

## NYS Fiscal Year 2023 Executive Budget

### OVERVIEW

On January 18<sup>th</sup>, Governor Kathy Hochul submitted her first Executive Budget to the Legislature, covering New York State Fiscal Year (FY) 2023, which will run from April 1, 2022 to March 31, 2023.

The Budget forecasts a strong financial position for New York, as a result of federal pandemic assistance, increased tax receipts compared to the Mid-Year forecast, and reductions in expense estimates (including decreases in pensions, debt service, and payroll expenses as well as significant savings in School Aid). The budget projects total spending of \$216 billion, with a base surplus of \$6.4 billion in FY 2023 and no remaining outyear budget gaps through FY 2027.

The Governor proposes to use the current year surplus to fund one-time initiatives, including bonus payments to direct care workers and tax relief for individuals and businesses, as well as to increase the State's rainy-day reserve deposits to fund pandemic assistance efforts and to prepare for future economic uncertainties. The Governor has set a target of bringing the balance of the State's principal reserves to 15% of projected State Operating Funds by FY 2025.

The Budget includes major health proposals outlined in the State of the State, including a \$10 billion investment in health care (including wage supports, across-the-board rate increases, new capital funding, and other items); scope of practice expansion; telehealth parity requirements; and eligibility expansions for Medicaid and the Essential Plan.

Some notable new items include:

- Re-indexing the Medicaid Global Cap to a higher inflation factor;
- A procurement process for Medicaid managed care organizations (MCOs), which would establish between two and five plans in any region; and
- Moving oversight of health professions from the State Education Department (SED) to the Department of Health (DOH).

The below summary provides further detail on these and other highlights from the budget's Article VII legislation and appropriation bills. Where available, legislative sources are marked in [brackets]. The Article VII Health and Mental Hygiene (HMH) bill can be found [here](#).

The full FY 2023 budget materials are available on the Division of the Budget's website [here](#).

### WORKFORCE

#### Wage Supports and Bonuses

The Governor has set a goal of growing the State's healthcare workforce by 20% over the next five years to address systemic staffing challenges exacerbated by the Covid-19 pandemic. The Budget describes health workforce investments of roughly \$4 billion, including:

- \$1.2 billion of State-only funds to provide one-time Healthcare Workforce Bonuses of up to \$3,000, to be exempt from income tax, to frontline health and mental hygiene workers who earn up to \$100,000 annually [HMH, Part D]
  - Bonuses will be disbursed by employers, who may be subjected to monetary penalties for failing to identify, claim, and pay bonuses for each employee, pursuant to a schedule determined by the State.
  - Specific bonus amounts will be determined based on hours worked and length of time in service.
- \$411 million to fund a 5.4% Cost of Living Adjustment (COLA) for FY 2023 for frontline direct care workers in eligible human services programs. These include almost all programs certified, licensed, or funded by:
  - The Office of Mental Health (OMH);
  - The Office of Addiction Supports and Services (OASAS);
  - The Office for People with Developmental Disabilities (OPWDD); and
  - The Office of Children and Family Services (OCFS).

It also includes certain programs under the auspices of the State Office for Aging (SOFA) and the Office of Temporary and Disability Assistance (OTDA). Any Local Government Units (LGUs) or direct contract providers receiving this funding must submit a written certification of how funds will be used to recruit and retain direct care staff. [HMH Part DD]

- \$5.5 million to establish the new Nurses Across New York (NANY) loan forgiveness program for nurses practicing in underserved communities for three years [HMH, Part A].

These proposals also include the wage supports components representing roughly \$2.2 billion of federal funds for which New York has already applied from the enhanced home and community-based services (HCBS) funding available through Section 9817 of the American Rescue Plan.

## Regulation of Health Professions

The Budget proposes to transfer oversight of all licensed health professions from the SED to the DOH, effective January 1, 2023. Existing regulations would be transferred without changes, but going forward, DOH would have oversight over the licensure of physicians, nurses, psychologists, social workers, mental health practitioners, and pharmacists, among other professions. [HMH, Part G]

## Licensure and Scope of Practice

The budget would:

- Authorize New York to join the Interstate Medical Licensure Compact and Nurse Licensure Compact, which will simplify the process by which physicians and nurses can use their existing license from other states to practice in New York [HMH, Part B].
- Exempt nurse practitioners (NPs) with more than 3,600 practice hours in primary care (defined to include general pediatrics, general adult medicine, general geriatric medicine, general internal medicine, OB/GYN, family medicine, and other areas determined by DOH) from the requirement to have a written practice agreement with a physician, and otherwise permanently enact the Nurse Practitioners Modernization Act [HMH, Part C].

- Make permanent certain scope of practice expansions that were put in place by executive order during the Covid-19 public health emergency (PHE), including:
  - Designating licensed pharmacists as qualified healthcare professionals to direct limited-service laboratory and ordering and administering tests;
  - Allowing physicians and NPs to order non-patient specific standing regimens to test patients for COVID-19, influenza, and other upper respiratory illnesses; and
  - Allowing individuals to collect specimens from patients for COVID-19, influenza testing, and testing for other upper respiratory illnesses, if acting under the supervision and training of a registered nurse, certified NP, or physician [HMH, Part C].
- Expand the scope of practice for certified medication aides to administer routine and prefilled medications, under the supervision of RNs, in residential health care facilities. This authority would expire in two years if not extended [HMH, Part C]

## MEDICAID

### Global Cap Re-Indexing

The Budget would modify the metric used to calculate the growth of the Medicaid Global Cap. Instead of being limited to the 10-year rolling average of the medical component of the Consumer Price Index (CPI-M), the Global Cap would grow by the 5-year rolling average of Medicaid spending projections from the Centers for Medicare and Medicaid Services (CMS), which better account for enrollment and population changes. [HMH, Part H]. The total Global Cap spending growth in FY 2023 is estimated at \$966 million using the new index (\$366 million above the previous growth).

### Across-the-Board Increases

The Budget would restore the 1.5% across-the-board (ATB) reduction for Medicaid providers that was recommended by the second Medicaid Redesign Team (MRT II) in 2020 and enacted in the FY 2021 Budget [Financial Plan]. It would also provide an additional Medicaid trend factor of 1% for all DOH Medicaid fee-for-service payment rates in recognition of provider labor cost increases [HMH, Part I].

In total, these two provisions would represent a multi-year spending increase of \$3.7 billion.

### MCO Reprourement

The Budget would authorize DOH to issue a new Request for Proposals (RFP) to re-select all Medicaid MCOs, except for HIV Special Needs Plans (HIV SNPs) and Programs of All-Inclusive Care for the Elderly (PACE). This could include mainstream plans, Health and Recovery Plans (HARPs), managed long-term care (MLTC) plans, and Medicaid Advantage Plans (MAPs). The RFP would seek to establish between two and five plans in each region, with boundaries of regions to be defined by DOH in the RFP.

DOH will evaluate applications in consultation with OMH, OPWDD, OASAS, and OCFS. The agencies will consider a variety of factors in awarding contracts, some of which include:

- Inclusion of major public hospitals in the plan's network;
- Not-for-profit status;
- Ability to offer plans in multiple regions;
- Operation of different types of plans, including CHIP, the Essential Plan, and MLTC;

- Participation in products offering integrated care for dual eligibles;
- Participation in value-based payment arrangements, including “the delegation of significant financial risk to clinically integrated provider networks”; and
- Commitment to community reinvestment spending.

Although statutory, these criteria do not define a methodology by which bids must be awarded, and other factors may be considered.

DOH would also be authorized to re-procure these bids in the future as needed, after the end of a contract term. All existing MCOs would be required to notify DOH of their intention to bid within 60 days of the issuance of the RFP, or terminate their services.

Until the RFP is released, DOH would not process or approve any further requests to establish MCOs, exempting the following:

- Applications submitted before January 1, 2022;
- Applications seeking approval to transfer ownership/control of an existing MCO;
- Applications seeking authorization to expand an existing MCO’s approved service area;
- Applications to operate an HIV SNP plan or Developmental Disability Individual Support and Care Coordination Organization (DISCO);
- Applications that would be appropriate to address a serious concern with care delivery, such as a lack of adequate access to MCOs in a geographic area or a lack of adequate and appropriate care, language and cultural competence or special needs services. [HMH, Part P]

## Expansion of Eligibility

The Budget would expand Medicaid eligibility for individuals aging into Medicare by eliminating the resource eligibility test and raising the eligibility level for Medicare-eligible individuals (through age or disability) to match the standard adult population threshold of 138% of the Federal Poverty Line (FPL) for the applicable family size, effective January 1, 2023 [HMH, Part N].

## Other

The Budget would:

- Provide \$77 million to fully restore cuts to the Medicaid Mainstream and MLTC quality pools [[DOH Agency Appropriations Report](#)].
- Provide \$34.7 million to increase capitation rates for certain MLTC and HIV SNP plans, within the existing rate range [DOH].
- Delay the statutory requirement to rebase and reweight acute hospital rates until at least January 1, 2024, to prevent large changes in hospital reimbursement rates. [HMH, Part J].
- Streamline requirements in the fee-for-service Utilization Threshold (UT) program to reduce administrative burden, effective July 1<sup>st</sup> [HMH, Part W].

## CAPITAL FUNDING

The Budget proposes to establish a new \$1.6 billion Statewide Health Care Facility Transformation Program (SHCFTP IV) to fund capital projects by eligible providers, including but not limited to:

- Hospitals;

- Residential health care facilities;
- ACFs;
- Article 28 diagnostic and treatment centers (DTCs);
- Clinics licensed pursuant to Public Health or Mental Hygiene Law;
- Children’s residential treatment facilities (RTFs) licensed under Article 31;
- Assisted living programs;
- Article 31 and Article 32 clinics; and
- IPAs or organizations.

Funds would be split into five pools:

- Up to \$450 million would be available for capital projects submitted under the current SHCFTP III Request for Applications (RFA), which are due February 15<sup>th</sup>. These additional funds would be awarded by December 31<sup>st</sup>. Notably, Of this amount:
  - At least \$25 million would be awarded to Article 28 DTCs;
  - At least \$25 million would be awarded to Article 16, 31, or 32 clinics, Article 36 home care providers, or Article 40 hospices; and
  - At least \$50 million would be awarded to residential health care facilities or ACFs.
- Up to \$200 million will be awarded for modernizing “emergency departments of regional significance,” which must be a Level 1 Trauma Center with the highest volume in its region and meet other safety net criteria.
- Up to \$750 million would be awarded to capital projects that “build innovative, patient-centered models of care.”
- Up to \$150 million would be awarded for “technological and telehealth transformation projects.
- Up to \$50 million would be awarded to “residential and community-based alternatives to the traditional nursing home model”

This funding would be expended over the next five years and beyond, with only \$35 million expected in FY 2023. About \$750 million falls outside of the five-year budget projection window. [HMH, Part K]

## INSURANCE

### Telehealth Payment Parity

The Budget would establish payment parity in telehealth for both Medicaid and commercial plans. Plans will be required to reimburse providers “on the same basis, at the same rate, and to the same extent” that equivalent services are provided in person.

Payment would not be required for costs such as facility fees or costs included in Article 28 APG rates, if relevant costs were not incurred due to neither end of the service being provided in a facility setting. However, for Article 16, 31, and 32 services, plans would be required to reimburse at the in-person rate as established by OPWDD, OMH, or OASAS, respectively.

Regulated commercial plans will be subject to similar requirements and a similar exemption regarding facility fees. Plans will also be required to ensure that they meet network adequacy requirements for telehealth [HMH, Part V].

## Requirement to Offer Contracts to Cancer Centers

The Budget would require health plans offering Medicaid, Essential Plan, and Qualified Health Plan products to offer a contract to all National Cancer Institute-designated Cancer Centers in their service area. The contract must include reimbursement for inpatient and outpatient services at no less than the fee-for-service Medicaid payment rate. [HMH, Part P]

## Surprise Billing

The Budget proposes changes needed to align New York's surprise billing process with the requirements of the Federal No Surprises Act. [HMH, Part AA]

## Essential Plan

The Budget would seek federal approval to expand Essential Plan (EP) eligibility from 200% of the federal poverty line (FPL) to at least 250% of the FPL [HMH, Part Q].

The Budget would also add coverage for certain long-term services and supports (LTSS) for enrollees with chronic illnesses or functional limitations to the Essential Plan benefit package [HMH, Part Q].

## Children's Health Insurance Program (CHIP)

Starting in FY 2023, the Budget would eliminate CHIP premiums for families with household incomes less than 223% of the FPL [HMH, Part U].

Effective January 1, 2023, it would also align the CHIP benefit with the Medicaid benefit package by requiring CHIP plans to cover ambulance services and Medicaid behavioral health services for children, including:

- Children's Home and Community-Based Services (HCBS);
- Children and Family Treatment and Support Services (CFTSS);
- Assertive Community Treatment (ACT) services;
- Residential rehabilitation for youth services; and
- Health-related services provided by Article 29-I Voluntary Foster Care Agencies.

Additionally, CHIP rate-setting authority would be transferred from the Department of Financial Services to DOH [HMH, Part U].

## Commercial Plans

The Budget would codify regulations to require all commercial insurance policies that provide comprehensive health coverage to cover abortion services without cost-sharing, except in high-deductible plans. Exemptions will be granted for religious employers to exclude coverage under certain conditions [HMH, Part R].

## SAFETY NET

The Budget will provide \$2.8 billion in payments to safety net hospitals. [Briefing Book] This amount includes \$100 million for financially distressed hospitals and \$250 million for other distressed provider costs. [DOH]

Related appropriations include:

- \$1.353 billion for hospital inpatient services and general hospitals (increase of \$42 million) [AtL 577-578]
- \$660 million for general hospitals and residential health care facilities (increase of \$90 million) [AtL 586]

The Budget will also continue to maintain the annual allocation of. \$132 million in Vital Access Provider (VAP) funding [AtL 584]

Additionally, it proposes to extend DOH's authority to make temporary rate adjustments for general hospitals through FY 2023, and expand the category of financially distressed providers who are eligible to receive such adjustments to include:

- Nursing homes;
- Adult care facilities;
- IPAs; and
- ACOs [HMH, Part M].

## LONG TERM CARE

### Nursing Homes

The Budget would modify the requirements passed in the FY 2022 Budget on nursing home operations and profits. Nursing homes must still spend at least 70% of revenue on direct resident care and at least 40% of revenue on resident-facing staff. However, the following revenue sources will be excluded from the definition of revenue:

- [HCRA Provider Assessment](#) revenue, for all nursing homes; and
- The capital per diem portion of reimbursement rates, for all nursing homes ranked 4 Stars or 5 by CMS and on a case-by-case basis for nursing homes ranked 3 Stars by CMS [HMH, Part M].

The Budget would also allow additional funding for the Nursing Home Quality Pool (NHQP) to include medical assistance rate adjustments and State appropriations [HMH, Part M].

### PACE

The Budget would establish a new Article 29-EE to create a unified licensure process for PACE plans. This process would consolidate the requirements under Article 28, Article 36, and Article 44, as well as other regulatory requirements required for PACE organizations or the establishment of a PACE Center.

DOH would also be authorized to establish different financial reserve requirements for PACE programs, as well as authority for a new methodology for establishing PACE payment rates for Medicaid. [HMH, Part O].

### Other

The Budget also proposes to:

- Increase Medicaid managed care reimbursement rates for private nursing duty services provided to medically fragile adults [HMH, Part O].

- Authorize DOH to develop service authorization standards for LTSS, including modifications to the Uniform Assessment System (UAS) currently used to make determinations for utilization of home care services, such as the number of daily Consumer Directed Personal Assistance Program (CDPAP) hours of care [HMH, Part O].

## BEHAVIORAL HEALTH

The Budget extends the requirement for Article 31 and Article 32 providers (and behavioral health crisis programs licensed by OMH and OASAS under Article 36 of the Mental Hygiene Law) to be paid at government-set APG rates through FY 2027. [HMH, Part LL].

It also proposes to allow OMH and OASAS to reinvest \$111 million in projected State share savings from FY 2022 to FY 2023 that were realized through the transition of behavioral health services from fee-for-service to managed care, including savings produced from the recovery of premiums that represent a reduction of underspending against established premium targets for behavioral health services and the medical loss ratio applicable to special needs plans. [HMH, Part FF]

Other proposals include to:

- Establish the 988 Suicide Prevention and Behavioral Health Crisis Hotline system to connect individuals experiencing a behavioral health crisis with suicide prevention and crisis services. OMH and OASAS would be authorized to promulgate standards for crisis hotline centers to provide follow-up services to individuals accessing the hotline [HMH, Part EE].
- Create a voluntary certification process for recovery-supportive housing providers [HMH, Part II].
- Expedite the development of capital projects to support voluntary-operated addiction services programs [HMH, Part KK].
- Expand the scope of the Alcohol Awareness Program to include recreational cannabis [HMH, Part JJ].

## STATE AGENCIES

### DOH

The Budget would redefine the mission and scope of the Office of Minority Health and rename it the Office of Health Equity [HMH, Part X].

DOH intends to invest \$20 million to create the proposed new Office of Workforce Innovation. [DOH] A \$10 million appropriation is listed [State Ops 329].

Although DOH lists a projection of additional staff required for the proposed new Office of Medicaid Innovation, the Budget does not contain an appropriation or legislative language on it.

### OMH

The Budget would provide \$5.1 billion in all funds appropriations (a net increase of \$630.5 million from FY 2022) for OMH, with the net increase attributable to the 5.4% COLA adjustment, worker bonuses, minimum wage increases, and continued investments in community-based services [[OMH Agency Appropriations Report](#).] It would also:



- Appropriate \$10 million to fund the expansion of the Home-Based Crisis Intervention (HBCI) program and the establishment of a Mental Wellness Community Workforce; [OMH]
- Appropriate an additional \$104 million over FY 2023 and FY 2024 for existing community-based residential programs; [OMH]
- Address street homelessness by partnering with NYC to establish 20 Safe Options Support (SOS) teams of mental health practitioners performing Critical Time Intervention to connect individuals to housing and services; [OMH]
- Expand property pass through laws by allowing OMH to reimburse supportive housing programs for property costs such as rent and mortgage payments, in a manner similar to community residences or residential care centers for adults [HMH, Part NN].

## OASAS

The Budget would provide \$1.5 billion in all funds appropriations (a net increase of \$542.6 million from FY 2022) for OASAS, with the net increase attributable to the 5.4% COLA adjustment, worker bonuses, minimum wage increases, and potential federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding. [[OASAS Agency Appropriations Report](#)].

The Budget also proposes to appropriate \$200 million from the Opioid Stewardship Investment Act to fund new initiatives to combat the opioid crisis.

## OPWDD

The Budget would provide \$7.2 billion in all funds appropriations (a net increase of \$2.2 billion from FY 2022) for the OPWDD, with the net increase attributable to the 5.4% COLA adjustment, worker bonuses, and additional Medicaid costs. [[OPWDD Agency Appropriations Report](#)] Items in the Budget would:

- Appropriate an additional \$15 million to develop housing and independent living opportunities for individuals with intellectual and developmental disabilities;
- Appropriate \$13 million in FY 2023 for housing subsidies through the Individual Supports and Services (ISS) and Self-Direction (SD) programs;
- Appropriate \$9.5 million in FY 2023 to reimburse Supervised and Supportive Residential Habilitation providers for the full amount of OPWDD-approved costs incurred, thus aligning room and board supplemental payments with actual costs;
- Appropriate \$4.5 million to continue rate enhancements for Intensive Behavioral Services (IBS) and improve connections to county-based mobile crisis services; and
- Appropriate \$10 million to increase the number of Child and Adolescent Needs and Strengths (CANS) assessments and reassessments used to develop individualized, person-centered plans of services and supports.

## Temporary Operators

The Budget would:

- Permanently authorize OMH and OPWDD to appoint temporary operators for the continued operation of programs when it may be necessary to maintain a program's viability and protect the health and safety of patients [HMH, Part OO];

- Extend the authority of Office of Temporary and Disability Assistance (OTDA) and the Office of Children and Family Services (OCFS) to appoint a temporary operator for emergency shelters [ELFA, Part T].

## EMERGENCY MEDICAL SERVICES

The Budget proposes to develop a comprehensive statewide emergency medical services (EMS) plan and system, including standardized treatment protocols across regional EMS agencies. This includes:

- Consultation with regional EMS councils on development of treatment protocols and appropriateness review standards;
- Creation of an EMS quality assurance program;
- Requirement for each regional emergency medical advisory committee and county to develop emergency medical system plans for their respective geographic areas;
- Establishment of an EMS training program and associated standards and requirements;
- Creation of an EMS mental health and wellness program that provides resources to EMS practitioners to prevent burnout and suicides.

Additionally, DOH would be authorized to develop criteria and training for credentialing advanced EMS personnel, who would be qualified to provide specialized services. [HMH, Part F]

The Budget also appropriates \$5 million to implement a countywide EMS pilot in select counties outside of New York City [AtL 552].

## MATERNAL HEALTH

The Budget includes proposals for over \$20 million annually in maternal health investments. This includes the \$6.3 million to extend Medicaid post-partum coverage eligibility to 12 months, effective January 1, 2023 [HMH, Part S].

Additionally, it would:

- Include prenatal and postpartum care services under the definition of “standard coverage” in Medicaid, subject to federal approval, effective April 1<sup>st</sup> [HMH, Part S];
- Enable DOH to issue regulations regarding requirements for physicians or other authorized practitioners to order third trimester screenings for syphilis [HMH, Part T].

## PHARMACY

The Budget proposes to end the “prescriber prevails” provision [HMH, Part BB] and to require all pharmacies to maintain stocks of Naloxone and Buprenorphine for the treatment of opioid use disorder [HMH, Part HH].

## OTHER

### Existing Authorities and Programs

The Budget would:

- Extend regulatory waiver authority associated with projects implemented under the Delivery System Incentive Reform Payment (DSRIP) program, to allow the continued operation or scaling and replication of promising DSRIP approaches, through April 1, 2025 [HMH, Part GG].
- Extend and amend Kendra’s Law for court-ordered Assisted Outpatient Treatment (AOT) through June 30, 2027. Amendments include allowing physicians to testify at hearings by videoconference. [HMH, Part MM].
- Extend the Hospital Excess Liability Pool by one year and restructures Physician’s Excess Medical Malpractice Program payments to insurers from one annual payment to two installments split over two fiscal years [HMH, Part Z]
- Extend various provisions of the Public Health and Social Services Law to continue previously enacted Medicaid and health savings initiatives, including:
  - Extend the Assisted Living Program (ALP) Need Methodology through April 1<sup>st</sup>, 2025;
  - Extend DOH’s authority to make Disproportionate Share Hospital (DSH) and Intergovernmental Transfer (IGT) payments to public general hospitals outside of NYC through March 31, 2025;
  - Extend provisions relating to general hospital inpatient services payments to April 1, 2025;
  - Extend the Statewide Medicaid Integrity and Efficiency Initiative through March 31, 2024;
  - Permanently authorize the New York Agency Trust Fund, Distressed Provider Assistance Account;
  - Permanently allow pharmacists to enter into collaborative drug therapy management agreements with physicians in certain settings; and
  - Permanently authorize the General Public Health Work Program.

### Broadband Connectivity

The Budget seeks \$1.6 billion to support the ConnectALL Initiative to provide affordable broadband access to rural and urban areas statewide. The Initiative will establish a wide variety of broadband-related programs and investments, including but not limited to the following:

- Local Connectivity Planning Grant Program
- Affordability and Affordable Housing Connectivity Programs
- Digital Equity Program
- Rural Broadband Grant Program
- Connectivity Innovation Fund Program
- 21<sup>st</sup> Century Municipal Infrastructure Investment Program

ConnectAll projects would be exempted from Department of Transportation (DOT) use and occupancy fees [TED, Part JJ].

## Local Health Departments

The Budget would:

- Allow DOH to increase annual State Aid base grant funding for full-service Local Health Departments (LHDs) to \$750,000 and for partial service LHDs to \$577,500 to help LHDS respond to emerging public health threats [HMH, Part E].
- Allow LHDs to claim up to 50% of fringe benefit rate for State Aid Reimbursement, allowing LHDs to increase staffing levels [HMH, Part E].

## Housing

The Budget would implement a new five-year, \$25 billion comprehensive Housing Plan aimed at addressing community health disparities and expanding housing access in historically underinvested areas. Plan components include:

- Create and preserve 100,000 affordable homes, including 10,000 units of supportive housing; and
- Electrify an additional 50,000 homes and make one million homes electrification ready. [[Division of Housing and Community Renewal Agency Appropriations Report](#)].

## Education

The Budget would:

- Authorize a cost-of-living adjustment (COLA) of 11% for the School Year (SY) 2023 tuition rates for Special Education providers that receive funding through an annual rate-setting process (i.e. providers of preschool-age children with disabilities, students with disabilities educated in private settings and special act school districts, and students with disabilities receiving summer services); [[SED Agency Appropriations Report](#)].
- Appropriate \$100 million for SY 2022-23 and 2023-24 for Recover from COVID School (RECOVS) Program grants for school districts demonstrating the highest need to address student well-being and learning loss. Grants will fund:
  - The employment of mental health professionals and expansion of school-based mental health services or other evidence-based mental health supports for students and school staff; and
  - The creation/expansion of summer learning programs, after-school programs, or extended day/year programs [AtL, 181].

## Other

The Budget would:

- Enable homeless youth to consent to their own medical treatment and be able to access healthcare services without requiring consent from their legal guardians [ELFA, Part P].
- Enable all general hospitals to access services provided by the New York Power Authority, including the financing, development, and construction of energy-related projects [TED, Part DDD].