On Tuesday, January 18, 2022, Governor Kathy Hochul released her proposed budget for State Fiscal Year 2022-23. The following is a summary of the Executive Budget presentation and a high-level review of the pertinent health care related items. Additional analyses and memoranda will be forthcoming as briefings take place and additional information becomes available.

BUDGET OVERVIEW

The Governor has proposed a $216.3 billion budget (All Funds) for State Fiscal Year ("SFY") 2023, an increase to state spending of less than 2 percent over SFY 2021-2022. The Executive Budget Financial Plan provides for balanced operations annually through SFY 2027, and accounts for forecast revisions to the "base level forecast" since the Mid-Year Update, including new resources of $5.0 billion in SFY 2022, $6.4 billion in SFY 2023, $5.3 billion in SFY 2024, and $5.5 billion in SFY 2025. Such improvements "reflect[] strong tax receipts and reduced costs." Spending growth is estimated at 3.1 percent, just below inflation.

The Executive Budget also includes a bolstering of the State's principle reserves to 15 percent of State Operating Funds to create a "rainy day fund" to address unexpected "fiscal shocks" – such as those experienced by New York State due to the 9/11 attacks, Great Recession, and COVID-19 pandemic. In addition, the Executive Budget Proposal sets forth $7 billion in non-reoccurring actions, including: (1) $2 billion for property tax relief (SFY 2023); (2) $2 billion for pandemic recovery initiatives (reserve funded in SFY 2022); (3) $1 billion to enlarge the Department of Transportation capital plan (deployed over three years, SFYs 2023-2025); (4) $1 billion for health care transformation (reserve funded from SFY 2023 and 2024 operations); (5) $1.2 billion for bonuses for health care/frontline workers (paid in SFY 2023); and (6) $350 million for pandemic relief for businesses and theater/musical arts (paid in SFY 2023 and FY 2024).

Below is an outline of the Governor's proposed SFY 2023 Executive Budget impacting the health care industry:

GENERAL HEALTH HIGHLIGHTS

- **Medicaid Program Funding.** Total Federal, State and local Medicaid spending, including spending outside the Global Cap, is expected to be $92.0 billion in SFY 2023. This includes $50.6 billion in Federal spending and $33.1 billion in State spending (State and local).

- **Medicaid Global Spending Cap.** The Executive Budget proposes to extend the Medicaid spending cap enacted in SFY 2012, through March 31, 2024, and recommends funding consistent with its provisions. The Governor proposes updating the metric used to set the Global Cap spending limit from the 10-year rolling average of the Medical component of the Consumer Price Index ("CPI") to the 5-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 ("CMS"). Such CMS projections account for enrollment and population changes (e.g., aging or disabled populations). The Global Cap is set at $21.538 billion, an increase of $966 million (4.7 percent) – $366 million (2.8 percent) of which is supported by the new metric.

- **Health Benefit Exchange Funding.** The Executive Budget proposes to allocate approximately $81 million in new funds in SFY 2023 to fund the New York Health Benefit Exchange ("New York State of Health"). The Executive Budget includes $523 million in total funding, an 18% increase from SFY 2022, for the operation of the NY State of Health.

- **Healthcare Capital Funding and Statewide IV.** The Executive Budget proposes to establish a new $1.6 billion Statewide Health Care Facility Transformation Program IV program. Specifically, the proposal would fund:
    - Statewide III Grants: $450 million of the total Statewide IV funding pool to finance eligible capital projects submitted under the Statewide Ill program, to be awarded no later than December 31, 2022. Of the $450 million, $25 million is earmarked for community-based health care providers, specifically diagnostic and treatment centers; $25 million is earmarked for mental health and substance use disorder treatment clinics, independent practice associations or organizations, OPWDD clinics, home care providers and hospices; and $50 million is dedicated to residential health care facilities and adult care facilities.
    - Emergency Department ("ED") Modernization Projects: $200 million to be distributed without competitive bid or a request for proposal ("RFP") for the modernization of an ED of "regional significance," which: (1) serves as a Level 1 trauma center with the highest volume in the region; (2) is able to segregate patients with communicable diseases, trauma, or severe behavioral health issues from other patients in the ED; (3) provides emergency and trauma care training to residents from hospitals in the region; and (4) serves a high proportion of Medicaid patients.
    - Healthcare Provider Grants: Up to $750 million would be awarded without competitive bid or RFP for grants to providers to fund capital projects to build innovative and patient-centered models of care, increase access to care, improve quality of care, and ensure financial sustainability of the providers.
    - Technological and Telehealth Transformation: Up to $150 million would be awarded without competitive bid or RFP for technological and telehealth transformation projects.
    - "Green House" Nursing Home Initiative: Up to $50 million to be awarded without competitive bid or RFP to support implementation of the "Green House" nursing home initiative. This model is based on the delivery of nursing home level care in small residential settings.

- **Investing in the Healthcare Workforce.** The Executive Budget proposes a multi-year investment of $10 billion over five years that will rebuild and grow the healthcare workforce, including the following:
    - $2 billion to support healthcare worker wages.
    - $1.2 billion to support healthcare and mental hygiene worker retention bonuses: See "Healthcare Workforce Bonuses" under Workforce Development" for additional details.
    - $500 million for Cost of Living Adjustments to help raise wages for human services workers.

- **Across-the-Board ("ATB") Rate Restoration and 1 Percent Rate Increase**. In order to provide flexible funding for providers to respond to market needs and compete in the labor market for qualified workers, the State is making a multi-year investment of $3.7 billion through restoration of the 1.5 percent rate reduction taken in the SFY 2021 Budget, and increasing Medicaid rates across the board for most providers (*see below*) by an additional 1 percent.

- **SHIN-NY.** The Executive Budget includes an appropriation of $30 million for the continued funding of the Statewide Health Information Network of New York ("SHIN-NY"). The funding is directed to the New York eHealth Collaborative, which will administer the funding for the SHIN-NY and Qualified Entities – formerly known as Regional Health Information Organizations ("RHIOs").

- **All Payer Database.** The Executive Budget proposes to allocate $10 million in funding to support the operation of the All Payer Database ("APD").

- **Addressing COVID-19.** The Executive Budget proposes the following additional specific initiatives to address the ongoing COVID-19 pandemic.
    - Non-Patient Specific Testing: The proposal would allow physicians and nurse practitioners to order non-patient-specific standing regimens for testing patients for COVID-19, influenza and other upper respiratory illnesses.
    - Specimen Collection: This proposal would allow a physician, registered nurse, or nurse practitioner to assign the administration of a COVID-19, influenza, or respiratory syncytial virus ("RSV") test to any individual they train and supervise.
    - Investment of $5 million of Clean Water Infrastructure Act: Annual funding for each year, from SFYs 2023 to 2025, would support and expand the statewide wastewater surveillance initiative, which conducts analysis of municipal wastewater for genetic markers of COVID.

HEALTH INSURANCE

- **Compliance with the Federal "No Surprises Act."** The Executive Budget includes a number of statutory revisions reflecting the changes required by, or to be consistent with, the federal "No Surprises Act" ("NSA"). Specific changes include:
    - Emergency Medical Services and Surprise Bills. The proposal would:
        - Require disputes to be submitted to a dispute resolution entity ("IDRE") within three years;
        - Amend the law to apply to all provider types, rather than just physicians and hospitals;
        - Add the in-network median rate as a factor that the IDRE must consider;
        - Eliminate the requirement that an individual complete an Assignment of Benefits form;
        - Eliminate the exceptions for safety net hospitals and specified emergency Current Procedural Terminology ("CPT") codes; and

- Require health plans to ensure that members are held harmless for surprise bill amounts beyond in-network cost sharing.

The Budget would also amend the external appeal law to include a reference to the No Surprises Act requirements. These provisions would take effect immediately.

- Provider Directories and Continuity of Care; Penalties. The Executive Budget proposes to amend the Insurance Law and Public Health law to:
  - Incorporate the provider directory requirements of the NSA into the Insurance Law consistent with recent Circular Letters;
  - Incorporate the continuity of care requirements of the NSA into the Insurance Law consistent with recent Circular Letters;
  - Incorporate requirements for providers to notify health plans of their provider directory information; and
  - Authorize the Superintendent to fine a health plan for violating federal law.

- **Telehealth Parity:** The Executive Budget proposes to establish reimbursement parity for telehealth services by requiring health plans, including those in Medicaid, to reimburse providers for services delivered through telehealth on the same basis, and at the same rate, as services delivered in person. It is noteworthy that the Medicaid benefit parity is limited to "equivalent services" (as defined by regulation). Expressly excluded from such reimbursement are costs "not actually incurred" in the provision of telehealth services, including charges related to the use of a facility. Network adequacy requirements are also added for telehealth services.

- **Utilization Review**; **Requests for Medical Records**. The Executive Budget proposes to remove the exception for health maintenance organization ("HMO") products in the provisions prohibiting plans from requesting entire medical records for prospective and concurrent utilization review. This provision would apply to services provided on and after 90 days after enactment.

- **Provider and Facility Credentialing Applications.** The Executive Budget proposes to amend the Insurance Law to apply the existing provider application and termination provisions to all types of health insurance policies, rather than just managed care contracts, and adds requirements relating to facility applications and terminations. These provisions require: (1) notice of plans' credentialing requirements; (2) plans to consult with facilities in establishing qualifications for participation; (3) plans to act on an application within 60 days of receipt of a complete application; and (3) if additional information is necessary and received, make a determination within 21 days of receipt of the additional information. This provision would apply to applications received 90 days after enactment.

- **Coverage of Abortion Services**. The Executive Budget proposes to require individual and group policies providing medical, major medical, or comprehensive coverage to cover

abortions and to prohibit the imposition of copayments, coinsurance, or deductibles. Deductibles may apply to high deductible health plans. Religious exemptions would be permissible upon certification by the employer that it primarily serves and employs individuals who share the religious tenets of the employer. Riders would be required to be issued to all enrollees of such groups. Currently, these same requirements apply to medically necessary abortions. The Executive Budget proposal would expand the requirements to include elective abortions. This provision would take effect on January 1, 2023 and apply to policies issued or renewed on and after that date.

- **Contracting with Cancer Centers.** The Executive Budget proposes to require health plans offering Medicaid, Essential Plan, and Qualified Health Plans to contract, as network providers, with national cancer institute-designated cancer centers in the plans' service area for cancer-related inpatient, outpatient and medical services at the same terms and conditions as similar network providers, provided that such reimbursement is at no less than the Medicaid fee-for-service rate beginning January 1, 2023 (and is repealed on January 1, 2028). It is our understanding that this proposal is targeted to assist Memorial Sloan-Kettering.

*See also "Healthcare Access & Affordability" below.

Department of Financial Services ("DFS") Funding

The DFS is funded entirely by assessments on insurers and banks. Proposed funding for SFY 2023 decreases by $42,216,839 from 2021-22 funding to $396,939,124 with: $84,785,718 earmarked for the Administration Program; $92,897,741 earmarked for the Banking Program, and $219,255,665 earmarked for the Insurance Program. The sub-appropriations from DFS remain largely consistent with prior years.

HEALTHCARE ACCESS & AFFORDABILITY

- **Expanding eligibility for the Essential Plan ("EP")**. The Executive Budget proposes to expand the Essential Plan by:
    - Expanding eligibility from 200 percent of the FPL to 250 percent;
    - Guaranteeing coverage for women during pregnancy and for one year thereafter, regardless of any changes in income (newborn children of these women would be eligible for Medicaid for one year); and
    - Providing coverage for long term supports and services ("LTSS")

  These expansions are conditioned on federal approval. Expansion of eligibility to 250 percent and coverage of post-partum coverage would take effect on April 1, 2022. Coverage of LTSS would begin January 1, 2023.

- **Prenatal and Post-natal care**. The Executive Budget proposes to:

- Add prenatal and post-partum benefits for the purposes of improving maternal health and reduction of maternal mortality to the Medicaid benefit package. Such benefits would be ordered by qualified practitioners.
- Extend eligibility for postpartum women from 60 days post-partum to 12 months postpartum.
- Extend coverage for pregnant individuals ineligible for federally funded Medicaid due to immigration status so long as their household income does not exceed the MAGI equivalent of 200 percent FPL.
- Repeal the extension of post-partum coverage under Essential Plan for 12 months post-partum for individuals with incomes between 200 and 223% of the FPL enacted as part of the SFY22 NYS Budget.

PHARMACY BENEFIT MANAGERS ("PBMS") & PHARMACY

- **Creation of a Pharmacy Benefits Bureau.** The Executive Budget proposes to fund the creation of a new Pharmacy Benefits Bureau in the DFS. According to the Governor's State of the State presentation, the new Bureau will begin licensing PBMs and will issue regulations. The Bureau will also hire a new compliance team to investigate PBM business practices and review complaints of misconduct.

- **Prescriber Prevails**. The Executive Budget proposes once again to eliminate "prescriber prevails" in both the Fee-For-Service ("FFS") and the Medicaid Managed Care ("MMC") programs for all drug classes. This provision would take effect on June 1, 2022 and is estimated to generate state savings of $41.21 million in FY 2023, and $49.45 million in 2024.

- **Expand Access to Naloxone and Buprenorphine in Pharmacies**. The Executive Budget proposes to require pharmacies to maintain a minimum stock of a thirty-day supply of both an opioid antagonist medication (naloxone) and an opioid agonist medication (buprenorphine) for the treatment of opioid use disorder.

MEDICAID: GENERAL

- **Medicaid Uniform Rate Increase**. The Executive Budget proposes to uniformly increase Medicaid payments by 1 percent for services provided between April 1, 2022, and March 31, 2024. Medicaid payments that are not included in this rate increase are: (1) payments that would violate federal law, such as hospital disproportionate share ("DSH") payments in excess of federal statutory caps; (2) Medicaid payments made by State agencies other than the Department of Health ("DOH"), including, but not limited to payments to Article 16, 31, and 32 clinics operated by the Office of Mental Health("OMH"); (3) payments the State is obligated to make by court order or judgment; (4) payments for which the non-federal share is not state spending; and (5) at the discretion of the Commissioner and Director of the Division of Budget ("DOB"), would result in a lower federal medical assistance percentage ("FMAP") applicable to such payments. The Governor's memo in

support notes that the rate increase is intended to reflect increased labor costs to providers so that providers may adequately respond to labor market demands. The Governor estimates a $318.3M impact from this proposal.

- **Extending the Medicaid Redesign Team ("MRT") 1115 Waiver**. By March 2022, the DOH will submit an application for a three-year extension of the MRT 1115 waiver to give the State additional flexibility to design and improve its Medicaid programs. The waiver amendment will set forth a framework for new Federal funding over five years.

- **Continuing the State Takeover of Local Medicaid Costs.** The Executive Budget proposes to, in SFY 2023, have the State assume nearly $5.2 billion in costs that would have otherwise been incurred by localities.

MEDICAID MANAGED CARE ("MMC"), MANAGED LONG TERM CARE ("MLTC"), & CHILD HEALTH PLUS ("CHP")

- **Procurement for MMC/HARP/MLTC/MAP**. The Executive Budget proposes the following.
    - Establishing a moratorium on the processing and approval of all applications seeking to establish a managed care provider, including applications seeking to expand the scope of eligible enrollee populations. The moratorium would not apply to: (i) applications submitted prior to January 1, 2022; (ii) applications seeking transfer of ownership or control; (iii) applications to expand a provider's service area; (iv) applications to operate HIV Special Needs Plans or Developmental Disability Individual Support and Care Coordination Organization, or (v) applications, at the discretion of the Commissioner, demonstrate that the application would address a serious concern with care delivery such as lack of adequate access or adequate and appropriate care, language and cultural competence, or special needs services.
    - Undertaking a competitive bid process for MCOs participating in certain Medicaid managed care programs: Criteria to be considered includes: (i) accessibility and geographic distribution of network providers, (ii) the extent to which major public hospitals are included in provider networks, (iii) cultural and language competencies, (iv) corporate organization and status of the bidder as a charitable corporation under the not-for-profit corporation law, (v) ability to offer plans in multiple regions, (vi) the type and number of products the bidder proposes to operate including whether the bidder participates in products for integrated care for dual eligible, (vii) whether the bidder participates in value based payment arrangements including delegation of significant financial risk to clinically integrated provider networks, (viii) the bidder's commitment to participate in managed care in the state, (ix) the bidder's commitment to quality improvement, (x) the bidder's commitment to community reinvestment spending, (xi) past performance meeting managed care requirements, and any other criteria deemed appropriate. Contracts shall be limited to at least two, but no greater than five per

region. A number of awarded plans may be selected to offer special needs managed care plans to manage the behavioral and physical health needs of Medicaid enrollees with significant behavioral health needs. If necessary to ensure access to a sufficient number of managed care providers on a geographic or other basis, a request for proposals may be reissued limited to the geographic or other basis the request for proposals is seeking to address.

- Undertaking a competitive bid process for MLTC plans: Including Medicaid Advantage Plus plans. Criteria to be considered in making awards under this section includes the same criteria as applicable to MMC plans (including, inappropriately, the extent to which major public hospitals are included in the provider network).
- The moratorium on new plans will continue until the RFP is published.
- The Commissioner shall make awards for each product requested.
- The awards will be based on regions as determined by the Commissioner.
- The DOH shall post the criteria for selection on the web.

- **Elimination of the Resource Test.** The Executive Budget proposes to amend the Social Security Law to remove the resource test and increase income limits for individuals aged 65 and older and individuals with disabilities effective January 1, 2023. This proposal will cost $5 million state share in SFY 2023, increasing to $20 million in FY2024.

- **MLTC Enrollment CAP**. The MLTC partial capitation plan enrollment cap would be eliminated beginning April 1, 2022.

- **Long-Term Care Reforms**. The Executive Budget proposes to:
  - Increase Fee-for-Service reimbursement to individuals providing private duty nursing services to medically fragile adults who agree to be listed in a Fee-for-Service directory.
  - Modify implementation of the uniform tasking tool and allow the DOH to develop service authorization guidelines and standards for long term services and supports.
  - Amend Public Health Law to establish a separate licensure process for Programs for All-Inclusive Care for the Elderly ("PACE") plans to streamline application and approval processes and expand access to health care coverage and service delivery for individuals in need of long-term care services.

- **Supporting Managed Care.** The Executive Budget proposes to fully restore $77 million in the mainstream Medicaid and MLTC quality pools in order to incentivize and reward quality care. Additionally, it proposes an investment of $34.7 million in the MLTC program and HIV Special Needs Plans by increasing plan premiums for certain plans to the middle and high end of the actuarial rate range.

- **CHP Premiums and Rate Setting.** The Executive Budget proposes to invest $4 million in SFY 2023, growing to $8 million in SFY 2024, to eliminate the $9 premium payment beginning October 1, 2022 for children with family incomes less than 223% of the federal poverty level ("FPL") and for American Indians an Alaskan Natives with family incomes

less than 251% of the FPL; and proposes to move premium rate setting for CHP from the Department of Financial Services to the Department of Health beginning January 1, 2024.

- **Utilization Management in Fee-for-Service**. The Executive Budget proposes to eliminate utilization thresholds and implement a utilization review system to evaluate the appropriateness and quality of services provided and to safeguard against unnecessary care and services. Such process shall include post-payment review to develop and review beneficiary utilization profiles, provider service profiles, and exceptions criteria to correct mis-utilization practices of beneficiaries and providers.

- **Reinvestment of MMC/HARP Premium Recoveries in Behavioral Health Services**. The Executive Budget proposes that any savings realized through the recovery of premiums from mainstream managed care and HARP plans for failing to achieve behavioral health expense targets or achieve minimum medical loss ratio shall be invested in community based behavioral health services.

- **CHP Behavioral Health.** The Executive Budget proposes to invest $11 million in SFY 2023, growing to $44 million in SFY 2024, in mental health and other critical services – including ambulance services, to expand orthodontia coverage, and add children and family treatment and support services, children's home and community based services, assertive community treatment services and residential rehabilitation for youth services, and services provided by voluntary foster care agencies – for children in the CHP Program. These investments will align the services provided to children in CHP with the services received by children in Medicaid.

- **Extending the Medicaid Integrity and Efficiency Initiative**: The Executive Budget Proposal would extend until March 31, 2024 the authority for this initiative, intended to achieve audit recoveries efficiencies in Medicaid administration.

* See also "Contracting with Cancer Centers" under "Commercial Insurance."

HOSPITALS

- **Hospital Rebasing.** The Executive Budget proposes to extend the statutory requirement to rebase and reweight acute hospital rates. Current law requires hospital rebasing as of July 1, 2022. Under the Governor's proposal hospital base rates will be rebased no earlier than January 1, 2024. The purpose of this provision is to avoid large changes in hospital reimbursement that would occur if calendar year 2020 (a large outlier in hospital reimbursement) was included in the rebasing calculations.

- **Certificate of Need Changes**. The Executive Budget proposes to amend and clarify several provisions related to establishment and change of ownership applications for multiple provider types.
  Hospitals/Nursing Homes/Clinics
  - Establishments:

        - Adds "controlling persons" to the list of individuals subject to character and competence review and reduces the review period of an applicant's health care affiliations from ten years to seven years.
        - Adds "member," "principal member," and "controlling person" to the list of affiliations that are considered under character and competence review
    - Transfers of ownership:
        - Adds "stock" as an interest that may be transferred, assigned or otherwise disposed.
        - Adds "sole proprietorship", "non-for-profit corporation" and "corporation" to list of potential operators of a hospital, nursing home or clinic subject to review
        - Clarifies that approval by the Public Health and Health Planning Council ("PHHPC") is only required for those persons, partners, members or stockholders who have not previously been approved for such operator
        - Clarifies that changes of ownership are not subject to a public needs assessment
        - Clarifies that no prior approval by PHHPC is required for any person, partner, member of stockholder (including those not previously approved by PHHPC) if the transfer of interest, stock or voting rights is less than ten percent; provided, however, that for transactions involving less than ten percent ownership, the operator must notify DOH/PHHPC and that transfer of ownership will be finalized within ninety (90) days of a complete response to DOH's final request for additional information unless PHHPC has notified the operator that the transfer is barred.
        - Affirmatively states that any transfer of ownership that is ten percent or more to a person, partner, member or stockholder who has not previously been approved by PHHPC must be approved by PHHPC (i.e eliminates change in control "creep").
        - Failure to comply with either the notice provisions or approval process for the transfer of ten percent or more of ownership results in suspension or revocation of the operator's operating certificate.

Licensed Home Care Services Agencies/Certified Home Health Agencies

- Transfers of ownership:
    - Adds "stock" as an interest that may be transferred, assigned or otherwise disposed.
- Adds "sole proprietorship," "not-for-profit corporation," and "corporation" to list of potential operators of a LHCSA or CHHA subject to review
- Authorizes DOH to subject change of ownership applications to a public needs assessment
- Clarifies that no prior approval by PHHPC is required for any person, partner, member of stockholder (including those not previously approved by PHHPC) if the transfer of interest, stock or voting rights is less than ten percent; provided, however, that for transactions involving less than ten percent ownership, the operator must notify DOH/PHHPC and that transfer of ownership will be finalized

within ninety (90) days of a complete response to DOH's final request for additional information unless PHHPC has notified the operator that the transfer is barred.
    - Adds corporations that operate for profit hospitals to list of organizations that cannot have their equity position reduced as a result of the transfer, assignment or transfer for purposes of barring such transaction.
    - Affirmatively states that any transfer of ownership that is ten percent or more to a person, partner, member or stockholder that has not previously been approved by PHHPC must be approved by PHHPC.
    - Failure to comply with either the notice provisions or approval process for the transfer of ten percent or more of ownership results in suspension or revocation of the operator's license or certificate of approval.

Hospices

- Transfers of ownership:
    - Adds "stock" as an interest that may be transferred, assigned or otherwise disposed.
    - Adds "sole proprietorship," "non-for-profit corporation," and "corporation" to list of potential operators of a hospital, nursing home or clinic subject to review
    - Clarifies that approval by the PHHPC is only required for those persons, partners, members or stockholders that have not previously been approved for such operator
    - Clarifies that changes of ownership are not subject to a public needs assessment
    - Clarifies that no prior approval by PHHPC is required for any person, partner, member of stockholder (including those not previously approved by PHHPC) if the transfer of interest, stock or voting rights is less than ten percent; provided, however, that for transactions involving less than ten percent ownership, the operator must notify DOH/PHHPC and that transfer of ownership will be finalized within 90 days of a complete response to DOH's final request for additional information unless PHHPC has notified the operator that the transfer is barred.
    - Affirmatively states that any transfer of ownership that is ten percent or more to a person, partner, member or stockholder that has not previously been approved by PHHPC must be approved by PHHPC.
    - Failure to comply with either the notice provisions or approval process for the transfer of ten percent or more of ownership results in suspension or revocation of the operator's certificate of approval.

- **Safety Net Hospitals.** The Executive Budget proposes $2.8 billion in payments directed to "Safety Net" hospitals to support urgent operating needs and address pandemic-related impacts.

- **Regional Perinatal Centers.** The Executive Budget would add $4.5 million in new funding for Regional Perinatal Centers and their affiliated birthing hospitals or birthing centers.

- **Local Distressed Hospital Funding Pool.** The Executive Budget proposes to permanently continue the Distressed Provider Relief Fund to support financially distressed facilities through the collection of a portion of sales tax revenue from counties and New York City, generating $250 million in designated funding annually.

PRIMARY CARE, CLINICS, AND OTHER PROVIDERS

- **Transfer Oversight of Licensed Healthcare Professions from the State Education Department ("SED") to DOH:** The Executive Budget proposes to transfer the oversight of the licensed health care professions from the SED to the DOH, effective January 1, 2023. To accomplish this purpose, the Budget proposes to repeal a number of Articles in Title 8 of the Education Law, as follows: medicine and professional misconduct, physicians assistants, specialists assistants, chiropractic, dentistry and dental hygiene, perfusionists, physical therapy, pharmacy, pharmacy technicians, nursing, midwifery, podiatry, optometry, ophthalmic dispensing, psychology, social work, massage therapy, occupational therapy, dietetics and nutrition, speech-language pathology and audiology, acupuncture, athletic trainers, mental health practitioners, respiratory therapists and respiratory therapy technicians, clinical laboratory practice, medical physics practice, applied behavior analysis and licensed pathologists' assistants. Under the proposal, the DOH would assume all functions, powers, duties and obligations concerning these professions.

- **Expanding Nurse Practitioners' Scope of Practice**: The Executive Budget proposes to exempt nurse practitioners with more than 3,600 practicing hours in primary care – defined as including general pediatrics, general adult medicine, general geriatric medicine, general internal medicine, obstetrics and gynecology, family medicine, or other such related areas as determined by the Commissioner of Health – from maintaining collaborative agreement with physicians. The Executive Budget would additionally make permanent the provisions of the "Nurse Practitioners Modernization Act," which allows nurse practitioners with more than 3,600 hours of practice to enter collaborative relationships with physicians in place of maintaining written practice agreements. The Act would otherwise expire and be repealed on June 30, 2022.

- **Pharmacists and Limited-Service Laboratories**. The Executive Budget proposes to make pharmacists "qualified health professionals" who may order and administer tests, and direct a limited service laboratory, subject to certificate of waiver requirements under the Federal Clinical Laboratory Improvement Act ("CLIA").

- **Clinic Safety Net Funding**: The Executive Budget proposal includes level funding of $54.4 million for the Diagnostic and Treatment Centers ("D&TC") Safety Net Program. This funding helps cover the cost of bad debt and charity care provided by federally qualified health centers ("FQHCs") and other D&TCs.

- **Health Homes**: The Executive Budget includes level funding of $262 million for the Health Home program.

- **Patient Centered Medical Homes**: The Executive Budget reflects level funding of $110 million for Patient Centered medical Homes.

- **Physicians Excess Medical Malpractice Program**. The Executive Budget proposes to modify the Physician's Excess Medical Malpractice payments to insurers by changing the

payment timing structure. The proposed language appears to require the full premium payment from an excess medical malpractice insurer and then the State (DFS) will reimburse the physician or dentist in two equal installments. The first fifty percent reimbursement will be made at the end of the excess policy period and the second a year after that. The payment structure change is anticipated to generate savings of $51.1 million in SFY 2023. Additionally, the Executive Budget extends the excess liability pool for one year through June 30, 2023.

WORKFORCE DEVELOPMENT

- **Healthcare Workforce Bonuses.** The Executive Budget proposes a new program for frontline health and mental hygiene workers, which would allow those with an annual base salary of less than $100,000 during calendar year 2021 to receive bonuses totaling up to $3,000. The DOH, in consultation with OMH, OASAS, OPWDD, and OCFS would determine which employees are eligible by title or license; but, while they must provide "hands on" health care or services, they do not need to work full-time and may work as an independent contractor. Employees will receive bonuses based on start date and the number of hours worked during two "vesting periods," which must begin before March 31, 2023, and last no more than one year total. Employees will be paid as follows:
    - $500 per vesting period for working at least 20, but less than 30, hours per week;
    - $1,000 per vesting period for working at least 30, but less than 40, hours per week; and;
    - $1,500 per vesting period for working at least 40 hours per week.

  Any DOH, OMH, OASAS or OPWDD-licensed provider or facility that bills Medicaid for services (directly or through a provider agreement with a MC or MLTC plan) subject to a Certificate of Need or serving at least 20 percent Medicaid patients is required to participate in the program. Under the proposal, employers must:
    - Identify eligible employees;
    - Track the hours worked by the employee;
    - Track the number of eligible Medicaid patients served by the employer;
    - Submit claims for employee bonus payments;
    - Pay employees their bonuses within 30 days of receiving payment;
    - Maintain records for no less than six years;

  OMIG is required to conduct audits of employers, including reviewing whether inappropriate payments are made, and identify any failure to submit claims for eligible employees. Employers are liable for any resulting recovery of reimbursement for an inappropriately paid bonus, and cannot collect reimbursement from the employee.

- **Physician Licensure Compact:** In order to increase cooperation among states, facilitate the exchange of information, and provide opportunities for interstate practice, the Executive Budget proposes to authorize establishment of a physician licensure compact.
    - Multistate license: Through the compact, a multistate license to practice medicine would be recognized by each party state as authorizing a physician to practice in the jurisdictions, provided the physician meets certain educational, criminal history, and licensure eligibility requirements. Physicians may hold a multistate license

issued by the home state in only one party state at a time. Physicians must designate a member state as the principal state for licensure.

- Expedited licensure: A physician seeking licensure through the compact would be required to file an application for an expedited license with his or her principal state of licensure and must complete the registration process of the compact.
- Compliance with other state laws: Physicians practicing in party states would be required to comply with the respective practice laws. In addition, practice in a party state under a multistate licensure privilege would subject a physician to the jurisdiction of the licensing board, courts and laws of the state where the client is located at the time of service.
- Coordinated licensure information system: Party states would be required to participate in a coordinated licensure information system of all licensed physicians. The system would include licensure and disciplinary information for all physicians participating.
- Interstate commission of physician licensure compact administrators: The commission would be established to promulgate rules to facilitate and coordinate implementation and administration of the compact.

- **Nurse Licensure Compact:** In order to increase cooperation among states, facilitate exchange of information and provide opportunities for interstate practice, the Executive Budget proposes to authorize establishment of a nurse licensure compact.
  - Multistate license: Through the compact, a multistate license to practice registered or licensed practical/vocational nursing would be recognized by each party state as authorizing a nurse to practice as a registered nurse or licensed practical nurse/vocational nurse in each party state, provided the nurse meets certain educational, criminal history, and licensure eligibility requirements. Nurses may hold a multistate license issued by the home state in only one party state at a time.
  - Compliance with other state laws: Nurses practicing in party states would be required to comply with the respective practice laws. In addition, the practice of nursing in a party state under a multistate licensure privilege will subject a nurse to the jurisdiction of the licensing board, courts and laws of the state where the client is located at the time of service.
  - Coordinated licensure information system: Party states would be required to participate in a coordinated licensure information system of all licensed RNs, LPNs and VNs. The system would include licensure and disciplinary information for all nurses participating.
  - Interstate commission of nurse licensure compact administrators: The commission would be established to promulgate rules to facilitate and coordinate implementation and administration of the compact.

- **Temporary practice permits:** The Budget would authorize issuance of temporary practice permits for licensure applicants in a qualified high need healthcare profession, who attest to holding a license in good standing from another state, provided that it appears that the applicant will meet requirements for licensure based on documentation provided, or the attestation. The permit would authorize the applicant to work under a NYS license.

Temporary practice permits would be valid for six months, and they may be extended under certain circumstances.

- **Doctors Across New York.** The Executive Budget proposes an increase of $6.8 million for the Doctors Across New York physician loan repayment program, for total funding of $15.9 million.

- **Nurse Loan Repayment Program.** The Executive Budget proposal includes $2.5 million for a new nurse loan repayment program, modeled after Doctors Across New York. Licensed Registered nurses who agree to practice for at least three years in hospitals or medical practices treating underserved populations will be eligible for loan forgiveness, not to exceed the total amount of their outstanding loans. Funds will be distributed regionally with one third available for New York City and two-thirds to the rest of the State.

- **Empire Clinical Research Program ("ECRIP").** The Executive Budget proposal includes level funding of $3.4 million for the program, which provides grants to teaching hospitals to promote training of physicians in clinical research.

- **Diversity in Medicine.** The Executive Budget proposal includes level funding of $1.2 million for the program.

- **New York State Workforce Innovation Center.** The Executive Budget proposal includes $10 million to create the new center.

* See also "Workforce Development - Investing in the Healthcare Workforce" under the "General Health Highlights" section above.

LONG TERM CARE: GENERAL

- **Nursing Home Transition and Diversion ("NHTD") Waiver:** The Executive Budget proposes level funding of $1.842 million for housing subsidies through the NHTD program.

- **Point of Entry:** The Executive Budget proposes level funding of $20.738 million for the Point of Entry Program.

NURSING HOMES

- **Nursing Home Staff Ratio Reforms**. The Executive Budget proposes to amend the "70/40" direct care minimum spending legislation enacted in 2021, and scheduled to take effect on January 1, 2022, but was extended until January 31, 2022, through Executive Order ("EO") 4.4. The amendments include excluding from the revenue portion of the formula: (i) provider assessments; and (ii) the capital per diem portion of reimbursement

for those nursing homes with a Center for Medicare and Medicaid Services ("CMS") star rating of a four or five. In addition, the language allows the Health Commissioner to modify the definition of revenue, on a case-by-case basis, to exclude the capital per diem portion of the reimbursement rate for nursing homes that have a three star CMS rating.

- **Nursing Home Quality Pool**. The Executive Budget proposes to expand the funding for this Program, at the discretion of the Health Commissioner, through Medicaid rate adjustments or state appropriations or a combination thereof for eligible nursing homes.

- **Vital Access Provider Access Program ("VAPAP")**. The Executive Budget proposes to amend Public Health Law §2826 to include financially distressed nursing homes, Adult Care Facilities, Independent Practice Associations ("IPAs") and Accountable Care Organizations ("ACOs") as eligible providers for VAPAP funds.

- **Allowing Certified Medication Aides to Administer Medications in Nursing Homes**. The Executive Budget proposes to allow certified medication aides to, under the supervision of a registered nurse employed by a nursing home, administer routine and pre-filled medications. While certified medication aides would not generally be permitted to administer medications by injection, perform sterile procedures, or maintain central lines, they would be authorized to provide injections for diabetes care (e.g. insulin), administer low molecular weight heparin, and employ pre-filled auto-injections of naloxone and epinephrine in emergency situations.

ADULT HOMES & ASSISTED LIVING

- **Delays the Determination of the ALP Need Methodology**. The Executive Budget would delay implementation until April 1, 2025.

- **Healthcare Worker Bonus Provisions**. The Executive Budget proposes to apply bonus provisions to Medicaid providers, including ALPs. Employers would pay the employee bonus, which would be calculated based on hours worked during the vesting period, with the State reimbursing for the bonus payments through enhanced Medicaid rates.

- **Distressed Health Care Provider Pool**. The Executive Budget proposes to include ACFs as eligible providers.

- **Appropriations**. The Executive Budget proposes:

    - Enhancing the Quality of Adult Living ("EQUAL") program ($6.532M total) – $3.266M; and $3.266M. Does not change current statutory requirements.

    - Criminal History Background Checks for ACFs – $1.3M; (pg 312-313 State Ops).

    - No SSI rate increase, except for the traditional statutory authority to pass-through any Federal COLA that becomes effective on or after January 1, 2022 (Part S ELFA).

- $60.5M for the "provision of education, assessments, training, in-reach, care coordination, supported housing and the services needed by mentally ill residents of adult homes and persons with mental illness who are discharged from adult homes, including the implementation of the settlement of O'Toole v. Cuomo." Prohibits the use of funds from the appropriation to pay for the services of an independent reviewer appointed by the district court.

- $25M for "Alzheimer's Caregiver Support."

- $2.11M for the ALR Quality Oversight Account.

- $170,000 for an adult homes advocacy program; names the providers (Mobilization for Justice, Inc. ($105,000) and Nassau/Suffolk Law Services ($65,000).

- $60,000 for an adult home resident council support project.

- $500,000 for adult homes quality enhancement.

- $7,000,000 Out of the adult services program in OMH is made available to the Research Foundation for Mental Hygiene, Inc. pursuant to a contract with the office of mental health for two mental health demonstration programs. One program shall be a behavioral health care management program for persons with serious mental illness, and the other program shall be a mental health and health care coordination demonstration program for persons with mental illness who are discharged from impacted adult homes in the city of New York.

- **Enriched Housing.** The Executive Budget proposes level funding of $380,000 for the Enriched Housing Program ("EHP") subsidy.

HOUSING

- **Reimbursement of Supportive Housing**. The Executive Budget proposes allowing OMH to reimburse supportive housing providers for property costs – such as rent, mortgage payments, principle, and interest on loans – similarly to community residences and residential care centers for adults.

- **Five-Year Housing Plan**. The Executive Budget proposal includes a new five-year $25 billion housing initiative, which includes:
  - Supportive Housing: $1.5 billion for the construction of 7,000 supportive housing units and rehabilitation of 3,000 supportive housing units throughout the State; and
  - Senior Housing: $300 million for developing or rehabilitating affordable housing for low-income seniors, age 60 and above.

- **NY/NY III.** The Executive Budget would increase funding by $5.7 million for New York/New York III supportive housing program for total funding of $38 million. This program provides supportive housing to the homeless.

- **Affordable Housing.** The Executive Budget proposal provides level funding of $50.75 million for various affordable housing programs operated by OMH, OASAS and OPWDD.

- **Homeless Housing and Assistance Program**. The Executive Budget would continue level funding for the Homeless Housing and Assistance Program at $128 million.

BEHAVIORAL HEALTH & HUMAN SERVICES

- **APG Rates for Behavioral Health Providers.** The Executive Budget proposes to extend ambulatory patient group rates for behavioral health providers through March 31, 2027. Such rates were designated to expire on March 31, 2023.

- **Increasing the Human Services Cost of Living Adjustment ("COLA").** The Executive Budget proposes to establish a one-time COLA of 5.4 percent, inclusive of all other COLAs, inflation factors or trend factors, provided American Rescue Plan Act and other COVID-19 relief funding shall not be included in the calculation. Specific programs licensed by OMH, OPWDD, OASAS, OCFS, OTDA and SOFA are eligible for the COLA. Each local government or direct contract provider must submit an attestation as to how such funding will be or was used to promote recruitment and retention of direct care staff, direct support professionals, and clinical staff. The Commissioners of the listed agencies are authorized to recoup funding from providers who use funds inconsistent with such purposes.

- **Making OMH's and OPWDD's Authority to Appoint Temporary Operators Permanent**: The Executive Budget proposes to make permanent laws that permit OMH and OPWDD to appoint temporary operators as needed to stabilize established programs and services. Current law, which was enacted in 2016, would otherwise expire on March 31, 2022.

- **Expediting OASAS Capital Projects**. The Executive Budget proposes to amend the Facilities Development Corporation Act to allow the State to purchase and develop properties into voluntary-operated addiction service facilitie and to create a pathway to transfer facilities to service providers.

- **Funding "Nourish New York."** The Executive Budget proposes $50 million in new annual funding to permanently support the program, which facilitates the purchasing of surplus food supplies from local farmers and rerouting them to State food banks.

- **Extend DSRIP Regulatory Flexibility.** The Executive Budget proposes to extend the authority of DOH, OMH, Office for People with Developmental Disabilities ("OPWDD"), and Office of Addiction Services and Supports ("OASAS") to waive any regulatory

requirements for providers involved in DSRIP or similar replication and scaling activities to allow such providers to avoid duplicative requirements. This authority was set to lapse on April 1, 2022 and is proposed to be extended to April 1, 2025.

- **Recovery Residences.** The Executive Budget proposes to establish a certification process for recovery residences, also known as sober homes. The proposal defines recovery residence as a shared living environment free of alcohol or illicit drugs which utilizes peer supports to promote sustained recovery. The proposal authorizes the Commissioner of OASAS to provide for the voluntary certification directly or by contract. The proposal requires the Commissioner of OASAS to implement standards for operation and conduct ongoing monitoring of certified residences.

- **9-8-8 Suicide and Behavioral Health Crisis Hotline.** The Executive Budget proposes to establish an infrastructure for the three-digit phone number as designated by the Federal Communications Commission ("FCC") for the purpose of connecting individuals experiencing a behavioral health crisis with suicide prevention and behavioral health crisis counselors, mobile crisis teams, and crisis stabilization services. It authorizes the Commissioners of OMH and OASAS to have joint oversight over the hotline, which would require them to designate and provide standards for crisis hotline centers. The centers would be responsible for ensuring coordination with 9-1-1, behavioral health crisis services and other specialty behavioral health providers. The centers would have the authority to deploy crisis intervention services, mobile teams and follow up services. The centers would be responsible for providing data and reports on the hotline's usage, services and impacts.

- **Expanding and Making Permanent Kendra's Law.** The Executive Budget proposes to make Kendra's Law, which facilitates the provision of court-ordered Assisted Outpatient Treatment ("AOT") to those who have been diagnosed with a mental illness and are "unlikely to survive safely in the community without supervision," permanent. This proposal would additionally: (1) expand criteria to allow AOT to be ordered for individuals who received AOT within the past six months and have experienced "a substantial increase in symptoms"; (2) allow an examining physician to testify by video conference at an AOT-related hearing; and (3) permit a Director of Community Services or designee to require a service provider to release information concerning persons receiving AOT. Kendra's Law would otherwise expire on June 30, 2022.

- **Expanding the Alcohol Awareness Program to Address Cannabis**. The Executive Budget proposes to expand the Alcohol AwarenessProgram to address the use of other substances, including recreational cannabis, and change its name to the "Substance Use Awareness Program."

- **Extending Expiring Provisions of the Public Health and Social Services Laws:** The Executive Budget proposes to extend several expiring provisions in law, including:
    - Assisted Living Program ("ALP") Need Methodology: Would extend until April 1, 2025 the deadline to determine the ALP bed need methodology.
    - Statewide Patient Centered Medical Home: Would extend the program through April 1, 2025.

- Temporary Operators of Adult Homes: Would make permanent the authorization for the appointment of temporary operators of adult homes.

PUBLIC HEALTH & HEALTH PLANNING

- **Emergency Medical Services ("EMS") Proposals.** The Executive Budget proposes a series of amendments to Article 30 of the Public Health Law to reform the delivery of EMS services. Specifically, the Executive Budget seeks to:

    - Streamline Advising and Reporting of the State Emergency Medical Services Council ("SEMSCO") and Regional Emergency Medical Service Council ("REMSCO"): The Executive Budget would require SEMSCO to advise the Commissioner of Health on: EMS related issues, specialty care, designated facility care, and disaster medical care, and assist with statewide coordination of such issues. The proposal would also require each REMSCO to advise SEMSCO on those same issues, and to assist with regional coordination.
    - Create an EMS Quality and Sustainability Assurance Program: The Executive Budget authorizes the establishment of a Program to be followed by EMS agencies. Standards and requirements of the Program may include, among others, clinical standards and competencies, quality metrics, safety standards, EMS vehicle operator standards, and minimum requirements for quality and sustainability assurance. Through the Program, EMS agencies would be required to perform regular and periodic review of quality and sustainability program metrics. The proposal further provides that EMS agencies that do not meet Program standards and requirements may be subject to enforcement actions.
    - Establish a Statewide Comprehensive EMS Plan: The DOH, in consultation with SEMSCO, would be required to develop a Plan intended to establish a comprehensive EMS statewide system that incorporates facilities, transportation, workforce, and communications, and improves availability of high quality EMS service.
    - Develop an EMS Systems Training Program: The DOH would be required to develop a training program, and, in consultation with SEMSCO, develop educational standards and curricula.
    - Amend the Definition of EMS: The Executive Budget proposes to amend the definition of EMS to include new modalities in EMS service delivery, including immunizations and paramedicine.

- **Renaming the Office of Minority Health.** The Executive Budget proposes to rename the Office of Minority Health as the "Office of Health Equity" to further the advancement of health equity and the scope of work conducted.

- **Gender and Name Changes in Marriage Certificates:** The Executive Budget proposes to amend Domestic Relations Law to allow name and gender changes on marriage

certificates upon receipt of proper proof. The proposal also authorizes the Commissioner of Health to report to the Attorney General any town or city clerk who, without cause, fails to issue a new marriage certificate to compel local government compliance with the law, and the Attorney General is authorized to institute actions and proceedings against such clerk.

- **Extending Various Expiring Provisions:** The Executive Budget proposes to extend several expiring provisions in law, including:
    - DSH/IGT: Would extend the DOH's authority to make DSH/IGT payments to hospitals outside of New York City through March 31, 2025.
    - Pharmacist Collaborative Agreements: Would permanently extend the authorization of pharmacists to enter into collaborative agreements with physicians in certain settings.
    - Distressed Provider Assistance Program: Would permanently extend this program.
    - Lyme and Tick- Borne Disease Working Group Report: Would extend the Lyme and Tick- Borne Disease Working Group's report due date to May 1, 2023.
    - Tick-Borne Diseases and Blood-Borne Pathogen Impact Study: Would extend the study's due date to October 1, 2022.
    - Rare Disease Workgroup Report: Would extend the report due date to December 20, 2022, and the act repeal date to December 20, 2023.
    - Radon Task Force Report: Would extend the report due date to November 1, 2021 and the act repeal date to December 31, 2022.

- **Third Trimester Syphilis Screenings.** The Executive Budget would require physicians or other health care practitioners to order a syphilis test during the third trimester of pregnancy. Under current statute, physicians are authorized to order syphilis tests for pregnant patients at the time of first examination.

- **General Public Health Works (GPHW)/Article 6 Funding.** The Executive Budget proposes to increase reimbursement to the GPHW program by $25.7 million, bringing total funding to $229.2 million. GPHW reimburses counties and the City of New York for expenses related the provision of core public health services. Each receives a base grant, proportional to its population and the level of services it provides. The Executive Budget would use $6.7 million of the additional funding to increase base grants. For non-emergency expenditures in excess of the base grant, counties are reimbursed 36 percent of their costs and the City of New York, receives 20 percent. The remaining $19 million would be used to allow GPHW claims to reimburse for previously excluded costs of fringe benefits provided to employees, as long as the rate remains below 50 percent.

- **Maternal Mortality.** The Executive Budget includes level funding of $4 million in funding for reducing maternal mortality. This includes funding for expanding community health workers through the MICHC program, developing a training curriculum on implicit racial bias, and creating a data warehouse to help analyze maternal outcomes. It also includes funding for a Maternal Mortality and Morbidity Review Board and the Advisory Committee on Maternal Mortality.

- **Regional Perinatal Centers.** The Executive Budget proposes to add $4.5 million in new funding for Regional Perinatal Centers and their affiliated birthing hospitals or birthing centers.

- **EMS Funding.** The Executive Budget proposal includes $45 million in new funding for county-wide EMS services.

- **Tobacco Programs.** The Executive proposal Budget includes level funding for tobacco related programs. A total of $2.1 million is allocated for tobacco enforcement and education, and $33.1 million for the tobacco use prevention and control program.

- **Women Infant Children ("WIC").** The Executive Budget proposal includes level funding of $26.2 million for WIC.

- **Hunger Prevention and Nutrition Assistance Program ("HPNAP").** The Executive Budget proposal includes the same level of base funding of $34.5 million for HPNAP as the Governor proposed last year, but eliminates the additional $500,000 the Legislature added for the program last year.

- **Maternal and Infant Community Health Collaboratives ("MICHC")**. The Executive Budget proposal includes level funding of $1.835 million for the MICHC program.

- **Universal Prenatal and Postpartum Home Visitation Program.** The Executive Budget proposal includes level funding of $1.847 million for the program.

- **Family Planning Services**. The Executive Budget proposal includes $37.4 million in total funding Family Planning services. Funding is provided through a $27.4 million sub-allocation from the Department of Financial Services to DOH and a $10.4 million appropriation from DOH. While the DOH appropriation includes a $1.75 million increase in base funding compared to the base funding provided in last year's Executive Budget, it does not include the additional $937,500 added by the Legislature or the $4.6 million in federal Title X replacement funding provided to six organizations.

- **Nurse-Family Partnership**. The Executive Budget proposal includes level funding for the Nurse Family Partnership Program, for a total of $3 million. It does not include the $1 million added by the Legislature last year.

- **Migrant Health:** The Executive Budget proposal includes $406,000 in level funding for health centers that provide primary care to migrant and seasonal farm workers.

- **Rural Health Care Access and Development:** The Executive Budget proposal includes level funding of $9.41 million for Rural Health Care Access and Development, which is the program created in 2020 that combined the Rural Health Care Access and Rural Health Care Development programs into a single appropriation. It does not include the $1.1 million in funding the Legislature added to the program last year.

- **Cancer Services Program:** The Executive Budget proposal includes level funding of $19.8 million for the Cancer Services Program.

- **Occupational Health Clinics:** The Executive Budget proposal includes level funding of $9.56 million for Occupation Health Clinic networks.

- **School Based Health Centers:** The Executive Budget proposal includes level funding of $10.4 million for School Based Health Centers, including $2.1 million allocated for specific programs. It does not include the $3.8 million to the program and $84,000 for the School Based Health Center Coalition, which the Legislature added last year.

- **Promulgate the Office of Gun Violence Prevention.** The Executive Budget proposes to allocate a total of $500,000 for the creation of a new Office of Gun Violence Prevention in DOH. The new office will use data to track "hotspots" where gun violence is occurring to ensure effective deployment of resources.

LIFE SCIENCES

- **DOH-Funded Research Programs:** The Executive Budget proposes to eliminate several research programs after current contracts expire, including the following:
    - Spinal Cord Injury Research Program: The Executive Budget would provide level funding of $8.5 million for the program.
    - Stem Cell Research Program: Is allocated $2.95 million in funding, down from $13.86 million last year. The program is slated to be eliminated effective 12/31/25, coinciding with the end of the last existing contracts. No further awards will be made.

- **Improving Laboratory Capacity in New York State**. The Executive Budget proposes $750 million in funding to support the construction of a new laboratory on the Harriman campus in Albany.

- **Increasing Support for Newborn Screening**. The Executive Budget proposes to provide an additional $2 million in capital funding to the Wadsworth Center for Laboratories and Research. These resources will be used to procure additional laboratory equipment necessary to increase newborn screening testing capabilities.