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NYS 2024-25 Budget Update: One-House Bills

OVERVIEW

This week, the New York State Assembly and Senate announced the one-house versions of the state's budget legislation for State fiscal year (FY) 2024-25. Each chamber's proposal is based on the Governor's Executive Budget, but may include modified appropriations and may include or exclude some of the accompanying Article VII legislative proposals. The three parties will now begin negotiations on reconciling these proposals, with a target date of April 1st to finalize the Enacted Budget for 2025.

Like last year, both the Assembly and Senate have proposed significant changes from the Executive Budget which would result in higher spending. Both chambers propose increased spending of over $13 billion (All Funds), or almost 6%. This would be funded in large part by a new tax on managed care organizations (MCOs), which would seek to hold plans harmless while drawing down an additional $4 billion per year in federal matching funds. This proposal is modeled on the similar large increase to MCO taxes that California enacted last year. The legislative budgets also include more than $2 billion in other new taxes and reflect the $1.4 billion consensus upward adjustment to forecast revenue that was agreed to by all three parties in February. The Senate and Assembly also intend to maintain a marginally lower level of reserves than the Executive (about $400 million).

The Assembly and Senate also propose notable removals or replacements of the Governor's policy proposals. Major health care-related items include:

- New proposed capital funding;
- Significant new investments in Medicaid funding, including a 3% across-the-board increase and additional increases for hospitals, nursing homes, and assisted living programs, new safety net hospital funding, and a 3.2% cost of living adjustment (COLA) for most human services agencies;
- Removal of the Executive's proposals to repeal Consumer Directed Personal Assistance Services (CDPAS) wage parity, although both chambers noted that they remain open to working on ways to achieve "administrative efficiencies" related to Medicaid long-term care. The Assembly specifically noted that they believe home care services should be carved out of the managed long-term care (MLTC) program and administered directly by the Department of Health;
- Removal of many of the Executive's proposed scope of practice and workforce reforms;
- Adjustments to the Executive's proposals on mental health reimbursement and parity; and
- New proposals to establish additional investments in health capacity, in particular related to reproductive health and doula care (community-based as well as integrated into facilities).

The below document is a non-comprehensive summary of notable changes, additions, and removals to proposals from the Executive Budget. SPG's Executive Budget summary is available here. As a reminder, these bills are far from final, and many omitted provisions may return or be modified.

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CAPITAL FUNDING

Unlike the Executive Budget, both the Assembly and the Senate propose significant new allocations of capital funding for health care providers:

- The Assembly proposes a new $1 billion allocation for "capital needs of healthcare facilities" with a specific mission to "address health care disparities." DOH would be required to provide a quarterly report to the Assembly and Senate on this funding.
- The Senate would provide $1.5 billion for a sixth round of the Statewide Health Care Facility Transformation Program (SHCFTP VI).

Both chambers propose to allocate $300 million specifically for the SUNY Downstate capital improvements plan, but the Assembly proposes to reallocate funding from the existing rounds of SHCFTP, while the Senate would include a new $300 million (on top of the $1.5 billion proposed for SHCFTP VI). Both chambers also propose a $20 million capital allocation for institutions that research rare diseases, including ALS, but the Assembly would again allocate this funding from existing SHCFTP funds while the Senate would add it on top.

Neither chamber accepted the Executive Budget proposal to divert $500 million of existing SHCFTP funds to a Healthcare Safety Net Transformation Program.

MCO TAX

Both chambers propose to raise new funds through a tax on managed care organizations. This proposal is modeled on California's managed care organization tax, which existed for many years but was expanded significantly in 2023. California engaged with the federal government on structuring the tax, with the understanding that "CMS has declared intention to change federal regulations associated with Health Care Related Taxes" and that "this proposed model may not be approvable in the future […] beyond calendar year 2026."

In New York, the Assembly and Senate intend to set the tax to raise an additional $4 billion per year for three years. This proposal will similarly require consent from CMS. The bulk of this funding—more than $3 billion in both chambers—would be intended to provide funds for Medicaid rate increases and remove proposed Medicaid cuts (as described in the next section). Under the Assembly proposal, funds would be placed in a "Medicaid Investment Fund" under the joint custody of the Comptroller and DOH. Funds would be exempt from the Medicaid Global Cap. The remainder of funds not used (about $938 million) would be reserved for future uses.

MEDICAID

Across-the-Board and Targeted Rate Increases

The Senate and Assembly both propose to include an across-the-board rate increase of 3% for all Medicaid payments, along with the following additional increases:

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- Hospitals (inpatient and outpatient): 7% by the Senate and 7.5% by the Assembly;
- Hospices: 6.5% by the Senate; and
- Nursing Homes and Assisted Living Programs: 6.5% by the Senate and 7.5% by the Assembly.

The Assembly notes that it would also allocate $30 million for Certified Home Health Agencies and provide $28.5 million to alleviate State Office for the Aging (SOFA) waitlists.

Telehealth Payment Parity Extension

The Assembly accepted the Executive Budget proposal to extend the current requirement, passed in the FY 2023 Budget, for telehealth payment parity for both Medicaid and commercial plans, by one year, through April 1, 2025.

The Senate proposed to make this requirement permanent. Both houses also included a new requirement to require parity for telehealth services delivered by federally qualified health centers (FQHCs), including those also licensed under Articles 31 or 32.

Children's Continuous Eligibility Expansions

Both chambers accepted the Executive proposals to extend continuous Medicaid eligibility to children up to the age of six and allow all children turning 19 to remain on Medicaid until their next renewal date. The Assembly would also add language to enable a parent or guardian to enroll a child in Medicaid at any time.

Rejection of Proposed Medicaid Cuts

Both chambers rejected the Executive Budget's various proposals for Medicaid cuts, such as:

- The discontinuation of managed care quality pool supplemental funding ($112 million);
- Further reductions to the Health Home program;
- Further reductions of hospital inpatient and nursing home capital add-on payments;
- Nursing Home Vital Access Provider cuts;
- Exclusion of Medicaid services from the independent dispute resolution process; and
- The Governor's proposal for $200 million in "unallocated" Medicaid reductions.

These restorations are funded through the MCO tax (discussed above).

1115 Waiver Contracting Authority

The Executive, in the 30-day amendments, proposed to provide authority for DOH to contract with organizations to fulfill the 1115 Waiver projects without being subject to various state requirements, including competitive bidding. The Senate accepted this proposal, but the Assembly would omit it.

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School-Based Health Centers

Both chambers would specify in statute that school-based health center services would remain carved out of managed care under Medicaid [Senate: HMH, Part B, Section 10-a; Assembly: HMH, Part II].

Global Cap

The Executive Budget would renew the Medicaid Global Cap through FY 2026. Like last year, the Assembly would include this renewal, but the Senate bill would repeal the Medicaid Global Cap.

Children's Rate Enhancements

The Executive proposed to increase Early Intervention (EI) reimbursements by 5% under administrative authority.

The Assembly would instead include statutory language raising EI reimbursement by 11%, with an additional 4% increase for services provided in a rural or underserved area, starting July 1, 2024.

Extending Age Limit for Medically Fragile Young Adults

The Senate would include new statutory language that would allow medically fragile young adults to remain in specialized pediatric nursing facilities from the ages of 21 to 36, at the same reimbursement rate.

FQHC Rate Rebasing

The Senate would include new statutory language to change the Medicaid program's calculation of the operating cost component for FQHCs and rural health centers (RHCs). It would direct DOH to recalculate FQHC actual costs over the last five years and update rates accordingly, taking into account factors such as scope of services, staffing needs, physical plant and maintenance costs, technology costs associated with telehealth, information technology costs, and other necessary costs. The new rates would go into effect on April 1, 2025. Furthermore, going forward, DOH would use the FQHC Market Basket Inflator instead of using the Medicare Economic Index as an inflator.

Non-MAGI Medicaid Eligibility Modifications

The Senate would include new language to modify non-MAGI Medicaid eligibility in several ways, some of which would override each other:

- One proposal would increase the exemption on savings, for individuals subject to an asset test for Medicaid eligibility, to $300,000. The existing exemption is 150% of the maximum income amount, which would in most cases be significantly lower.

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- Another component would repeal certain other exemptions that currently exist, such as the exemption for a burial fund (although a likely typographical error means that it would repeal the above exemption as well).
- Another provision would remove the asset test entirely for the Medicare aged/disabled cohort. Specifically, this would include:
    - Individuals 65 or older or disabled, or in receipt of Supplemental Security Income;
    - Adults between 16 and 64 with disabilities; and
    - Residents of a home for adults operated by a social services district or an OMH-operated or certified community residence or residential care center for adults.
- Another provision would make conforming changes so that only assets paid from trusts (i.e., income) would be considered as part of Medicaid eligibility determinations. As such, the trust corpus would not be considered an available resource. This would apply to both revocable and irrevocable trusts.

OMIG Audit Standards

The Senate would advance legislation creating new statutory definitions and rules for audits performed by the Office of the Medicaid Inspector General (OMIG). Important provisions include:

- Recovery of overpayments may not start until 60 days after the final audit report or notice of action is delivered to the provider, or until an appeal is settled, whichever is later.
- Issues (contracts, cost reports, claims, bills, etc.) that have been audited once may not be re-audited without good cause.
- All audits must apply the rules and policies that were in effect at the time the service was provided.
- If a provider makes an administrative or technical error, the provider will have six years from the date of service or 60 days after receiving notice, whichever is later, to submit a correction. If a correction is submitted, the provider will not be subject to further overpayment penalties.
- Extrapolation methods to determine an expected overpayment based on a sample must be performed in accordance with federal regulations, and providers may appeal such findings.

HOSPITALS

Safety Net Hospitals

The Senate includes a new $600 million allocation for financially distressed hospitals, while the Assembly would provide $500 million. It is expected that these funds would flow through the same or a similar mechanism as the current state-directed payment structure.

The Assembly notes that it would also provide an additional $75 million for the Vital Access Provider Assurance Program (VAPAP) to maintain its funding at $100 million.

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Rejection of Care at Home Proposals

Both chambers rejected the Executive Budget's proposals to expand the Hospital-Home Care-Physician Collaboration program and to modify the definition of "licensed home care services agency" to exempt Article 28 hospitals.

Hospital Financial Assistance Law Requirements

The Assembly rejected the Executive's proposals to expand the scope of hospital financial assistance laws. The Senate modified the proposals to comprise the following:

- All hospitals (regardless of participation in the Indigent Care Pool) must use a uniform financial assistance policy to be developed by DOH.
- Hospital financial assistance policies must apply to people with incomes of up to 600% of the federal poverty line (FPL), up from the current 300% of FPL and the Executive proposal of 400% of FPL.
- Under the financial assistance policy, hospitals will consider debts paid in full after a set number of monthly payments (36 or 60, based on income).
- Hospitals may not deny admission or treatment based on an unpaid bill.
- Hospitals may not pursue legal action concerning debts of people with incomes below 600% of FPL (up from the Executive proposal of 400% of FPL).
- Hospitals may not start a civil action or delegate collection to a third party for at least 180 days after the bill is issued, and must make reasonable efforts to first determine whether the patient qualifies for assistance.

LONG TERM CARE

CDPAS Reform and LTC Savings

The Assembly and Senate both rejected the Executive's proposal to remove CDPAS from wage parity requirements and to find $200 million in unallocated long-term care savings. Both houses also rejected the proposal added by the Executive in the 30-day amendments related to reforms of the fiscal intermediary (FI) structure, including the requirement for all FIs to have an authorization by DOH by January 1, 2025 and for FIs to be independent of LHCSAs.

However, both chambers noted that they remain open to working on ways to achieve "administrative efficiencies" related to Medicaid long-term care. The Assembly specifically noted that they believe home care services should be carved out of the managed long-term care (MLTC) program and administered directly by the Department of Health.

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Nursing Home Rate Freeze

The Assembly modified the Executive proposal to freeze the operating component of skilled nursing facility (SNF) rates until implementation of a case mix methodology to change the freeze date from January 2024 to October 2023. The Senate rejected the freeze altogether.

Nursing Home Rate Updates

The Senate would include new language requiring DOH to update the non-capital components and wage equalization factors and other factors used in the calculation of nursing home rates, in consultation with a technical assistance workgroup, by January 2026, and at least every five years after that. Furthermore, rates for specialized components or units within nursing homes would be adjusted for inflation, regardless of any changes to overall trend factors.

Quality Standards for ALRs

The Executive proposed to require assisted living residences (ALRs) to report on quality measures and publicly disclose operational information, including monthly service rates, staffing, the admission agreement, and a "consumer-friendly summary of all service fees," starting in January 2025.

The Senate accepted this proposal, but would remove the option for "advanced standing" or nationally-accredited ALRs to be exempted from the inspection process. The Assembly rejected the proposal.

Safety Net ALR Program

Both houses accepted the proposal to continue the Safety Net ALR program, offering subsidies for up to 200 vouchers to subsidize up to 75% of the private pay rate for people who are not Medicaid-eligible. The Senate modified the proposal to change the legislative language to remove the cap of 200 vouchers.

Elder Justice Coordinating Council

The Executive proposed to establish an elder justice coordinating council within the State Office for the Aging. The Assembly rejected this proposal, while the Senate would modify it to become an "interagency elder justice task force" composed of senior officials across state agencies.

ALP Rates

The Senate includes new language to update ALP rates to be rebased using 2022 or newer data on freestanding nursing homes with fewer than 300 residents. Going forward, ALP rates would be rebased every time there are updates to the cost basis for nursing homes.

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Repeal of 30-Month Lookback Period for Non-Institutionalized Individuals

The Senate includes new language that would repeal the 30-month lookback period that currently applies to non-institutionalized individuals seeking Medicaid eligibility for long-term care needs (e.g., community-based home health services).

MANAGED CARE

MCO Procurement and Moratorium

The Assembly and Senate both rejected the Executive's proposal to conduct a competitive MCO procurement and the related moratorium.

Repeal of 1% Across-the-Board Increase

The Executive Budget proposed to remove Medicaid managed care organizations from the 1% across-the-board increase passed as part of the FY 2023 Budget. The Assembly accepts this proposal, but the Senate rejects it.

Authority to Impose Liquidated Damages on Plans

Both chambers reject the Executive proposal to allow DOH to recover liquidated damages from MCOs (defined as any Article 44 plan, including MLTC plans) related to failures to meet their contractual obligations, as established in the MCO's Model Contract or other state or federal regulations.

ESSENTIAL PLAN AND MARKETPLACE

Cost-Sharing Subsidies and Conforming Amendments in Case of 1332 Transition

Both chambers accept the Executive's proposals around modifying the Essential Plan as part of its transition to a Section 1332 State Innovation Waiver program.

The Senate also proposes to require the Essential Plan to offer coverage to otherwise-eligible individuals who have an undocumented immigration status, "regardless of direct federal financial support for such individuals."

The Assembly noted its support for providing such coverage but did not include it in legislative language.

Delay of LTSS Coverage Extension to All EP Populations

The Executive Budget proposed to delay the planned extension of coverage of long-term services and supports (LTSS) to all current EP populations by one year, until 2026. The Assembly rejected this proposal, but the Senate accepted it.

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BEHAVIORAL HEALTH

Increased Fines for Parity Violations

The Executive proposed to increase DFS's authority to levy fines for violations of behavioral health parity requirements. The Assembly rejected this proposal, but the Senate accepted it.

Mandate for Commercial Plans to Reimburse Licensed Clinics at Medicaid Rates

The Executive Budget proposed to require commercial insurers to reimburse OMH and OASAS-licensed clinics for outpatient treatment at the Medicaid rate (at minimum). The Senate accepted this proposal as written. The Assembly accepted the proposal and further specified that these rates would be set annually, no later than April 1st, and remain unchanged for the rest of the year. The Assembly notes that its intention is to make the rate an "annually set Medicaid-APG rate."

Reinvestment of State Inpatient Savings into the BH System

The Executive proposed to make permanent the Community Mental Health Support and Workforce Reinvestment Program.

The Assembly modified the proposal to instead extend the program by three years, through 2027. The Senate included the same modification, and also added requirements to report on performance metrics.

CPEP Authority

The Budget proposes to make permanent the authorization for OMH to designate Comprehensive Psychiatric Emergency Programs (CPEP).

The Assembly would extend the proposal by four years, through 2028. The Senate would extend the authorization by three years, through 2027, and also added requirements to report on the program's performance.

Time-Limited Demonstration Authority

The Budget proposes to make permanent the longstanding broad authorization under Section 41.35 of the Mental Hygiene Law for OMH, OASAS, and OPWDD to conduct "time-limited demonstration programs."

The Assembly would extend the authority by only one year, through March 2025. The Senate would extend the authority by three years, through March 2027, and would additionally add requirements to report on programs approved under this authority (if any).

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CSE Residential Placement Authority

The Executive proposed to make permanent the FY 2021 Budget's provisions that changed the allocation of payment for residential placements made by school district Committees on Special Education (CSEs) outside of New York City.

The Senate would extend the authority by only one year. The Assembly rejected this proposal and would restore the State responsibility of 18.424%.

Daniel's Law

The Assembly included new language to create a "Daniel's Law pilot" to provide trauma-informed community-led responses and diversions for individuals experiencing behavioral health crises. Last year's budget created the Daniel's Law task force to study the establishment of such a program.

Youth Mental Telehealth Services Program

The Senate included new language to create a "youth mental telehealth services program." The program would provide "up to five mental telehealth services annually at no cost to the individual, for acute crisis response, mental health assessment, or initiation of care to reduce barriers and facilitate engagement in long-term care." The program would be established no later than November 1, 2024.

Drug Checking Program

The Senate included new language to create a "Drug Checking Services Program." Under this program, OASAS would contract with a vendor to offer services determining the composition of any drug that an individual represents for checking. The vendor would return the drug to the individual after making that determination. It would not collect any personal information relating to that individual.

PHARMACY

Prohibition on Cost Sharing for Insulin

Both chambers accepted the Executive proposal to prohibit cost-sharing for insulin.

Replacement of Medicaid Drug Cap and Other Pharmacy Proposals

Both chambers rejected the Executive proposal to replace the Medicaid Drug Cap, as well as all other pharmacy proposals in Part I around negotiating for accelerated approval drug supplemental rebates, expanding the scope of the Medicaid Preferred Diabetic Supply Program, pharmacy cost reporting for Medicaid-participating pharmacies, reimbursement for physician-administered drugs, and repealing "prescriber prevails."

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Prohibition on Cost-Sharing for Epinephrine Auto-Injectors

The Assembly includes new language that would prohibit cost-sharing for epinephrine auto-injectors.

WORKFORCE

Scope of Practice: NPs and Pharmacists

The Executive proposed to:

- Permanently add pharmacists to the definition of "qualified health care professional" for the purposes of directing laboratory testing for Covid and influenza tests;
- Extend for two years, through FY 2026, the amendments to the Nurse Practitioner (NP) Modernization Act that enable NPs more than 3,600 hours of experience to practice independently without a collaborative agreement with a physician; and
- Permanently extend the Collaborative Drug Therapy Management program, which allows participating pharmacists to adjust or manage a patient's drug regimen in line with their physician's patient-specific order or protocol.

The Senate accepted these proposals. The Assembly would only extend these flexibilities by two years and three months (through July 1, 2026).

The Senate also accepted the Executive proposal to allow pharmacists to execute non-patient specific orders for the dispensing of PrEP medication and mpox. The Assembly rejected this proposal.

Scope of Practice: Certified Registered Nurses

The Senate accepted, but the Assembly rejected, the Executive proposals to permanently authorize physicians and NPs to issue non-patient specific regimens that allow registered nurses to order Covid and influenza tests, and to permit the same process for registered nurses to order hepatitis B testing.

Scope of Practice: EMS and Community Paramedicine

The Assembly rejected all of the Executive proposals in Part V around emergency medical services (EMS). The Senate modified these proposals to comprise:

- A declaration that "EMS and ambulance services are essential services";
- The authority for local authorities to establish a special district for the financing and operation of general ambulance services;
- Establishment of a statewide comprehensive EMS plan, which would establish a training program system for EMS and authority for DOH to adopt standard around EMS personnel certified to provide "specialized, advanced, or other services"; and
- Establishment of a new, wider definition of EMS, including elements that the Executive did not include ("centralized access" and "quality control and system evaluation procedures").

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The Assembly included separate language that would create a First Responder Peer Support program, offering grants to eligible entities to establish peer-to-peer mental health programs for first responders.

Scope of Practice: Other Professions

Both houses rejected the Executive's proposals for reforms to scope of practice and allowable tasks for:

- Physician assistants;
- Certified medication aides;
- Medical assistants;
- Dentists and dental hygienists; and
- OPWDD direct support professionals.

The Assembly accepted, but the Senate rejected, the Executive proposal to end the current temporary exemption for school psychologists to participate as Early Intervention (EI) program providers. Both houses accepted the proposal to continue to allow school psychologists to conduct evaluations of children aged 3 to 5 years old for preschool special education services.

Interstate Licensure Compacts

As in the last two years, both houses rejected the Governor's proposal to join the Interstate Medical Licensure Compact and Nurse Licensure Compact.

COLA for Human Services Agencies

Both chambers would increase the Governor's proposal for a COLA for FY 2025 for eligible human services programs from 1.5% to 3.2%.

In the Senate version, this is a modified version of the existing Article VII language, which restores the eligibility of Care Coordination Organization (CCO) services (both Health Home and Basic HCBS Plan Support, the latter of which was removed in the Governor's 30-day amendments). It also directs that these funds must be used specifically for direct salary support.

In the Assembly version, this proposal is contained in Aid to Localities and pertains to services under NYSOFA, OCFS, OASAS, OMH, and OPWDD. It does not specify whether CCOs would be included.

End of the Covid-19 Sick Leave Requirement

The Executive Budget proposed to end the State's requirement for employers to offer paid sick leave and other benefits to individuals under a quarantine due to Covid-19, effective July 31, 2024.

The Assembly rejects this proposal. The Senate accepted the proposal, but modified it to retain the requirement for Article 28 licensed facilities.

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OPWDD Direct Support Worker Enhancement

The Senate would include new language that would provide a bonus of up to $2,000 per employee in 2024 and up to $4,000 per employee in 2025 to individuals working as direct support professionals (DSPs) in OPWDD agencies. DSPs with incomes under $75,000 would be eligible for this bonus. OPWDD and the Budget Division would be responsible for developing an appropriate list of professions. The Senate would appropriate $190 million for this program.

OTHER

SHIN-NY

Both chambers accepted the Executive proposal to add an additional $2.5 million for Statewide Health Information Network (SHIN-NY) modernization.

Local Tax Intercept

The Executive Budget proposed to continue the local tax intercept to fund safety net payments for hospitals for three years. The Assembly accepted this proposal, but the Senate would omit it.

Post-Treatment Patient Consent to Pay

The Executive would require health care providers to obtain separate patient consent for treatment and payment. The Senate accepted this proposal, but the Assembly would omit it.

Prohibitions on Requiring and Offering Credit Cards

The Executive proposed to prohibit providers from:

- Requiring patients to have a credit card on file or a pre-authorization prior to providing “emergency or medically necessary medical services”.
- Completing any part of an application for a medical financial product (medical credit card or third-party medical installment loan) on behalf of a patient.

The Senate accepted this proposal, but the Assembly would omit it.

Physician Excess Medical Malpractice Program Modifications

The Executive proposed to extend the Physician Excess Medical Malpractice Program through June 30, 2025, with modifications to its premium payment structure.

The Assembly accepted the extension while rejecting the modifications to the payment structure. The Senate removed the legislative language entirely, although it also indicated it would “add $39.3 million to support intentionally omitting” this language.

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Communicable Disease

The Budget proposed to require physicians and laboratories to report to DOH all results, both positive and negative, of tests for HIV, hepatitis B and C, and syphilis, and to repeal Section 2307 of the Public Health Law, which makes it a misdemeanor for a person "knowing himself to be infected" with a venereal disease to have sexual intercourse.

The Senate accepted these provisions, but the Assembly would omit them.

Prenatal and Postpartum Information App

The Senate would include new language directing DOH to create a mobile app for prenatal, pregnant and postpartum individuals to provide "education, resources, and support", including New York-specific information about available resources to help with pregnancy.

Office of Hospice and Palliative Care Access

The Senate would include new language to establish an Office of Hospice and Palliative Care Access within DOH. This office would be responsible for promoting the development of quality hospice and palliative care services.

Reproductive Freedom and Equity Grants

The Senate would establish a new "Reproductive Freedom and Equity" grant program in DOH to provide funding to abortion providers and not-for-profit organizations that facilitate access to abortions. Grants would be intended to increase access and capacity, fund uncompensated health care costs related to abortion, and address practical support needs of individuals seeking abortions.

Doula Programs

The Senate would include new language to require DOH to conduct a study on doula integration into birthing centers, hospitals, and other health care delivery facilities. The study would make recommendations on how to make facilities more doula-friendly. The Senate would allocate $250,000 for the study and it would be due by December 2025.

The Senate would also include $250,000 for a new Community Doula Expansion Program, offering grants for providers to help recruit, train, certify, support, and mentor community-based doulas.

Hospital Medical Debt Relief Program

The Senate proposes to create a Hospital Medical Debt Relief Program for individuals with incomes of 400% of FPL or less and hospital-based medical debt representing 5% or more of their income. DOH would partner with an appropriate not-for-profit organization to identify and cancel hospital medical

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debt owed by these individuals by acquiring the debt. Debt cancellation would not be considered subject to state income tax. The Senate would appropriate $10 million for this program.

Updates to Personal Needs Allowances

The Senate would include new language to increase personal needs allowances for individuals in residential settings, including nursing homes and Intermediate Care Facilities (ICFs).

Extenders

Both houses accepted most of the Executive proposals around extenders, with the following exceptions:

- The Assembly would extend the Opioid Stewardship Act of 2018 for two additional years, until 2029. The Senate would make it permanent and add additional requirements that at least 10% of funds would be invested in recovery services and supports and that OASAS would have to report on the funds' usage.
- The Assembly would allow the authority for DSRIP waiver regulations to lapse as of the end of FY 2024.
- The Senate would extend the authority for the process for closure or transfer of a state-operated Individualized Residential Alternative (IRA) and the OPWDD Care Demonstration Program by two years, through FY 2026.
- The Assembly would extend authorization for State mental hygiene facility directors to act as federally appointed representative payees to use funds for the cost of treatment for individuals at the facility by three years, rather than making it permanent.

Repealers

Both houses removed all of the proposed repealers in the Executive Budget, most notably the 405.4 Hospital Audit Program and the Empire Clinical Research Investigator Program (ECRIP).