

**FY 2026 NEW YORK STATE EXECUTIVE BUDGET**

**HEALTH AND MENTAL HYGIENE  
ARTICLE VII LEGISLATION**

**MEMORANDUM IN SUPPORT**

**FY 2026 NEW YORK STATE EXECUTIVE BUDGET**

**HEALTH AND MENTAL HYGIENE  
ARTICLE VII LEGISLATION**

**MEMORANDUM IN SUPPORT**

**CONTENTS**

<b>PART</b>	<b>DESCRIPTION</b>	<b>STARTING PAGE NUMBER</b>
A	Global Cap Extender	7
B	Health Related Extenders	7
C	Pharmacy Related Proposals	9
D	Hospitals Reforms	9
E	Managed Care Proposals	10
F	Managed Care Organization Tax Authorization and Investments	11
G	Excess Physician's Medical Malpractice	12
H	Miscellaneous Public Health Recommendations	12
I	Remove Electronic Death Registration (EDRS) System Fee	13
J	Correct the due date of final awards applied for under the Statewide Health Care Facility Transformation III and IV program	13
K	Updates to Temporary Operator Statute	14
L	Update Medical Debt Consent Law	15
M	Community Benefit Spending	15
N	Expand the Scope of the Spinal Cord Injury Research Program	16
O	Opioid Related Proposals	16

<b>PART</b>	<b>DESCRIPTION</b>	<b>STARTING PAGE NUMBER</b>
P	Maternal and Reproductive Health	17
Q	Expand Access to Infertility Treatments	18
R	Ensure Access to EMS	18
S	Reporting Requirements for Health Care Transactions	19
T	Require Hospitals to Have Sexual Assault Forensic Examiners (SAFE) Available	20
U	Digitize Genealogical Records	21
V	Remove Unnecessary Restrictions on Workers	22
W	Nurse Licensure Compacts	23
X	Advance Access to Dental Care	24
Y	Hospital at Home	25
Z	Make the Preferred Source Program Permanent	25
AA	Make Flexibilities for Demonstration Programs Permanent	26
BB	Make permanent the authority for Office of Mental Health and the Office for People with Developmental Disabilities to appoint temporary operators	27
CC	OPWDD Managed Care Statute Extender	27
DD	Authorize Homeless Youth to Consent to Behavioral Health Treatment	28
EE	Involuntary Commitment and Assisted Outpatient Treatment	29
FF	Targeted Inflationary Increase	29

## MEMORANDUM IN SUPPORT

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

AN ACT to amend part H of chapter 59 of the laws of 2011, amending the public health law and other laws relating to general hospital reimbursement for annual rates, in relation to known and projected department of health state fund medicaid expenditures (Part A); to amend part B of chapter 57 of the laws of 2015, amending the social services law and other laws relating to supplemental rebates, in relation to extending the expiration thereof; to amend chapter 942 of the laws of 1983 and chapter 541 of the laws of 1984 relating to foster family care demonstration programs, in relation to extending the expirations thereof; to amend chapter 256 of the laws of 1985, amending the social services law and other laws relating to foster family care demonstration programs, in relation to extending the expiration thereof; to amend the social services law, in relation to extending provisions relating to health and mental hygiene; to amend part C of chapter 58 of the laws of 2009, amending the public health law relating to payment by governmental agencies for general hospital inpatient services, in relation to the effectiveness thereof; to amend chapter 474 of the laws of 1996, amending the education law and other laws relating to rates for residential healthcare facilities, in relation to the effectiveness thereof; to amend section 2 of chapter 137 of the laws of 2023, amending the public health law relating to establishing a community-based paramedicine demonstration program, in relation to extending the effectiveness thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of certain provisions thereof; to amend part FFF of chapter 59 of the laws of 2018, amending the public health law relating to authorizing the commissioner of

health to redeploy excess reserves of certain not-for-profit managed care organizations, in relation to the effectiveness thereof; to amend chapter 451 of the laws of 2007, amending the public health law, the social services law and the insurance law relating to providing enhanced consumer and provider protections, in relation to the effectiveness of certain provisions relating to contracts between plans, insurers, or corporations and hospitals; to amend the public health law, in relation to reimbursement rate promulgation for residential health care facilities, and in relation to certified home health agency services payments; to amend part C of chapter 60 of the laws of 2014, amending the social services law relating to fair hearings within the Fully Integrated Duals Advantage program, in relation to the effectiveness thereof; to amend chapter 884 of the laws of 1990, amending the public health law relating to authorizing bad debt and charity care allowances for certified home health agencies, in relation to extending the provisions thereof; to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to the effectiveness of certain provisions thereof; to amend part A of chapter 56 of the laws of 2013, amending chapter 59 of the laws of 2011 amending the public health law and other laws relating to general hospital reimbursement for annual rates, in relation to extending government rates for behavioral services; to amend the public health law, in relation to gross receipts for general hospital assessments; to amend part MM of chapter 57 of the laws of 2021 amending the public health law relating to aiding in the transition to adulthood for children with medical fragility living in pediatric nursing homes and other settings, in relation to the effectiveness thereof; to amend chapter 633 of the laws of 2006, amending the public health law relating to the home based primary care for the elderly demonstration project, in relation to the effectiveness thereof; to amend chapter 19 of the laws of 1998, amending the social services law relating to limiting the method of payment for prescription drugs under the

medical assistance program, in relation to the effectiveness thereof; to amend part BBB of chapter 56 of the laws of 2022, amending the public health law and other laws relating to permitting the commissioner of health to submit a waiver that expands eligibility for New York's basic health program and increases the federal poverty limit cap for basic health program eligibility from two hundred to two hundred fifty percent, in relation to extending certain provisions related to providing long-term services and supports under the essential plan; to amend the social services law, in relation to which contracts stay in force after September 30, 2025; and to amend part MM of chapter 56 of the laws of 2020 directing the department of health to establish or procure the services of an independent panel of clinical professionals and to develop and implement a uniform task-based assessment tool, in relation to which contracts stay in force after September 30, 2025 (Part B); to amend the public health law, in relation to prescriber prevails; and to repeal certain provisions of the social services law relating to coverage for certain prescription drugs (Part C); to amend the public health law, in relation to reducing the hospital capital rate add-on (Part D); to amend the financial services law, in relation to excluding managed care plans from the independent resolution process; and to amend the social services law, in relation to shifting long-term nursing home stays from managed care to fee for service, and authorizing penalties for managed care plans that do not meet contractual obligations (Part E); to amend the public health law, in relation to establishing a tax on managed care providers; to amend the state finance law, in relation to the healthcare stability fund; and to amend part I of chapter 57 of the laws of 2022 providing a one percent across the board payment increase to all qualifying fee-for-service Medicaid rates, in relation to certain Medicaid payments made for certain medical services (Part F); to amend chapter 266 of the laws of 1986 amending the civil practice law and rules and other laws relating to malpractice and professional medical conduct, in relation to insurance coverage paid for by funds

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

substance schedules to conform with those of the federal drug enforcement administration and updating the term "addict" to "person with a substance use disorder" (Part O); to amend the public health law, in relation to emergency medical treatment protocols for maternity patients; and to amend the education law, in relation to labeling of abortion medications (Part P); to amend the social services law and the public health law, in relation to establishing increased coverage of care as well as availability of care for infertility treatments; and to repeal section 4 of part K of chapter 82 of the laws of 2002 amending the insurance law and the public health law relating to coverage for the diagnosis and treatment of infertility, relating to the establishment of a program to provide grants to health care providers for improving access to infertility services (Part Q); to amend the public health law and the general municipal law, in relation to requiring the development of a statewide comprehensive emergency medical system plan and county EMS plans, and declaring EMS an essential service (Part R); to amend the public health law, in relation to strengthening material transactions reporting requirements (Part S); to amend the public health law, in relation to requiring hospitals to maintain sexual assault forensic examiners at their facilities (Part T); to amend the public health law, in relation to eliminating administrative barriers to, and offset actual costs of, timely fulfillment of vital records requests; and to repeal certain provisions of such law relating thereto (Part U); to amend the education law and the public health law, in relation to the scope of practice of certified nurse aides; and providing for the repeal of such provisions upon the expiration thereof (Subpart A); to amend the education law and the public health law, in relation to the scope and practice of medical assistants (Subpart B); to amend the education law, in relation to the administration of certain immunizations by pharmacists and pharmacy technicians (Subpart C); to amend the education law, in relation to authorizing a licensed pharmacist to prescribe and order medications to treat nicotine dependence for smoking cessation



(Subpart D); to repeal certain articles of the education law governing certain healthcare professions and adding such laws to the public health law and transferring all functions, powers, duties, obligations and appropriations relating thereto (Subpart E); and to amend the education law and the public health law, in relation to physician assistants (Subpart F) (Part V); to amend the education law, in relation to enacting the nurse licensure compact (Part W); to amend the education law, in relation to the scope of practice of dental hygienists (Part X); to amend the public health law, in relation to extending hospital services outside the facility and into patients' residences (Part Y); to amend chapter 565 of the laws of 2022 amending the state finance law relating to preferred source status for entities that provide employment to certain persons, in relation to the effectiveness thereof (Part Z); to amend part NN of chapter 58 of the laws of 2015, amending the mental hygiene law relating to clarifying the authority of the commissioners in the department of mental hygiene to design and implement time-limited demonstration programs, in relation to the effectiveness thereof (Part AA); to amend part L of chapter 59 of the laws of 2016, amending the mental hygiene law relating to the appointment of temporary operators for the continued operation of programs and the provision of services for persons with serious mental illness and/or developmental disabilities and/or chemical dependence, in relation to the effectiveness thereof (Part BB); to amend part A of chapter 56 of the laws of 2013, amending the social services law and other laws relating to enacting the major components of legislation necessary to implement the health and mental hygiene budget for the 2013-2014 state fiscal year, in relation to the effectiveness of certain provisions thereof (Part CC); to amend the mental hygiene law and the public health law, in relation to adding homeless youth to the definition of minors for the purpose of consent for certain treatment (Part DD); to amend the mental hygiene law, in relation to involuntary admission and assisted outpatient treatment (Part EE); and in

relation to establishing a targeted inflationary increase for designated programs (Part FF)

**PURPOSE:**

This bill contains provisions needed to implement the Health and Mental Hygiene portion of the FY 2026 Executive Budget.

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

**Part A – Global Cap Extender**

Purpose:

This bill would make statutory changes necessary to extend the Medicaid Global Cap. The Medicaid Global Cap is a mechanism to place limits on Medicaid spending to maintain a disciplined Medicaid budget.

Summary of Provisions and Statement in Support:

This bill would amend Chapter 57 of the Laws of 2024 to extend the Medicaid Global Cap budgeting construct through FY 2026 in order to manage the State’s Medicaid budget.

Budget Implications:

This bill is necessary to implement the FY 2026 Executive Budget and the State’s multiyear Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services, as prescribed in the FY 2023 Enacted Budget.

Effective Date:

This act will take effect immediately.

**Part B – Health Related Extenders**

Purpose:

This bill contains provisions needed to implement the Health and Mental Hygiene portion of the FY 2026 Executive Budget.

Summary of Provisions and Statement in Support:

This bill extends various health-related provisions, including the following:

- Nursing Home Health Care Refinancing Shared Savings Program;
- Foster Family Care Demonstration Programs;
- Deadline to determine the Assisted Living Program Need Methodology;
- Provisions related to Statewide Patient Centered Medical Homes;
- Authority of the Department to make DSH/IGT payments to hospitals outside of NYC;
- Community-Based Paramedicine Demonstration Program;
- Authority for Limited Licensed Home Care Services Agencies;
- Authority to redeploy Excessive Reserves of Certain Not for Profit Managed Care Organizations;
- Two-month cooling off period after termination of a contract between an Article 44 health plan and a hospital;
- Limit on payment of Nursing Home Appeals of eighty million dollars annually;
- Authorization of episodic payment per sixty-day period of Care for Certified Home Health Agencies;
- Authority to hire contract staff to administer fair hearings for appeals under fully integrated programs for dual eligible individuals;
- Bad Debt and Charity Care allowances for Certified Home Health Agencies;
- Authority to limit reimbursement of Certified Home Health Agencies and Long-Term Home Health Care Program administrative and general costs not to exceed a Statewide average;
- Elimination of the Medicaid trend factor for certain services provided by general hospitals, nursing homes and other providers for various programs;
- Authorization of the financing of certain Health Care Capital improvements;
- Nursing Home Cash Assessment Program;
- Young Adult Demonstration for Medically Fragile Children;
- Home Based Primary Care for the Elderly Demonstration Program;
- Maintaining the elimination of payment for prescription drugs by Medicaid managed care plans;
- Authority for the Basic Health Program to offer certain long term services and supports; and
- Statewide Independent Assessor Services

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services.

Effective Date:

This bill would take effect immediately.

**Part C – Pharmacy Related Proposals**

Purpose:

This bill would eliminate the prescriber prevails provision, which requires Medicaid to approve prior authorization of a prescription drug regardless of whether clinical criteria is met.

Summary of Provisions and Statement in Support:

This bill would eliminate the prescriber's ability of final determination when the justification for a drug's use is not clinically supported, allowing for further savings in New York State's pharmacy spending in Medicaid.

Budget Implications:

This bill is necessary to implement the FY 2026 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by the Office of the Actuary, in the Centers for Medicare & Medicaid Services, as prescribed in the FY 2023 Enacted Budget.

This bill would provide \$12.4 million in net State savings in FY 2026 and \$49.5 million in net State savings in FY 2027.

Effective Date:

This bill would take effect January 1, 2026.

**Part D - Hospitals Reforms**

Purpose:

This bill would amend Public Health Law by eliminating certain voluntary upper payment limit (UPL) payments and revising the Indigent Care Pool (ICP) for public general

hospitals in New York City operated by New York City Health and Hospitals in order to implement savings for the Medicaid program.

Summary of Provisions and Statement in Support:

This bill would eliminate additional inpatient hospital payments up to the aggregate voluntary UPL after 2025 and incur savings to the Medicaid program by discontinuing the State's ICP payments for public hospitals operating in New York City.

Budget Implications:

This bill is necessary to implement the FY 2026 Executive Budget and would achieve a total savings of \$113.4 million (\$56.7 million State share) in Fiscal Year 2026.

Effective Date:

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

**Part E – Managed Care Proposals**

Purpose:

This bill would make several programmatic changes to Medicaid managed care (MMC). This bill would exclude Medicaid from the independent dispute resolution process, move long-term nursing home stays out of the Medicaid managed care benefit, and provide coverage through Medicaid fee for service, to match the current MLTC Partial Capitation program, and ensure plans are held accountable for contract non-compliance.

Summary of Provisions and Statement in Support:

This bill would shift coverage for long-term nursing home stays, as is also the case in the current MLTC Partial Capitation program. Individuals permanently placed in a nursing home for longer than three months will have their stays covered through fee for service.

This bill would exclude medical services, including emergency services, from the independent dispute resolution (IDR) process when they are covered under Medicaid.

This bill would also authorize the Commissioner of Health to impose enhanced penalties on managed care organizations for failure to meet the obligations and performance standards required under the model contract, state and federal laws, or other regulations.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services, as prescribed in the FY 2023 Enacted Budget.

This bill would result in a state savings of \$20.1 million in FY 2026 and \$27.7 million in FY 2027.

Effective Date:

This bill would take effect immediately.

**Part F – Managed Care Organization Tax Authorization and Investments**

Purpose:

This bill is necessary to effectuate the Managed Care Organization (MCO) Tax by codifying approved tax rates as well as required tax collection and distribution provisions. This bill also provides language necessary to provide targeted healthcare investments from revenue deposited into the Healthcare Stability Fund (Fund).

Summary of Provisions and Statement in Support:

This bill would amend the Public Health Law to establish subject tax rates for specified health plans on a per member, per month basis. This bill would also establish reporting requirements, penalties, audit authority, and provisions related to overpayments to ensure the accurate collection of the Tax. Technical changes related to the collection and distribution of funds from the Fund are also included.

This bill would provide authorization for the Commissioner of Health, subject to approval of the Budget Director, to make several targeted healthcare investments using funds deposited into the Fund, contingent on federal financial participation and a sufficient Fund balance.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget and the State's multi-year Financial Plan by keeping overall Medicaid spending within capped levels, which are indexed to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the

Actuary in the Centers for Medicare & Medicaid Services, as prescribed in the FY 2023 Enacted Budget.

Effective Date:

This bill would take effect immediately.

**Part G – Excess Physician’s Medical Malpractice**

Purpose:

This bill would extend the provisions necessary to maintain the Physician’s Excess Medical Malpractice program and would additionally restructure the program to generate savings while maintaining the efficacy of the program.

Summary of Provisions and Statement in Support:

The bill would amend chapter 266 of the Laws of 1986 to extend the Excess Medical Malpractice program and restructure payments to defer half of current year payment obligations to the following year, effectively halving the program cost for the current year. To ensure recurring savings, outyear payments would additionally be reduced by half. This bill would generate substantial savings and would maintain the intended effect of the Physician’s Excess Medical Malpractice program.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025-26 Executive Budget and would generate approximately \$39.25 million dollars in savings in FY 2026 and \$19.625 million in savings in FY 2027.

Effective Date:

This bill would take effect on April 1, 2025.

**Part H – Miscellaneous Public Health Recommendations**

Purpose:

This bill would discontinue support for certain public health programs within the Department of Health (DOH) including the Enhanced Quality of Adult Living (EQUAL) program, the Tick-Borne Disease program, the Empire Clinical Research Investigator program (ECRIP), and the Enriched Housing program.

Summary of Provisions and Statement in Support:

This bill would amend the Social Services Law to discontinue the EQUAL program and the Enriched Housing program.

This bill would also amend the Public Health Law to discontinue ECRIP and the Tick-Borne Disease program.

These actions will create efficiencies and provide savings.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget and would achieve a total savings of \$8.8 million in FY 2026 and \$11 million in FY 2027.

Effective Date:

This bill would take effect immediately.

**Part I – Remove Electronic Death Registration (EDRS) System Fee**

Purpose:

This bill would eliminate the required fee of twenty dollars, which is to be collected for each burial or removal permit issued to licensed funeral directors and undertakers. The fees fund the establishment of the NYS Electronic Death Registration System (EDRS).

Summary of Provisions and Statement in Support:

This bill would remove the requirement that funeral directors and undertakers remit a twenty-dollar fee for every burial or removal permit issued by the Department of Health.

Budget Implications:

This bill is expected to lead to an annual revenue reduction of \$969,000.

Effective Date:

This bill would take effect immediately April 1, 2025.

**Part J – Correct the due date of final awards applied for under the Statewide Health Care Facility Transformation III and IV program**

Purpose:

This bill would make technical adjustments to the Public Health Law to accurately reflect the date on which \$450 million in projects applied for under the Statewide Health Care Facility Transformation III (SHCFTP III) program were awarded under the Statewide Health Care Facility Transformation IV program (SHCFTP IV).

Summary of Provisions and Statement in Support:



The SHCFTP IV program, established under section 2825-g of the Public Health Law, allowed for the use of \$450 million to support projects previously applied for under the SHCFTP III program, provided that such awards were made on or before December 31, 2022. This due date was unachievable as a result of delays in the grant application process caused by the COVID-19 public health emergency.

The bill would amend section 2825-g to change the final due date of SHCFTP III awards under this program from December 31, 2022, to February 28, 2023, aligning it with the date that awards were made. This retroactive correction is needed to avoid any unintended disqualification of awards that were made after the statutorily prescribed deadline.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025-26 Executive Budget to ensure health care facilities receive the intended awards.

Effective Date:

This bill would take effect immediately.

**Part K – Updates to Temporary Operator Statute**

Purpose:

This bill would amend the Temporary Operator statute which authorizes the Commissioner of Health to place a Temporary Operator in a hospital or adult care facility in certain circumstances, including serious financial instability or conditions that endanger the life, health or safety of patients or residents.

Summary of Provisions and Statement in Support:

This bill would further ensure quality of patient care by streamlining the timelines and obligations, which would allow the quicker appointment of a Temporary Operator when one is needed. It expands the Temporary Operator's authority and extends the length and number of terms they may serve. These amendments are essential in maintaining hospital patient access to essential services until long-term stability can be achieved.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget and the Governor's comprehensive agenda to ensure continuity of patient care.

Effective Date:

This bill would take effect immediately.

## **Part L – Update Medical Debt Consent Law**

### Purpose:

This bill would remove the requirement that consent for the payment of medical services must occur after such services are administered.

### Summary of Provisions and Statement in Support:

Currently, the law requires that a patient's consent for treatment is separate from their consent to pay, and that consent to pay must happen after receiving the service and discussing costs. This has created unnecessary challenges for both patients and healthcare providers. The amendment will keep the requirement for separate consents and cost discussions but will remove the rule that patients must receive the service before consenting to pay.

### Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget because it is a vital component of the Governor's comprehensive agenda to enhance consumer protection against medical debt.

### Effective Date:

This bill would have an effective date of April 1, 2025.

## **Part M – Community Benefit Spending**

### Purpose:

This bill would amend Public Health Law to require general hospitals to report community benefit spending.

### Summary of Provisions and Statement in Support:

This bill requires general hospitals to annually report how their community benefit expenses are spent and how such expenses support the priorities of New York state.

### Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget and the Governor's comprehensive agenda to improve the health and well-being of all New Yorkers and to promote health equity.

Effective Date:

This bill would take effect on October 1, 2025.

**Part N – Expand the Scope of the Spinal Cord Injury Research Program**

Purpose:

This bill would expand the types of research projects eligible to receive funding from the Spinal Cord Injury Research Program to facilitate improved health outcomes.

Summary of Provisions and Statement in Support:

The bill would amend sections 250 and 251 of the public health law to expand the Spinal Cord Injury Research program, allowing for further research of treatment of and potential cures for both neurological and non-neurological spinal injuries. The amendments would also support education and research into quality-of-life improvements for those impacted by spinal cord injuries.

These changes would allow the program to more effectively fulfill its role of improving the health of New Yorkers by keeping New York State at the forefront of medical research and broadening the possible fields of research available for funding.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2025-26 Executive Budget because this program has historically been unable to fulfill its intended purpose due to language restrictions.

This bill does not result in a fiscal impact to the state.

Effective Date:

This bill would take effect immediately.

**Part O – Opioid Related Proposals**

Purpose:

This bill updates the state-controlled substance schedules to align with those of the Federal Drug Enforcement Administration (DEA) and increases access to controlled substances appropriate for use as emergency treatments for substance use disorders.

Summary of Provisions and Statement in Support:

This bill would update the state-controlled substance schedules to conform with those of the DEA.

This bill would also increase access to methadone and other controlled substances, including buprenorphine, as emergency treatment for substance use disorders by authorizing emergency medical technician-paramedics to administer to relieve acute withdrawal symptoms, and permitting providers to distribute 3-day supplies of buprenorphine. The bill also removes stigmatizing language in multiple areas of law by replacing "an addict or a habitual user of any narcotic drug" with "a person with a substance use disorder".

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget because it is a vital component of the Governor's comprehensive agenda to protect public health and reducing health disparities. Conformance scheduling will serve public health by reducing confusion among healthcare practitioners and pharmacies thereby improving access to care.

Effective Date:

This bill would take effect immediately on April 1, 2025.

**Part P – Maternal and Reproductive Health**

Purpose:

This bill would amend the Public Health Law to ensure access to abortion care services in emergency situations and amend the Public Health Law and Education Law to strengthen privacy protections for providers that prescribe abortion medications.

Summary of Provisions and Statement in Support:

This bill would require that hospitals provide abortion care to patients in emergency situations when necessary to stabilize the patient, and the patient consents to such services.

Additionally, this bill would allow prescribing practitioners to request that their name be replaced with the prescribing health care facility's name or address on a prescription label for abortion medications, such as mifepristone and misoprostol.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget because it is a vital component of the Governor's comprehensive agenda to strengthen reproductive health rights.

Effective Date:

This bill would take effect immediately and will be deemed to have been in full force and effect on or after April 1, 2025.

## **Part Q – Expand Access to Infertility Treatments**

### Purpose:

This bill would expand access to standard fertility preservation services for Medicaid individuals with iatrogenic infertility. It includes coverage for the storage as well as the collection and preservation of reproductive materials. Additionally, the bill seeks to improve affordability and accessibility by establishing a program designed to reduce financial barriers and enhance access to infertility care. By expanding healthcare services, this legislation strives to ensure broader availability of critical infertility treatments.

### Summary of Provisions and Statement in Support:

This bill would provide Medicaid coverage for standard fertility preservation services and costs of storage of oocytes or sperm for individuals with iatrogenic infertility who are enrolled in Medicaid. Additionally, this bill would allow the commissioner of health to establish a program to provide health care providers with grants to improve access to health care services that provide the full range of care for infertility.

### Budget Implications:

This bill would result in a cost of \$2.3 million in FY 2026 and \$4.6 million in FY 2027.

### Effective Date:

The Infertility reimbursement program eligibility expansion would take effect immediately and expanding iatrogenic fertility preservation services would take effect October 1, 2025.

## **Part R – Ensure Access to EMS**

### Purpose:

The bill would support the creation of a resilient, equitable, and interconnected Emergency Medical Services (EMS) system that addresses existing service gaps and meets the evolving needs of New York's diverse communities and declare EMS as an essential service.

### Summary of Provisions and Statement in Support:

This bill would establish the Emergency Medical Community Assessment Program (EMCAP) to develop standardized scoring metrics which will be used to evaluate the performance of EMS agencies across the State. Further, this bill will codify several definitions related to EMS delivery, which are needed to ensure consistency in the provision of services.

This bill also requires the Statewide EMS Council and the Department of Health to develop a Statewide Comprehensive Emergency Medical System Plan, which will be refined by the creation of individual county EMS plans. Such plans will focus on the enhancement of facilities, workforce optimizations, and overall regional system performance. Specifically, counties must incorporate EMCAP findings within their plans to address identified coverage gaps, while also facilitating the integration of services across their region. Counties will also be required to designate primary response agencies, which will be required to respond to all requests for service, except in instances of capacity limitations.

This bill would also designate EMS as an essential service, requiring all municipalities to provide adequate EMS response capacity to meet community needs. The provisions of this bill would not apply to any city with more than one million residents.

This bill also authorizes municipalities to establish special districts for the purpose of financing and implementing EMS service expansion within their region, as needed to comply with the designation of EMS as an essential service. These provisions expressly prohibit any overlap of these special districts, ensuring a fair distribution of revenues to be used in support of expanded EMS services. Municipalities will be prohibited from dissolving any pre-existing ambulance district, except in instances where the county provides explicit consent to assume the responsibility for EMS services previously provided for by that district.

This bill would also authorize the Commissioner of Health to approve and deploy EMS demonstration programs to promote innovation in the delivery of EMS services, and test novel delivery methods developed by agencies and practitioners.

Budget Implications:

This bill is necessary to implement the FY 2026 Executive Budget and would result in additional expenditures of \$5.6M in Fiscal Year 2026.

Effective Date:

This bill would take effect 6 months after it shall have become law.

**Part S – Reporting Requirements for Health Care Transactions**

Purpose:

This bill would strengthen the Department of Health (DOH) oversight of healthcare transactions by gathering more detailed quantitative information to assess the impacts of a transaction.

Summary of Provisions and Statement in Support:

This bill would require additional reporting of information relating to proposed and closed material transactions and impose a fee on involved parties to cover review costs. This additional data will help DOH assess the possible market impacts of a transaction as well as the actual post-closure impact of a transaction.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget because it is expected to generate additional revenues through fees, which DOH may assess on parties to a material transaction and which will be offset by additional spending for required staffing associated with this bill. Both revenues and expenditures are expected to be nominal. Additional funding has been provided for DOH to hire a forensic accountant to analyze material transaction data.

Effective Date:

This bill would take effect twelve months after passage.

**Part T – Require Hospitals to Have Sexual Assault Forensic Examiners (SAFE) Available**

Purpose:

This bill would amend the Public Health Law to require hospitals to ensure staffing of certified sexual assault forensic examiners and expand the definition of “rape survivor” to be inclusive of all survivors.

Summary of Provisions and Statement in Support:

This bill would ensure hospitals maintain enough Sexual Violence Response Coordinators and Sexual Assault Forensic Examiners (SAFE) to meet hospital needs on a twenty-four a day basis every day of the year.

Access to such personnel is crucial because they provide specialized medical examinations to victims of sexual assault, assess the victim's physical injuries, provide necessary medical treatment like STI testing and emergency contraception, and manage any immediate medical needs.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget because it is a vital component of the Governor's comprehensive agenda to promote and ensure the safety and protection of New York State residents. This bill would result in an annual \$2 million State cost beginning in FY 2026.

Effective Date:

This bill would take effect immediately; provided, however, that the provisions that establish the requirement for hospitals to maintain hospital sexual violence response coordinators and sexual assault forensic examiners shall take effect October 1, 2025.

**Part U – Digitize Genealogical Records**

Purpose:

This bill would amend the public health law to mitigate the existing costs and administrative burdens of processing requests for the release of vital records used for genealogical purposes. This will ultimately assist the Department of Health (DOH) Bureau of Vital Records (BVR) in streamlining operations and clearing the backlog of vital records requests.

Summary of Provisions and Statement in Support:

Current law requires that the Department of Health maintain indices of all birth and death records submitted in NYS. These indices are seldom used and represent an unnecessary administrative burden for BVR staff. This bill would eliminate the requirement to maintain such indices, which would reduce BVR administrative burden.

Additionally, this bill would increase the fee for a certificate of birth or of death from thirty dollars to forty-five dollars, including if the requested record cannot be located.

Further, this bill would allow the commissioner to determine the means and methods by which certain genealogical records may be released to an applicant meeting the qualifications to receive the relevant records, such as a record of birth which has been on file for at least one hundred twenty five years, a record of death which has been on file for at least seventy-five years, or a record of marriage or dissolution of marriage which has been on file for at least one hundred years, when both parties are known to be deceased. This would significantly decrease the evaluation period for such records and allow BVR staff to process a higher volume of requests.

This bill would also allow DOH to impose a fee of fifty dollars for each hour or fraction of an hour dedicated to retrieving and processing requests for records used in genealogical research. Priority processing fees for vital records requests would also be raised from fifteen to thirty dollars under this legislation. Proceeds from these fees will,



in turn, be used to supplement BVR staffing and resources to increase the Bureau's capacity to process additional requests.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive budget because it is a vital component of the Governor's comprehensive agenda to streamline operations and reduce administrative burdens.

Effective Date:

This bill would take effect on April 1, 2025.

**Part V – Remove Unnecessary Restrictions on Workers**

Purpose:

This bill would expand the scope of practice for certified medication aides, medical assistants, pharmacy technicians, pharmacists, and physician assistants. The bill would also transfer licensing and oversight functions with respect to professional misconduct of physicians, physician assistants, and specialist assistants from the State Education Department (SED) to the Department of Health (DOH).

Summary of Provisions and Statement in Support:

This bill would allow certified medication aides in residential health care facilities to administer routine medications to residents under the supervision of a registered nurse.

Additionally, this bill would permit qualifying medical assistants to administer immunizations in an outpatient office under the supervision of a registered physician or physician's assistant.

This bill would permit licensed pharmacists to administer COVID-19 vaccines to patients two years of age or older and to supervise registered pharmacy technicians in vaccine administration.

This bill would allow licensed pharmacists to prescribe and order medications to treat nicotine dependence that are approved by the Food and Drug Administration (FDA) for smoking cessation.

The bill will transfer the authority to define, license, and oversee the titles within this bill to DOH from SED.

Finally, the bill would make permanent measures that were temporarily in effect during the COVID-19 pandemic that allowed physician assistants to practice independently under certain circumstances and in specific settings.

Overall, these changes would enhance healthcare professionals' roles and responsibilities in various settings and help address the healthcare workforce shortages in New York.

Budget Implications:

This bill is necessary to implement the FY 2026 Executive Budget and the State's multiyear Financial Plan and will not result in any fiscal impacts during FY 2026 or FY 2027, as any costs would be supported within existing resources. The integration of this bill into the FY 2026 Executive Budget is imperative to expand the scope of practice for certified medication aides, medical assistants, pharmacy technicians, pharmacists, and physician assistants to increase access to immunizations and other needed care by freeing up clinical staff with more advanced licenses to devote a greater portion of their time to more complex tasks. The bill is also necessary to achieve efficiencies by allowing DOH to assume licensing and oversight functions over medical services professions such as physicians, physician assistants, and specialist assistants.

Effective Date:

Provisions related to medication aides and physician oversight for immunization will be effective 180 days after enactment.

Provisions related to pharmacists administering COVID-19 vaccines will be effective immediately.

Provisions related to pharmacists and smoking cessation will be effective 9 months after enactment.

Provisions related to the transfer of authority from SED to DOH will be effective January 1<sup>st</sup>, 2026.

Provisions related to physician assistants practicing independently will be effective December 31, 2025.

**Part W – Nurse Licensure Compacts**

Purpose:

This bill would amend the Education Law to allow New York State to enter into an interstate licensure compact for medical professionals: the Interstate Medical Nurse Licensure Compact for registered nurses (RNs) and licensed practical nurses (LPNs).

Summary of Provisions and Statement in Support:

This bill would amend the Education Law to allow the State of New York to enter into the Interstate Nurse Licensure Compact for RNs and LPNs. This initiative will promote greater mobility within these professions, helping to attract and retain skilled workers, especially in light of the ongoing staffing challenges facing the healthcare industry.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget and the State's multi-year Financial Plan. Integrating this bill into the FY 2026 Executive Budget is essential for enhancing New York's appeal to RNs and LPNs.

Effective Date:

This act would take effect immediately April 1, 2025.

**Part X – Advance Access to Dental Care**

Purpose:

This bill would expand the scope of practice for dental hygienists and establish the practice of collaborative practice dental hygiene.

Summary of Provisions and Statement in Support:

This bill would amend the Education Law to enable dental hygienists to handle additional procedures currently within the exclusive scope of dentists.

This bill would authorize a dental hygienist with a block anesthesia certificate to administer and/or monitor block anesthesia while under the personal supervision of a dentist. The Commissioner of Education would be charged with making regulations establishing standards and procedures to ensure a dental hygienist is specifically trained in the administration and monitoring of block anesthesia.

Additionally, the bill would expand a dental hygienist's scope of practice to include placing pre-fit orthodontic bands, using light-cure composite material, taking cephalometric radiographs, taking two-dimensional and three-dimensional photography of dentition, as well as adjusting removable appliances including nightguards, bleaching trays, retainers and dentures. This also includes technical changes related to the administration and monitoring of block anesthesia.

Finally, the bill creates and defines the practice of collaborative practice dental hygiene. These provisions provide that the practice of dental hygiene may be performed in collaboration with a licensed dentist in accordance with a written practice agreement and written practice protocols. This part establishes minimum standards for dental hygienists to engage in collaborative practice and institutes requirements for written practice agreements and practice protocols.

Budget Implications:

This bill is necessary to implement the FY 2026 Executive Budget because it is imperative to expand the scope of practice for dental hygienists and increase the number of appropriately highly trained clinicians which can provide necessary dental and orthodontic services to the State's residents.

Effective Date:

This bill would take effect 180 days after enactment.

**Part Y – Hospital at Home**

Purpose:

This bill would amend Public Health Law by permitting general hospitals to provide care in patient homes, effectively codifying in state law the Acute Hospital Care at Home program.

Summary of Provisions and Statement in Support:

This bill would build upon the “Acute Hospital Care At Home” demonstration program from the federal Centers for Medicare and Medicaid Services (CMS) during the COVID-19 public health emergency by authorizing general hospitals to provide care in patient's homes without obtaining a license as a home care agency. Participating hospitals would be required to submit operating cost data to the Department of Health annually.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget because it is a vital component of the Governor's comprehensive agenda to ensuring patient access to quality care.

Effective Date:

This act would take effect on April 1, 2025.

**Part Z – Make the Preferred Source Program Permanent**

Purpose:

This bill would make permanent the amendments to the State's Preferred Source Program that would otherwise expire during FY 2026.

Summary of Provisions and Statement in Support:

The State's Preferred Source Program was established by §162 of State Finance Law to allow selected providers to be exempted from competitive procurement procedures. Amendments made in 2022 required that preferred sources perform at least 50 percent of the work on purchases made through this program and increased the OGS Commissioner review threshold to \$100,000. These modifications helped promote integrated employment for individuals with disabilities.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget. Extending this program would continue to allow for greater community integration of individuals with disabilities through employment opportunities, without which additional support services could be needed.

Effective Date:

This bill would take effect immediately.

**Part AA – Make Flexibilities for Demonstration Programs Permanent**

Purpose:

This bill would allow certain flexibilities for mental hygiene agencies developing time-limited demonstration programs.

Summary of Provisions and Statement in Support:

This bill would make permanent the authority of the Office of Mental Health, the Office of Addiction Services and Supports, and the Office for People with Developmental Disabilities to utilize flexibilities to develop new methods of services through demonstration projects.

Budget Implications:

This bill is necessary to implement in the FY 2026 Executive Budget, as it makes permanent the essential flexibilities for developing program models that serve individuals with mental illness, addiction, or intellectual and developmental disabilities.

Effective Date:

This bill would take effect immediately.

**Part BB – Make permanent the authority for Office of Mental Health and the Office for People With Developmental Disabilities to appoint temporary operators**

Purpose:

This bill would allow the Office of Mental Health (OMH) and the Office for People With Developmental Disabilities (OPWDD) the permanent authority to appoint temporary operators to preserve limited resources; ensure the health and safety of patients and individuals; and protect the State’s investment in such programs, services, and facilities.

Summary of Provisions and Statement in Support:

This bill makes permanent the statutory factors used to evaluate circumstances when a temporary operator may be necessary to ensure a program’s viability and protect the health and safety of patients and individuals; the duties and responsibilities of a temporary operator; limitations on the temporary operator’s liability and the duration of a temporary operator appointment; provisions for notice to the established operator and the available review when the established operator disagrees with the relevant commissioner’s intent to appoint a temporary operator; and the continuing obligations of the established operator. In 2024, OMH utilized this authority to maintain operations and provide services for two residential programs.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget, as it would make permanent the authority of OMH and OPWDD to appoint temporary operators, ensuring the appropriate use of funding for mental health and developmental disability programs.

Effective Date:

This bill would take effect immediately.

**Part CC – OPWDD Managed Care Statute Extender**

Purpose:

The purpose of this bill is to extend managed care statutes related to the Office for People with Developmental Disabilities (OPWDD).

Summary of Provisions and Statement in Support:

This bill would amend section 84 of Part A of Chapter 56 of the Laws of 2013, as amended by section 1 of Part EE of Chapter 57 of the Laws of 2023, to extend statutes related to implementing managed long-term care plans for OPWDD through December 2027.

Budget Implications:

Enactment of this bill is necessary to preserve statutory flexibility if OPWDD was to transition its service delivery system to Managed Care.

Effective Date:

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

**Part DD – Authorize Homeless Youth to Consent to Behavioral Health Treatment**

Purpose:

This bill would allow runaway and homeless youth to receive outpatient and inpatient behavioral health services without parental consent.

Summary of Provisions and Statement in Support:

The bill amends sections 22.11 and 33.21 of the Mental Hygiene Law to allow homeless and runaway youth who receive services from approved runaway and homeless youth programs to be able to consent to behavioral health treatment. It also amends section 2504 of the Public Health Law to clarify that behavioral health services are also covered as part of such consent provisions.

Chapter 780 of the Laws of 2022 allows minors who are homeless or receiving services from approved runaway and homeless youth programs, to consent to their own medical, dental, health, and hospital services. This bill ensures that these youth can also consent to critical behavioral health services at providers licensed by the Office of Mental Health or the Office of Addiction Supports and Services. Expanding consent for mental health and substance use treatment aligns with the principle of parity between physical and behavioral health access. This change would ensure that vulnerable minors have access to necessary behavioral health services without undue barriers.

Budget Implications:

Enactment of this bill is necessary to implement the FY 2026 Executive Budget because it would ensure homeless and runaway youth are able to provide consent to receive behavioral health services.

Effective Date:

This bill would take effect 90 days after enactment.

**Part EE – Involuntary Commitment and Assisted Outpatient Treatment**

Purpose:

This bill makes amendments to the standards for involuntary commitment and Assisted Outpatient Treatment (AOT) to better address the needs of individuals with severe mental illness.

Summary of Provisions and Statement in Support:

This bill amends the involuntary commitment standard to clarify the bases on which a person with mental illness can be committed. The bill also permits psychiatric nurse practitioners to make one of the necessary commitment certifications and would require clinicians to consider specified factors. The bill also amends Kendra’s Law to allow an individual’s domestic partner to request AOT and updates the standards for re-entry into the program after an order expires. Finally, the bill would require hospitals to notify community-based providers when a client on their caseload is admitted or discharged to promote collaboration of discharge planning.

This bill will provide greater access to critical mental health services and eliminate unnecessary administrative programmatic burdens while protecting due process.

Budget Implications:

This bill is necessary to implement the FY 2026 Executive Budget because it would allocate \$18.5M in funding to support counties in their implementation and enhance State agency oversight of AOT.

Effective Date:

This bill will take effect 90 days after enactment.

**Part FF – Targeted Inflationary Increase**

Purpose:

This bill would provide a 2.1 percent Targeted Inflationary Increase for eligible mental hygiene and other human services programs for the period April 1, 2025 to March 31, 2026.

Summary of Provisions and Statement in Support:



This bill would establish a one-time Targeted Inflationary Increase for fiscal year 2026 at a rate of 2.1 percent for eligible mental hygiene and other human services programs.

The Targeted Inflationary Increase will authorize additional financial support to assist not-for-profit providers with increasing costs. The bill would require local government units or direct contract providers to account for their use of the funds and would authorize agency commissioners to recoup funding not utilized consistent with statute or appropriation.

Budget Implications:

This bill is necessary to implement the FY 2026 Executive Budget to provide the 2.1 percent Targeted Inflationary Increase for eligible mental hygiene and other human services programs. The 2.1 percent increase would cost the State a total of \$212 million.

Effective Date:

This bill would take effect April 1, 2025.

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