



On January 21, 2015, New York State Governor Andrew Cuomo released his Executive Budget proposal for the 2015-2016 fiscal year, which begins on April 1, 2015. The document includes several critical proposals on which CHCANYS will be focusing in the coming months. Significant initiatives relevant to FQHCs include:

- \$54.4 million in funding for the **Diagnostic and Treatment Center (DTC) Indigent Care Pool** (the same funding level as SFY2013-14);
- \$406K in funding for **Migrant Farmworkers** (the same funding level as SFY2014-15);
- **Capital funding** for healthcare restructuring, including:
 - \$700M for transformation of Brooklyn healthcare delivery system
 - \$300M for transformation of Oneida County's healthcare delivery system
 - \$400M for debt restructuring and other capital projects in rural communities (limited to hospitals)
- **VAP funding**
 - \$290M new VAP funding for essential community providers in rural/isolated areas
 - \$902M VAP funding for Article 28 providers (same funding level as SFY2014-15)
- **Certificate of Need Reform**
 - Exempts hospitals and D&TCs from public need and financial review requirements for applications to construct primary care facilities or construction that does not involve change in capacity, type of services provided, major medical equipment, facility replacement, or geographic location of services
- **Retail Clinics and Urgent Care Providers**
 - Creates new licensing category of "limited services clinic" for clinics operating w/in a retail business operation. Would allow legal entities to own/operate.
 - Defines urgent care provider and impose marketing rules. PHHPC to adopt rules and regulations, including on integration of services and referral of patients.
- Authorizes Article 44 MCOs and any provider receiving Medicaid payment to contract for **Value Based Payments** and permits DOH to utilize value-based reimbursement methodologies
 - Not limited to DSRIP PPSs or PPS providers
 - Allows for continuation of VBP beyond 5 year DSRIP period
 - Permits implementation with or without regulations
- Requires claims for payment of outpatient prescription drugs submitted to managed care under **340B** to be at actual acquisition cost, defined to mean the invoice price minus "all discounts and other cost-reductions attributable to the drug."
- \$45M to continue the initiative that connects Regional Health Information Organizations across New York to the State's health information network, known as the "**SHIN-NY**," (\$55M funding SFY 2014-15)
- \$1.64B to implement **Basic Health Plan Program** for low cost insurance for state residents below 200% FPL and those not eligible for Federal Medicaid coverage or Child Health Plus
 - Authorizes DOH to develop reimbursement methodologies and fee schedules for payment rates
- 15% cut for **Public Health Workforce initiatives**
 - Pools together numerous workforce programs including Rural Health Development, Worker Retraining, Doctors Across NY, Area Health Education Centers (AHEC), Empire Clinical Research