

Summary of FINAL Health and Mental Hygiene Article VII

Please note that this does not represent every budget provision and that the dollar figures included in this summary may change based on additional information released by the Division of Budget and the Executive.

Part, Section	Issue	Bill Description / Summary of Provisions			
HCRA					
		EXECUTIVE	ASSEMBLY	SENATE	FINAL
Part C	HCRA Extension (3 years)	Extend Health Care Reform Act (HCRA) and related Public Health Law provisions to continue collection, transfer, and distribution of HCRA funds through 2029. Funding amounts appear to remain unchanged.	Modified – Does not eliminate funding for the Empire Clinical Research Investigator Program (ECRIP)	Accepted	Accepted
MEDICAL MALPRACTICE					
		EXECUTIVE	ASSEMBLY	SENATE	FINAL

Part D	Physicians' Excess Med Mal Program Extension	<p>Extend and modify the hospital excess liability pool program through June 30, 2027. Would restructure the program to require physicians/dentists required to purchase excess malpractice coverage directly, have 50% paid for from the excess liability pool, with 50% paid a year after. , with revise premium cost-sharing and billing schedules, and tighten eligibility and enforcement for pool-funded excess coverage.</p> <ul style="list-style-type: none"> • Requires physicians/dentists to purchase excess coverage directly (from 7/1/2025) and creates a 50/50 premium cost-share paid by physician and the pool. • For policies beginning 7/1/2026, would require providers to bill physicians 50% during policy, with pool payments splitting remaining 50% into two installments; nonpayment cancels coverage. <ul style="list-style-type: none"> • This proposal would generate approximately \$39.3 million in savings in SFY 2027 and \$19.6 million in SFY 2028. 	Modified: Extends through 2026	Modified – Extends through June 30,2027 and rejects proposed programmatic changes.	Modified – Extends through June 30,2027 and rejects proposed programmatic changes.
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Part I	Medical Indemnity Fund (MIF) Reimbursement Rates	<p>Would amend the calculation of qualifying health care costs payable from the MIF to base reimbursements on Medicare rates (and then Medicaid rates if a Medicare rate does not exist), except for (1) private duty nursing, which would be reimbursed pursuant to the NYS Medicaid fee schedule, and (2) home/vehicle modifications, which would be reimbursed pursuant to contracts approved by the Commissioner.</p> <p>This proposal is projected to reduce MIF program expenditures by \$50 million in FY 2027</p>	<i>Intentionally omitted</i>	<p>Modified:</p> <ul style="list-style-type: none"> • Adds an Office of the Medical Indemnity Fund Ombudsperson to receive, investigate, and resolve qualified plaintiffs' complaints and assist navigation of the Fund. • Creates a Medical Indemnity Fund Advisory Panel chaired by the commissioner, including plaintiffs, providers, and advocates to advise on fund administration • Modifies effective date provisions and adds an immediate effective clause, differing from the Executive's specified 	Modified: Simply extends MIF for one year.
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PUBLIC HEALTH		EXECUTIVE	ASSEMBLY	SENATE	FINAL
Part B	Extension of Various Programs	<p>Would extend the expiration dates of numerous temporary public health, social services, and Medicaid statutory provisions, and clarify applicability of certain managed care amendments and rebate negotiation authorities. Including, but not limited to:</p> <p>Sec. 1 & 2: Extend Medicaid managed care to 3/31/32</p> <p>Sec. 3: Extend the comprehensive health services program through 3/31/32</p> <p>Sec. 4: Make permanent patient health information and quality improvement act</p> <p>Sec. 5: Extend SHNNY through 3/31/29</p> <p>Sec. 6: Extends EPIC through 3/31/29</p> <p>Sec. 10: Authorizing statewide formulary for certain drug classes (through 3/31/29)</p> <p>Sec. 20: Extending telehealth payment parity through 4/1/28</p>	Modified: Reduces the extensions of several of the provisions.	Accepted	Modified (certain additional programs added)
Part E	Public Health Program Repeal	<p>This Part would repeal, eff. April 1, 2026:</p> <ul style="list-style-type: none"> • Enhanced Quality of Adult Living Program (EQUAL Program). • Enriched Housing • Tick-borne Disease Institute • In total, these three proposals would generate approximately \$7.7 million in SFY 2027 savings and \$7.4 million in SFY 2028 savings. 	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>

Part F, Sec. 1	Dental Educational Foundation	Would require that the Commissioner of DOH, not the Chair of the Foundation, approve expenditures.	<i>Intentionally omitted</i>	Accepted	Accepted with additional technical modifications
Part G	Modernizing AED law and use	<p>Would modernize public access automated external defibrillator (AED) law by</p> <ul style="list-style-type: none"> • Replacing collaborative-agreement requirements with department-regulated authorization; • Requiring public access providers to train designated staff, maintain/test devices, register AED location with the department, report every use to EMS/PSAP, and submit use data to the department/registries • Requiring manufacturers/distributors/retailers to provide purchaser written or electronic notice at sale about registration, maintenance, and reporting obligations. • This proposal would result in a Budget cost of \$3.2 million annually. 	<i>Intentionally omitted</i>	Modifies	Modified proposal included
New Part II	Food Security Survey	N/A	N/A	Requires DOH to conduct a food security survey and publicly report the results	Not included
HOSPITALS AND HEALTH CARE TRANSACTIONS					
		EXECUTIVE	ASSEMBLY	SENATE	FINAL

Part H	Material Transactions	<p>Would expand on current material transaction reporting requirements by</p> <ul style="list-style-type: none"> • Adding to the 30-day pre-closing notice (a) disclosure of whether any party to the transaction (including persons in control and those owning any party) have closed, are closing, or have substantially reduced services and provide detail thereof; and (b) disclosure of any sale-leaseback or real estate financing components and provide those documents. <ul style="list-style-type: none"> • Deleting language exempting the 30-day information from public officers law, but would add language requirements for the Department to keep information confidential, but would allow information gained from the review to be used as evidence in investigations or additional reviews by the Department, the AG, and in assessing CON applications submitted by the same or other entities in the same market area • For any material transaction dating back to 8/1/23, mandating annual reporting for five years post-closing on metrics assessing impacts on cost, quality, access, health equity, and competition; department may demand additional information within seven days. • Requiring the Department to conduct a preliminary review of all transactions, and for transactions with a value of \$100M or more, may perform full cost and market impact reviews would could require a delay closing up to 180 days 	<i>Intentionally omitted</i>	Accepted	<i>Intentionally omitted</i>
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Part K, Sec. 6	Hospital at Home	Would permit general hospitals to provide off-site acute medical services to patients with preexisting relationships, enables department Medicaid rate-setting, and requires cost reporting for reimbursement.	<i>Intentionally omitted</i>	Accepted	<i>Intentionally omitted</i>
MEDICAID					
		EXECUTIVE	ASSEMBLY	SENATE	FINAL
Part A	Medicaid Global Cap	Would extend the Medicaid Global Cap from state fiscal year 2026-27 through 2027-28 (one-year extension).	Accepted	Modifies	Governor's proposal included (extends through 2027-28)
Part F, Sec. 6	Medicaid Look Back Period	NA	NA	NA	Conforms maximum Medicaid Look-back period with maximum allowed by federal law
Part L, Sec. 1	SNF Rates: Restoration of Capital Component	This proposal would restore the 10% rate reductions for capital cost components of facility rates. The cost of this proposal is \$28.8 million, which the Division of the Budget indicates would be offset by generating \$20 million of savings from eliminating Nursing Home VAPAP funding.	Modifies – fully restores 15% capital cut.	Modifies- fully restores 15% capital cut.	Includes Executive's proposal: 10% restoration

NEW Part GG	Nursing Home CINERGY	N/A	N/A	Creates the Upstate Collaborative to Improve Nursing Home Efficiency, Reduce Avoidable Hospitalizations, Guarantee Access, and Yield Area-Wide Performance Improvement (CINERGY) program	<i>Intentionally omitted</i>
New Part HH	Nursing Home Transition and Diversion (NHTD) Carve Out	N/A	N/A	Permanently carve nursing home transition and diversion services out of Medicaid Managed Care.	Modified: Extend Carve out from Medicaid Managed Care through Jan. 1, 2028 (Part B, Sec. 24)
Part L, Sec. 2	Medicaid Buy-In	Would replace fixed monthly Medicaid premiums for this program with income-based amounts (subject to federal approval): up to 3% of net earned income and 7.5% of net unearned income for those	<i>Intentionally omitted</i>	Accepted	<i>Intentionally omitted</i>
Part M, Sec. 1	Aligning Payment Rules	Would remove exceptions for ambulance psychology services for Medicare crossover claims. Would also require the payment of the full amount of the Medicare co-insurance rather than 85%. This proposal would result in \$0 (zero) Budget savings in SFY 2027 and \$18.6 million annually thereafter.	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>	<i>Governor's proposal included</i>
Part M, Sec. 2-3	Essential Plan Definition of Health Care services	Would amend the definition of health care services to include dental and vision and require access to NCI-designated cancer centers, reimbursed at no less than Medicaid fee-for-service rates.	Accepted	Accepted (Sec. 3 and 3-a)	Modified: Would also include certain services for people w/ chronic disease and/or functional limitations

Part M, Sec. 4-9	Presumptive eligibility changes	Would repeal presumptive eligibility under SSL Sec. 364-i for persons 0-18 years, and make conforming amendments.	Intentionally Omitted	Intentionally omitted	<i>Governor's proposal included</i>
Part M, Sec. 13-14	Continuous Eligibility for children under 6 years	Would repeal continuous eligibility and make conforming amendments	Intentionally omitted	Intentionally omitted	<i>Governor's proposal included</i>
Part M, Sec. 10	Applied Behavioral Analysis	Would amend law to cover ABA services where the services have been recommended by a practitioner "designated as an ABA Center of Excellence" by the Commissioner. This proposal would result in Budget savings of \$13.7 million and \$30.9 million	Intentionally omitted	Intentionally omitted The Senate encourages DOH to work with stakeholders to achieve ABA savings	Intentionally omitted
Part M, Sec. 12	Biomarker Precision Medical Testing	Would broaden biomarker precision medical testing coverage by removing prior external recognition requirements. This proposal would result in Budget savings of \$50 million in SFY 2027 and \$50 million thereafter.	Modified – Includes explicit "medically necessary" language	Intentionally omitted	Modified version included (Sec. 10)
Part O, Sec. 2	1% Across the Board Increase for Hospitals and SNFs	NA	NA	NA	1% Across the Board Increase for Hospitals and SNFs

Part O	Additional investments in the Healthcare Stability Fund to provide Medicaid payment increases for hospitals and nursing homes.	<p>Would amend the Healthcare Stability fund to allow increased Medicaid payments for hospitals and nursing homes of up the \$1.5 billion in SFY 2027 and \$1 billion annually thereafter. Payments would be subject to federal financial participation and the Budget does not specify the funding split between hospitals and nursing homes. Authorized increases would be supported by General Fund transfers to the Healthcare Stability Fund in the amounts of \$750 million in SFY 2027 and a planned \$500 million thereafter.</p> <p>Part O also makes technical changes related to Medicaid payment increases for other providers authorized in the SFY 2026 enacted Budget and supported by the Managed Care Organization (MCO) provider tax.</p>	<p>Modified – Amends the Health Care Stability Fund to allow increased Medicaid payments for hospitals and nursing homes totaling \$2.342 billion in 26-27, \$1.142-billion in 27-28 and \$1 billion thereafter.</p> <p>In its resolution, the Assembly also identified funding for certain additional investments.</p>	<p>Modified – Amends the Health Care Stability Fund to provide \$2.27 billion in 26-27 for:</p> <p>Hospitals - \$560 M state share /\$1.12 B All Funds;</p> <p>NH/ALP/Hospice - \$470 M state share/\$940 million all funds</p> <p>FQHCs - \$80 M state share/\$160 M all funds</p> <p>CHHAs - \$25 M state share/\$50 M all funds</p>	<p>Modified -- Amends the Health Care Stability Fund to provide \$2.27 billion in 26-27 for:</p> <p>Effective 4/1/26 and thereafter:</p> <p>Hospitals - \$760 M All Funds /\$380 State Share</p> <p>NH/ALP/Hospice - \$500 M All Funds/\$250 State Share</p> <p>FQHCs - \$80 million All Funds/\$40 million State Share</p>
New Part Y	MCO Tax	NA	NA	NA	Requires State to apply to CMS for a new MCO tax of .35%
New Part AA	Medically Fragile Children rates	NA	NA	NA	Extends special rates for MFC until 4/1/29

New Part BB	School-Based Health Center Carve Out	N/A	N/A	Permanently carves out school-based health centers out of Medicaid managed care.	Accepted (Part Z): Permanently carves out school-based health centers out of Medicaid managed care.
New Part MM	FQHC Telehealth Reimbursement Parity	N/A	N/A	Extends telehealth reimbursement parity to FQHCs and other clinics through March 31, 2028.	Not included
Senate Resolution	MMC to FFS	N/A	N/A	Includes language urging DOH to explore the effectiveness of Medicaid managed care and the viability of transitioning programs like managed long-term care, outpatient mental health services and others to fee for	Not included
HEALTH INSURANCE					
		EXECUTIVE	ASSEMBLY	SENATE	FINAL
Part M, Sec. 11	Cooling off period	Would extend cooling off period from two months to 120 days and make such requirement apply to hospital owned provider practices. Would also allow Commissioner to review and approve all correspondence intended to notify consumers within 60 days of a renewal	<i>Intentionally Omitted</i>	Modified--Requires DOH and DFS to jointly approve patient communications and publish an online notice about	

Part BB, Sec. 1	Independent Dispute Resolution: Medicaid				Exempts Medicaid from IDR
Part BB, Sec. 2	Independent Dispute Resolution: Benchmarks, Maximum fees, and NYSHIP				Includes NYSHIP in IDR process. Defines "allowed benchmark" as the 50th percentile of allowed amounts in a benchmarking database. Defines "maximum fee" as the 80th percentile of allowed amounts.
Part BB, Sec. 3	Independent Dispute Resolution: Criteria for dispute resolution for NYSHIP				Sets criteria for dispute resolution fee reasonableness, considering disparities, provider experience, and usual charges. This section only applies to NYSHIP, and previous IDR provisions apply to physicians employed by or physician practices owned by Article 28 general hospitals or affiliated medical schools.

Part BB, Sec. 4-6	Independent Dispute Resolution: Payment processes and timelines				Establishes timelines for dispute resolution decisions: 45 business days.
Part BB, Sec. 7	Independent Dispute Resolution: Reporting				Requires a report on dispute outcomes four years after the law's effective date.
Part BB, Sec. 8	Independent Dispute Resolution: Effective date				The law is effective immediately and applies to disputes submitted after that date.
TED bill, Part HH, Subpart A	Utilization review data collection	Would require the department of financial services to collect from health insurers data relating to UR and prior authorization	Accepted	Accepted	Accepted
TED bill, Part HH, Subpart B	Transitional healthcare for pregnant persons	Would require a 90-day transitional period for persons throughout the duration of the pregnancy and for post-partum care	Accepted	Accepted	Accepted
TED bill, Part HH, Subpart C	Rx transparency	Would require insurers to provide "easily accessible" (defined by the bill) formulary drug lists to insureds, health care providers and "other interested parties."	Accepted	Accepted	Accepted

TED bill, Part HH, Subpart D	Utilization review for persons with chronic conditions	Would limit UR to no more than once a year for the course of treatment for that condition. Chronic conditions would be defined as lasting for at least a year and requiring ongoing treatment.	Accepted	Accepted	Modified to apply to outpatient services and for possible UR where treatment plans change mid-year.
WORKFORCE					
		EXECUTIVE	ASSEMBLY	SENATE	FINAL

Part J	Temporary Staff	<p>Would amend provisions of law regulating temporary health care services agencies by</p> <ul style="list-style-type: none"> • Expanding definitions of (a) "controlling person" to include persons or business entities directly owning at least 10% voting interest in an entity that is a controlling person; (b) "temporary health care services agency" to one that directly or indirectly engages individuals to perform services, including vendor management services and subcontracting arrangements. • Making conforming amendments to be clear that persons need not be employed by the staffing agency • Prohibiting agencies from imposing payment or fees from individuals other than for reimbursement for actual costs like background checks, drug tests, etc.. • Imposing a six-year record retention requirement • Allowing the Department, through regulation, to set an "agency rate" that would limit the amount a staffing agency can charge. • This proposal would result in Budget costs of \$4.2 million in SFY 2027 and \$3.3 million annually thereafter to support DOH implementation expenses. 	Modified – Does not accept the provision authorizing the Commissioner of Health to establish a cap the rates charged by temporary healthcare staffing agencies.	Accepted	Governor's proposal accepted
Part K, Sec. 1-2	Community Paramedicine	<p>Would extend community paramedicine demonstration and existing Mobile integrated and community Paramedicine program approvals from four to eight years; allows up to 99 new or modified programs with two-year, department-defined geographic approvals.</p>	<i>Intentionally omitted</i>	Accepted	<i>Intentionally omitted</i>

Part K, Sec. 3-5	Non-patient-specific immunization regimens for EMS practitioners	Would allow certified nurse practitioners and physicians to prescribe non-patient-specific immunization regimens for EMS practitioners under commissioner regulations and accepted medical standards.	<i>Intentionally omitted</i>	Accepted	<i>Intentionally omitted</i>
Part N, Subpart A	Medical Assistants as vaccinators	<p>Authorize medical assistants, under direct supervision and pursuant to public health regulations, to draw up and administer immunizations in outpatient office settings, with required training and oversight.</p> <ul style="list-style-type: none"> • Adds medical assistants to Education Law scope to draw and administer immunizations in outpatient offices under direct supervision. • Creates Public Health Law §2113 allowing physicians, NPs, and PAs to delegate immunization drawing/administration to MAs per commissioner regulations. • Requires MA training and supervision standards aligned with national medical organizations; effective 180 days after enactment. 	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>

Part N, Subpart B	Medication aide	<p>Would establish a certified medication aide category for residential health care facilities, defining permitted medication tasks, qualifications, supervision and competency standards, and require implementation reporting and a ten-year sunset.</p> <ul style="list-style-type: none"> • Creates certified medication aide role authorizing administration of routine/ pre-filled medications, with specified prohibitions and exceptions (e.g., insulin, LMWH, naloxone, epinephrine). • Sets qualification, training, competency testing, supervision, assignment and documentation rules; RN retains discretion 	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>
Part N, Subpart C	Add qualified health care providers	<p>Would broaden statutory recognition of who may evaluate and certify certain health conditions and adjust multiple statutes to allow 'qualified health care providers' (not only 'licensed physicians') to provide evaluations, certifications, and other medical attestations.</p>	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>
Part N, Subpart D	Transitioning Professions from SED to DOH	<p>Would shift oversight of physicians, PAs, special assistants, including licensing, discipline and corporate oversight from SED to DOH, effective January 1, 2027.</p>	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>

Part N, Subpart E	PA Practice	<p>Would expand physician assistant practice authority and practice without physician supervision where</p> <ul style="list-style-type: none"> • The PA has >8,000 hours in same/ substantially similar specialty AND <ul style="list-style-type: none"> • Is employed by a rural emergency hospital or a general hospital AND meets bylaws and is privileged at the hospital OR • Is employed by a non-surgical D&TC or primary care practice (broadly defined) • In such situations, a PA would be allowed to perform the following functions without physician supervision: histories, exams, diagnostics, CLIA-waived tests, diagnoses, interventions, referrals, immunizations, counseling, end-of-life care, telehealth, prescribing (including controlled substances within assigned scope), and other functions per DOH. • Requires an additional 8000 for a change in specialty • Modifies related public health law sections to align inpatient order writing, prescribing rules, and supervision limits with amended PA authorities; authorizes DOH rulemaking; effective 	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>
PPGG Part X	Increased access to care for injured workers	Permits all eligible medical providers to treat workers' compensation patients unless they are on the exclusion list	Omitted	Accepted	Accepted

BEHAVIORAL HEALTH (OMH, OPWDD, OASAS)		EXECUTIVE	ASSEMBLY	SENATE	FINAL
Part P	Targeted Inflationary Increase for Human Services Agencies	<p>Would</p> <ul style="list-style-type: none"> Direct commissioners of OMH, OPWDD, OASAS, OTDA, OCFS, and SOFA to implement a targeted 1.7% inflationary increase to rates, payments, and contracts for specified programs effective April 1, 2026 through March 31, 2027, subject to budget approval and appropriations. This proposal would have a budget cost of \$176 million. Require provider certification prioritizing recruitment/retention and critical non-personal costs; authorizes commissioners to recoup misused 	Modified: Would provide a 4% increase	Modified: Would provide a 4% increase	Modified: Increases TII to 2.7%

<p>Part Q</p>	<p>Integrated Behavioral Health Services</p>	<ul style="list-style-type: none"> • Would establish a new licensing and regulatory framework for integrated behavioral health services programs that coordinate evidence-based mental health and addiction disorder care, jointly overseen by the commissioners of mental health and addiction services and supports. • Would define 'integrated behavioral health services' and creates licensed integrated behavioral health services programs under new section 36.08. • Would authorize OMH and OASAS to jointly license entities and issue joint regulations covering scope, physical plant standards, records, governance, billing, staffing, patient rights, and incident reporting. Would set a single process for suspension/revocation or limitation of license • Would amend Social Services, Public Health, and Mental Hygiene laws to recognize integrated programs, exempt certain operating-certificate requirements, include joint-licensed facilities in payment/rate rules, and update agency references; effective April 1, 2026. 	<p><i>Intentionally omitted</i></p>	<p>Accepted</p>	<p><i>Intentionally omitted</i></p>
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Part R	Coverage of gambling addiction for treatment and insurance purposes	Would amend insurance and related laws to use the term 'substance-related and addictive disorder' rather than "substance use disorder" to strengthen mental health and addiction parity, coverage protections, utilization review limits, reporting, and network adequacy requirements. These changes will allow coverage of gambling addiction coverage and protections.	<i>Intentionally omitted</i>	Accepted	Accepted
Part S	Adult Home Advocacy and Adult Home Council Program	Would repeal the Adult Home Advocacy and Adult Home Resident Council programs. This proposal would result in Budget savings of approximately \$230,000 annually.	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>	<i>Intentionally omitted</i>
Part W	OPWDD Care Management Program Extension	NA	<i>NA</i>	<i>NA</i>	Extends Care Demonstration program originally established in 2021 to 3/31/2028