reasonably within the control of the practi-  
22 tioner, or other exceptional circumstance demonstrated by the practi-  
23 tioner, pursuant to a process established in regulation, and in the  
24 discretion of the commissioner[.]; or

25 (xi) a practitioner prescribing or ordering a controlled substance for  
26 use on the premises of a correctional facility, an inpatient mental  
27 health facility licensed under the mental hygiene law, or a nursing home  
28 licensed under article twenty-eight of this chapter.

29 § 3. Subdivision 4 of section 3370 of the public health law, as added  
30 by chapter 965 of the laws of 1974 and as renumbered by chapter 178 of  
31 the laws of 2010, is amended to read as follows:

32 4. The department shall cause to be expunged or otherwise destroyed,  
33 within [five] ten years from the date of receipt thereof, any record of  
34 the name of any patient received by it pursuant to the filing require-  
35 ments of subdivision six of section thirty-three hundred thirty-one,  
36 subdivision four of section thirty-three hundred thirty-three, and  
37 subdivision four of section thirty-three hundred thirty-four of this  
38 article.

39 § 4. Subdivision 1 of section 3371 of the public health law, as  
40 amended by chapter 178 of the laws of 2010, paragraphs (d) and (e) as  
41 amended and paragraphs (f), (g), (h), (i), and (j) as added by section 4  
42 of part A of chapter 447 of the laws of 2012, is amended to read as  
43 follows:

44 1. No person, who has knowledge by virtue of his or her office of the  
45 identity of a particular patient or research subject, a manufacturing  
46 process, a trade secret or a formula ~~or possesses patient identifying~~  
47 ~~information~~ shall disclose such knowledge, or any report or record ther-  
48 eof, except:

49 (a) to another person employed by the department, for purposes of  
50 executing provisions of this article;

51 (b) pursuant to judicial subpoena or court order in a criminal inves-  
52 tigation or proceeding;

53 (c) to an agency, department of government, or official board author-  
54 ized to regulate, license or otherwise supervise a person who is author-  
55 ized by this article to deal in controlled substances, or in the course

1 of any investigation or proceeding by or before such agency, department  
2 or board;

3 (d) to the prescription monitoring program registry and to authorized  
4 users of such registry as set forth in subdivision two of this section;

5 (e) to a vendor or contractor, as authorized by the department as neces-  
6 sary for the operation and maintenance of the prescription monitoring  
7 program registry;

8 (f) to a practitioner to inform him or her that a patient may be under  
9 treatment with a controlled substance by another practitioner for the  
10 purposes of subdivision two of this section, and to facilitate the  
11 department's review of individual challenges to the accuracy of  
12 controlled substances histories pursuant to subdivision six of section  
13 thirty-three hundred forty-three-a of this article;

14 [(f)] (g) to a pharmacist to provide information regarding  
15 prescriptions for controlled substances presented to the pharmacist for  
16 the purposes of subdivision two of this section and to facilitate the  
17 department's review of individual challenges to the accuracy of  
18 controlled substances histories pursuant to subdivision six of section  
19 thirty-three hundred forty-three-a of this article;

20 [(g)] (h) to the deputy attorney general for medicaid fraud control,  
21 or his or her designee, in furtherance of an investigation of fraud,  
22 waste or abuse of the Medicaid program, pursuant to an agreement with  
23 the department;

24 [(h)] (i) to a program area within the department for the purpose of  
25 conducting public health research, public health surveillance, or educa-  
26 tion with data contained in the prescription monitoring program registry and  
not

27 for patient-level outreach:

28 (i) pursuant to an agreement with the commissioner;

29 (ii) when the release of such information is deemed appropriate by the  
30 commissioner;

31 (iii) for use in accordance with measures required by the commissioner  
32 to ensure that the security and confidentiality of the data is  
33 protected;

34 (iv) for use and retention no longer than ten years; and

35 (v) provided that disclosure is restricted to individuals within the  
36 department who are engaged in public health research, public health  
37 surveillance, or education;

38 (j) to a local health department for the purpose of conducting public  
39 health research, public health surveillance, or education and not for  
40 patient-level outreach:

(i) pursuant to an agreement with the ~~commissioner~~  
41 ~~commissioner;~~

(ii) when the release of such information is deemed appropriate  
42 ~~by the commissioner;~~

(iii) for use in accordance with measures required  
43 ~~by the commissioner~~ to ensure that the security and confidentiality of  
44 the data is protected;

(iv) for use and retention no longer than ten  
45 years; and

[(iv)] (v) provided that disclosure is restricted to individ-  
46 ~~uals~~ within the local health department who are engaged in the research  
47 or education;

48 [(i)] (k) to a medical examiner or coroner who is an officer of or  
49 employed by a state or local government, pursuant to his or her official  
50 duties; and

51 [(j)] (l) to an individual for the purpose of providing such individ-  
52 ual with his or her own controlled substance history or, in appropriate

53 circumstances, in the case of a patient who lacks capacity to make  
54 health care decisions, a person who has legal authority to make such  
55 decisions for the patient and who would have legal access to the  
56 patient's health care records, if requested from the department pursuant



1 to subdivision six of section thirty-three hundred forty-three-a of this  
2 article or from a treating practitioner pursuant to subparagraph (iv) of  
3 paragraph (a) of subdivision two of this section.

4 § 5. Subdivision (b) of schedule I of section 3306 of the public  
5 health law is amended by adding eleven new paragraphs 93, 94, 95, 96,  
6 97, 98, 99, 100, 101, 102 and 103 to read as follows:

7 ~~(93) Zipeprol (1-methoxy-3-[4-(2-methoxy-2-phenylethyl)piperazin-1-yl]-~~  
8 ~~-1-phenylpropan-2-ol).~~

(1-methoxy-3-{4-(2-methoxy-2-phenylethyl)piperazin-1-yl}-1-phenylpropan-2-ol.

Other name: Zipeprol.

9 (94) N,N-diethyl-2-(2-(4-methoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)e  
10 than-1-amine. ~~Some trade or other names~~ Other names: Metonitazene.

11 ~~(95) meta-fluorofentanyl(N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-~~  
12 ~~yl)propionamide).~~

meta-Fluorofentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-  
yl)propionamide).

13 ~~(96) meta-fluoroisobutyryl fentanyl(N-(3-fluorophenyl)-N-(1-phenethylp~~  
14 ~~iperidin-4-yl)isobutyramide).~~

meta-Fluoroisobutyryl fentanyl (N-(3-fluorophenyl)-N-(1-phenethylpiperidin-4-  
yl)isobutyramide).

15 ~~(97) para-methoxyfuranyl para-Methoxyfuranyl fentanyl (N-(4-~~  
16 ~~methoxyphenyl)-N-(1-phenethylp~~

16 ~~iperidin-4-yl)furan-2-carboxamide).~~

17 ~~(98) 3-furanyl fentanyl(N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-~~  
18 ~~carboxamide).~~ 3-furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-

phenylfuran-3- carboxamide).

19 ~~(99) 2',5'-dimethoxyfentanyl(N-(1-(2,5-dimethoxyphenethyl)piperidin-4-~~  
20 ~~yl)-N-phenylpropionamide).~~ 2',5'-Dimethoxyfentanyl (N-(1-(2,5-

dimethoxyphenethyl)piperidin-4-yl)-N-phenylpropionamide).

21 ~~(100) Isovaleryl fentanyl(3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phe~~  
22 ~~nylbutanamide).~~

Isovaleryl fentanyl (3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phe  
nylbutanamide).

23 ~~(101) ortho-fluorofuranyl fentanyl(N-(2-fluorophenyl)-N-(1-phenethylpi~~  
24 ~~peridin-4-yl)furan-2-carboxamide).~~

ortho-Fluorofuranyl fentanyl (N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-  
yl)furan-2-carboxamide).

25 ~~(102) alpha'-methyl butyryl fentanyl(2-methyl-N-(1-phenethylpiperidin-~~  
26 ~~4-yl)-N-phenylbutanamide).~~ alpha'-Methyl butyryl fentanyl (2-methyl-N-(1-

phenethylpiperidin 4-yl)-N-phenylbutanamide).

27 ~~(103) para-methylcyclopropyl para-Methylcyclopropyl fentanyl (N-(4-~~  
28 ~~methylphenyl)-N-(1-pheneth~~

28 ~~ylpiperidin-4-yl)cyclopropanecarboxamide).~~

29 § 6. Paragraphs 11 and 36 of subdivision (d) of schedule I of section  
30 3306 of the public health law, paragraph 11 as added by chapter 664 of  
31 the laws of 1985 and paragraph 36 as added by section 5 of part BB of  
32 chapter 57 of the laws of 2018, are amended to read as follows:

33 (11) [Ibogane] Ibogaine. ~~Some trade and other names: 7-ethyl-6, 6&, 7,~~  
34 ~~8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5h-pyrido {1',2':1,2}~~

35 ~~azepino {5,4-b} indole; tabernanthe iboga.~~ 7-Ethyl-6,6&,7,8,9,10,12,13-  
octahydro-2-methoxy-6,9-methano-5H-pyrido[ ]{1',2':1,2} azepino {5,4-b}

indole; Tabernanthe iboga.

36 (36) 5-methoxy-N,N-dimethyltryptamine. ~~Some trade or other names:~~  
37 ~~5-methoxy-3-[2-(dimethylamino)ethyl]indole; 5-MeO-DMT.~~ names: 5-methoxy-3-

37 ~~{2-(dimethylamino)ethyl}indole; 5-MeO-DMT.~~

38 § 7. Subdivision (d) of schedule I of section 3306 of the public  
39 health law is amended by adding nineteen new paragraphs 32, 39, 40, 41,  
40 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55 and 56 to read as  
41 follows:

42 (32) 4-methyl-N-ethylcathinone. Some trade or other names: 4-MEC.  
43 (39) 4-methyl-alpha-pyrrolidinopropiophenone. Some trade or other  
44 names: 4-MePPP.  
45 (40) Alpha-pyrrolidinopentiophenone. Some trade or other names: @-PVP.  
46 (41) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one. Some trade  
47 or other names: Butylone; bk-MBDB.  
48 (42) 2-(methylamino)-1-phenylpentan-1-one. Some trade or other names:  
49 Pentedrone.  
50 (43) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one. Some trade  
51 or other names: Pentylone; bk-MBDP.  
52 (44) 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl)pentan-1-one. Some trade  
53 or other names: Naphyrone.  
54 (45) Alpha-pyrrolidinobutiophenone. Some trade or other names: @-PBP.  
55 (46) 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one (ethylone).

- 1 (47) N-ethylpentylone. Some trade or other names: ephylone,  
 2 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)pentan-1-one).
- 3 (48) 1-(4-methoxyphenyl)-N-methylpropan-2-amine. Some trade or other  
 4 names: para-methoxymethamphetamine; PMMA.
- 5 (49) N-Ethylhexedrone. Some trade or other names:  
 6 @-ethylaminohexanophenone; 2-(ethylamino)-1-phenylhexan-1-one.
- 7 (50) alpha-Pyrrolidinohexanophenone. Some trade or other names: @-PHP;  
 8 alpha-pyrrolidinohexanophenone; 1-phenyl-2-(pyrrolidin-1-yl)hexan-1-one.
- 9 (51) 4-Methyl-alpha-ethylaminopentiophenone. Some trade or other  
 10 names: 4-MEAP; 2-(ethylamino)-1-(4-methylphenyl)pentan-1-one.
- 11 (52) 4'-Methyl-alpha-pyrrolidinohexiophenone. Some trade or other  
 12 names: MPHP; 4'-methyl-alpha-pyrrolidinohexanophenone;  
 13 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)hexan-1-one.
- 14 (53) alpha-Pyrrolidinoheptaphenone. Some trade or other names: PV8;  
 15 ~~1-phenyl-2-(pyrrolidin-1-yl)heptan-1-one.~~ 1-phenyl-2-(pyrrolidin-1-  
 16 yl)heptan-1-one.
- 17 (54) ~~4-Chloro-alpha-pyrrolidinovalerophenone.~~ 4'-Chloro-alpha-  
 18 pyrrolidinovalerophenone. Some trade or other  
 19 names: 4-chloro-@-PVP; 4'-chloro-alpha-pyrrolidinopentiophenone;  
 20 1-(4-chlorophenyl)-2-(pyrrolidin-1-yl)pentan-1-one.
- 21 (55) 2-(ethylamino)-2-(3-methoxyphenyl)cyclohexan-1-one (~~methoxeta-  
 22 mine, MXE~~). (methoxetamine, MXE).
- 23 (56) 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)butan-1-one. Some trade or  
 24 other names: eutylone; bk-EBDB.
- 25 § 8. Subdivision (e) of schedule I of section 3306 of the public  
 26 health law is amended by adding five new paragraphs 7, 8, 9, 10 and 11  
 27 to read as follows:
- 28 (7) ~~4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno{3,2-f}{1,2,4}triazol  
 29 o{4,3-a}{1,4}diazepine.~~ Some trade or other names: ~~etizolam.~~ 4-(2-  
 30 chlorophenyl)-2-ethyl-9-methyl-6H-thieno{3,2-f}{1,2,4}triazolo{4,3-  
 31 {alpha}}{1,4}diazepine. Some trade or other names: etizolam.
- 32 (8) ~~8-chloro-6-(2-fluorophenyl)-1-methyl-4H-benzo{f}{1,2,4}triazolo{4,  
 33 3-a}{1,4}diazepine.~~ 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-benzo{f}{1,2,4}  
 34 triazolo{4,3-  
 35 {alpha}}{1,4}diazepine. Some trade or other names: flualprazolam.
- 36 (9) ~~6-(2-chlorophenyl)-1-methyl-8-nitro-4H-benzo{f}{1,2,4}triazolo{4,3  
 37 -a}{1,4}diazepine.~~ 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-benzo{f}{1,2,4}  
 38 triazolo{4,3-  
 39 {alpha}}{1,4}diazepine. Some trade or other names: clonazolam.
- 40 (10) ~~8-bromo-6-(2-fluorophenyl)-1-methyl-4H-benzo{f}{1,2,4}triazolo{4,  
 41 3-a}{1,4}diazepine (alternate chemical name: 8-bromo-6-(2-fluorophenyl)-  
 42 1-methyl-4H-{1,2,4}triazolo{4,3-a}{1,4}benzodiazepine).~~ 8-bromo-6-(2-  
 43 fluorophenyl)-1-methyl-4H-benzo{f}{1,2,4}triazolo{4,3-  
 44 {alpha}}{1,4}diazepine. Some  
 45 trade or  
 46 other names: flubromazolam.
- 47 (11) 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo{e}{1,4}  
 48 diazepin-2-one. Some trade or other names: diclazepam.
- 49 § 9. Paragraphs 13 and 14 of subdivision (f) of schedule I of section  
 50 3306 of the public health law, as added by chapter 341 of the laws of  
 2013, are amended and four new paragraphs 25, 26, 27 and 28 are added to  
 read as follows:
- (13) 3-Fluoromethcathinone. Some trade or other names: 3-fluoro-N  
 -methylcathinone; 3-FMC.
- (14) 4-Fluoromethcathinone. Some trade or other names: ~~4-fluoro-N-me-  
 thylcathinone;~~ 4-fluoro-N-methylcathinone; 4-FMC; flephedrone.
- (25) ~~7-[(10,11-dihydro-5H-dibenzo[a,d]cyclohepten-5-yl)amino]heptanoic 7-  
 acid.~~ Other name: amineptine.
- (26) N-phenyl-N'-(3-(1-phenylpropan-2-yl)-1,2,3-oxadiazol-3-ium-5-yl)  
 carbamimidate. Other name: mesocarb.
- (27) N-methyl-1-(thiophen-2-yl)propan-2-amine. Other name: ~~methiopropo-~~

~~51 pamine.~~ methiopropamine.

52 (28) 4,4'-Dimethylaminorex. Some trade or other names: 4,4'-DMAR;

53 4,5-dihydro-4-methyl-5-(4-methylphenyl)-2-oxazamine; ~~4-methyl-5-(4-met~~

~~54 hylphenyl)-4,5-dihydro-1,3-oxazol-2-amine.~~ 4-methyl-5-(4-methylphenyl)-4,5-dihydro-1,3-oxazol-2-amine.



**DRAFT**

PRINTED ON RECYCLED PAPER

1 § 10. Paragraphs 2, 6 and 10 of subdivision (g) of schedule I of  
2 section 3306 of the public health law, as added by section 7 of part BB  
3 of chapter 57 of the laws of 2018, are amended to read as follows:

4 (2) ~~{1-(5-fluoro-pentyl)-1H-indol-3-yl}(2,2,3,3-tetramethylcyclopropyl)-~~  
~~5-methanone.~~ {1-(5-fluoro-pentyl)-1H-indol-3-yl}(2,2,3,3-  
tetramethylcyclopropyl) methanone. Some trade names or other names: 5-fluoro-  
UR-144[,]; XLR11.

6 (6) ~~N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazo-~~  
~~7-[-]le-3-carboxamide.~~ N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-  
fluorobenzyl)-1H-indazo [- ]le-3-carboxamide. Some trade or other names: AB-  
FUBINACA.

8 (10) ~~{1-(5-fluoropentyl)-1H-indazol-3-yl}(naphthalen-1-[y1]-yl)metha-~~  
~~9-none.~~ {1-(5-fluoropentyl)-1H-indazol-3-yl}(naphthalen-1-[y1]yl)metha- 9  
none. Some trade or other names: THJ-2201.

10 § 11. Subdivision (g) of schedule I of section 3306 of the public  
11 health law is amended by adding nineteen new paragraphs 11, 12, 13, 14,  
12 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 and 29 to read as  
13 follows:

14 (11) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-  
15 indazole-3-carboxamide. Some trade or other names: MAB-CHMINACA;  
16 ADB-CHMINACA.

17 (12) methyl 2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylb  
18 utanoate. Some trade or other names: FUB-AMB; MMB-FUBINACA; ~~AMB-FUBINA-~~  
19 ~~CA.~~ AMB-FUBINACA.

20 (13) methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-  
21 dimethylbutanoate. Some trade or other names: MDMB-CHMICA; MMB-CHMINACA.

22 (14) methyl 2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3,3-  
23 dimethylbutanoate. Some trade or other names: MDMB-FUBINACA.

24 (15) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-in  
25 dazole-3-carboxamide. Some trade or other names: ADB-FUBINACA.

26 (16) N-(adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide.  
27 Some trade or other names: 5F-APINACA; 5F-AKB48.

28 (17) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3-meth  
29 ylbutanoate. Some trade or other names: 5F-AMB.

30 (18) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-  
31 dimethylbutanoate. Some trade or other names: 5F-ADB; 5F-MDMB-PINACA.

32 (19) Naphthalen-1-yl 1-(5-fluoropentyl)-1H-indole-3-carboxylate. Some  
33 trade or other names: NM2201; CBL2201.

34 (20) ~~N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-indazol~~  
35 ~~e-3-carboxamide.~~ N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-  
fluoropentyl)-1H-indazol e-3-carboxamide. Some trade or other names: 5F-AB-  
PINACA.

36 (21) 1-(4-cyanobutyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamid  
37 e. Some trade or other names: 4-CN-CUMYL-BUTINACA; ~~4-cyano-CUMYL- BUTI-~~  
38 ~~NACA; 4-CN-CUMYL BINACA;~~ 4-cyano-CUMYL- BUTINACA; 4-CN-CUMYL BINACA;  
CUMYL-4CN-BINACA; SGT-78.

39 (22) methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3-methyl  
40 butanoate. Some trade or other names: MMB-CHMICA; AMB-CHMICA.

41 (23) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-pyrrolo{2,3-b}pyrid  
42 ine-3-carboxamide. Some trade or other names: 5F-CUMYL-P7AICA.

43 (24) methyl 2-(1-(4-fluorobutyl)-1H-indazole-3-carboxamido)-3,3-dimet  
44 hylbutanoate. Some trade or other names: 4F-MDMB-BINACA; ~~4F-MDMB-BUTINA-~~  
45 ~~CA.~~ 4F-MDMB-BUTINACA.

46 (25) ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimet  
47 hylbutanoate. Some trade or other names: 5F-EDMB-PINACA.

48 (26) methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimeth  
49 ylbutanoate. Some trade or other names: 5F-MDMB-PICA; 5F-MDMB-2201.

50 (27) N-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide.  
51 Some trade or other names: FUB-AKB48; FUB-APINACA; AKB48

52 N-(4-FLUOROBENZYL).  
53 (28) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1H-indazole-3-carbox  
54 amide. Some trade or other names: 5F-CUMYL-PINACA; SGT-25.  
55 (29) ~~(1-4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)~~  
~~56-methanone.~~ (1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-  
tetramethylcyclopropyl) methanone. Some trade or other names: FUB-144.

1 § 12. Paragraph 1 of subdivision (b) of schedule II of section 3306 of  
2 the public health law, as amended by section 1 of part C of chapter 447  
3 of the laws of 2012, is amended to read as follows:

4 (1) Opium and opiate, and any salt, compound, derivative, or prepara-  
5 tion of opium or opiate, excluding apomorphine, dextrorphan, nalbuphine,  
6 naldemedine, nalmeferne, ~~naloxefol~~naloxegol, naloxone, [and] 6&-  
naltrexol,  
7 naltrexone, and samidorphan, and their respective salts, but including  
8 the following:  
9 1. Raw opium.  
10 2. Opium extracts.  
11 3. Opium fluid.  
12 4. Powdered opium.  
13 5. Granulated opium.  
14 6. Tincture of opium.  
15 7. Codeine.  
16 8. Ethylmorphine.  
17 9. Etorphine hydrochloride.  
18 10. Hydrocodone (also known as dihydrocodeinone).  
19 11. Hydromorphone.  
20 12. Metopon.  
21 13. Morphine.  
22 14. Oxycodone.  
23 15. Oxymorphone.  
24 16. Thebaine.  
25 17. Dihydroetorphine.  
26 18. Oripavine.  
27 19. Noroxymorphone.

28 § 13. Subdivision (c) of schedule II of section 3306 of the public  
29 health law is amended by adding a new paragraph 30 to read as follows:  
30 ~~30.~~(30) Oliceridine. (N-((3-methoxythiophen-2-yl)methyl){(2-  
{(9R)-9-

31 (pyridin-2-yl)-6-oxaspiro{4.5}decan-9-yl}ethyl}amine).

32 § 14. Subdivision (f) of schedule II of section 3306 of the public  
33 health law, as amended by chapter 589 of the laws of 1996, the undesig-  
34 nated paragraph as amended by chapter 575 of the laws of 2001, is  
35 amended to read as follows:

36 (f) Hallucinogenic substances.

37 (1) ~~Nabilone: Another name for nabilone: (+,-)-trans~~  
38 ~~-3-(1,1-dimethylheptyl)-6, 6a, 7, 8, 10, 10a-hexahydro-1-hydroxy-6,~~  
39 ~~6-dimethyl-9H-dibenzo{b,d}pyran-9-one.~~ Nabilone. Another name for nabilone:  
(+,-)-trans-3-(1,1-dimethylheptyl)-6,6a,7,8,10,10a-hexahydro-1-hydroxy-6,6-  
dimethyl-9H-dibenzo{b,d}pyran-9-one.

40 (2) Dronabinol {(-)-delta-9-trans tetrahydrocannabinol} in an oral  
41 solution in a drug product approved for marketing by the United States  
42 Food and Drug Administration.

43 § 15. Subparagraph (i) of paragraph 3 of subdivision (g) of schedule  
44 II of section 3306 of the public health law, as amended by section 2 of  
45 part BB of chapter 57 of the laws of 2023, is amended to read as  
46 follows:

47 (i) [4-anilino-N-phenethylpiperidine] ~~4-anilino-N-phenethylpiperi-~~  
48 ~~dine (ANPP).~~ 4-anilino-N-phenethylpiperidine (ANPP).

49 § 16. Subdivision (h) of schedule II of section 3306 of the public  
50 health law, as amended by section 8 of part C of chapter 447 of the laws  
51 of 2012, is amended to read as follows:

52 (h) (1) Anabolic steroids. Unless specifically excepted or unless  
53 listed in another schedule, "anabolic steroid" shall mean any drug or  
54 hormonal substance, chemically and pharmacologically related to testos-  
55 terone (other than estrogens, progestins, corticosteroids and dehydroe-

56 piandrosterone) and includes:



- 1 [(1)] (i) ~~3{beta}, 17-dihydroxy-5a-androstane-3{beta}, 17{beta}-~~  
dihydroxy-5{alpha}-androstane.
- 2 [(2)] (ii) ~~3{alpha}, 17{beta}-dihydroxy-5a-androstane-3{alpha}, 17{beta}-~~  
dihydroxy-5{alpha}-androstane.
- 3 [(3)] (iii) 5{alpha}-androstane-3, 17-dione.
- 4 [(4)] (iv) 1-androstenediol (3{beta}, 17{beta}-dihydroxy-5  
5 {alpha}-androst-1-ene).
- 6 [(5)] (v) 1-androstenediol (3{alpha}, 17{beta}-dihydroxy-5  
7 {alpha}-androst-1-ene).
- 8 [(6)] (vi) 4-androstenediol ~~(3{beta}, 17{beta}-dihydroxy-~~  
~~9-androst-4-ene).~~ (3{beta}, 17{beta}-dihydroxy-androst-4-ene).
- 10 [(7)] (vii) 5-androstenediol ~~(3{beta}, 17{beta}-dihydroxy-androst-5-~~  
~~11-ene).~~ (3{beta}, 17{beta}-dihydroxy-androst-5-ene).
- 12 [(8)] (viii) 1-androstenedione ~~(5{alpha}-androst-1-en-3, 17-dione).~~  
(5{alpha}-androst-1-en-3, 17-dione).
- 13 [(9)] (ix) 4-androstenedione (androst-4-en-3, 17-dione).
- 14 [(10)] (x) 5-androstenedione (androst-5-en-3, 17-dione).
- 15 [(11)] (xi) Bolasterone ~~(7{alpha}, 17{alpha}-dimethyl-17{beta}-hydrox-~~  
~~16-yandrost-4-en-3-one).~~ (7{alpha}, 17{alpha}-dimethyl-17{beta}-  
hydroxyandrost-4-en-3-one).
- 17 [(12)] (xii) Boldenone ~~(17{beta}-hydroxyandrost-1, 4,-diene-3-one).~~  
(17{beta}-hydroxyandrost-1, 4,-diene-3-one).
- 18 [(13)] (xiii) Boldione (androst-1, 4-diene-3, 17-dione).
- 19 [(14)] (xiv) Calusterone ~~(7{beta}, 17{alpha}-dimethyl-17{beta}-hydrox-~~  
~~20-yandrost-4-en-3-one).~~ (7{beta}, 17{alpha}-dimethyl-17{beta}-  
hydroxyandrost-4-en-3-one).
- 21 [(15)] (xv) Clostebol ~~(4-chloro-17{beta}-hydroxyandrost-4-en-3-one).~~ (4-  
chloro-17{beta}-hydroxyandrost-4-en-3-one).
- 22 [(16)] (xvi) Dehydrochloromethyltestosterone (4-chloro-17  
23 {beta}-hydroxy-17{alpha}-methyl-androst-1, 4-dien-3-one).
- 24 [(17)] (xvii) ~~{Delta}1-dihydrotestosterone~~ {Delta}1-dihydrotestosterone (a.k.a.  
'1-  
25 testosterone') (17{beta}-hydroxy-5{alpha}-androst-1-en-3-one).
- 26 [(18)] (xviii) 4-dihydrotestosterone (17{beta}-hydroxy-  
27 androst-1-en-3-one).
- 28 [(19)] (xix) Drostanolone (17{beta}-hydroxy-2{alpha}-methyl  
29 -5{alpha}-androst-1-en-3-one).
- 30 [(20)] (xx) Ethylestrenol (17{alpha}-ethyl-17{beta}-hydroxy  
31 estr-4-ene).
- 32 [(21)] (xxi) Fluoxymesterone ~~(9-fluoro-17{alpha}-methyl-11{beta},~~  
~~33-17{beta}-dihydroxyandrost-4-en-3-one).~~ (9-fluoro-17{alpha}-methyl-11{beta},  
17{beta}-dihydroxyandrost-4-en-3-one).
- 34 [(22)] (xxii) Formebolone ~~(2-formyl-17{alpha}-methyl-11{alpha},~~  
~~35-17{beta}-dihydroxyandrost-1, 4-dien-3-one).~~ (2-formyl-17{alpha}-  
methyl-11{alpha}, 17{beta}-dihydroxyandrost-1, 4-dien-3-one).
- 36 [(23)] (xxiii) Furazabol ~~(17{alpha}-methyl-17{beta}-hydroxyandros~~  
~~37-tano-{2, 3-c}-furazan).~~ (17{alpha}-methyl-17{beta}-hydroxyandrostano {2, 3-  
c}-furazan).
- 38 [(24)] (xxiv) ~~13{beta}-ethyl-17{beta}-hydroxygon-4-en-3-one.~~ 13{beta}-  
ethyl-17{beta}-hydroxygon-4-en-3-one.
- 39 [(25)] (xxv) 4-hydroxytestosterone ~~(4, 17{beta}-dihydroxy-androst-~~  
~~40-4-en-3-one).~~ (4, 17{beta}-dihydroxy-androst-4-en-3-one).
- 41 [(26)] (xxvi) 4-hydroxy-19-nortestosterone ~~(4, 17{beta}-dihydroxy-~~  
~~42-estr-4-en-3-one).~~ (4, 17{beta}-dihydroxyestr-4-en-3-one).
- 43 [(27)] (xxvii) ~~desoxymethyltestosterone~~  
Desoxymethyltestosterone (17{alpha}-methyl-5  
44 {alpha}-androst-2-en-17{beta}-ol) (a.k.a., ~~madol~~ 'madol').
- 45 [(28)] (xxviii) Mestanolone ~~(17{alpha}-methyl-17{beta}-hydroxy-5-an-~~  
~~46-drostan-3-one).~~ (17{alpha}-methyl-17{beta}-hydroxy-5-androst-1-en-3-one).

- 47 [(29)] (xxix) Mesterolone ~~(1{alpha}methyl-17{beta}-hydroxy-48-5{alpha}-androstan-3-one)~~. (1{alpha}-methyl-17{beta}-hydroxy-5{alpha}-androstan-3-one).
- 49 [(30)] (xxx) Methandienone ~~(17{alpha}-methyl-17{beta}-hydroxyandrost-1,4-dien-3-one)~~. (17{alpha}-methyl-17{beta}-hydroxyandrost-1,4-dien-3-one).
- 51 [(31)] (xxxii) Methandriol ~~(17{alpha}-methyl-3{beta},17-52-3{beta}-dihydroxyandrost-5-ene)~~. (17{alpha}-methyl-3{beta},17{beta}-dihydroxyandrost-5-ene).
- 53 [(32)] (xxxiii) Methenolone ~~(1-methyl-17{beta}-hydroxy-5-54-5{alpha}-androst-1-en-3-one)~~. (1-methyl-17{beta}-hydroxy-5 {alpha}-androst-1-en-3-one).
- 55 [(33)] (xxxiiii) ~~17{alpha}-methyl-3{beta},17{beta}-dihydroxy-5a-an-56-drostane~~. 17{alpha}-methyl-3{beta},17{beta}-dihydroxy-5a{alpha}-androstane.

- 1 [(34)] (xxxiv) ~~17{alpha}-methyl-3{alpha}, 17{beta}-dihydroxy-5a-an-~~  
~~2-drostane~~17{alpha}-methyl-3{alpha}, 17{beta}-dihydroxy5a{alpha}-androstane
- 3 [(35)] (xxxv) ~~17{alpha}-methyl-3{beta}, 17{beta}-dihydroxyandrost~~  
~~4-4-ene.~~17{alpha}-methyl-3{beta}, 17{beta}-dihydroxyandrost-4-ene.
- 5 [(36)] (xxxvi) ~~17{alpha}-methyl-4-hydroxynandrolone (17{alpha}-~~  
~~6-methyl-4-hydroxy-17{beta}-hydroxyestr-4-en-3-one).~~17{alpha}-methyl-4-  
hydroxynandrolone(17{alpha}-methyl-4-hydroxy-17{beta}-hydroxyestr-4-en-3-one).
- 7 [(37)] (xxxvii) Methyldienolone ~~(17{alpha}-methyl-17{beta}-hydroxyes-~~  
~~8-tra-4,9(10)-dien-3-one).~~ (17{alpha}-methyl-17{beta}-hydroxyes-tra-  
4,9(10)-dien-3-one).
- 9 [(38)] (xxxviii) Methyltrienolone ~~(17{alpha}-methyl-17{beta}-hyd~~  
~~10-roxyestra-4, 9-11-trien-3-one).~~ (17{alpha}-methyl-17{beta}-hydroxyestra-4,  
9-11-trien-3-one).
- 11 [(39)] (xxxix) Methyltestosterone(17{alpha}-methyl-17{beta}-hyd  
12 roxyandrost-4-en-3-one).
- 13 [(40)] (xl) Mibolerone (7{alpha},17{alpha}-dimethyl-17  
14 {beta}-hydroxyestr-4-en-3-one).
- 15 [(41)] (xli) ~~17{alpha}-methyl-{Delta} 1-dihydrotestosterone~~  
~~16-(17b{beta}-hydroxy-17{alpha}-methyl-5{alpha}-androst-1-en-3-one)~~17{alpha}-  
methyl-{Delta}1-dihydrotestosterone(17{beta}-hydroxy-17{alpha}-methyl-5{alpha}-  
androst-1-en-3-one)
- 17 (a.k.a. '17-{alpha}-methyl-1-testosterone').
- 18 [(42)] (xlii) ~~Nandrolone(17{beta}-hydroxyestr-4-en-3-one).~~Nandrolone  
(17{beta}-hydroxyestr-4-en-3-one).
- 19 [(43)] (xlili) 19-nor-4-androstenediol ~~(3{beta},17{beta}-dihydro~~  
~~20-xyestr-4-ene).~~ (3{beta},17{beta}-dihydroxyestr-4-ene).
- 21 [(44)] (xliv) 19-nor-4-androstenediol ~~(3{alpha},17{beta}-dihydrox-~~  
~~22-yeestr-4-ene).~~(3{alpha},17{beta}-dihydroxyestr-4-ene).
- 23 [(45)] (xlv) 19-nor-5-androstenediol ~~(3{beta},17{beta}-dihydroxyestr-5-~~  
~~ene).~~(3{beta},17{beta}-dihydroxyestr-5-ene).
- 24 [(46)] (xlvi) 19-nor-5-androstenediol ~~(3{alpha},17{beta}-dihydrox-~~  
~~25-yeestr-5-ene).~~(3{alpha},17{beta}-dihydroxyestr-5-ene).
- 26 [(47)] (xlvii) ~~19-nor-4,9(10)-androstadienedione (estra-4,9(10)-~~  
~~27-diene-3,17-dione).~~19-nor-4,9(10)-androstadienedione(estra-4,9(10)-  
diene-3,17-dione).
- 28 [(48)] (xlviii) 19-nor-4-androstenedione (estr-4-en-3,17-dione).
- 29 [(49)] (xlix) 19-nor-5-androstenedione (estr-5-en-3,17-dione).
- 30 [(50)] (l) Norbolethone ~~(13{beta}, 17{alpha}-diethyl-17~~  
~~31-{beta}-hydroxygon-4-en-3-one).~~ (13{beta},17{alpha}-diethyl-17{beta}-  
hydroxygon-4-en-3-one).
- 32 [(51)] (li) Norclostebol ~~(4-chloro-17{beta}-hydroxyestr-4-en-3-one).~~ (4-  
chloro-17{beta}-hydroxyestr-4-en-3-one).
- 33 [(52)] (lii) Norethandrolone (17{alpha}-ethyl-17{beta}-hydroxyes  
34 tr-4-en-3-one).
- 35 [(53)] (liii) Normethandrolone ~~(17-{alpha}-methyl-17{beta}-hydroxy~~  
~~36-estr-4-en-3-one).~~(17{alpha}-methyl-17{beta}-hydroxyestr-4-en-3-one).
- 37 [(54)] (liv) Oxandrolone ~~(17{alpha}-methyl-17{beta}-hydroxy-2-~~  
~~38-oxa-5{alpha}-androstan-3-one).~~ (17{alpha}-methyl-17{beta}-hydroxy-2-  
oxa-5{alpha}-androstan-3-one).
- 39 [(55)] (lv) Oxymesterone ~~(17{alpha}-methyl-4, 17-{beta}-dihydroxy~~  
~~40-androst-4-en-3-one).~~(17{alpha}-methyl-4,17{beta}-dihydroxyandrost-4-en-3-  
one).
- 41 [(56)] (lvi) Oxymetholone ~~(17-{alpha}-methyl-2-hydroxymethylene-~~  
~~42-17-{beta}-hydroxy-5{alpha}-androstan-3-one).~~ (17{alpha}-methyl-2-  
hydroxymethylene-17{beta}-hydroxy-5{alpha}-androstan-3-one).
- 43 [(57)] (lvii) Stanozolol ~~(17{alpha}-methyl-17{beta}-hydroxy-5~~  
~~44-{alpha}-androst-2-eno{3, 2-c}-pyrazole).~~(17{alpha}-methyl-17{beta}-  
hydroxy-5{alpha}-androst-2-eno{3,2-c}-pyrazole).
- 45 [(58)] (lviii) Stenbolone ~~(17{beta}-hydroxy-2-methyl-5{alpha}-~~

~~46 androst-1-en-3-one~~. (17{beta}-hydroxy-2-methyl-5{alpha}-androst-1-en-3-one).

47 [(59)] (lix) Testolactone ~~(13-hydroxy-3-oxo-13,17-secoandrosta-4,1,4-dien-17-oic acid lactone)~~. (13-hydroxy-3-oxo-13,17-secoandrostal,4-dien-17-oic acid lactone).

49 [(60)] (lx) Testosterone (17{beta}-hydroxyandrost-4-en-3-one).

50 [(61)] (lxi) Tetrahydrogestrinone ~~(13{beta},17{alpha}-diethyl-17{beta}-hydroxygon-4,9,11-trien-3-one)~~. (13{beta},17{alpha}-diethyl-17{beta}-hydroxygon-4,9,11-trien-3-one).

52 [(62)] (lxii) Trenbolone ~~(17{beta}-hydroxyestr-4,9,11-trien-3-one)~~. (17{beta}-hydroxyestr-4,9,11-trien-3-one).

53 [(63)] (lxiii) 5{alpha}-androstan-3,6,17-trione.

54 (lxiv) 6-bromo-androsta-1,4-diene-3,17-dione.

55 (lxv) 6-bromo-androstan-3,17-dione.

56 (lxvi) 4-chloro-17{alpha}-methyl-androsta-1,4-diene-3,17{beta}-diol.

- 1 (lxvii) 4-chloro-17{alpha}-methyl-androst-4-ene-3{beta},17{beta}-diol.  
 2 (lxviii) 4-chloro-17{alpha}-methyl-17{beta}hydroxy-androst-4-en-3-one.  
 3 (lxix) 4-chloro-17{alpha}-methyl-17{beta}hydroxy-androst-4-ene-3,11-di  
 4 one.  
 5 (lxx) ~~2{alpha}, 17{alpha}-dimethyl-17{beta}-hydroxy-5{beta}-androstan-3,~~  
 6 ~~17{alpha}-dimethyl-17{beta}-hydroxy-5{beta}-androstan-3-one.~~  
 7 -one.  
 8 (lxxi) 2{alpha},3{alpha}-epithio-17{alpha}-methyl-5{alpha}androstan-17  
 9 {beta}-ol.  
 10 (lxxii) estra-4,9,11-triene-3,17-dione.  
 11 (lxxiii) ~~{3,2-c}furan-5{alpha}-androstan-17{beta}ol. {3,2-c}~~  
 12 ~~furan-5{alpha}-androstan-17{beta}-ol.~~  
 13 (lxxiv) 18a-homo-3-hydroxy-estra-2,5(10)-dien-17-one.  
 14 (lxxv) 4-hydroxy-androst-4-ene-3,17-dione.  
 15 (lxxvi) ~~17{beta}-hydroxy-androstano[2,3-d]isoxazole. 17{beta}-hydroxy-~~  
 16 ~~androstano{2,3-d}isoxazole.~~  
 17 (lxxvii) ~~17{beta}-hydroxy-androstano[3,2-c]isoxazole. 17{beta}-hydroxy-~~  
 18 ~~androstano{3,2-c}isoxazole.~~  
 19 (lxxviii) 3{beta}-hydroxy-estra-4,9,11-trien-17-one.  
 20 (lxxix) Methasterone ~~(2{alpha},17{alpha}-dimethyl-5{alpha}-androstan-~~  
 21 ~~17-7{beta}-ol-3-one)or~~ ~~2{alpha},17{alpha}-dimethyl-17{beta}-hydroxy-5~~  
 22 ~~18-~~alpha}-androstan-3-one).~~ (2{alpha},17{alpha}-dimethyl-5{alpha}-androstan17  
 23 17{beta}-ol-3-one or 2{alpha},17{alpha}-dimethyl-17{beta}-hydroxy-5 18 {alpha}-  
 24 androstan-3-one).  
 25 (lxxx) 17{alpha}-methyl-androsta-1,4-diene-3,17{beta}-diol.  
 26 (lxxxii) 17{alpha}-methyl-5{alpha}-androstan-17{beta}-ol.  
 27 (lxxxiii) 17{alpha}-methyl-androstan-3-hydroxyimine-17{beta}-ol.  
 28 (lxxxiv) 6{alpha}-methyl-androst-4-ene-3,17-dione.  
 29 (lxxxv) 17{alpha}-methyl-androst-2-ene-3,17{beta}diol.  
 30 (lxxxvi) ~~Prostanozol (17{beta}-hydroxy-5{alpha}-androstano[3,2-c]pyrazole)~~  
 31 ~~25 or{3,2-c}pyrazole-5{alpha}-androstan-17{beta}-ol. Prostanozol (17{beta}-~~  
 32 ~~hydroxy-5{alpha}-androstano{3,2- c}pyrazole) 25 or {3,2-c}pyrazole-5{alpha}-~~  
 33 ~~androstan-17{beta}-ol.~~  
 34 (lxxxvii) ~~{3,2-c}pyrazole-androst-4-en-17{beta}-ol. {3,2-c}pyrazole-~~  
 35 ~~androst-4-en-17{beta}-ol.~~  
 36 (lxxxviii) Any salt, ester or ether of a drug or substance described or  
 37 listed in this subdivision.  
 38 (2) (i) Subject to subparagraph (ii) of this paragraph, a drug or  
 39 hormonal substance, other than estrogens, progestins, corticosteroids,  
 40 and dehydroepiandrosterone, that is not listed in paragraph one of this  
 41 subdivision and is derived from, or has a chemical structure ~~substan-~~  
 42 ~~tially~~ substantially similar to, one or more anabolic steroids listed in  
 43 paragraph one  
 44 of this subdivision shall be considered to be an anabolic steroid for  
 45 purposes of this schedule if:  
 46 (A) the drug or substance has been created or manufactured with the  
 47 intent of producing a drug or other substance that either:  
 48 1. promotes muscle growth; or  
 49 2. otherwise causes a pharmacological effect similar to that of  
 testosterone; or  
 (B) the drug or substance has been, or is intended to be, marketed or  
 otherwise promoted in any manner suggesting that consuming it will  
 promote muscle growth or any other pharmacological effect similar to  
 that of testosterone.  
 (ii) A substance shall not be considered to be a drug or hormonal  
 substance for purposes of this subdivision if:  
 (A) it is:  
 1. an herb or other botanical;  
 2. a concentrate, metabolite, or extract of, or a constituent isolated~~

50 directly from, an herb or other botanical; or  
51 3. a combination of two or more substances described in clause one or  
52 two of this item;  
53 (B) it is a dietary ingredient for purposes of the Federal Food, Drug,  
54 and Cosmetic Act (21 U.S.C. 301 et seq.); and  
55 (C) it is not anabolic or androgenic.

1 (iii) In accordance with subdivision one of section thirty-three  
 2 hundred ninety-six of this article, any person claiming the benefit of  
 3 an exemption or exception under subparagraph (ii) of this paragraph  
 4 shall bear the burden of going forward with the evidence with respect to  
 5 such exemption or exception.

6 § 17. Subdivision (c) of schedule III of section 3306 of the public  
 7 health law is amended by adding two new paragraphs 15 and 16 to read as  
 8 follows:

9 (15) Perampanel, its salts, isomers and salts of isomers.

10 (16) Xylazine, its salts, isomers and salts of isomers, except when  
expressly intended for use by a veterinarian in the course of the professional  
practice of veterinary medicine; provided, however, that such substance stocks  
shall be at all times properly safeguarded and secured, and access shall be  
limited to the minimum number of employees actually required to efficiently  
handle the custody, dispensing, administration or other handling of such  
substance; and further provided, however, that all veterinarians shall  
maintain records, orders and prescriptions of the substance for a period of  
five years from the date of transaction, which shall be readily available and  
promptly produced, in electronic or hardcopy format that is readily  
understandable, for inspection and copying upon request by authorized  
representatives of the department. Any individual who knowingly and willfully  
administers themselves or another person, prescribes, dispenses or distributes  
such substance when any such substance is intended for human consumption or  
for any purpose other than the normal course of practice of veterinary  
medicine shall be subject to the same penalties as any individual or  
practitioner who violates the provisions of this section and any other  
penalties prescribed by law.

11 § 18. Subdivision (c) of schedule IV of section 3306 of the public  
 12 health law is amended by adding seven new paragraphs 54, 55, 56, 57, 58,  
 13 59 and 60 to read as follows:

14 (54) Alfaxalone.

15 (55) Brexanolone.

16 (56) Daridorexant.

17 (57) Lemborexant.

18 (58) Remimazolam.

19 (59) Suvorexant.

20 (60) Zuranolone.

21 § 19. Subdivision (e) of schedule IV of section 3306 of the public  
 22 health law is amended by amending paragraph 10 and adding two new  
 paragraphs 13 and 14 to read as  
 23 follows:

(10) SPA((-)[])-1-dimethylamino-1,2-diphenylethane).

24 (13) Serdexmethylphenidate.

25 (14) Solriamfetol.(2-amino-3-phenylpropyl carbamate; benzenepropanol,  
beta-amino-, carbamate(ester)).

26 § 20. Subdivision (f) of schedule IV of section 3306 of the public  
 27 health law, as added by chapter 664 of the laws of 1985, paragraph 2 as  
 28 added by chapter 457 of the laws of 2006 and paragraph 3 as added by  
 29 section 14 of part C of chapter 447 of the laws of 2012, is amended to  
 30 read as follows:

31 (f) Other substances. Unless specifically excepted or unless listed in  
 32 another schedule, any material, compound, mixture or preparation which  
 33 contains any quantity of the following substances, including its salts,  
 34 isomers, and salts of such isomers, whenever the existence of such  
 35 salts, isomers, and salts of isomers is possible:

36 (1) Pentazocine.

37 (2) Butorphanol (including its optical isomers).

38 (3) Tramadol in any quantities.

39 (4) Eluxadoline. ~~(5-(((2S)-2-amino-3-(4-aminocarbonyl)-2,6-dimethyl~~



~~40 phenyl}-1-oxopropyl}{(1S)-1-(4-phenyl-1H-imidazol-2-yl)ethyl}amino}meth  
41 yl}-2-methoxybenzoic acid). (5-{{{(2S)-2-amino-3-{4-(aminocarbonyl)-2,6-  
dimethylphenyl}-1-oxopropyl}{(1S)-1-(4-phenyl-1H-imidazol-2-yl)ethyl}amino}  
methyl}-2-methoxybenzoic acid)(including its optical isomers) and its salts,  
isomers, and salts of isomers.~~

42 (5) Lorcaserin.

43 § 21. Subdivision (d) of schedule V of section 3306 of the public  
44 health law is amended by adding four new paragraphs 4, 5, 6 and 7 to  
45 read as follows:

46 (4) Brivaracetam ~~((2S)-2-{(4R)-2-oxo-4-propylpyrrolidin-1-yl} butanam-  
47 ide).~~ ((2S)-2-{(4R)-2-oxo-4-propylpyrrolidin-1-yl} butanamide). Some  
trade or other names: BRV; UCB-34714; Briviact) (including  
48 its salts).

49 (5) Cenobamate ({1R)-1-(2-chlorophenyl)-2-(tetrazol-2-yl)ethyl}  
50 carbamate; 2H-tetrazole-2-ethanol, ~~alpha-(2-chlorophenyl)-, carbamate~~  
51 ~~(ester), alpha-(2-chlorophenyl)-, carbamate(ester), (alphaR)-; carbamic acid~~  
52 (R)-(+)-1-(2-chlorophenyl)-2-(2H-tetrazol-2-yl)ethyl ester).

53 (6) Ganaxolone. ~~3@-hydroxy-3&-methyl-5@-pregnan-20-one. 3{alpha}-  
hydroxy-3{beta}-methyl-5{alpha}-pregnan-20- one.~~

54 (7) Lasmiditan

55 {2,4,6-trifluoro-N-(6-(1-methylpiperidine-4-carbonyl)pyridine-2-yl)-benzam  
56 ide}.



1 § 22. Subdivision 2 of section 3342 of the public health law, as  
2 amended by chapter 692 of the laws of 1976, is amended to read as  
3 follows:

4 2. An institutional dispenser may dispense controlled substances for  
5 use off its premises only pursuant to a prescription, prepared and filed  
6 in conformity with this title, provided, however, that, in an emergency  
7 situation as defined by rule or regulation of the department, a practi-  
8 tioner in a hospital without a full-time pharmacy may dispense  
9 controlled substances to a patient in a hospital emergency room for use  
10 off the premises of the institutional dispenser for a period not to  
11 exceed twenty-four hours, unless the federal drug enforcement adminis-  
12 tration has authorized a longer time period for the purpose of initiat-  
13 ing maintenance treatment, detoxification treatment, or both.

14 § 23. Subdivision 1 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 1. "[Addict] Person with a substance use disorder" means a person who  
18 habitually uses a controlled substance for a non-legitimate or unlawful  
19 use, and who by reason of such use is dependent thereon.

20 § 24. Subdivision 1 of section 3331 of the public health law, as added  
21 by chapter 878 of the laws of 1972, is amended to read as follows:

22 1. Except as provided in titles III or V of this article, no substance  
23 in schedules II, III, IV, or V may be prescribed for or dispensed or  
24 administered to [an addict] a person with a substance use disorder or  
25 habitual user.

26 § 25. The title heading of title 5 of article 33 of the public health  
27 law, as added by chapter 878 of the laws of 1972, is amended to read as  
28 follows:

29 **DISPENSING TO [ADDICTS] PERSONS WITH A SUBSTANCE USE**  
30 **DISORDER AND HABITUAL USERS**

31 § 26. Section 3350 of the public health law, as added by chapter 878 of  
32 the laws of 1972, is amended to read as follows:

33 § 3350. Dispensing prohibition. Controlled substances may not be  
34 prescribed for, or administered or dispensed to [addicts] persons with a  
35 substance use disorder or habitual users of controlled substances,  
36 except as provided by this title or title III.

37 § 27. Section 3351 of the public health law, as added by chapter 878  
38 of the laws of 1972, subdivision 5 as amended by chapter 558 of the laws  
39 of 1999, is amended to read as follows:

40 § 3351. Dispensing for medical use. 1. Controlled substances may be  
41 prescribed for, or administered or dispensed to [an addict] a person  
42 with a substance use disorder or habitual user:

43 (a) during emergency medical treatment unrelated to [abuse] such  
44 substance use disorder or habitual use of controlled substances;

45 (b) who is a bona fide patient suffering from an incurable and fatal  
46 disease such as cancer or advanced tuberculosis;

47 (c) who is aged, infirm, or suffering from serious injury or illness  
48 and the withdrawal from controlled substances would endanger the life or  
49 impede or inhibit the recovery of such person.

50 1-a. A practitioner may prescribe, order and dispense any schedule  
51 III, IV, or V narcotic drug approved by the federal food and drug admin-  
52 istration specifically for use in maintenance or detoxification treat-  
53 ment to a person with a substance use disorder or habitual user.

1 2. Controlled substances may be ordered for use by [an addict] a  
2 person with a substance use disorder or habitual user by a practitioner  
3 and administered by a practitioner [or], registered nurse, or paramedic  
4 to relieve acute withdrawal symptoms.

5 3. Methadone, or such other controlled substance designated by the  
6 commissioner as appropriate for such use, may be ordered for use of [an  
7 addict] a person with a substance use disorder by a practitioner and  
8 dispensed or administered by a practitioner or his designated agent as  
9 interim treatment for [an addict on a waiting list for admission to an  
10 authorized maintenance program] a person with a substance use disorder  
11 while arrangements are being made for referral to treatment for such  
12 addiction to controlled substances.

13 4. Methadone, or such other controlled substance designated by the  
14 commissioner as appropriate for such use, may be administered to [an  
15 addict] a person with a substance use disorder by a practitioner or by  
16 [his] their designated agent acting under the direction and supervision  
17 of a practitioner, as part of a [regime] regimen designed and intended  
18 as maintenance or detoxification treatment or to withdraw a patient from  
19 addiction to controlled substances.

20 5. [Methadone] Notwithstanding any other law and consistent with  
21 federal requirements, methadone, or such other controlled substance  
22 designated by the commissioner as appropriate for such use, may be  
23 administered or dispensed directly to [an addict] a person with a  
24 substance use disorder by a practitioner or by [his] their designated  
25 agent acting under the direction and supervision of a practitioner, as  
26 part of a substance [abuse or chemical dependence] use disorder program  
27 approved pursuant to article [twenty-three or] thirty-two of the mental  
28 hygiene law.

29 § 28. Section 3372 of the public health law is REPEALED.

30 § 29. This act shall take effect immediately.

31 PART V

32 Section 1. Section 2805-x of the public health law, as added by  
33 section 48 of part B of chapter 57 of the laws of 2015, paragraph (d) of  
34 subdivision 4 as added by chapter 697 of the laws of 2023, is amended to  
35 read as follows:

36 § 2805-x. [Hospital-home care-physician] Health care delivery collab-  
37 oration program. 1. The purpose of this section shall be to facilitate  
38 innovation in [hospital, home care agency and physician collaboration in  
39 meeting] collaborations between licensed and certified health care  
40 providers and agencies, including: hospitals, home care agencies, emer-  
41 gency medical services, skilled nursing facilities, and hospices, as  
42 well as payors and other interdisciplinary providers, practitioners and  
43 service entities, to meet the community's evolving health care needs in  
44 a changing health care delivery landscape. It shall provide a framework  
45 to support voluntary initiatives in collaboration to improve patient  
46 care access and management, patient health outcomes, cost-effectiveness  
47 in the use of health care services and community population health.  
48 [Such collaborative initiatives may also include payors, skilled nursing  
49 facilities and other interdisciplinary providers, practitioners and  
50 service entities.]

51 2. For purposes of this section:

52 (a) "Hospital" shall include a general hospital as defined in this  
53 article or other inpatient facility for rehabilitation or specialty care  
54 within the definition of hospital in this article.

1 (b) "Home care agency" shall mean a certified home health agency, long  
2 term home health care program or licensed home care services agency as  
3 defined in article thirty-six of this chapter.

4 (c) "Payor" shall mean a health plan approved pursuant to article  
5 forty-four of this chapter, or article thirty-two or forty-three of the  
6 insurance law.

7 (d) "Practitioner" shall mean any of the health, mental health or  
8 health related professions licensed pursuant to title eight of the  
9 education law.

10 (e) "Physician" shall mean a person duly licensed pursuant to article  
11 one hundred thirty-one of the education law.

12 (f) "Hospice" shall mean an agency approved under article forty of  
13 this chapter.

14 (g) "Emergency medical services" shall mean an agency approved under  
15 article thirty of this chapter ~~and authorized pursuant to section three~~  
16 ~~thousand eighteen of this chapter to provide community paramedicine.~~

17 (h) "Skilled nursing facility" shall mean a residential health care  
18 facility or nursing home licensed pursuant to article twenty-eight of  
19 this chapter.

20 3. The commissioner is authorized to provide financing including, but  
21 not limited to, grants or positive adjustments in medical assistance  
22 rates or premium payments, to the extent of funds available and allo-  
23 cated or appropriated therefor, including funds provided to the state  
24 through federal waivers, funds made available through state appropri-  
25 ations and/or funding through section twenty-eight hundred seven-v of  
26 this article, as well as waivers of regulations under title ten of the  
27 New York codes, rules and regulations, to support the voluntary initi-  
28 atives and objectives of this section.

29 4. [Hospital-home care-physician] Health care delivery collaborative  
30 initiatives under this section may include, but shall not be limited to:

31 (a) [Hospital-home care-physician integration] Integration initiatives  
32 between at least two of the following: hospitals, home care agencies,  
33 physician, physicians' group, emergency medical services, hospice, and  
34 skilled nursing facilities, including but not limited to:

35 (i) transitions in care initiatives to help effectively transition  
36 patients to post-acute care at home, coordinate follow-up care and  
37 address issues critical to care plan success and readmission avoidance;

38 (ii) clinical pathways for specified conditions, guiding patients'  
39 progress and outcome goals, as well as effective health services use;

40 (iii) application of telehealth/telemedicine services in monitoring  
41 and managing patient conditions, and promoting self-care/management,  
42 improved outcomes and effective services use;

43 (iv) facilitation of physician house calls to homebound patients  
44 and/or to patients for whom such home visits are determined necessary  
45 and effective for patient care management;

46 (v) additional models for prevention of avoidable hospital readmis-  
47 sions and emergency room visits;

48 (vi) health home development;

49 (vii) development and demonstration of new models of integrated or  
50 collaborative care and care management not otherwise achievable through  
51 existing models; and

52 (viii) bundled payment demonstrations for hospital-to-post-acute-care  
53 for specified conditions or categories of conditions, in particular,  
54 conditions predisposed to high prevalence of readmission, including  
55 those currently subject to federal/state penalty, and other discharges  
56 with extensive post-acute needs;

- 1 (b) Recruitment, training and retention of hospital/home care direct  
2 care staff and physicians, in geographic or clinical areas of demon-  
3 strated need. Such initiatives may include, but are not limited to, the  
4 following activities:
- 5 (i) outreach and public education about the need and value of service  
6 in health occupations;
- 7 (ii) training/continuing education and regulatory facilitation for  
8 cross-training to maximize flexibility in the utilization of staff,  
9 including:
- 10 (A) training of hospital nurses in home care;
- 11 (B) dual certified nurse aide/home health aide certification; and
- 12 (C) dual personal care aide/HHA certification;
- 13 (iii) salary/benefit enhancement;
- 14 (iv) career ladder development; and
- 15 (v) other incentives to practice in shortage areas; and
- 16 (c) [Hospital - home care - physician] Health care delivery collabora-  
17 tives for the care and management of special needs, high-risk and high-  
18 cost patients, including but not limited to best practices, and training  
19 and education of direct care practitioners and service employees.
- 20 (d) Collaborative programs to address disparities in health care  
21 access or treatment, and/or conditions of higher prevalence, in certain  
22 populations, where such collaborative programs could provide and manage  
23 services in a more effective, person-centered and cost-efficient manner  
24 for reduction or elimination of such disparities.
- 25 (i) Such programs may target one or more disparate conditions, or  
26 areas of under-service, evidenced in defined populations, including but  
27 not be limited to:
- 28 (A) cardiovascular disease;
- 29 (B) hypertension;
- 30 (C) diabetes;
- 31 (D) chronic kidney disease;
- 32 (E) obesity;
- 33 (F) asthma;
- 34 (G) sickle cell disease;
- 35 (H) sepsis;
- 36 (I) lupus;
- 37 (J) breast, lung, prostate and colorectal cancers;
- 38 (K) geographic shortage of primary care, prenatal/obstetric care,  
39 specialty medical care, home health care, or culturally and linguis-  
40 tically compatible care;
- 41 (L) alcohol, tobacco, or substance abuse;
- 42 (M) post-traumatic stress disorder and other conditions more prevalent  
43 among veterans of the United States military services;
- 44 (N) attracting members of minority populations to the field and prac-  
45 tice of medicine; and
- 46 (O) such other areas approved by the commissioner.
- 47 (ii) Collaborative [hospital-home care-physician] health care  
48 delivery, and as applicable additional partner, models may include under  
49 such disparities programs:
- 50 (A) service planning and design;
- 51 (B) recruitment of specialty personnel and/or specialty training of  
52 professionals or other direct care personnel (including physicians, home  
53 care and hospital staffs), patients and informal caregivers;
- 54 (C) continuing medical education and clinical training for physicians,  
55 follow-up evaluations, and supporting educational materials;

- 1 (D) use of evidenced-based approaches and/or best practices to treat-  
 2 ment;  
 3 (E) reimbursement of uncovered services;  
 4 (F) bundled or other integrated payment methods to support the neces-  
 5 sary, coordinated and cost-effective services;  
 6 (G) regulatory waivers to facilitate flexibility in provider collab-  
 7 oration and person-centered care;  
 8 (H) patient/family peer support and education;  
 9 (I) data collection, research and evaluation of efficacy; and/or  
 10 (J) other components or innovations satisfactory to the commissioner.

11 (iii) Nothing contained in this paragraph shall prevent a physician,  
 12 [physicians] physicians' group, home care agency, or hospital from indi-  
 13 vidualy applying for said grant.

14 (iv) The commissioner shall consult with physicians, home care agen-  
 15 cies, hospitals, consumers, statewide associations representative of  
 16 such participants, and other experts in health care disparities, in  
 17 developing an application process for grant funding or rate adjustment,  
 18 and for request of state regulatory waivers, to facilitate implementa-  
 19 tion of disparities programs under this paragraph.

20 5. At a minimum, applications for collaborative initiatives under  
 21 this section must specifically identify the service gaps and/or communi-  
 22 ty need the collaboration seeks to address, and outline a projected  
 23 timeline for implementation and deliverable data to demonstrate mile-  
 24 stones to success.

25 6. Hospitals and home care agencies which are provided financing or  
 26 waivers pursuant to this section shall report to the commissioner on the  
 27 patient, service and cost experiences pursuant to this section, includ-  
 28 ing the extent to which the project goals are achieved. The commissioner  
 29 shall compile and make such reports available on the department's  
 30 website.

31 § 2. Subdivision 2 of section 3602 of the public health law, as added  
 32 by chapter 895 of the laws of 1977, is amended to read as follows:

33 2. "Home care services agency" means an organization primarily engaged  
 34 in arranging and/or providing directly or through contract arrangement  
 35 one or more of the following: Nursing services, home health aide  
 36 services, and other therapeutic and related services which may include,  
 37 but shall not be limited to, physical, speech and occupational therapy,  
 38 nutritional services, medical social services, personal care services,  
 39 homemaker services, and housekeeper or chore services, which may be of a  
 40 preventive, therapeutic, rehabilitative, health guidance, and/or  
 41 supportive nature to persons at home. For the purposes of this article,  
 42 a general hospital licensed pursuant to article twenty-eight of this  
 43 chapter shall not be considered "primarily engaged in arranging and/or  
 44 providing" nursing, home health, or other therapeutic services notwith-  
 45 standing that such services may be provided in a patient's residence,  
 46 provided that at least fifty-one percent of patient care hours for such  
 47 general hospital is generated from the treatment of patients within the  
 48 hospital, and that any patients treated in their residence have a preex-  
 49 isting clinical relationship with the general hospital.

50 § 3. Section 2803 of the public health law is amended by adding a new  
 51 subdivision 15 to read as follows:

52 15. ~~Notwithstanding~~ Subject to the availability of federal financial  
 53 participation and notwithstanding any contrary provision of this article, or  
 54 any  
 55 rule or regulation to the contrary, the commissioner shall allow general  
 56 hospitals to provide off-site ~~primary care and~~ acute care medical ~~care~~  
 57 services,  
 58 ~~including but not limited to acute care and preventative wellness care,~~  
 59 that are:



1 (a) not home care services defined in subdivision one of section thir-  
2 ty-six hundred two of this chapter or the professional services enumer-  
3 ated in subdivision two of such section;

4 (b) provided by a ~~primary care~~ medical professional, including a  
physician,  
5 registered nurse, nurse practitioner, or physician assistant, to a patient  
with a pre-exist-

6 ing clinical relationship with the general hospital, or with the health  
7 care professional providing the service; and

8 (c) provided to a patient ~~who is unable to leave his or her~~  
~~residence~~ for whom a medical professional has determined is appropriate to  
receive acute medical services at their residence

~~9 to receive services at the general hospital without unreasonable diffi-~~  
~~10 culty due to circumstances, including but not limited to, clinical~~  
~~11 impairment and conditions of immunosuppression.~~

12 (d) Nothing in this subdivision shall preclude a federally qualified  
13 health center from providing off-site services in accordance with  
14 department regulations.

15 (e) The department is authorized to establish medical assistance  
16 program rates to effectuate this subdivision. For the purposes of the  
17 department determining the applicable rates pursuant to such authority,  
18 any general hospital approved pursuant to this subdivision shall report  
19 to the department, in the form and format required by the department,  
20 its annual operating costs, specifically for such off-site acute  
21 services. Failure to timely submit such cost data to the department may  
22 result in revocation of authority to participate in a program under this  
23 section due to the inability to establish appropriate reimbursement  
24 rates.

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

27 3. (a) This program shall authorize mobile integrated and community  
28 paramedicine programs presently operating and approved by the department  
29 as of May eleventh, two thousand twenty-three, under the authority of  
30 Executive Order Number 4 of two thousand twenty-one, entitled "Declaring  
31 a Statewide Disaster Emergency Due to Healthcare staffing shortages in  
32 the State of New York" to continue in the same manner and capacity as  
33 currently approved [for a period of two years following the effective  
34 date of this section] through March thirty-first, two thousand thirty-  
35 one.

36 (b) Any program not ~~lawfully~~ currently approved and operating ~~and~~  
~~established pursuant to~~ in accordance with  
37 paragraph (a) of this subdivision may apply to the department for  
38 approval to operate a mobile integrated and community paramedicine  
39 program, and any program currently operating pursuant to paragraph (a)  
40 of this subdivision for a limited purpose, including but not limited to  
41 vaccination administration, may apply to the department for approval to  
42 modify its existing community paramedicine program. The department may  
43 approve up to two hundred new or ~~expanded~~ modified programs pursuant  
to this  
44 paragraph. Such applications must be submitted in the form and format  
45 prescribed by the department. Programs approved pursuant to this para-  
46 graph ~~shall~~ may be permitted to operate through March thirty-first, two  
47 thousand thirty-one.

48 § 5. Section 2 of chapter 137 of the laws of 2023 amending the public  
49 health law relating to establishing a community-based paramedicine  
50 demonstration program, is amended to read as follows:

51 § 2. This act shall take effect immediately and shall expire and be  
52 deemed repealed [2 years after such date] March 31, 2031; provided,  
53 however, that if this act shall have become a law on or after May 22,

54 2023 this act shall take effect immediately and shall be deemed to have  
55 been in full force and effect on and after May 22, 2023.

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

4 1. "Emergency medical service" means [initial emergency medical  
5 assistance including, but not limited to, the treatment of trauma,  
6 burns, respiratory, circulatory and obstetrical emergencies] a coordi-  
7 nated system of healthcare delivery that responds to the needs of sick  
8 and injured individuals, by providing: essential emergency, non-emergen-  
9 cy, specialty need or public event medical care; community education and  
10 prevention programs; ground and air ambulance services; emergency  
11 medical dispatch; training for emergency medical services practitioners;  
12 medical first response; mobile trauma care systems; mass casualty  
13 management; and medical direction.

14 § 7. Section 6909 of the education law is amended by adding a new  
15 subdivision 12 to read as follows:

16 12. A certified nurse practitioner may prescribe and order a non-pa-  
17 tient specific regimen to an emergency medical services practitioner  
18 licensed by the department of health pursuant to article thirty of the  
19 public health law, pursuant to regulations promulgated by the commis-  
20 sioner, and consistent with the public health law, for administering  
21 immunizations. Nothing in this subdivision shall authorize unlicensed  
22 persons to administer immunizations, vaccines or other drugs.

23 § 8. Section 6527 of the education law is amended by adding a new  
24 subdivision 12 to read as follows:

25 12. A licensed physician may prescribe and order a non-patient specif-  
26 ic regimen to an emergency medical services practitioner licensed by the  
27 department of health pursuant to article thirty of the public health  
28 law, pursuant to regulations promulgated by the commissioner, and  
29 consistent with the public health law, for administering immunizations.  
30 Nothing in this subdivision shall authorize unlicensed persons to admin-  
31 ister immunizations, vaccines or other drugs.

32 § 9. The public health law is amended by adding a new article 30-D to  
33 read as follows:

#### 34 ARTICLE 30-D

#### 35 EMERGENCY MEDICAL SERVICES ESSENTIAL SERVICES ACT

36 Section 3080. Declaration of purpose.

37 3081. Application of article.

38 3082. Definitions.

39 3083. Designation of medical emergency response and emergency  
40 medical dispatch agencies as essential services.

41 3084. Provision of emergency medical dispatch.

42 3085. Rules and regulations.

43 § 3080. Declaration of purpose. 1. The provision of prompt, efficient,  
44 and effective emergency medical services and emergency medical dispatch  
45 is crucial to the health and safety of the residents of New York state.

46 2. The establishment of a comprehensive and standardized system for  
47 medical emergency response is essential to address life-threatening  
48 conditions and ensure the well-being of individuals in need of urgent  
49 medical care.

50 3. Ensuring that every county within New York state has the necessary  
51 resources, trained personnel, and operational capabilities to provide  
52 medical emergency response is a matter of public interest and state  
53 priority.

54 4. It is imperative to standardize the approach to medical emergency  
55 response and dispatch services to enhance the quality of care, maximize



1 efficiency, and improve outcomes for patients experiencing medical emer-  
2 gencies.  
3 5. The designation of medical emergency response and emergency medical  
4 dispatch as essential services will ensure a uniform, effective, and  
5 coordinated response to medical emergencies across the state.  
6 This article aims to establish a framework for the provision, oper-  
7 ation, and regulation of medical emergency response and dispatch  
8 services, thereby safeguarding the health and safety of New York state's  
9 residents and visitors.  
10 § 3081. Application of article. This article shall apply to every  
11 county except a county wholly contained within a city.  
12 § 3082. Definitions. As used in this article, the following terms  
13 shall have the following meanings:  
14 1. "Medical emergency response" shall mean the rapid deployment of  
15 ambulance services, advanced life support first response services, and  
16 other first response services authorized by the department to provide  
17 emergency medical services, as defined in section three thousand one of  
18 this chapter, for the purpose of providing immediate emergency medical  
19 care in response to emergency calls for acute conditions where rapid  
20 intervention is vital to prevent death or serious harm.  
21 2. "Emergency medical dispatch" means a protocol-driven system  
22 approved by the department designed to manage, assess, and prioritize  
23 medical emergency calls, provide critical pre-arrival instructions, and  
24 dispatch medical emergency response services by an EMS medical dispatch  
25 agency or provide referral to appropriate non-emergency medical services where appropriate.  
26 3. "EMS medical dispatch agency" means any individual, partnership,  
27 association, corporation, municipality or any legal or public entity or  
28 subdivision thereof licensed by the department who is engaged in receiv-  
29 ing requests for emergency medical assistance from the public and  
30 dispatching medical emergency response services as needed, except for any  
31 such individual or entity that is subject to minimum standards promulgated  
32 under section three-hundred twenty-eight of County Law.  
33 4. "Medical emergency readiness assessment" means the rating system  
34 evaluating the preparedness, efficiency, and effectiveness of medical  
35 emergency response within a community.  
36 § 3083. Designation of medical emergency response and emergency  
37 medical dispatch agencies as essential services. 1. Medical emergency  
38 response and emergency medical dispatch agencies are hereby declared  
39 essential services within New York state.  
40 2. Every county, acting individually or jointly with any other county,  
41 city, town, and village, shall ensure that an emergency medical service,  
42 ambulance service, advanced life support first response service, other  
43 first response services authorized by the department to provide emergen-  
44 cy medical services, or a combination of such services are provided for  
45 the purposes of effectuating medical emergency response within the boun-  
46 daries of the county.  
47 3. Every county acting individually or jointly with any other county,  
48 city, town, and village, shall develop, implement, and maintain a  
49 comprehensive county medical emergency response plan, ~~in a format~~  
50 approved by the department, ensuring the effective operation, coordi-  
51 nation, utilization of existing ambulance services licensed by the  
52 department, and funding of medical emergency response. In furtherance of  
53 that purpose, the county shall designate one or more primary medical  
54 emergency response agencies that shall respond to all calls and demands  
55 for such medical emergency response to persons entitled thereto, subject  
56 to any limitations upon such service specified in an agreement, within

54 the boundaries of the county. Any proposed permanent changes, including a full closure or significant modification of coverage of a primary medical emergency response agency designated by a county shall be submitted in writing to the county and the department no later than 180 days before the change. Such changes shall not be made until receipt of the appropriate department approval. No county shall remove or reassign an area served by an existing medical emergency response agency where that agency is compliant with all statutory and regulatory requirements of the department, and that has agreed to the provision of approved plan. No medical emergency response agency,

55 designated by the county in the plan, may refuse to respond to a request

1 for service unless they can prove, to the satisfaction of the depart-  
2 ment, that they are unable to respond because of capacity limitations.

3 4. Notwithstanding the provisions of section three thousand eight of  
4 this chapter, any county acting individually or jointly with any other  
5 county, city, town, and village, that provides, either directly or  
6 through agreement with existing services, an emergency medical service  
7 or general ambulance service in accordance with section one hundred  
8 twenty-two-b of the general municipal law, for the purpose of effectuat-  
9 ing medical emergency response, upon meeting or exceeding all adminis-  
10 trative and operational standards set by the department, and upon filing  
11 written notice to the department in a manner prescribed by the depart-  
12 ment, shall be deemed to have satisfied any and all requirements for  
13 determination of public need for the establishment of additional emer-  
14 gency medical services and the department shall issue a non-transferable,  
15 permanent municipal ambulance service operating certificate. Noth-  
16 ing in this article shall be deemed to exclude any county issued a  
17 municipal ambulance service operating certificate from complying with  
18 any other requirement of article thirty of this chapter or any other  
19 applicable provision of law or regulations promulgated thereunder.

20 5. Any county acting individually or jointly with any other county,  
21 city, town, and village, that provides, either directly or through  
22 agreement with an existing service, an emergency medical service or  
23 general ambulance service in accordance with section one hundred twenty-  
24 two-b of the general municipal law, for the purpose of effectuating  
25 medical emergency response may establish a special district, after ninety  
26 days notice to the department, as defined in subdivision sixteen of  
27 section one hundred two of the real property tax law, for the financing  
28 and operation of such emergency medical service or general ambulance  
29 service in accordance with section one hundred twenty-two-b of the  
30 general municipal law with an emergency medical services agency licensed  
31 by the department to provide emergency medical services in the state.  
32 Such special district shall be exempt from the provisions of section  
33 three-c of the general municipal law until five years after the estab-  
34 lishment of the special district.

35 6. The department shall establish standards, with the advice from the  
36 state emergency medical services council, the state emergency medical  
37 advisory committee and the state trauma advisory committee, establishing  
38 minimum standards for the provision of emergency medical services by  
39 first aid squads, basic life support first response services, special  
40 event medical services, and other first response services not otherwise  
41 defined in article thirty of this chapter.

42 § 3084. Provision of emergency medical dispatch. 1. Every ~~emergency~~EMS  
43 medical dispatch agency, as defined in this section, operating within  
44 New York state shall provide  
45 emergency medical dispatch services in accordance with emergency  
46 medical dispatch protocols  
47 approved by the department.

48 2. All ~~emergency~~EMS medical dispatch agencies ~~shall~~ may be required to be  
49 licensed by the  
50 department. The department ~~shall~~, in consultation with the State  
51 Interoperable Emergency Communications Board, may establish criteria for the  
52 licensing of  
53 emergencyEMS medical dispatch agencies, as defined in this section, to  
54 ensure compliance with emergencyEMS  
55 medical dispatch standards.

56 3. All emergency medical dispatchers  
57 with a primary role of providing emergency medical dispatch services while  
58 employed by emergencyEMS medical

51 dispatch agencies, as defined in this section," must complete ~~a~~ an  
52 emergency medical dispatch certification training course approved  
53 by the department ,in consultation with the State Interoperable Emergency  
54 Communications Board, and maintain continuous certification while employed  
55 by the ~~emergency~~ EMS medical dispatch agency, as defined in this  
section, with a primary role as an emergency medical  
54 dispatcher , and may be required to be licensed by the department. The  
department ~~shall~~  
, in consultation with the State Interoperable Emergency Communications Board,  
may  
establish minimum standards for emer-  
55 gency medical dispatch certification training courses and dispatcher  
~~certification~~ licensure.

1 § 3085. Rules and regulations. The commissioner may promulgate rules  
2 and regulations to effectuate the purposes of this article.

3 § 10. The public health law is amended by adding a new section 3019 to  
4 read as follows:

5 § 3019. Emergency medical services demonstration programs. 1. The  
6 purpose of this section shall be to facilitate innovation in medical  
7 care provided by emergency medical service practitioners in meeting the  
8 community's health care needs, including collaboration with other health  
9 care organizations operating under the provisions of section twenty-  
10 eight hundred five-x of this chapter. It shall provide a framework to  
11 support voluntary initiatives to improve patient care access and manage-  
12 ment, patient health outcomes, and cost-effectiveness in the use of  
13 health care services and community population health.

14 2. The commissioner is authorized to provide financing including, to  
15 the extent of funds available and allocated or appropriated therefor, as  
16 well as waivers of certain parts of this article, article thirty-A of  
17 this chapter, and regulations under title ten of the New York codes,  
18 rules and regulations, to support the voluntary initiatives and objec-  
19 tives of this section.

20 § 11. The public health law is amended by adding a new section 3055 to  
21 read as follows:

22 § 3055. EMS licensure and credentialing. 1. The department, with the  
23 approval of the state emergency medical services council, may establish  
24 minimum standards for the licensure of emergency medical services prac-  
25 titioners including but not limited to emergency medical technicians and  
26 advanced emergency medical technicians by the department.

27 2. The department, with the approval of the state emergency medical  
28 services council, may establish minimum standards for specialized  
29 credentialing of emergency medical service practitioners which shall  
30 include, but not be limited to, emergency vehicle operator, critical  
31 care paramedic, emergency medical dispatcher, emergency medical services  
32 field training officer, emergency medical services administrator, emer-  
33 gency medical control physician, and emergency medical services agency  
34 medical director.

35 § 12. The public health law is amended by adding a new section 3029 to  
36 read as follows:

37 § 3029. Paramedic urgent care program. 1. The department shall estab-  
38 lish a paramedic urgent care program to ~~evaluate~~ effectuate the role of  
39 emergency

40 medical services personnel in the delivery of health care services in  
41 rural counties of New York state.

42 2. Any organization that is authorized to provide advanced life  
43 support services, in accordance with section three thousand thirty of  
44 this article, may apply to the department for approval to operate a  
45 paramedic urgent care.

46 3. Any paramedic urgent care programs approved by the department under  
47 this section shall: (a) be under the overall supervision and direction  
48 of a qualified physician; (b) be staffed by qualified medical and health  
49 personnel, physician assistants, or nurse practitioners; (c) utilize  
50 advanced emergency medical technicians whose scope of practice is appro-  
51 priate for the medical services provided; (d) maintain a treatment-man-  
52 agement record for each patient; and (e) be integrated with a hospital  
53 or other appropriate healthcare organization.

54 4. Paramedic urgent care programs may integrate telehealth provided by  
55 a telehealth provider, as those terms are defined in section twenty-nine  
56 hundred ninety-nine-cc of this chapter. The commissioner may specify in  
57 regulation additional acceptable modalities for the delivery of health



1 (vi) Programs and services funded, licensed, or certified by the state  
2 office for the aging (SOFA) eligible for the cost of living adjustment  
3 established herein, pending federal approval where applicable, include:  
4 community services for the elderly; expanded in-home services for the  
5 elderly; and supplemental nutrition assistance program.

6 5. Each local government unit or direct contract provider receiving  
7 funding for the cost of living adjustment established herein shall  
8 submit a written certification, in such form and at such time as each  
9 commissioner shall prescribe, attesting how such funding will be or was  
10 used to first promote the recruitment and retention of non-executive  
11 direct care staff, non-executive direct support professionals, non-exe-  
12 cutive clinical staff, or respond to other critical non-personal service  
13 costs prior to supporting any salary increases or other compensation for  
14 executive level job titles.

15 6. Notwithstanding any inconsistent provision of law to the contrary,  
16 agency commissioners shall be authorized to recoup funding from a local  
17 governmental unit or direct contract provider for the cost of living  
18 adjustment established herein determined to have been used in a manner  
19 inconsistent with the appropriation, or any other provision of this  
20 section. Such agency commissioners shall be authorized to employ any  
21 legal mechanism to recoup such funds, including an offset of other funds  
22 that are owed to such local governmental unit or direct contract provid-  
23 er.

24 § 2. This act shall take effect immediately and shall be deemed to  
25 have been in full force and effect on and after April 1, 2024.

Insert New Part GG (LBD #71037-01-4)

Insert New Part HH (LBD #71016-05-4)

26 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-  
27 sion, section or part of this act shall be adjudged by any court of  
28 competent jurisdiction to be invalid, such judgment shall not affect,  
29 impair, or invalidate the remainder thereof, but shall be confined in  
30 its operation to the clause, sentence, paragraph, subdivision, section  
31 or part thereof directly involved in the controversy in which such judg-  
32 ment shall have been rendered. It is hereby declared to be the intent of  
33 the legislature that this act would have been enacted even if such  
34 invalid provisions had not been included herein.

35 § 3. This act shall take effect immediately provided, however, that  
36 the applicable effective date of Parts A through ~~FF~~HH of this act shall be  
37 as specifically set forth in the last section of such Parts.

DRAFT LBDC

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

AN ACT to amend the social services law, in relation to providing  
contracting flexibility in relation to 1115 medicaid waiv-  
ers (Part );

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

1 PART \_\_\_\_

2 Section 1. Subdivision 29 of section 364-j of the social services law,  
3 as added by section 49 of part C of chapter 60 of the laws of 2014, is  
4 amended to read as follows:

5 29. In the event that the department receives approval from the  
6 Centers for Medicare and Medicaid Services to amend its 1115 waiver  
7 [known as the Partnership Plan] or receives approval for a new 1115  
8 waiver [for the purpose of reinvesting savings resulting from the rede-  
9 sign of the medical assistance program] prior to or following the effec-  
10 tive date of this subdivision, the commissioner is authorized to enter  
11 into contracts[, and/or] and to amend the terms of contracts awarded  
12 prior to [the effective date of this subdivision] April first, two thou-  
13 sand twenty-four, for the purpose of assisting the department of health  
14 with implementing projects authorized under such waiver approval.  
15 Notwithstanding the provisions of sections one hundred twelve and one  
16 hundred sixty-three of the state finance law, or sections one hundred  
17 forty-two and one hundred forty-three of the economic development law,  
18 or any contrary provision of law, contracts may be entered or contract



1 amendments may be made pursuant to this subdivision without a compet-  
2 itive bid or request for proposal process [if the term of any such  
3 contract or contract amendment does not extend beyond March thirty-  
4 first, two thousand nineteen]; provided, however, in the case of a  
5 contract entered into after the effective date of this subdivision,  
6 that:

7 (a) The department of health shall post on its website, for a period  
8 of no less than thirty days:

9 (i) A description of the proposed services to be provided pursuant to  
10 the contract or contracts;

11 (ii) The criteria for selection of a contractor or contractors;

12 (iii) The period of time during which a prospective contractor may  
13 seek selection, which shall be no less than thirty days after such  
14 information is first posted on the website; and

15 (iv) The manner by which a prospective contractor may seek such  
16 selection, which may include submission by electronic means;

17 (b) All reasonable and responsive submissions that are received from  
18 prospective contractors in timely fashion shall be reviewed by the  
19 commissioner of health; and

20 (c) The commissioner of health shall select such contractor or  
21 contractors that, in [his or her] such commissioner's discretion, are  
22 best suited to serve the purposes of this section.

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

DRAFT LBDC

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

AN ACT to amend the social services law, in relation to the removal of the fiscal intermediary procurement and replacing it with an authorization process; to amend the public health law, in relation to eliminating conflicts of interest between consumer directed personal assistance program fiscal intermediaries and licensed home care services agencies; to amend the social services law, in relation to the consumer directed personal assistance program; and to repeal certain provisions of the social services law relating thereto (Part );

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

1

PART \_\_

2 Section 1. Subparagraphs (i) and (ii) of paragraph (a) of subdivision  
3 4-a of section 365-f of the social services law, as amended by section 3  
4 of part G of chapter 57 of the laws of 2019, the opening paragraph of  
5 subparagraph (i) as amended by section 2 of part PP of chapter 57 of the  
6 laws of 2022, are amended to read as follows:

7 (i) "Fiscal intermediary" means an entity that provides fiscal inter-  
8 mediary services and has a contract for providing such services with  
9 [the department of health and is selected through the procurement proc-  
10 ess described in paragraphs (b), (b-1), (b-2) and (b-3) of this subdivi-  
11 sion. Eligible applicants for contracts shall be entities that are capa-  
12 ble of appropriately providing fiscal intermediary services, performing  
13 the responsibilities of a fiscal intermediary, and complying with this  
14 section, including but not limited to entities that:

1 (A) are a service center for independent living under section one  
2 thousand one hundred twenty-one of the education law; or

3 (B) have been established as fiscal intermediaries prior to January  
4 first, two thousand twelve and have been continuously providing such  
5 services for eligible individuals under this section.]:

6 (A) a local department of social services;

7 (B) an organization licensed under article forty-four of the public  
8 health law; or

9 (C) an accountable care organization certified under article twenty-  
10 nine-E of the public health law or an integrated delivery system  
11 composed primarily of health care providers recognized by the department  
12 as a performing provider system under the delivery system reform incen-  
13 tive payment program.

14 (ii) Fiscal intermediary services shall include the following  
15 services, performed on behalf of the consumer to facilitate [his or her]  
16 the consumer's role as the employer:

17 (A) wage and benefit processing for consumer directed personal assist-  
18 ants;

19 (B) processing all income tax and other required wage withholdings;

20 (C) complying with workers' compensation, disability and unemployment  
21 requirements;

22 (D) maintaining personnel records for each consumer directed personal  
23 assistant, including time records and other documentation needed for  
24 wages and benefit processing and a copy of the medical documentation  
25 required pursuant to regulations established by the commissioner;

26 (E) ensuring that the health status of each consumer directed personal  
27 assistant is assessed prior to service delivery pursuant to regulations  
28 issued by the commissioner;

1 (F) maintaining records of service authorizations or reauthorizations;

2 (G) monitoring the consumer's or, if applicable, the designated repre-  
3 sentative's continuing ability to fulfill the consumer's responsibil-  
4 ities under the program and promptly notifying the authorizing entity of  
5 any circumstance that may affect the consumer's or, if applicable, the  
6 designated representative's ability to fulfill such responsibilities;

7 (H) complying with regulations established by the commissioner speci-  
8 fying the responsibilities of fiscal intermediaries providing services  
9 under this title; and

10 (I) entering into a department approved memorandum of understanding  
11 with the consumer that describes the parties' responsibilities under  
12 this program[; and

13 (J) other related responsibilities which may include, as determined by  
14 the commissioner, assisting consumers to perform the consumers' respon-  
15 sibilities under this section and department regulations in a manner  
16 that does not infringe upon the consumer's responsibilities and self-di-  
17 rection].

18 § 2. Paragraphs (b) and (c) of subdivision 4-a of section 365-f of the  
19 social services law are REPEALED and two new paragraphs (b) and (c) are  
20 added to read as follows:

21 (b) As of January first, two thousand twenty-five no entity shall  
22 provide, directly or through contract, fiscal intermediary services  
23 without an authorization as a fiscal intermediary issued by the commis-  
24 sioner in accordance with this subdivision. In establishing authori-  
25 zation standards and processes, the commissioner may consider demon-  
26 strated compliance with all applicable federal and state laws and  
27 regulations, including but not limited to, marketing and labor prac-  
28 tices, cost reporting, and electronic visit verification requirements;

1 provided, however, that this shall not be construed to limit the commis-  
2 sioner's discretion in establishing such standards and processes.  
3 Notwithstanding the preceding requirement for authorization, a fiscal  
4 intermediary that is in operation prior to January first, two thousand  
5 twenty-four may continue to provide fiscal intermediary services without  
6 an authorization until such time as the commissioner determines that the  
7 continued provision of services through unauthorized fiscal interme-  
8 diaries is no longer necessary to ensure access to services; such deter-  
9 mination may be made on a statewide, regional, or county basis.

10 (c) The commissioner is authorized to determine the maximum number of  
11 fiscal intermediaries a local department of social services or an organ-  
12 ization licensed under article forty-four of the public health law, or  
13 an accountable care organization certified under article twenty-nine-E  
14 of the public health law or an integrated delivery system composed  
15 primarily of health care providers recognized by the department as a  
16 performing provider system under the delivery system reform incentive  
17 payment program may contract with, provided it is determined that there  
18 remains adequate access to services; such determination may be made on a  
19 statewide, regional or county level basis.

20 § 3. Paragraphs (b-1), (b-2) and (b-3) of subdivision 4-a of section  
21 365-f of the social services law are REPEALED.

22 § 4. Subdivision 4-b of section 365-f of the social services law, as  
23 amended by section 8 of part G of chapter 57 of the laws of 2019, is  
24 amended to read as follows:

25 4-b. Actions involving the authorization of a fiscal intermediary.

26 (a) [The department may terminate a fiscal intermediary's contract  
27 under this section or suspend or limit the fiscal intermediary's rights  
28 and privileges under the contract upon thirty day's written notice to

1 the fiscal intermediary, if the commissioner finds that the fiscal  
2 intermediary has failed to comply with the provisions of this section or  
3 regulations promulgated hereunder. The written notice shall include:

4 (i) A description of the conduct and the issues related thereto that  
5 have been identified as failure of compliance; and

6 (ii) the time frame of the conduct that fails compliance] A fiscal  
7 intermediary's authorization may be revoked, suspended, limited, or  
8 annulled upon thirty days' written notice to the fiscal intermediary, if  
9 the commissioner finds that the fiscal intermediary has failed to comply  
10 with the provisions of this subdivision or regulations promulgated here-  
11 under.

12 (b) Notwithstanding the foregoing, upon determining that the public  
13 health or safety would be imminently endangered by the continued opera-  
14 tion or actions of the fiscal intermediary, the commissioner may [termi-  
15 nate] revoke, suspend, limit, or annul the fiscal intermediary's  
16 [contract or suspend or limit the fiscal intermediary's rights and priv-  
17 ileges under the contract] authorization immediately [upon written  
18 notice].

19 (c) The commissioner may issue orders and take other actions as neces-  
20 sary and appropriate to prohibit and prevent the provision of fiscal  
21 intermediary services by an unauthorized entity.

22 (d) All orders or determinations under this subdivision shall be  
23 subject to review as provided in article seventy-eight of the civil  
24 practice law and rules.

25 § 5. Paragraph (c) of subdivision 4-d of section 365-f of the social  
26 services law, as added by section 7 of part G of chapter 57 of the laws  
27 of 2019, is amended to read as follows:

1 (c) Where a fiscal intermediary is suspending or ceasing operation  
2 pursuant to an order under subdivision four-b of this section, or has  
3 failed to [submit an offer for a contract] apply for authorization, or  
4 has been denied [a contract] authorization under this section, all the  
5 provisions of this subdivision shall apply except subparagraph (i) of  
6 paragraph (a) of this subdivision, notice of which to all parties shall  
7 be provided by the department, with the assistance of any local social  
8 services districts or managed care plans with which the fiscal interme-  
9 diary contracts, as appropriate.

10 § 6. Paragraph (d) of subdivision 4-d of section 365-f of the social  
11 services law is REPEALED.

12 § 7. Paragraph (b) of subdivision 5 of section 365-f of the social  
13 services law, as added by chapter 81 of the laws of 1995, is amended to  
14 read as follows:

15 (b) Notwithstanding any other provision of law, the commissioner is  
16 authorized to waive any provision of section three hundred sixty-seven-b  
17 of this title related to payment and may promulgate regulations, includ-  
18 ing emergency regulations, necessary to carry out the objectives of the  
19 program including minimum selection criteria and training requirements  
20 for personal assistants, the establishment of limitations on the number  
21 of hours a personal assistant may work on a daily and weekly basis, and  
22 which describe the responsibilities of the eligible individuals in  
23 arranging and paying for services and the protections assured such indi-  
24 viduals if they are unable or no longer desire to continue in the  
25 program, the fiscal intermediary authorization process, standards, and  
26 time frames, and those regulations necessary to ensure adequate access  
27 to services, including but not limited to the maximum number of fiscal  
28 intermediaries a local department of social services or an organization

1 licensed under article forty-four of the public health law, or an  
2 accountable care organization certified under article twenty-nine-E of  
3 the public health law or integrated delivery systems composed primarily  
4 of health care providers recognized by the department as a performing  
5 provider system under the delivery system reform incentive payment  
6 program may contract with; such determination may be made on a state-  
7 wide, regional, or county basis.

8 § 8. Paragraphs (e) and (f) of subdivision 2 of section 3605-c of the  
9 public health law, as added by section 10 of part MM of chapter 56 of  
10 the laws of 2020, are amended and a new paragraph (g) is added to read  
11 as follows:

12 (e) the commissioner may institute a continuous recruitment process  
13 provided that the information required under paragraph (a) of this  
14 subdivision remains on the department's website for the entire duration  
15 of the recruitment process, until such date as the commissioner may  
16 determine upon no less than ten days notice being posted on the website;  
17 [and]

18 (f) the commissioner may reoffer contracts under the same terms of  
19 this subdivision, if determined necessary by the commissioner, on a  
20 statewide or regional basis[.]; and

21 (g) on and after April first, two thousand twenty-four, the department  
22 shall not allow the enrollment or re-enrollment of a LHCSA into the  
23 medical assistance program if such LHCSA is majority owned by a company  
24 which provides fiscal intermediary services, or is majority owned by a  
25 company which also has majority ownership over a company that provides  
26 fiscal intermediary services, or itself provides fiscal intermediary  
27 services in the state consumer directed personal assistance program, or  
28 is the majority owner of a company that provides fiscal intermediary



1 services, as defined in section three hundred sixty-five-f of the social  
2 services law. For the purposes of this section, "majority owned" or  
3 "majority ownership" shall be defined as controlling interest in a  
4 company, or being the largest holder of the common stock or ordinary  
5 shares of a company.

6 § 9. Paragraphs (g) and (h) of subdivision 1 of section 4403 of the  
7 public health law, paragraph (g) as added by chapter 938 of the laws of  
8 1976 and paragraph (h) as amended by chapter 805 of the laws of 1984,  
9 are amended and two new paragraphs (i) and (j) are added to read as  
10 follows:

11 (g) approved mechanisms exist to resolve complaints and grievances  
12 initiated by any enrolled member; [and]

13 (h) the contract between the enrollee and the organization meet the  
14 requirements of the superintendent as set forth in section forty-four  
15 hundred six of this article, as to the provisions contained therein for  
16 health services, the procedures for offering, renewing, converting and  
17 terminating contracts to enrollees, and the rates for such contracts  
18 including but not limited to, compliance with the provisions of section  
19 one thousand one hundred nine of the insurance law[.];

20 (i) that the applicant is not controlled, as defined under regulation,  
21 by an entity which provides fiscal intermediary services, is not  
22 controlled by an entity which also has control over an entity that  
23 provides fiscal intermediary services, does not itself provide fiscal  
24 intermediary services in the state consumer directed personal assistance  
25 program, and does not control an entity that provides fiscal interme-  
26 diary services, as defined in section three hundred sixty-five-f of the  
27 social services law; and

1 (j) that the applicant is not controlled, as defined under regulation,  
2 by an entity which provides licensed home care services, is not  
3 controlled by an entity which also has control over a company that  
4 provides licensed home care services, does not itself provide licensed  
5 home care services, and does not control an entity that provides  
6 licensed home care services.

7 § 10. Section 4403 of the public health law is amended by adding a new  
8 subdivision 1-a to read as follows:

9 1-a. (a) By April first, two thousand twenty-five, any health mainte-  
10 nance organization which provides fiscal intermediary services or  
11 licensed home care services, is controlled by an entity which provides  
12 fiscal intermediary services or licensed home care services, has control  
13 over an entity which provides fiscal intermediary services or licensed  
14 home care services, or is controlled by an entity which also has control  
15 over an entity that provides fiscal intermediary services or licensed  
16 home care services, shall be required to resubmit an application for a  
17 certificate of authority pursuant to section four thousand four hundred  
18 two of this article.

19 (b) After April first, two thousand twenty-five, no health maintenance  
20 organization which provides fiscal intermediary services or licensed  
21 home care services, is controlled by an entity which provides fiscal  
22 intermediary services or licensed home care services, has control over  
23 an entity which provides fiscal intermediary services or licensed home  
24 care services, or is controlled by an entity which also has control over  
25 an entity that provides fiscal intermediary services or licensed home  
26 care services, may maintain certification to operate as a health mainte-  
27 nance organization.

1 (c) For the purposes of this subdivision, "control" shall be defined  
2 in regulation.

3 § 11. Paragraphs (h) and (i) of subdivision 3 of section 4403-f of the  
4 public health law, as amended by section 41-a of part H of chapter 59 of  
5 the laws of 2011, are amended and two new paragraphs (j) and (k) are  
6 added to read as follows:

7 (h) that the contractual arrangements for providers of health and long  
8 term care services in the benefit package are sufficient to ensure the  
9 availability and accessibility of such services to the proposed enrolled  
10 population consistent with guidelines established by the commissioner;  
11 with respect to individuals in receipt of such services prior to enroll-  
12 ment, such guidelines shall require the managed long term care plan to  
13 contract with agencies currently providing such services, in order to  
14 promote continuity of care. In addition, such guidelines shall require  
15 managed long term care plans to offer and cover consumer directed  
16 personal assistance services for eligible individuals who elect such  
17 services pursuant to section three hundred sixty-five-f of the social  
18 services law; [and]

19 (i) that the applicant is financially responsible and may be expected  
20 to meet its obligations to its enrolled members[.];

21 (j) that the applicant is not controlled, as defined under regulation,  
22 by an entity which provides fiscal intermediary services, is not  
23 controlled by an entity which also has control over an entity that  
24 provides fiscal intermediary services, does not itself provide fiscal  
25 intermediary services in the state consumer directed personal assistance  
26 program, and does not control an entity that provides fiscal interme-  
27 diary services, as defined in section three hundred sixty-five-f of the  
28 social services law; and

1 (k) that the applicant is not controlled, as defined under regulation,  
2 by an entity which provides licensed home care services, is not  
3 controlled by an entity which also has control over a company that  
4 provides licensed home care services, does not itself provide licensed  
5 home care services, and does not control an entity that provides  
6 licensed home care services.

7 § 12. Section 4403-f of the public health law is amended by adding a  
8 new subdivision 3-a to read as follows:

9 3-a. (a) By April first, two thousand twenty-five, any managed long  
10 term care plan which provides fiscal intermediary services or licensed  
11 home care services, is controlled by an entity which provides fiscal  
12 intermediary services or licensed home care services, has control over  
13 an entity which provides fiscal intermediary services or licensed home  
14 care services, or is controlled by an entity which also has control over  
15 an entity that provides fiscal intermediary services or licensed home  
16 care services, shall be required to resubmit an application for a  
17 certificate of authority pursuant to subdivision two of this section.

18 (b) After April first, two thousand twenty-five, no managed long term  
19 care plan which provides fiscal intermediary services or licensed home  
20 care services, is controlled by an entity which provides fiscal interme-  
21 diary services or licensed home care services, has control over an enti-  
22 ty which provides fiscal intermediary services or licensed home care  
23 services, or is controlled by an entity which also has control over an  
24 entity that provides fiscal intermediary services or licensed home care  
25 services, may maintain certification to operate as a managed long term  
26 care plan.

27 (c) For the purposes of this subdivision, "control" shall have the  
28 same meaning as defined in regulation.

1 § 13. Subparagraphs (v) and (vi) of paragraph (e) of subdivision 2 of  
2 section 365-a of the social services law are renumbered subparagraphs  
3 (vi) and (vii) and a new subparagraph (v) is added to read as follows:

4 (v) the commissioner of health may issue regulations, including emer-  
5 gency regulations, to establish the maximum daily and weekly hours any  
6 individual aide providing personal care services available pursuant to  
7 this paragraph shall work;

8 § 14. Paragraph (c) of subdivision 2 of section 365-f of the social  
9 services law, as amended by section 3 of part MM of chapter 56 of the  
10 laws of 2020, is amended to read as follows:

11 (c) has been determined by the social services district, pursuant to  
12 an assessment of the person's appropriateness for the program, conducted  
13 with an appropriate long term home health care program, a certified home  
14 health agency, or an AIDS home care program or pursuant to the personal  
15 care program, as being in need of home care services or private duty  
16 nursing and as needing at least limited assistance with physical maneu-  
17 vering with more than two activities of daily living, or for persons  
18 with a dementia or Alzheimer's diagnosis, as needing at least super-  
19 vision with more than one activity of daily living, provided that the  
20 provisions related to activities of daily living in this paragraph shall  
21 only apply to persons who initially seek eligibility for the program on  
22 or after October first, two thousand twenty, and who is able and willing  
23 [or has a designated representative, including a legal guardian able and  
24 willing] to make informed choices, [or a designated relative or other  
25 adult who is able and willing to assist in making informed choices,] as  
26 to the type and quality of services, including but not limited to such  
27 services as nursing care, personal care, transportation and respite  
28 services; and

1 § 15. Subdivision 3 of section 365-f of the social services law, as  
2 amended by section 9 of part QQ of chapter 56 of the laws of 2020, is  
3 amended to read as follows:

4 3. Division of responsibilities. (a) Eligible individuals who elect to  
5 participate in the program assume the responsibility for services under  
6 such program as mutually agreed to by the eligible individual and  
7 provider and as documented in the eligible individual's record, includ-  
8 ing, but not limited to, recruiting, hiring and supervising their  
9 personal assistants. [For the purposes of this section,]

10 (b) A personal assistant [shall mean], for the purposes of this  
11 section, is an adult who:

12 (1) has obtained an individual unique identifier from the state by or  
13 before a date determined by the commissioner of health in consultation  
14 with the Medicaid inspector general[,]; and

15 (2) provides services under this section to the eligible individual  
16 under the eligible individual's instruction, supervision, and direction  
17 [or under the instruction, supervision and direction of the eligible  
18 individual's designated representative, provided that a].

19 (c) A person legally responsible for an eligible individual's care and  
20 support, an eligible individual's spouse [or designated representative],  
21 may not be the personal assistant for the eligible individual; however,  
22 a personal assistant may include any other adult relative of the eligi-  
23 ble individual, provided, however, that the program determines that the  
24 services provided by such relative are consistent with an individual's  
25 plan of care and that the aggregate cost for such services does not  
26 exceed the aggregate costs for equivalent services provided by a non-re-  
27 lative personal assistant.

1     (d) Any personal information submitted to obtain [such] a unique iden-  
2     tifier under this subdivision shall be maintained as confidential pursu-  
3     ant to article six-A of the public officers law ("New York state privacy  
4     protection law"). Such individuals shall be assisted as appropriate with  
5     service coverage, supervision, advocacy and management.

6     (e) Providers shall not be liable for fulfillment of responsibilities  
7     agreed to be undertaken by the eligible individual. This subdivision,  
8     however, shall not diminish the participating provider's liability for  
9     failure to exercise reasonable care in properly carrying out its respon-  
10    sibilities under this program, which shall include monitoring such indi-  
11    vidual's continuing ability to fulfill those responsibilities documented  
12    in his or her records. Failure of the individual to carry out his or her  
13    agreed to responsibilities may be considered in determining such indi-  
14    vidual's continued appropriateness for the program.

15    § 16. Clause (G) of subparagraph (ii) of paragraph (a) of subdivision  
16    4-a of section 365-f of the social services law, as amended by section 3  
17    of part G of chapter 57 of the laws of 2019, is amended to read as  
18    follows:

19    (G) monitoring the consumer's [or, if applicable, the designated  
20    representative's] continuing ability to fulfill the consumer's responsi-  
21    bilities under the program and promptly notifying the authorizing entity  
22    of any circumstance that may affect the consumer's [or, if applicable,  
23    the designated representative's] ability to fulfill such responsibil-  
24    ities;

25    § 17. Subparagraph (iii) of paragraph (a) subdivision 4-a of section  
26    365-f of the social services law, as added by section 1 of part E of  
27    chapter 57 of the laws of 2017, is amended to read as follows:

1 (iii) Fiscal intermediaries are not responsible for, and fiscal inter-  
2 mediary services shall not include, fulfillment of the responsibilities  
3 of the consumer [or, if applicable, the consumer's designated represen-  
4 tative] as established by the commissioner. A fiscal intermediary's  
5 responsibilities shall not include, and a fiscal intermediary shall not  
6 engage in: managing the plan of care including recruiting and hiring a  
7 sufficient number of individuals who meet the definition of consumer  
8 directed personal assistant, as such term is defined by the commission-  
9 er, to provide authorized services that are included on the consumer's  
10 plan of care; training, supervising and scheduling each consumer  
11 directed personal assistant; terminating the consumer directed personal  
12 assistant's employment; or assuring that each consumer directed personal  
13 assistant competently and safely performs the personal care services,  
14 home health aide services and skilled nursing tasks that are included on  
15 the consumer's plan of care. A fiscal intermediary shall exercise  
16 reasonable care in properly carrying out its responsibilities under the  
17 program.

18 § 18. This act shall take effect immediately and shall be deemed to  
19 have been in full force and effect on and after April 1, 2024; provided,  
20 however, that sections thirteen, fourteen, fifteen, sixteen and seven-  
21 teen of this act shall take effect October 1, 2024; and provided,  
22 further, that the amendments to section 4403-f of the public health law  
23 made by sections eleven and twelve of this act shall not affect the  
24 repeal of such section and shall be deemed repealed therewith.