

# **New York State Senate Standing Committee on Health**



## **Preliminary Legislative Highlights 2015 Legislative Session**

Senator Kemp Hannon, Chair  
July 2015

Senator Kemp Hannon, Chairman  
Senator David Valesky, Vice Chairman  
Senator Gustavo Rivera, Ranking Member

*Committee Members*

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Senator Simcha Felder	Senator Brad Hoylman
Senator Martin J. Golden	Senator Velmanette Montgomery
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Senator Catharine M. Young	

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## 2015 PRELIMINARY HIGHLIGHTS

The following highlights include health related legislation (passed both houses as well as passed senate only). Given additional legislation is often adopted as part of the budget, the Health Budget Highlights of 2015 are attached. Please note all Committee meetings, events and reports are archived and available on the Committee's Senate webpage: <http://www.nysenate.gov/committee/health>

### LEGISLATION

#### PUBLIC HEALTH & SAFETY

- **Establishes the CARE Act (S.676-B):** This legislation will provide patients with an opportunity to appoint a caregiver upon hospital admission and directs hospitals to notify and offer training to the designated caregiver resulting in better at home care and fewer hospital readmissions. *Passed both houses.*
- **Records determination of unexpected deaths in epilepsy (S.1789):** This legislation requires that when performing an autopsy on an individual who has a history of epilepsy or seizures, a determination of whether the deceased suffered a sudden, unexpected death in epilepsy shall be recorded in order to increase awareness and understanding of epilepsy related mortality. *Passed both houses.*
- **Allows for dining with dogs (S.4327-A):** This legislation allows restaurants to permit dogs in outdoor dining spaces as long as the specified requirements are met to uphold health codes. *Passed both houses.*
- **Provides for expedited access to medical marihuana (S.5086):** This legislation allows for the expedited availability of medical marihuana for individuals whose condition is progressive and degenerative, or will face a serious detriment to their health or life if access to medical marihuana is prohibited before full implementation of the 2014 medical marihuana law. *Passed both houses.*

#### *Organ Donations*

- **Requires response to donor question on DMV form (S.5101-A):** This legislation ensures that New Yorkers have the opportunity to register as an organ donor by requiring that a "yes" or "skip this question" box is checked in the organ donation registration section when filling out DMV forms electronically or in person. *Passed both houses.*
- **Allows 16-17 yr olds to register as donors (S.5313):** This legislation will allow 16 and 17 year olds to consent as an organ donor in the New York State Donate Life Registry while still leaving final authorization up to the individual's parents should a tragedy occur. *Passed Senate only.*

#### *Immunizations*

- **Requires meningococcal vaccine required at 7<sup>th</sup> and 12<sup>th</sup> grade (S.4324-A):** In accordance with CDC recommendations, this legislation requires that all children entering 7<sup>th</sup> and 12<sup>th</sup> grade receive the meningococcal vaccine in order to prevent the spread of this often fatal disease and protect school aged children. *Passed both houses.*
- **Extends and expands pharmacists as immunizers (S.4739-A):** This legislation extends provisions allowing pharmacists to administer certain vaccines until July 1, 2019 and expands the list of vaccinations physicians or nurse practitioners may issue as a patient specific or non-patient specific

prescription to include immunizations to prevent acute herpes zoster, tetanus, diphtheria, and pertussis. *Chapter 46 of 2015.*

### *Lyme Disease*

- **Clarifies OPMC's review of certain complaints (S.1693):** This legislation clarifies that investigations by the Office of Professional Medical Conduct of complaints based solely upon the recommendation or provision of a treatment modality to a particular patient that is not universally accepted shall be limited to a preliminary review. *Chapter 11 of the laws of 2015.*
- **Establishes a Lyme disease awareness and prevention program (S.5803):** Authorizes the Department of Health to create a Lyme disease and tick-borne infection awareness and prevention program. *Passed Senate only.*

### *Women's Health*

- **Provides reasonable accommodations (S.8):** This bill requires that employers allow for reasonable accommodations (i.e. additional bathroom breaks, transfer from hazardous tasks, stool to sit on) for women that are not able to work at full capacity during their pregnancy. *Passed both houses.*
- **Increases public awareness and education on female genital mutilation (S.3483):** This legislation includes female genital mutilation on the list of topics the Department of Health conducts education and outreach programs on. These programs will include information on the physical, sexual, and psychological consequences of undergoing female genital mutilation. *Passed both houses.*
- **Updates Breastfeeding Bill of Rights (S.5183):** This legislation updates the Breastfeeding Mothers' Bill of Rights to ensure women are aware of their right to take reasonable, unpaid breaks in order to pump breast milk upon returning to work. *Passed both houses.*
- **Establishes a taxpayer gift for women's cancers education and prevention fund (S.5902):** This bill establishes the women's cancers education and prevention fund, financed by optional contributions derived from a taxpayer check-off placed on all corporate and personal income tax forms. *Passed both houses.*

### *Harmful Substances*

- **Incorporates federally designated designer drugs into NYS statute (S.1640):** This legislation will provide state drug and law enforcement agencies with another way to combat designer drugs in New York State by adding the Federal Analog Act, which allows enforcement against drugs that are substantially similar to drugs in schedule I or II, to the NYS Public Health Law. *Passed Senate only.*
- **Bans powdered pure caffeine (S.1641):** This legislation defines powdered pure caffeine and prohibits the sale, offering, giving, or distributing of pure powdered caffeine. While caffeine is thought of as a safe stimulant, the pure powdered caffeine being sold is highly toxic in relatively small doses and can too easily lead to overdose. *Passed Senate only.*
- **Bans powdered or crystalline alcohol products (S.1757-A):** This legislation prohibits the sale, offering for sale or providing for the consumption of any powdered or crystalline alcoholic product. *Passed both houses.*
- **Bans Synthetic Cannabinoids and establishes surrender program (S.2836-B):** This legislation adds nine classes of synthetic cannabinoids to the Controlled Substances Act (CSA) and directs the Department of Health to create a statewide Synthetic Cannabinoid and substituted Cathinone Surrender

Program in which individuals may anonymously surrender synthetic cannabinoids to the appropriate authorities. *Passed Senate only.*

- **Includes synthetic hallucinogenic compounds to the controlled substance list (S.5888):** This legislation adds a section to the penal law to criminalize the sale, use, and possession of synthetic drugs as well as adds synthetic hallucinogenic compounds and chemical derivatives to the controlled substance list. *Passed Senate only.*

## HEALTH CARE PROVIDERS

- **Delays electronic prescribing (S.2486):** This legislation delays the requirement that prescribers use only electronic prescriptions for one year, until March 27, 2016, in order to allow the health care community the appropriate time to undergo the federal certification process and properly implement I-STOP. *Chapter 13 of the Laws of 2015.*
- **Establishes continuing medical education for pain management (S.4348):** This legislation helps to curb the opioid abuse crisis in New York State by requiring that health care providers authorized to prescribe controlled substances complete three hours of continuing medical education on pain management and addiction every two years. *Passed Senate only.*
- **Requires electronic health records (S.5094):** This legislation directs hospitals, office-based surgery practices, urgent care or similar providers that offer extended hours and accept unscheduled, walk-in appointments from patients that are not regularly seen by the practitioner to utilize electronic health records systems (EHRs) that connect to the local regional health information organization (RHIO). This will ensure that the patient's primary care provider and other health care facilities will have access to all health records attached to the patient, giving them the ability to provide the best care. *Passed Senate only.*

### Home Care

- **Creates licensure of Fiscal Intermediaries in Consumer Directed Personal Care (S.5565-B):** This legislation establishes a regulating and licensing mechanism for fiscal intermediaries through the Department of Health so that there is proper oversight for fiscal intermediaries who are responsible for the administrative operation of the Consumer Directed Personal Assistance Program (CDPAP). *Passed both houses.*
- **Expands the list of relatives who can be personal care aids in CDPAP (S.5712-A):** This legislation allows parents and certain other relatives to provide personal care to their family members under the Consumer Directed Personal Assistance Program. *Passed both houses.*
- **Caps CHHA rebasing savings (S.5878):** This legislation caps the statewide negative impact of rebasing the Medicaid episodic payment rate for certified home health agencies (CHHAs) at \$30 million for the 2015-16 state fiscal year. *Passed both houses.*

### Pharmacy

- **Establishes a MAC appeal process for pharmacies (S.3346-B):** This legislation creates a process for pharmacies, or their agents, who contract with pharmacy benefit managers (PBM) to appeal, investigate, and resolve disputes regarding multi-source generic drug pricing resulting in a more balanced relationship between pharmacies and PBMs. *Passed both houses.*

- **Ensures prescriber prevails for Medicaid managed care (S.4893):** This legislation applies “prescriber prevails” protections to Medicaid managed care plans so that a prescriber’s determination regarding a patient’s medications prevails over what is covered in Medicaid managed care plans to ensure that patients in these plans are provided the same protections as patients in Medicaid fee for service plans. *Passed both houses.*
- **Provides for safe disposal of controlled substances (S.3687):** This legislation allows pharmacies and other DEA authorized collectors to operate as collection sites for unused controlled substances as soon as they are approved by the DEA and in compliance with federal laws and regulations. *Passed both houses.*

## **HEALTH INSURANCE**

- **Ensures access to prosthetic devices (S.1708-B):** This legislation, in conjunction with correspondence between the Senate and Department of Health, resulted in clarification in May 2015 that New York’s benchmark health insurance plan for policies being sold on NY State of Health will be modified beginning January 1, 2016 in accordance with a new federal directive to include coverage for the cost of repair and replacement of external prosthetic devices for both adults and children. *Agency action.*
- **Provides expedited utilization review of court ordered mental health/addiction treatment (S.4922-A):** This legislation amends the Public Health Law and Insurance Law to provide for expedited reviews and expedited external appeals for court-ordered medical care to ensure that individuals with insurance coverage seeking court-ordered treatment know whether the services will be covered. *Passed both houses.*
- **Ensures access to abuse-deterrent formularies (S.5170-A):** This legislation attempts to reduce the abuse of opioid analgesics by ensuring abuse-deterrent drugs, when prescribed, are filled and similarly covered under insurance as non abuse-deterrent varieties. *Passed both houses.*
- **Establishes pregnancy as a qualifying event for insurance (S.5972):** This bill allows for women to enroll in health insurance coverage while pregnant, without having to wait until the open enrollment period. *Passed both houses.*

## **SENATE HEALTH COMMITTEE ACTIVITIES**

### *Nominations*

- **Health Commissioner Howard A. Zucker**  
On May 5, 2015 the Committee considered the nomination of Howard A. Zucker as Commissioner of Health and voted to move his nomination. Commissioner Zucker was confirmed by the full Senate later that day.
- **Medicaid Inspector General Dennis Rosen**  
On June 15, 2015 the Committee considered the nomination of Dennis Rosen as Medicaid Inspector General and voted to move his nomination. Medicaid Inspector General Dennis Rosen was confirmed by the full Senate later that day.

### *Presentations*

- **Medicaid Director Jason Helgerson on DSRIP**

On February 26, 2015 the NYS Medicaid Director provided the Committee with an overview and update on the Delivery System Reform Incentive Payment (DSRIP) Program the state is implementing. A webcast of the presentation can be viewed at: <http://www.nysenate.gov/event/2015/feb/26/health-meeting>

### *Roundtable Discussions*

- **Value Based Payments**

On April 27, 2015 the Senate Standing Committees on Health and Insurance held a forum entitled Value Based Payment: A Closer Look at Emerging Payment Approaches bringing together experts to discuss this subject. A webcast of the Roundtable discussion can be viewed at:

<http://www.nysenate.gov/event/2015/apr/27/value-based-payment-closer-look-emerging-payment-approaches>

# **NEW YORK STATE SENATE STANDING COMMITTEE ON HEALTH**



**2015-16 SFY**

**HEALTH AND MENTAL HYGIENE  
BUDGET HIGHLIGHTS  
(S.2007-B)**

# HEALTH AND MENTAL HYGIENE BUDGET HIGHLIGHTS

S.2007-B – adopted March 30, 2015

## MEDICAID

**Medicaid Evidence Based Benefit Review Advisory Committee** – establishes a Medicaid Evidence Based Benefit Advisory Committee and requires the committee to consider and advise the Commissioner of Health prior to any material change in the coverage status of a particular item, health technology or service and any matter relative to new health technology assessment or medical evidence review for which a sufficient body of evidence exists.

**Universal billing codes and electronic payment of claims**– prescribes that Medicaid claims for home and community based long term care services, as well as nursing homes and other residential health care providers, shall have standard billing codes and insurers' payments shall be based on such codes as approved by the Department of Health (DOH) or a nationally accredited organization. Requires claims submitted to insurers by home and community based providers of long term care services and residential health care providers be paid via electronic funds transfer.

**Reinvestment of Community First Option Savings** – identifies areas within the State's Olmstead Plan where savings from the Federal Community First Choice Option Program should be directed, and requires the DOH to submit a report on the funding generated and a plan for investment of the savings to the legislature for approval.

**Medicaid Co-Payments** – delays a requirement that Medicaid managed care enrollees be subject to cost sharing in the same manner as Medicaid fee-for-service enrollees until October 1, 2015, and authorizes the Commissioner to submit a waiver for a state exemption from this requirement. The provision stipulates that if no waiver is secured, the Commissioner must adjust Medicaid payments to managed care organizations reflecting enrollee cost sharing beginning October 1, 2015 or whenever CMS commences enforcement, whichever is later.

**Immediate Need Medicaid** – adopts the Executive's proposal to clarify that neither the state nor local social services districts are required to fund temporary, pre-investigation emergency medical care, home care or related services, unless it is during a period of presumptive eligibility specifically authorized. The legislature also included provisions requiring local districts and managed long term care plans to develop an expedited enrollment process for those with an immediate need for personal care or consumer directed personal assistance.

**Health Homes for Criminal Justice Services** – authorizes \$5 million in spending for health home infrastructure grants to establish coordination between health homes and the criminal justice system, and authorizes \$1 million for enrollment assistors to increase Medicaid enrollment of high risk discharges.

**Project Advisory Committees** – requires Medicaid Delivery System Reform Incentive Payment (DSRIP) program lead entities to establish a Project Advisory Committee composed of community representatives to consider and advise the entity on service delivery issues, elimination of health disparities, measurement of project outcomes and the development of any plans or programs.

## MEDICAID RATES

**Capping Medicaid Payments to Medicare Rate** – restores \$20.9 million and rejected the Executive’s proposal to prohibit Medicaid reimbursement of costs associated with Medicare Part C claims when the total payment to the provider would be greater than the Medicaid rate of payment.

**School Based Health Centers** – while the budget does not include any language on this, the administration provided written agreement to delay the carve-in of School Based Health Centers into Managed Care until July 1, 2016.

**Medicaid Managed Care Rate Transparency** – requires the submission of rates established by an independent actuary to managed care providers 30 days prior to submission of rates to CMS and requires DOH to provide annual Medicaid Managed Care Operation Reports to the legislature.

**Managed Care Rates** – clarifies that in setting payment rates for managed care and managed long term care plans, DOH shall consider costs borne by the program and ensure actuarially sound and adequate rates of payment to ensure quality of care.

**Patient Centered Medical Home (PCMH)** – commitment from the Executive to delay implementation of PCMH incentive cuts, and to provide increased incentive payments for only providers who have reached the new more demanding National Committee for Quality Assurance standards, until January 1, 2016.

## MEDICAID TRANSPORTATION

**Managed Long Term Transportation** – adopts provisions to prevent administrative action to carve transportation services out of managed long term care.

**Medical Transportation** – provides \$1 million to rural transportation run by counties that serve Medicaid recipients, \$3 million to provide an enhanced Medicaid rate for certain ambulance services, and \$1 million for air ambulance rate increases.

**Mobility Management** – includes language authorizing the Office for People with Developmental Disabilities to contract with outside entities to conduct an assessment of the mobility and transportation needs of persons with disabilities and other special needs populations.

## **HEALTH CARE FACILITY FINANCING**

Includes provisions in S.4610-A – Part J – adopted March 31, 2015

### **Health Care Facility Transformation Program -**

- **Kings County** – provides \$700 million for health care facility transformation within Kings County to be awarded to support essential health care services including renovation or replacement of inefficient or outdated facilities as part of a merger, consolidation, acquisition or other significant corporate restructuring activity intended to create a financially sustainable system of care which promotes patient-centered care.
- **Oneida County** – provides \$300 million to support health care facility transformation in Oneida County to be awarded in support of projections located in the largest population center of Oneida County for the purpose of consolidating multiple licensed health care facilities into an integrated health care system.

**Essential Health Care Provider Support Program** – provides \$400 million to facilitate health care transformation among essential health care providers who offer services in isolated geographic region where such services would otherwise be unavailable. Of this \$400 million: \$15.5 million is designated for Roswell Park Cancer Institute, \$19.5 million is designated to support a community health care revolving capital fund, and \$10 million is designated to assist behavioral health providers transitioning to managed care.

**Capital Restructuring Financing Program** – reallocates \$1.2 billion for health care facility capital restructuring requiring funds to be distributed, to the extent practicable, regionally in proportion to the applications received from the request for application issued by or before May 1, 2015. Also ensures projects awarded funding under the Health Care Facility Transformation Program shall not be eligible for awards under this program.

**Hospital Quality Pool** – authorizes the Commissioner to establish a general hospital quality pool and provides \$85 million for the purpose incentivizing and facilitating quality improvement in hospitals. Requires DOH to report to the legislature 30 days prior to adoption of a method for allocation, and again 30 days prior to executing allocation.

**Vital Access Provider (VAP)** –

- **Interim Access Federal Funds (IAAF)** – provides \$285 million in funding for distressed hospitals which received federal IAAF and remain in need of funding to sustain the facility until federal DSRIP monies begin to flow.
- **Critical Access Hospitals (CAHs)** - increases the VAP carve out for CAHs to \$7.5 million annually and requires written notice to the legislature with intent to distribute funds.
- **Rural Providers** – allocates \$10 million in VAP funding for rural providers and isolated geographic regions of the state along with essential community providers. Requires written notice regarding methodology utilized, facilities receiving and quarterly reports on disbursements.

**Sole Community Hospital Reimbursement** – authorizes, subject to federal financial participation, enhanced reimbursements of up to \$12 million for inpatient and outpatient services at sole community hospitals and requires written notice to the legislature prior to adoption or any modification in distribution methodology.

**Health Care Reform Act (HCRA) Modernization Task Force** - establishes a task force to evaluate and make recommendations regarding the efficacy and transparency of HCRA resources fund and to evaluate and modernize the provisions of law related to HCRA.

## **HOSPITALS, NURSING HOMES AND OTHER PROVIDERS**

**Improper Delegation of Authority** – authorizes DOH to appoint a temporary operator of a health care facility in instances of an improper delegation of authority to a management consultant by the governing authority or operator.

**Hospital-Home Care-Physician Collaboration Program** - authorizes establishment of this collaboration program to facilitate innovation and provide a framework to support collaborative initiatives for improving patient care, access and management, patient health outcomes, cost-effectiveness in the use of health care services and community population health. In addition to hospitals, home care and physicians, collaborating partners may also include nursing facilities and other interdisciplinary providers, payors and others. The Commissioner is authorized to provide funding for voluntary collaboration initiatives.

**Nursing Home Shared Savings** – provides incentives, subject to CMS approval, to encourage refinancing of high interest rate facility debt, savings from which would be shared between the facility and the state.

**Nursing Home Demonstration** – authorizes establishment of an energy efficiency and/or disaster preparedness demonstration program to allow nursing homes to retain savings achieved through the implementation of approved energy savings or emergency preparedness measures and requires reporting to the legislature on the demonstration.

**Enhancing the Quality of Adult Living (EQUAL) program** – restores funding to the EQUAL program and adopts provisions to provide guidelines on program spending which include the adoption of a process by the residents' council of assisted living facilities to ascertain resident priorities for program funds, an attestation from the president of the council, and clarifies that funds shall not be expended for daily operating expenses.

**Office-Based Surgery** – adopts provisions amending adverse event reporting to include emergency department visits within 72 hours of the office-based surgery for reasons related to the office-based surgery encounter, to provide licensees with additional time to report adverse events and to authorize DOH to require additional information in order to interpret adverse event data. Amendments also authorize DOH to contract with accrediting agencies to ensure the agencies require quality improvement and quality assurance activities and complaint investigations are conducted and all data is reported to DOH. The Senate rejected the Executive's proposals to expand the scope of office-based surgery to include office-based anesthesia and certain procedures performed by chiropractors and podiatrists, as well as the limitation to procedures lasting no more than 6 hours. The senate also rejected the Executive's proposal to authorize the Public Health and Health Planning Council (PHHPC) to review and report on types of procedures performed in outpatient settings .

**Young Adult Special Populations Demonstration Program** – establishes within DOH up to three demonstration programs designed to provide cost effective, necessary services and enhanced quality of care for young adults, aged 21-35, with severe and chronic medical or health problems, or multiple disabling conditions which may be combined with developmental disabilities, who are aging out of pediatric acute care settings. These demonstrations would be designed to help prevent out of state placements and allow for repatriation back into the individuals home community. The Department shall report by December 31, 2015 on what efforts have been taken toward the establishment of the demonstrations.

**State Health Information Network for New York (SHIN-NY) reporting** – extends the SHIN-NY workgroup and requires submission of a final report, in addition to the recent interim report issued by the workgroup, and requires DOH to post quarterly updates on their website on the uses of SHIN-NY funding and how such funding is supporting information exchange among DSRIP providers and increased participation in regional health information organizations.

**State Health Innovation Plan (SHIP)** – requires submission of an annual report on the implementation of SHIP which shall include recommendations of the workgroups established, the Department's efforts in advancing SHIP goals, and information on the expenditures of the State Innovation Model grant.

## PHARMACY

**Pharmacy Rate Reduction** – the legislature restores \$20.6 million in cuts proposed by the Executive and rejected the Executive's proposal to increase the current average wholesale price (AWP) discount for brand name drugs from AWP minus 17% to AWP minus 24%.

**340B Pharmacy** – the legislature restores the Executive's cut of \$10.9 million to 340B providers and rejects provisions to require federal participating 340B providers to bill managed care plans for the actual cost of the drugs.

**Prescriber Prevails** – restores \$4.1 million to maintain prescriber prevails for fee-for-service drugs

**Statewide supplemental rebates** – authorizes DOH to negotiate supplemental rebates for Hepatitis C agents and antiretrovirals approved by the FDA for the treatment of HIV/AIDS and ensures that the manufacturer is not required to also pay a rebate to the managed care provider, and that the rates of reimbursement to the managed care provider take into account the impact of these negotiated rebates and the managed care providers ability to establish clinical criteria on utilization of these drugs.

**Mail order consent** – adopts technical changes to clarify that non-resident pharmacies are subject to provisions of law requiring auto-refill programs to obtain consent prior to filling a prescription not initiated by the consumer, and provides that such consent may be obtained in the same manner as required under the Medicare Part D prescription drug program.

## HEALTH INSURANCE

**Basic Health Program (BHP)** – requires DOH to establish a contingency plan to be implemented in the event federal law or financial support of the program is changed and requires reporting by an independent actuary on BHP rate setting.

**Exchange Tax** – the Senate rejected the Executive’s proposal to tax all New York health insurance plans in order to fund the health insurance exchange (New York State of Health). Exchange operations will continue to be financed through existing funds.

**Excess Medical Malpractice Pool** – supports funding in order to maintain the current eligibility requirements for physicians and dentists in the Excess Medical Malpractice Pool for an additional year and rejects the Executive’s proposal requiring physician tax clearance prior to eligibility.

**Child Health Plus (CHP) rate cut restoration** – Eliminates, effective April 1, 2105, the CHP rate cut enacted in 2010

**Child Health Plus (CHP) Rates for Behavioral Health** – provides that managed care rates under the CHP program for behavioral health services shall be maintained at the current Ambulatory Patient Group (APG) rate through December 31, 2017, provided that managed care organizations and providers may negotiate different rates and methods of payment during the period, provided those rates are approved by the Commissioner.

## PUBLIC HEALTH

**Public Health Program Restoration** – rejects the Governor’s proposal to consolidate 41 public health programs into five competitive grant pools and reduce funding by 15% or \$21.3 million, and restores funding to each program.

**Physician Profile Website** – restores the Executive’s cut of \$1.2 million to fund the physician profile website and includes language requiring the website be timely updated and requiring DOH to study and report on the feasibility of including accurate, up-to-date information regarding insurance network participation provided by health plans.

**Opioid Prevention in Schools** – expands on previous measures the Senate has enacted to make sure individuals have access to the life saving opioid overdose antidote, Naloxone. The senate included \$272,000 in funding and amended language to ensure school districts that choose to have Naloxone available in the event of an overdose may do so.

**End of AIDS Initiative** – accepts Executive’s proposed funding of \$5 million to support initiatives to end AIDS and accepted the Executive’s proposals to: allow oral consent for AIDS testing in Department of Corrections and Community Supervision (DOCCS) facilities; prohibit condoms from use as evidence in misdemeanor charges of prostitution and loitering; and technical amendments to clarify that syringes obtained through a syringe exchange program registered under DOH are exempt from criminalization.

**Doctors Across New York (DANY)** – the Senate provides an additional \$2 million to the Doctors Across New York program and language to ensure funding for loan repayment awards to future classes in order to assist rural areas with physician shortages.

**Water Fluoridation** – accepts the Executive’s proposal to allocate \$5 million to assist localities currently providing water fluoridation in need of system upgrades to allow them to continue water fluoridation and requires localities provide DOH and the public with notice prior to ceasing current water fluoridation programs.

**Organ Donation** – the Senate provides \$250,000 additional funding to increase organ donation efforts.

**Immunization Program**– the Senate adds \$250,000 to support a statewide immunization program and help increase public awareness and immunization rates.

**Cord Blood Program** – authorizes DOH to conduct education and outreach regarding the donation of umbilical cord blood to public cord blood banks within the Health Care and Wellness Education and Outreach Program, and provides \$140,000 to fund the initiative.

**Office of Community Living** – authorizes establishment of an advisory committee to conduct a study regarding the feasibility of the creation of an Office of Community Living; requires stakeholder involvement and submission of a report to the legislature.

**Spinal Cord Research** – provides \$1.5 million in additional funding for the Spinal Cord Injury Review Board, bringing total funding to \$8 million.

**Rape Prevention Crisis Centers**- the Senate provides \$1 million to further support services to rape victims and programs to prevent rape.

**Eating Disorders** – the Senate provides \$332,000 in additional funding for Comprehensive Care Centers for Eating Disorders.

**Women’s Health Initiatives** – the Senate allocates \$1.375 million for women’s health services

**Lyme and Tick-borne Disease Initiatives** – the Senate allocates \$600,000 for the Lyme Disease Task Force recommendations

**Opioid and Heroin Abuse Prevention and Treatment** – includes \$5 million to address the growing opioid and heroin epidemic in communities across the State. The Budget also carries over the \$2.8 million dedicated for this purpose last year.

## **PROPOSALS NOT ADOPTED**

The following proposals were not included in the budget

**Spousal Refusal**

**Authority for DOH to require Value Based Payments**

**Certificate of Need Reform**

**Limited Services Clinics**

**Urgent Care Centers**

**Hospital Private Equity**

**Minimum supplemental rebates**

**Advance Home Health Aides**

**Authority for OHIP term appointments without civil service eligibility**