The Senate and Assembly recently released their respective "one-house budget bills" for the State Budget Fiscal Year (SFY) 2019-20. Both houses introduced budget bills on March 11 (Assembly) and March 12 (Senate). The houses each passed their respective budget resolutions on March 13. The following chart contains an analysis of the respective positions of the Senate and Assembly on the Executive's budget proposals. The chart also contains a summary of <u>new</u> proposals advanced by either the Senate or Assembly that were not contained in the Executive's budget proposal. On the chart, new proposals do not have a description of the proposal under the Executive heading.

General Health Highlights

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Commission on Universal Access to Health Care (Part N)	Commission is charged with developing options to achieve universal access to affordable healthcare by December 1, 2019.	**Rejects**	**Rejects**
Medicaid Program Funding	Increases the State share of Medicaid funding by $568 million, growing from $18.9 billion to $19.4 billion (state share). Total Federal, State and local Medicaid spending is expected to increase $1.3 billion, to $21.7 billion (state share). The 30-day amendments proposes to reduce state share Medicaid spending by $190.2 million through an across-the-board reduction in Medicaid provider reimbursement by approximately 0.8%.	**Rejects** Medicaid spending reduction proposed in 30-day amendments **Rejects** elimination of trend factor for hospitals and nursing homes (2% and 1.5%, respectively, over three years)	**Rejects** Medicaid spending reduction proposed in 30-day amendments **Rejects** elimination of trend factor for hospitals and nursing homes (2% and 1.5%, respectively, over three years)
Health Benefit Exchange Funding	Allocates approximately $105 million in new funds in SFY 2020 to fund the New York State of Health); includes $575 million in total funding for the operation of the NY State of Health.	**Accepts**	**Accepts**
Minimum Wage Funding	The Financial Plan continues to fund increases in the minimum wage for health care providers totaling $1.1 billion in SFY 2020 outside the Global Cap. The 30-day amendments include, without an express statutory reference, a portion of the costs associated with the minimum wage allocations, to operate within the Medicaid Global Cap.	**Accepts**	**Accepts**
Healthcare Capital Funding	Authorizes DOH to award an additional $300 million for applications submitted under the	**Modifies**	**Modifies**

	Statewide II Health Care Facility Transformation Program (Statewide II).	See *Investment in Health Care Facilities*	See *Investment in Health Care Facilities*
Reproductive Health Act (Part S)	Enacts the Reproductive Health Act, removing abortion from New York's criminal statute	**Rejects**	**Rejects**
SHIN-NY	$30 million for the continued funding of the SHIN-NY. The funding is directed to the New York eHealth Collaborative, which will administer the funding for the SHIN-NY and Qualified Entities.	**Accepts**	**Accepts**
All Payers Database (APD)	$10 million in funding to support the establishment and operation of the APD	**Accepts**	**Accepts**
Excess Medical Malpractice Program (Part F)	Proposes to extend the Excess Medical Malpractice Program as currently designed for one year through June 30, 2020.	**Accepts**	**Accepts**
Medical Indemnity Fund (MIF) (Part K)	Extends enhanced payment rates for the MIF program by one year to December 31, 2020) and transfers the program from DFS to DOH, beginning on October 20, 2019.	**Modifies** Rejects changes to program, extends enhanced payment rates to 2020	**Modifies** Rejects changes to program, extends enhanced payment rates to 2020
Medical Marihuana Program	Proposes to provide $9.8 million to support the State's Medical Marihuana program.	**Accepts**	**Modifies** Reduces to $4 million
COLAs for Human Service Programs (Part Y)	Defers the cost of living adjustment (COLA) for all human service providers by one year, from March 31, 2019 to March 31, 2020.	**Rejects**	**Modifies** Defers COLA to December 31, 2019
Tobacco and E-Cigarette Products	Proposes: Raising the Minimum Age to 21, Sale of Tobacco and Vapor Products in Pharmacies, Tobacco and Vapor Coupons and Discounts, Tobacco Displays, Flavored Vapor Products, Smoking Ban in OMH Hospitals, Vapor Dealer Registration, Vapor Tax	**Accepts -** Vapor Dealer Registration and Tax Rejects all other proposals	**Accepts**
Opioid Excise Tax	Establishes an excise tax on the first sale of an opioid in NY, to be charged and paid by the wholesaler, manufacturer or outsourcing facility ("registrant") in the amount of .025 cents per morphine milligram if the acquisition cost is less than .50 cents, or 1.5 cents if the wholesale cost is .50 or more. The proposal	**Rejects**	**Accepts**

	provides that the economic impact of the tax may be passed down by the registrant to a purchaser. ($100 million)		
DOB Uniform Reductions for Revenue Shortfalls	Authorize the Division of Budget to unilaterally implement uniform reductions to address shortfalls in tax receipts which reach or exceed $500 million.	**Rejects**	**Rejects**
Fiscal Accountability and Budget Balance Act	Require the Budget Director to determine the estimated fiscal impact of any legislation passed after April 1, 2019, and associated plans to offset such spending	**Rejects**	**Rejects**
Prevailing Wage		Imposes "prevailing wage" requirements on private sector projects receiving any level of financial support from state or local entities, including bond issuances, grants, tax abatements and other government assistance	

Employer-Related Obligations

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Equal Pay Requirements	Prohibits an employer or employment agency from relying on or inquiring about the salary history of an applicant as a factor for offering employment; expands coverage of the equal pay provisions for substantially similar work beyond sex or gender to include all protected classes.	**Rejects**	**Accepts**
Protections for Breastfeeding	Includes lactation as a pregnancy-related condition covered by the New York Human Rights Law, and that breastfeeding and lactation are protected rights that employers must make reasonable accommodations for in the workplace.	**Rejects**	**Accepts**

Commercial Health Insurance

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Essential Plan	New York will continue to support the Essential Plan. The Executive Budget	**Accepts**	**Accepts**

	provides $5.2 billion for the Essential Plan Program.		
Codify New York State of Health (Part T)	Amends the Public Health Law to codify in statute the establishment of New York's Health Benefits Exchange known as "NY State of Health"	**Accepts**	**Accepts**
Codify Affordable Care Act	Makes extensive revisions to the Insurance Law to largely codify the provisions of the federal Affordable Care Act ("ACA"), including adding provisions defining an essential health benefits package, giving the Superintendent the ability to promulgate regulations addressing covered preventive care services and extending guaranteed availability to large group hospital, medical and surgical expense policies.	**Modifies** Rejects Executive's proposal to change small group size from 50 to 100 employees (Part J, Subpart A, sections 2, 7, 11) Rejects DFS authority to designate additional preventive care and screening services consistent with recommendations to be provided without cost sharing (Part J, Subpart B, sections 3,4,5, 15, 17, 18, 19, 23, 24, 25, 28)	**Modifies** Rejects DFS authority to designate additional preventive care and screening services consistent with recommendations to be provided without cost sharing (Part J, Subpart B, sections 3,4,5, 15, 17, 18, 19, 23, 24, 25, 28)
Abortion Coverage (Part J, Subpart C, section 1, 2, 3)	Prohibits the limitation or exclusion of coverage for medically necessary abortions in individual and group policies and further provides that such coverage would be "first dollar" – that is not subject deductibles, coinsurance or copayments unless the policy is written as a high deductible health plan. The proposal does not define what constitutes a medical necessary abortion.	**Rejects**	**Accepts**
Drug Formulary Disclosure and Exception Process (Part J, Subpart D, section 1, 2)	Codifies drug formulary requirements and allows for a formulary exception process largely consistent with ACA requirements. The requirements would be applicable in the individual, small and large group markets.	**Rejects**	**Accepts**
Anti-Discrimination (Part J, Subpart E, section 1, 2, 3)	Prohibits discrimination because of sex or marital status in hospital, surgical or medical expense insurance; expands existing prohibition against discrimination on the basis of sex and marital status to include sexual orientation, gender identity or expression and transgender status.	**Rejects**	**Accepts**

Employee Welfare Funds (Part J, Subpart A, section 10)	Proposes to require all Employee Welfare Funds registered under Article 44 of the Insurance Law to, effective June 1, 2019, provide medical, surgical and hospital care to employees only through an insurance policy or HMO; the language does grandfather those funds that have been providing benefits directly to employees or families prior to February 1, 2019.	**Rejects**	**Modifies** Amends effective date of registration requirement to December 31, 2019
Out of State Coverage (Part J, Subpart B, sections 1-4, 6)	Prohibits insurers from evading New York law when providing group or blanket coverage to associations and to employers principally located in New York; prohibit issuance of stop loss coverage outside the state to small employers (1-100) where at least one employee is working in state.	**Rejects**	**Rejects**
In-Vitro Fertilization (IVF) and Fertility Preservation (Part L)	Requires expansion of the existing mandated benefit for the diagnosis and treatment of infertility to require coverage in individual and group policies for standard fertility preservation services when medical treatment such as chemotherapy may cause "introgenic infertility". In addition, large group policies would be required to cover three cycles of IVF.	**Rejects**	**Modifies** Requires coverage for IVF and standard fertility treatment preservation services for individual and small group policies, no limitation on cycles
Behavioral Health Parity (Part BB, Subpart A)	Governor proposes to require insurers to apply the same treatment and financial rules to behavioral health services—like substance use and mental health service—as those used for medical and surgical benefits.	**Rejects**	**Accepts**
Mental Health and Substance Use Parity (Part BB, Subpart A)	Made numerous changes to the existing mental health and substance use parity laws in regards to Substance Use Disorder, Mental Health, and other miscellaneous provisions.	**Rejects**	**Modifies** Prohibits concurrent review for the first 28 days of in-patient treatment (Executive proposed 21 days, current is 14) Requires periodic consultation with insurer at or just prior to the 14th day (current allows consultation at any point)

			Requires facility to provide patient and insurer with a written discharge plan with arrangements for additional services needed following discharge
Comprehensive Contraception Coverage Act (Part M)	Proposes to mandate insurance coverage for FDA-approved contraceptive drugs, devices and products, including emergency contraception. The Executive's proposal would exclude coverage of male sterilization and male condoms, which are included in the version introduced in the Legislature.	**Rejects**	**Rejects**
DFS Superintendent "Super Powers" (Part J, Subpart F, Section 3)	Expressly provides that the Superintendent of DFS has "special expertise and experience in the regulation of insurance" and therefore "shall be afforded the highest level of deference" with regard to his or her interpretations of the Insurance Law.	**Rejects**	**Rejects**
DFS Funding	Proposed funding for SFY 2020 increased by $7.4 million from 2018-19 funding to $440,705,963, with $83,665,000 earmarked for the Administration Program; $88,183,000 earmarked for the Banking Program, and $268,857,963 earmarked for the Insurance Program. 30-day amendments decreased Insurance Program to $265,857,963 by reducing sub-allocation to DOH for state grants for family planning services by $3m	**Modifies** Increases Banking to $89,183,000 (increase of $1m) Decreases Insurance Program to $265,132,963 (decrease of $3.725m) • Reduces sub-allocation to DOH for state grants for family planning services by $3m • Increases allocation for pilot program for entertainment industry employees by $75k • Reduces amount for DFS regulatory activities by $700k	**Accepts**
State Employee Health Insurance (Medicare Part B Reimbursement Cap)	Standardizes Medicare Part B reimbursement for all retirees at $134 and cap state reimbursement at that level to eligible retirees and their dependents effective January 1, 2019. Any future increases in the Medicare	**Rejects**	**Rejects**

	Part B premium retirees would not be automatically reimbursed to retirees and instead would need to be approved as part of the budget process.		
State Employee Health Insurance (Income Related Medicare Adjustment Amounts (IRMAA) Reimbursement)	Ceases reimbursement of additional IRMAA premiums paid by higher-income state retirees retroactive to January 1, 2019. Under the Governor's proposal, state reimbursement of IRMMA would be eliminated effective January 1, 2019 and retirees paying the IRMAA would no longer be reimbursed.	**Rejects**	**Rejects**
Independent Consumer Assistance Program		Establishes a program to assist consumers with filing appeals with the internal appeal or grievance process of group health plans or health insurers and assist consumers with external appeals and administrative hearings, educate consumers on rights with respect to group plans and health insurance coverage, resolve problems with consumers obtaining premium tax credits, and assist consumers in accessing services, hospital financial assistance or resolution of health care bills.	
Early Intervention (EI) Services		Establishes a statewide pool from which municipalities and the State would be allocated funds to pay EI costs, funded through an annual $16 million covered lives assessment. The proposal would remove any obligation on insurers to pay for EI services. Effective immediately	Establishes a statewide pool from which municipalities and the State would be allocated funds to pay EI costs, funded through an annual $15 million covered lives assessment. The proposal would remove any obligation on insurers to pay for EI services. Effective 1/1/20
Hospital Independent Dispute Resolution		Proposes to include hospital charges for emergency services to the independent dispute resolution (IDR) process established to protect consumers against excessive emergency charges.	

Health Insurance Entertainment Workers Continuation Assistance Demonstration Program		Extends authorization for 1 additional year, until July 1, 2020.	

Medicaid-General

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Medicaid Global Spending Cap (Part D)	Proposes to extend the Global Cap through fiscal year 2020-21 and allow for the continued growth within the Global Cap at the indexed rate of 3.6%, for a total cap of $19.4 billion for the 2019-20 fiscal year. In total, DOH Medicaid spending will increase to $21.7 billion, including spending outside the Global Cap. The Cap also includes a continuation of two provisions for "superpowers" for the Executive covering federal fiscal years 2020 and 2021.	**Rejects**	**Modifies** Requires Senate Finance and Assembly Ways and Means to be included in monthly assessment of Global Cap as well as in determination of whether or not Cap is pierced. Requires any savings allocation plan to be approved by Legislature
Medicare Part B Co-Insurance Cap (Part C, Section 2 and 3)	Proposes to limit the Medicare Part B co-insurance amount payable by Medicaid for services provided to dual-eligibles to the amount Medicaid would have otherwise paid for a non-dual eligible beneficiary minus the amount already paid by Medicare. The cap is not applicable to facilities established under Articles 16, 31 & 32 of the mental hygiene law and facilities established under Article 28 of the Public Health Law.	**Rejects**	**Rejects**
Diabetes Prevention (Part C, Section 1)	Proposes to expand Medicaid to include coverage for evidence-based prevention and support services provided by non-clinical community-based organizations services to individuals at risk of developing diabetes.	**Accepts**	**Accepts**
Applied Behavioral Health Analysis (Administrative)	Proposes to expand Medicaid to cover Applied Behavioral Health Analysis treatment for over 4,000 children with Autism Spectrum Disorders, including those that have aged out of the Early Intervention program.	**Accepts**	**Accepts**
Medicaid Emergency Transportation Supplemental Payment	Proposes to eliminate $6 million in supplemental payments to emergency transportation providers and instead build the	**Rejects**	**Rejects**

(Part A, Section 2)	funding into base rates as recommended by the Medicaid Transportation Rate Adequacy Report.		Proposes to establish a supplemental payment program for ambulance services (Savings of $14 million)
Medicaid Rural Non-Emergency Transportation Supplemental Payment (Part A, Section 2)	Proposes to eliminate $4 million in supplemental payments to non-emergency transportation providers in rural areas.	**Rejects**	**Rejects**
Medicaid Coverage for Children under 21 (Part E, Section 2)	Proposes to extend through 2024 the provision extending Medicaid coverage to children under the age of 21 living with their parents who are Medicaid eligible if the household MAGI income does not exceed 150% FPL.	**Modifies** Proposes a 6 year extension to 2025	**Modifies** Proposes a 2 year extension to 2021
State Takeover of Third Party Insurance Reviews (Administrative)	Transfers the Medicaid disenrollment function from local social service districts to the State.	**Accepts**	**Accepts**
Health Home Reform (Administrative)	Proposes administratively to reform the Health Homes program, which provides enhanced care management and service coordination to the State's most vulnerable populations, by streamlining the outreach reimbursement rate for care managers after initial contact has been established.	**Accepts**	**Accepts**
Electronic Medicaid Systems Account	Would provide $404 million for contractual services to operate an electronic Medicaid system.	**Accepts**	**Accepts**
Telehealth Services for Dually Enrolled Medicaid and Medicare Individuals	Authorizes the Commissioner to promulgate regulations governing the Medicaid coverage and reimbursement rates for dually enrolled individuals	**Rejects**	**Rejects**
Medically Tailored Meals and Medical Nutrition Therapy		Proposes to include medically tailored meals and medical nutrition therapy provided by a registered dietician within Medicaid services; provided there is federal financial participation for the costs of the services	Proposes to include medically tailored meals and medical nutrition therapy provided by a registered dietician within Medicaid services; provided there is federal financial participation for the costs of the services

Third Party Insurance Coverage for Medicaid Enrollee			Proposes to prohibit commercial insurers from denying coverage on the basis of lack of prior authorization for services paid by Medicaid (Savings of $50 million)

Medicaid Managed Care (MMC), Managed Long Term Care (MLTC), and Child Health Plus (CHP)

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Fraud and Abuse Penalties (Part V, Section 1)	Authorizes penalties against managed care organizations for late, incomplete or inaccurate encounter data for fraud or abuse when such penalties are otherwise authorized by law.	**Accepts**	**Rejects**
Managed Care Payments as Medicaid Payments (Part V, Section 2)	Deems all payments made to managed care programs (including MLTC) as Medicaid payments for purposes of recouping payments to providers.	**Modifies** Prohibit imposition of liens against individuals where recovery is made against individual MCO.	**Rejects**
Medicaid Program Integrity Review ("OMIG") (Part V, Section 3)	Authorizes OMIG to conduct periodic reviews of managed care plans to ensure adherence to program integrity obligations.	**Accepts**	**Rejects**
Federal Compliance is State Compliance (Part V, Section 4)	Establishes that an MCO compliance program that meets federal standards is deemed to comply with state standards for compliance programs, so long as such programs adequately address risk areas and compliance issues.	**Accepts**	**Rejects**
MCO Audit Recovery (Part V, Section 6)	Authorizes OMIG, during the course of an audit, investigation or review, to recover overpayments made by a managed care provider or managed long term care plan to its subcontractors from any party to the transaction, such as the plan, subcontractors or provider. Where OMIG fails to recover an overpayment from subcontractors or providers, OMIG may seek recovery from the managed care plan.	**Accepts**	**Rejects**
MLTC Transportation Carve-Out	Proposes to carve non-emergency transportation out of the MLTC benefit package, moving such members to Fee-For-	**Modifies**	**Modifies**

(Part A, Section 1)	Service, except for the Program for All Inclusive Care for the Elderly (PACE).	Adds Adult Day to carve out and reject MLTC carve out	Adds Adult Day to carve out. Allows MLTC plans to opt out of carve out and use FFS transportation manager
Personal Care Management (Administrative)	This administrative action will generate $75 million in state share savings through better managing utilization of personal care.	**Modifies** Proposes statutory language that would limit DOH ability to amend regulations governing Personal Care Authorizations by: (1) services may only be denied or reduced if it is found that the recipient's medical, mental, economic or social circumstances have changed, which limits the reasons for denial or reduction or discontinuance currently existing in regulation; and (2) requires that any decision to deny or reduce request for personal care services must be made by a healthcare professional with clinical expertise in treating medical, behavioral or long-term support needs	**Modifies** Requires Commissioner to promulgate regulations prior to any MLTC payment reduction Regulations cannot be adopted, and MLTC rates cannot be modified until it is determined by an independent actuary that the regulation will achieve cost reductions equal to the MLTC payment reduction
Transportation Management in Medicaid Managed Care (Part E, Section 5)	Extends provisions authorizing DOH to contract with Medicaid transportation vendors on behalf of local social services districts to achieve Medicaid cost savings for 5 years, from 2019 to 2024.	**Modifies** Proposes 1 year extension to 2020	**Modifies** Proposes 2 year extension to 2021
Patient Centered Medical Homes (Part E, Section 6)	Extend for 5 years the authority for the DOH to designate and pay enhanced rates to Patient Centered Medical Homes.	**Modifies** Proposes 3 year extension to 2022	**Modifies** Proposes 2 year extension to 2021
Managed Long Term Care Extenders (Part E, Section 8)	Extends the statutory authority for the MLTC program through 2024.	**Modifies** Proposes 4 year extension to 2023	**Modifies** Proposes 2 year extension to 2021
Behavioral Health Rate Protection Extension (Part E, Section 18-20)	Extends ambulatory patient group (APG) rates for behavioral health providers for through 2022 for payments made to such providers by managed care plans.	**Modifies** Proposes 4 year extension to 2023. Workgroup formed for rate adequacy.	**Modifies** Proposes 2 year extension to 2021

Consolidation of Fiscal Intermediaries (Part G, Sections 2-3)	Effective immediately, requirements for Fiscal Intermediaries to receive authorization from the DOH and limitations on advertising by FIs would be repealed. Beginning January 1, 2020, entities authorized to provide fiscal intermediary services would be limited to those entities that have a contract with DOH pursuant to an application process and entities that were FIs with a continuous history of providing fiscal intermediary services beginning on or before January 1, 2012.	**Rejects**	**Rejects**
Medicaid Assessment Tools		Requires stakeholders to develop additional assessment tools for behavioral health functioning, ADLs, social determinants of health, cognitive impairment or mental illness	
Personal Care High Need Rate Cell		Directs DOH to establish a separate rate cell to reflect the cost of care for high-need enrollees in MMC and MLTC. High-need enrollees would include individuals requiring live-in 24 hour personal care or home health services, 12 hours or more of personal care, home health services, or individuals who are determined to present especially high needs related to factors that would influence the delivery or use of services	
Rate Enhancement for Other Licensed Practitioner, Psychosocial Rehabilitation, and Community Psychiatric Supports and Treatment		Requires continuation of enhanced rates set at 25% for behavioral health CFTSS services added to the State Medicaid Plan on January 1, 2019: Other Licensed Practitioner (OLP), Psychosocial Rehabilitation (PR), and Community Psychiatric Supports and Treatment (CPST). Rates would be effective from July 1, 2019 thru December 31, 2019, however, carve-in to MMC has been delayed to October 1, 2019.	

		These services are currently billed to FFS even if the recipient is a managed care enrollee.	
Add OLP, PR, and CPST to CHIP Covered Services		Proposes to make OLP, PR, and CPST services that were added to Medicaid covered services under CHIP effective 1/1/2020	
MLTC Rate Transparency and Adequacy		Requires MLTC rates to comply with all applicable federal and state laws and regulations, including those relating to wages, labor and actuarial soundness.	Require the commissioner to provide transparency in the setting of MLTC plan rates to ensure their actuarial soundness and adequacy, achieved by a detailing of the cost component of the rate, including wage, labor and total costs that factor into the rate. Requires the determinations of actuarial soundness to be available to each plan's contracting providers.

Pharmacy

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Pharmacy Benefit Manager Regulation (Part I)	Governor has reintroduced the Pharmacy Benefit Manager (PBM) registration, licensure, and transparency law he originally included in his 2017-18 Executive Budget. Notable changes in the 2019-20 proposal include: PBM Services for MMC, References to ERISA, Restitution to Health Insurers, Registrants Subject to DFS Examination, Reporting Requirements, Registration and Licensure Regulations Developed in Consultation with DOH, Delay in the Effective Date of Revocation or Suspension.	**Rejects**	**Accepts with modifications** **Adds** fiduciary obligations for PBMs on behalf of health plans and prohibits PBM prescription substitution. Additions are similar to Assemblyman Gottfried's "PBM Fiduciary Bill" A.2836/S.2087 (Gottfried/Rivera) but fiduciary obligations apply only to health insurers, not employers and others as provided in the Gottfried Bill Doubles penalties (goes from $1,000 per violation and $2,500 each subsequent to $2,000 and $5,000)
PBM Pass-Through Pricing and Prohibition against	Proposes to require MMC plans to use "pass-through" pricing in contracts with their PBMs and prohibits use of common "spread pricing"	**Rejects** Proposes to require the Medicaid FFS Preferred Drug Program (PDP)	**Modifies**

"Spread Contracts" in Medicaid Managed Care (Part B, Section 10)	arrangements. This proposal is expected to result in $43.3 million in savings to the Medicaid program. The proposal requires cost transparency to the MCO, requiring PBMs to identify all sources of income related to the provision of PBM services on behalf of the plan, including (but not limited to) any discounts or supplemental rebates. The proposal also requires that all such income be passed through to the health plan to reduce reportable ingredient cost.	to administer the drug benefit for the whole Medicaid program, including negotiating rebates with drug companies. The proposal is the same set forth in Assemblyman Gottfried's bill, A.2795. MMC rates would still include a drug "component", but plans would reimburse the State for the actual cost of drugs provided to their patients, and the PDP would control utilization. The proposal also allows Health plans not participating in Medicaid to contract with the Department to use the PDP.	Accepts proposal to eliminate "spread pricing" and require full pass-through arrangements, and allows DOH to set max admin fee for PBMs Accepts proposal to require PBMs to identify all sources of income (including rebates) related to services provided for the plan and pass this back in full to the plan to reduce reported ingredient cost **Rejects** prospective plan rate cut-sets forth that any plan rate adjustments would be based on reported net savings from renewals, amendments, or new contracts that implement these changes, and no premium adjustments could be made without DOH's actuary deeming them appropriate
Medicaid Drug Cap – Extension (Part B, Section 5)	Proposal extends the Medicaid Drug Cap for one year, through State Fiscal Year 2020-21.	**Accepts**	**Accepts**
Medicaid Drug Cap Changes (Part B, Section 6 - 9)	Proposal includes several changes to the Medicaid Drug Cap that are intended to accelerate the Department's ability to collect rebates and negotiate with manufacturers pursuant to the Drug Cap. Also proposes changes to allow a rebate to begin the first day of the SFY during which the rebate was required, and changes when DOH would be required to report to the DURB on savings achieved. Also proposes to eliminate the requirement that DOH and DOB provide quarterly reports to the DURB on State funds Medicaid drug expenditures.	**Modifies** • **Rejects** Exec elimination of quarterly report on expenditures, changes in utilization, and changes in price of drugs (§ 6); and proposal to change the reporting deadline from February to July (§ 9) • **Adds** that the rebate negotiated shall account for cost offsets including effectiveness of the drug in treating the conditions for which it is prescribed or in improving a patient's health, quality of life, or overall health outcomes, and the likelihood	**Modifies** • **Rejects** Exec elimination of quarterly report on expenditures, changes in utilization, and changes in price of drugs (§ 6); • **Accepts** annual reporting deadline change from February to July on savings achieved in last fiscal year (§ 9) • **Adds** that DURB may not rely on assessments that use a measure that discounts value of a life based on disability or age when recommending a rebate amount (§ 6-a); **adds** that

		that use of the drug will reduce the need for other medical care, including hospitalization (§ 6); • **Rejects** Exec proposal that if the manufacturer and DOH have agreed to a rebate for a drug that the drug can't be referred to the DURB for any further supplemental rebate for the duration of the previous rebate period (§ 6)	DURB may not consider pricing information about a drug that was provided by any third party that receives funding by Pharma or health insurers, and info about VBP must be made publically available, and limitations in the analysis must be disclosed (§ 6-b)
Non-Prescription (OTC) Drugs in Medicaid (Part B, Section 1)	Current law permits additions to the list of non-prescription drugs that may be covered by Medicaid to be filed as regulations without notice and comment. The Executive Budget proposal would allow "modifications" to the list to proceed as such.	**Rejects**	**Rejects**
Rx Copays in Medicaid (Part B, Section 2)	Proposes to increase copayments from .50 cents to $1.00 for certain OTC drugs.	**Rejects**	**Rejects**
Prescriber Prevails (Part B, Section 3 and 4)	Proposes to eliminate "prescriber prevails" in both the Fee-For-Service (FFS) and the Medicaid Managed Care (MMC) programs for <u>all drug classes</u>, without exception.	**Rejects** Maintains Prescriber Prevails in FFS. Rejects proposal to eliminate Prescriber Prevails in MMC by eliminating the program in Managed Care statute, but adding there would be no prior authorization for any of the drug classes currently subject to Prescriber Prevails in MMC under the new expanded PDP	**Rejects**
Pharmacy Technician	Allow for the use of additional pharmacy technicians in pharmacies under the supervision of pharmacists.	**Rejects**	**Accepts**

Nursing Homes

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Staffing Ratios	Governor's briefing book notes that the Department of Health will conduct a study to		Senate urges DOH to engage stakeholders to examine how

	examine whether staffing enhancements improve patient safety and the quality of healthcare service delivery. The study will also examine potential fiscal impacts of various patient safety and staffing increase strategies. The Department will involve industry stakeholders and experts. **There is no actual Budget language reflecting this initiative.**		staffing enhancements can improve patient safety and the quality of healthcare service delivery, including the fiscal impact of these staffing enhancements on healthcare providers and release a report to the Legislature on its findings
Spousal Resources (Part G, Section 1)	Proposes to establish the minimum level of resources that can be retained by a community spouse consistent with the federal minimums.	**Rejects**	**Rejects**
Nursing Home Case Mix Adjustment (Administrative)	Proposes an administrative action that will generate $123 million (state share) through an adjustment in patient acuity data collection process (case mix).	**Modifies** Establishes a workgroup	**Modifies** Establishes a workgroup
Nursing Home Reimbursable Cash Assessment (Part E, Section 9)	Extends the 6% percent nursing home reimbursable cash assessment for five (5) years, from 2019 to 2024.	**Modifies** Proposes 2 year extension to 2021	**Modifies** Proposes 2 year extension to 2021
Trend Factor for Nursing Home Inpatient Services (Part E, Section 10)	Extends the exclusion of the 1996-97 trend factors that are used to project reimbursable operating costs for nursing home inpatient services for five (5) years, from 2019 to 2024, 30-day amendments withdraw the nursing home 1.5% trend over three years.	**Modifies** Proposes 2 year extension to 2021	**Modifies** Proposes 2 year extension to 2021
Nursing Home Rate Appeals (Part E, Section 15)	Extends through 2024 the limit on payment of nursing home appeals to $80 million annually.	**Modifies** Proposes 3 year extension to 2022	**Modifies** Proposes 2 year extension to 2021
Vital Access Provider (VAP) Funding	Provides $132 million in continuing funding to support critical health care providers through the State's Vital Access Provider (VAP) program.	**Accepts**	**Accepts**
Miscellaneous Appropriations	Proposes the following appropriations impacting the Nursing Home sector: • Continuing Care Retirement Community Account = $100,000 • Nursing Home Receivership Account = $2,000,000 (re.)	**Accepts**	**Accepts**

	• Quality of Care Improvement Account = $1,000,000 • Program for background checks on patient contact personnel in Long-term care facilities = $3,000,000		
Food Waste Recycling			Includes the DEC's food waste recycling program for high volume generators of food waste, which include healthcare facilities. Beginning January 1, 2022, this proposal would require certain high volume generators of food waste to divert excess edible food and food scraps to food banks, animal feed operations, composting facilities, anaerobic digesters, or other organics recycling facilities.

Hospitals

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Eliminate State Grants to Academic Hospitals (Part H, Section 1)	Eliminate $24.5M in non-Medicaid state only funding to Academic Centers for Excellence at five hospitals.	**Rejects**	**Accepts**
Extend DSRIP Regulatory Waiver Authority (Part H, Section 2)	Would enhance the authority of the commissioners of health, OMH, OPWDD, and OASAS services, to waive regulations as necessary to efficiently complete a DSRIP project; provided that such regulations did not pertain or impact patient safety. Proposed language would add a new subdivision 20-a to PHL 2807 and allow the commissioners to waive regulations as necessary to allow the efficient scaling and replication of promising DSRIP practices, as determined by the authorizing commissioner.	**Accepts**	**Accepts**
Hospital Inpatient Psychiatric Rates (Part H, Section 3)	Authorize DOH to revise the operating component of the hospital inpatient psychiatric methodology such that the commissioner is not required to make case mix or length of stay adjustments to the rate. This would allow the	**Rejects**	**Rejects**

	department to establish per diem rates that are alternative to the APG-DRG rate for the applicable services.		
Hospital Specific Rate Adjustments for Poor Performance (Part H, Section 4)	Authorize the Commissioner to adjust rates and methodologies to reduce payments to facilities with higher than average potentially avoidable inpatient services. An undetermined portion of savings from this proposal will be reinvested in incentives for preventative care, maternity service and other ambulatory care services.	**Rejects**	**Rejects**
New York State Medical Care Facilities Financing Act (Part E, Section 1)	Extend provisions related to the New York State Medical Care Facilities Financing Act, which permits flexibility in contracting for goods and services by State-operated hospitals through January 1, 2025.	**Modifies** Proposes 5 year extension to 2024	**Modifies** Proposes 2 year extension to 2021
Trend Factor for General Hospital Reimbursement (Part E, Section 14)	Extends the elimination of a trend factor for general hospital reimbursement through 2024.	**Modifies** Proposes 2 year extension to 2021	**Modifies** Proposes 2 year extension to 2021
Hospital Capital Methodology (Part E, Section 17)	This provision extends the current hospital capital methodology through 2024.	**Modifies** Proposes 2 year extension to 2021	**Modifies** Proposes 2 year extension to 2021
Intergovernmental Transfers and DSH Payments (Part E, Section 22)	Proposes to permanently extend the authority of the Department of Health to make IGT/DSH payments to public hospitals outside of New York City.	**Modifies** Proposes 3 year extension to 2022	**Modifies** Proposes 2 year extension to 2021
Protocols for Pain Management (Part BB, Subparts B and C)	Proposes to require hospitals to have standard protocols for pain management in line with safe prescribing practices and for screening of substance use disorders in the Emergency Department.	**Rejects**	**Accepts**
Indigent Care Pool	The 30-day amendments reduce the total payments authorized under the pool are from $994.9 million to $719.4 million, a gross reduction of $275.5 million and a state share savings of $137.75 million. Beginning 1/1/20, hospitals located in New York City, Westchester, Suffolk and Nassau counties that have an operating margin in excess of 2.98% or operating income in excess of $68 million are	**Rejects and modifies to include 20% floor on ICP reductions for CY 2020**	**Rejects**

	limited to $10,000 in distributions from the pool annually.		

Home Health Care

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Certified Home Health Agency (CHHA) Episodic Payments (Part E, Section 16)	Extends episodic rates of payment for CHHA services that are based on a sixty day episode of care through 2024.	**Modifies** Proposes 4 year extension to 2023	**Modifies** Proposes 2 year extension to 2021
Home Care Provider IDs (Part V, Section 5)	Require home care workers to obtain an individual national provider identification (NPI) from the national plan and provider enumeration system.	**Rejects**	**Rejects**
Bad Debt & Charity Care for Certified Home Health Agencies (Part E, Section 3)	Extends authorization for CHHAs to receive allowances for bad debt and charity care for 5 years to 2024. Current eligibility for such funds are limited to voluntary non-profit, private propriety and publicly sponsored non-hospital based CHHAs.	**Modifies** Proposes 4 year extension to 2023	**Modifies** Proposes 2 year extension to 2021
CHHA Cap on Administrative and General Costs (Part E, Section 12-13)	Extends the cap on reimbursement for CHHA administrative and general costs through 2024.	**Modifies** Proposes 4 year extension to 2023	**Modifies** Proposes 2 year extension to 2021
Home Health Aide Registry	Allocates $1,800,000	**Accepts**	**Accepts**
TBI Program Aides		Includes aides delivering care under the TBI Program under the definition of "home care aide" for purposes of Wage Parity.	
Recruitment, Training and Retention		Requires MLTC contracts to support the recruitment, hiring, training and retention of a qualified workforce capable of providing quality care. MLTCs must report the method of compliance in cost reporting to DOH.	Requires MLTCs to distribute recruitment, training and retention funds in their entirety using a reasonable methodology, supplemental to reimbursement rates and to provide written notification to each contracted agency indicating the amount of funds disbursed for the purpose of recruitment, training and retention. MLTCs must include methodology

			used in submitting attestations to DOH.
Minimum Wage Payment for Home and Community Based Providers			Requires any funds appropriated for compensation for minimum wage must be provided by insurers in amendments to existing contracts at least 90 days prior to the effective date of any law or regulation impacting wages. Insurers would be required to provide funds in a supplement payment and may not use funds to supplant payments for existing services
Asthma Management Program			Creates a home care asthma management program to prevent avoidable hospitalizations. Allows home care agencies to do a home based health assessment, use telehealth to assist in asthma management, offer education on asthma, do follow up after hospitalization and coordinate services for asthma. Adjusts rates for participating providers
Expedited Eligibility Determinations			Adds hospice to list of providers eligible for expedited eligibility determinations

Adult Home/Assisted Living

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
EQUAL	Proposes to maintain funding for the EQUAL program at $6,532,000.	**Accepts**	**Accepts**
Healthcare Capital Funding	Proposes changes that would reduce the amount of funding available under the Statewide III Health Care Facility Transformation Program.	**Modifies** See *Investment in Health Care Facilities*	**Modifies** See *Investment in Health Care Facilities*
Transition of Mentally Ill Adult Home Residents	Proposes to increase funding to by $48 million ($10 million increase) for the provision of education, assessments, training, care coordination, supported housing and the services needed by mentally ill residents of	**Accepts**	**Accepts**

	adult homes and persons with mental illness who are discharged from adult homes.		
ACF Criminal History Record Check	Maintain funding at $1.3 million for the administration of the criminal history record check system for staff at ACFs.	**Accepts**	**Accepts**
Supplemental Social Security (SSI)	Proposal contains the traditional statutory authority to pass-through any Federal COLA that becomes effective on or after January 1, 2019.	**Modifies** Accepts federal pass-through Requires study to evaluate the adequacy of rates provided to ACFs providing enhanced residential care and PNA of individuals receiving such care. Requires OTDA to recommend appropriate rates and PNA at conclusion of study	**Modifies** Accepts federal pass-through Includes $4/day increase effective 12/31/19
Temporary Operator of Adult Homes (Part E, Section 7)	Proposes to permanently extend the statutory authority enacted in 2013 for DOH to appoint a "temporary operator" when there are conditions seriously endangering the life, health or safety of residents.	**Modifies** Proposes 3 year extension to 2022	**Modifies** Proposes 2 year extension to 2021
Miscellaneous Appropriations	• Adult Homes Advocacy Program: $170,000 • Adult Home Resident Council Support Project: $60,000 • Assisted Living Residence Quality Oversight Account $2,110,000 • Adult Home Quality Enhancement Account = $500,000 • Enhancing abilities and life experience (EnAbLE): $2,477,000 ($1.6M approp)	**Accepts**	**Accepts**
ALP Expansion			Allows ALP providers licensed prior to 4/1/19 to seek up to 9 additional ALP beds by 6/30/19 Accelerates ALP CON to 2020

Investment in Health Care Facilities

PROVISION	EXECUTIVE	ASSEMBLY	SENATE

Statewide Health Care Facility Transformation Program (Part Q)	Authorizes DOH to shift up to $300 million allocated for Statewide III to be available for applications submitted under Statewide II that are currently under review, reducing the amount available for Statewide III to a minimum of $225 million. It does not alter the minimum allocation requirements for community-based health care providers, nursing homes, and assisted living programs (ALPs). The proposal would also require awards for Statewide II to be made no later than May 1, 2019.	**Modifies** The Assembly increases the amount available under Statewide III by $25 million, with priority given to children's residential treatment facilities, Article 16 clinics, and hospices for the award of the additional funds	**Modifies** Requires DOH to release the RFA for Statewide III by July 1, 2019 and award funds by January 31, 2020 Requires a minimum award of $20 million for awards to ALPs under the ALP solicitation process Requires $30 million of the $300 million transferred for distribution under Statewide II to be allocated to community based providers

Primary Care, Clinics, and other Providers

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Integrated Services for OPWDD Providers	Proposes to authorize OPWDD providers to provide integrated services without a second or third license or certification from another agency.	**Accepts**	**Accepts**

Health Planning and Public Health

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Roswell Park Cancer Institute Funding	Allocates $51.3 million to Roswell Park in support of operational costs for cancer research.	**Accepts**	**Accepts**
Indian Health Care Services	Allocates $25 million in program spending to support Indian health care services.	**Accepts**	**Accepts**
General Public Health Works (Part O)	Decreases reimbursement to the City of New York for General Public Health Works (GPHW). This proposal reduces New York City's reimbursement to 20 percent, beginning July 1, 2019. The Governor expects to save $27 in this fiscal year and $54 million each successive year.	**Rejects**	**Rejects**

Maternal Mortality Review Board (Part R)	Proposes to create both a Maternal Mortality Review Board and an Advisory Council. The Governor also proposes a new 20 member Advisory Council on Maternal Mortality and Severe Maternal Morbidity. The Governor has allocated $4 million for the Board and Advisory Council.	**Rejects**	**Modifies** Provides that New York City's Maternal Mortality Review Board is preserved as a separate entity.
Maternal Mortality Funding	Includes $8 million in new funding for reducing maternal mortality, including the creation of Maternal Mortality and Morbidity Review Board, developing a training curriculum on implicit racial bias, expanding community health workers and creating a data warehouse to help analyze maternal outcomes.	**Accepts**	**Accepts**
Maternal and Infant Community Health Collaboratives (MICHC)	Includes level funding of $1,835,000 for the MICHC program (prenatal care assistance).	**Accepts**	**Accepts**
Family Planning Services	Includes total funding of $28.3 million for Family Planning services. Funding is provided both through a sub-allocation from DFS to DOH ($19.9 million) and $8.4 million in DOH funding.	**Accepts** Includes additional $500,000	**Accepts** Includes additional $750,000
Nurse-Family Partnership	Includes $3 million for the Nurse Family Partnership Program.	**Accepts** Includes additional $500,000	**Accepts** Includes additional $3 million
Telehealth Services for Perinatal Care	Proposes to increase access to telehealth services for high risk pregnant and post-partum patients in rural NY; includes $5 million for regional perinatal centers and other health care providers to expand their telehealth capabilities in rural areas; creates a pilot project to establish a Project Echo tele-mentoring initiative to engage and enhance the skills of obstetric providers serving a select rural area.	**Accepts**	**Accepts**
Potentially Hazardous Chemical Labeling	Proposes to require DEC, DOH, and DOS to develop regulations outlining the parameters of the new labeling requirement, including the more than 1,000 carcinogens and other chemicals that will trigger labeling and the types of consumer products that will be subject to the new regime.	**Rejects**	**Modifies** Requires promulgation of an initial list of chemical disclosure which includes various federally regulated chemicals

Cleaning and Personal Care Product Disclosure	Proposes to expand the existing household cleaning product disclosure requirements to all cleaning products, and require similar disclosure for the manufacturers of personal care products, such as shampoo, deodorant, or baby powder. Cleaning product and personal care product manufacturers would be required to make certain product ingredient information publicly available on their websites and on a publicly accessible database currently being developed in cooperation with the Interstate Chemical Clearinghouse.	**Rejects**	**Modifies** Accepts all, adds minimum list of chemicals for disclosures based on federal law
Reducing Exposure to Lead Paint (Part P)	Proposes to lower the blood lead level that constitutes an elevated lead level from 10 to 5 micrograms per deciliter. The proposal directs DOH to issue regulations establishing minimum standards for the maintenance of lead safe residential rental properties, including standards for maintaining painted surfaces and a schedule for maintenance. The proposal deems all paint on any residential rental property on which the original construction was completed prior to January 1, 1978 is presumed to be lead-based paint.	**Rejects**	**Accepts**
Primary and Preventive Reproductive Health Program		Includes $16 million for a new program to provide grants to not for profit reproductive health care providers	Includes language for contingency funding if federal title X funding for reproductive health services is cut. Provides for up to $16M in funding for NFPs that contract with providers of primary and preventive reproductive health care
DOCCS Health Policies and Services			Requires DOH to review with DOCCS its policies on HIV, women's health, transgender health, chronic conditions, health care for persons over 50, discharge planning and substance abuse disorders. Requires DOH to study with DOCCS adequacy of staffing for health services, staffing challenges in health services and impact of

			staffing levels on availability of services.
Women's Health Initiatives			Includes $1 million for Women's health initiatives

Long Term Care

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Private Pay Option for State Office for the Aging Programs (Part U)	Creates a new private pay option for all programs administered by SOFA. The program would be open to New Yorkers with incomes above 400% of the FPL ($48,500 for an individual/$65,840 per couple). It would allow them to purchase services they would otherwise be ineligible to receive. Participation in this new option would be at the discretion of the Area Agency on Aging (AAA). The AAA's could not use private payments to supplant state, federal or county funds.	**Rejects**	**Modifies** Sets private pay payments at a cost of no more than 20% of the amount SOFA pays for a service Provides that individuals with incomes below 400% of FPL shall be priority for receiving SOFA services
Elderly Pharmaceutical Insurance Coverage (EPIC)			Restores $2 million in savings Directs DOH to increase eligibility level from annual income of $75,000 to $120,000 for unmarried individuals, and $135,000 for married
Naturally Occurring Retirement Communities (NORCs)			Increase the statutory cap on NORCs from $200,000 per NORC to $300,000; Restores $750,000

Mental Health & Human Services

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Justice Center Oversight of Summer Camps and Certain Hospital Units (Part AA)	Proposes to eliminate the Justice Center's duplicative oversight of certain highly regulated summer camps and hospital units.	**Rejects**	**Rejects**
Mental Health Special Needs Plans	Proposes to extend the authority of the Commissioner of Mental Health to certify	**Accepts**	**Modifies** Proposes 2 year extension to 2021

(Part E, Section 21)	Mental Health Special Needs Plans through 2025.		
Office of Mental Health Recovery of Medicaid Exempt Provider Income (Part W)	Proposes to extend through June 30, 2022 the authority of the OMH Commissioner to recover Medicaid Exempt Income from community residence providers, as allowed in prior year legislation.	**Accepts**	**Accepts**
Establishment of Jail-based Restoration to Competence Programs (Part X)	Would authorize OMH and OPWDD to work with Counties to establish jail-based restoration to competence programs.	**Rejects**	**Accepts**
VAP Funding for Behavioral Health	$50 million in vital access provider funding to preserve behavioral health services, separate from the general VAP funding pool and is available solely for behavioral health providers.	**Accepts**	**Accepts**
Independent IDD Ombudsman (Part EE)		Would establish the Office of the Independent Intellectual and Developmental Disability Ombudsman Program within OPWDD to assist OPWDD individuals with ensuring they receive coverage from MCOs. The Ombudsman would be authorized to assist individuals with filing and resolving consumer complaints.	
Closure of State-Operated OPWDD Individualized Residential Alternatives (IRAs) (Part FF)		Existing law requires timely notice of any closure or transfer of an IRA until 2020; this adds that timely notice be provided for any suspension of service as well. Notice is to be provided to Legislature and impacted labor unions as soon as practicable.	
OASAS Service Directory (Part GG)		Directs OASAS to create a public directory on its website of all OASAS licensed or certified providers and programs, including: locations of providers and programs, services offered, medications available at any	

		medication-assisted treatment provider; special populations served; insurance accepted; availability of beds and services; and any other information deemed necessary. Allows OASAS to use existing directory to satisfy this requirement.	
Direct Support Professional Credentialing Program			Establishes credentialing pilot program within OPWDD intended to promote direct support professional recruitment and retention, improve education and training, and establish a credentialing program based on national competency standards. Establishes a 21 member advisory committee to assist OPWDD with seeking CMS approval to include the pilot program under the State's 1115 demonstration waiver program, as well as incorporate the pilot program into managed care contracting. OPWDD would be required to issue a report regarding the success of the program related to rates of recruitment, number of professionals credentialed, improvements in care, correlation of increased wages to workforce retention, and recommendations for implementing a statewide credentialing program.

Cannabis Regulation

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Marijuana Legalization	Creates a new state office to develop and implement a regulatory framework for marijuana legalization in New York (Office of Cannabis Management) responsible for licensing growers and sellers, enforcing the	**Rejects** Maintains $35 million for the establishment of the Office of	**Rejects**

	state's laws and regulations, and handling the economic development resulting from legalization. The office will also handle the medical marijuana program and the state's industrial hemp market. Counties and large cities would be allowed to opt out of having retail marijuana. Proposal is expected to generate $300 million in tax revenue statewide over three years.	Cannabis Management pursuant to a chapter of 2019	

Housing

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Limits on Security Deposit	Proposes to limits security deposits to an amount or value not in excess of two months' rent, including the first month's rent. Applies to any payment, fee, deposit, or charge.	**Rejects**	**Rejects**

Bioscience Funding

PROVISION	EXECUTIVE	ASSEMBLY	SENATE
Life Sciences Laboratory	Includes $750 million to support construction of a new, world-class, state-of-the-art public health laboratory to replace the Wadsworth Center's aging facilities. The new facility will be located on Albany's W. Averell Harriman State Office Building Campus.	**Accepts**	**Accepts**
Stem Cell Funding	Maintain funding at $44,800,000, consistent with SFY 2018-19 levels.	**Accepts**	**Accepts**
Spinal Cord Injury Research Fund Account	$8.5 million for the Spinal Cord Injury Research Program (SCIRP).	**Accepts**	**Accepts**