



CHCANYS FY22 - 23 Final Enacted Budget Bill Overview

Budget Initiative	Final Enacted
CHCANYS Top Priorities	
Telehealth Payment Parity	Partial telehealth parity - no payment parity when patient and provider are both offsite; pending DOH regulations. Sunsets April 1, 2024. Exec to report on telehealth reimbursement impacts to the Legislature by Dec 31, 2023.
Repeal Pharmacy Benefit Carveout	Omitted
Rate Equity Pool	Omitted
Workforce	
Nurses Across New York	Included for professional nurses and LPNs
Interstate Medical and Nurse Licensure Compacts	Omitted
Scope Changes	Makes the Nurse Practitioner Modernization Act (NPMA) permanent, removes the requirement for NPs with over 3,600 practice hours to have a collaborative agreement with a physician, removes reporting requirements. Allows standing orders for COVID-19 and flu tests.
Workforce Bonuses	Included with additional terms: defines eligible titles, establishes schedule for claims submission and payment, defines employment status for eligibility, establishes monetary penalty for failure to identify, claim and pay bonuses to eligible employees, exempts bonus from income calculation for public assistance
Transfer of Oversight for Licensed Healthcare Professions from SED to DOH	Omitted
Coverage Expansion	
Essential Plan Eligibility Expansion	Included
Coverage Expansion for Undocumented in Essential Plan	Authorizes State to seek Federal approval for coverage of undocumented individuals
Extends Medicaid coverage for one year postpartum	Included
Expands Medicaid Coverage for Undocumented 65+	Included
Expands Eligibility for Medicare Savings Program	Included
Eliminates Resource Test	Not included

Continued



Other Budget Initiatives	
Medicaid Global Cap	Changes the Medicaid Global Cap indexed growth metric to the five-year rolling average of CMS Medicaid spending projections; additional reporting requirements.
Managed Care Procurement	Omitted
Pharmacy Reforms	Omitted
Eliminate Prescriber Prevails	Omitted
Expand Access to Naloxone and Buprenorphine in Pharmacies	Omitted
Permanently Carves Out School Based Health Centers from Managed Care	Omitted
Consolidates OMH and OASAS	Omitted
Extenders	
Extends APG Rate	Included - Extends for five years
Extends PCMH	Included - Extends for three years
Extends DSRIP Practices (i.e. 3ai waiver)	Included - Extends for two years
Extends Collaborative Drug Therapy	Included - Extends for two years
Funding for Health Center Programs	
1% ATB for FQHC Operating Expenses	Included
Statewide Health Care Facility Transformation Program IV	\$50 million capital investment for community-based health care providers (\$25M for previously unfunded project applications; \$25M new capital projects); \$150 million investment for telehealth infrastructure
Appropriations	
Health Homes	TBD - Expected to remain flat from prior year
VAP	TBD - Expected to remain flat from prior year
PCMH	TBD - Expected to remain flat from prior year
Workforce recruitment and retention (NYC)	TBD - Expected to remain flat from prior year
Workforce recruitment and retention (Upstate)	TBD - Expected to remain flat from prior year
Migrant and Seasonal farmworkers	TBD - Expected to remain flat from prior year
SBHCs	TBD - Expected to remain flat from prior year
DANY	TBD - Expected to remain flat from prior year
Rural Health Access Networks	TBD - Expected to remain flat from prior year



CHCANYS FY22 - 23 Budget Bill Comparison

Budget Initiative	Executive	Assembly	Senate	Final Enacted
CHCANYS Top Priorities				
Telehealth Payment Parity	Partial telehealth parity - no payment parity when patient and provider are both offsite; pending DOH regulations	Omitted	Full payment parity and expanded provider list	Partial telehealth parity - no payment parity when patient and provider are both offsite; pending DOH regulations. Sunsets April 1, 2024. Exec to report on telehealth reimbursement impacts to the Legislature by Dec 31, 2023.
Repeal Pharmacy Benefit Carveout	Omitted	Omitted	Omitted	Omitted
Rate Equity Pool	Omitted	Omitted	Omitted	Omitted
Workforce				
Nurses Across New York	Included for professional nurses	Included for professional nurses and LPNs	Included for professional nurses and LPNs	Included for professional nurses and LPNs
Interstate Medical and Nurse Licensure Compacts	Included	Omitted	Included	Omitted
Scope Changes	Makes the Nurse Practitioner Modernization Act (NPMA) permanent and removes the requirement for NPs with over 3,600 practice hours to have a collaborative agreement with a physician.	Makes NPMA permanent; scope changes omitted	Omitted	Makes the Nurse Practitioner Modernization Act (NPMA) permanent, removes the requirement for NPs with over 3,600 practice hours to have a collaborative agreement with a physician, removes reporting requirements. Allows standing orders for COVID-19 and flu tests.
Workforce Bonuses	Included	Included for State employees only	Included; Exempts bonus from income calculation for public assistance	Included with additional terms: defines eligible titles, establishes schedule for claims submission and payment, defines employment status for eligibility, establishes monetary penalty for failure to identify, claim and pay bonuses to eligible employees, exempts bonus from income calculation for public assistance
Transfer of Oversight for Licensed Healthcare Professions from SED to DOH	Included	Omitted	Omitted	Omitted
Coverage Expansion				
Essential Plan Eligibility Expansion	Included	Included	Included	Included
Coverage Expansion for Undocumented in Essential Plan	Omitted	Included	Included	Authorizes State to seek Federal approval for coverage of undocumented individuals
Extends Medicaid coverage for one year postpartum	Included	Included	Included; includes coverage for undocumented	Included
Expands Medicaid Coverage for Undocumented 65+	Omitted	Omitted	Omitted	Included
Expands Eligibility for Medicare Savings Program	Omitted	Omitted	Omitted	Included
Eliminates Resource Test	Included	Included	Included	Not included
Other Budget Initiatives				
Medicaid Global Cap	Changes the Medicaid Global Cap indexed growth metric to the five-year rolling average of CMS Medicaid spending projections	Repeals the Medicaid Global Cap	Repeals the Medicaid Global Cap	Changes the Medicaid Global Cap indexed growth metric to the five-year rolling average of CMS Medicaid spending projections; additional reporting requirements.
Managed Care Procurement	Included	Omitted	Omitted	Omitted
Pharmacy Reforms	Omitted	Omitted	Requires Medicaid managed care plans to reimburse retail pharmacies at fee-for-service rate; allows retail pharmacies to participate in another provider's network; prohibits Pharmacy Benefit Managers from limiting medications from non-mail order pharmacies	Omitted
Eliminate Prescriber Prevails	Included	Omitted	Omitted	Omitted



COMMUNITY HEALTH CARE ASSOCIATION of New York State

Budget Initiative	Executive	Assembly	Senate	Final Enacted
Expand Access to Naloxone and Buprenorphine in Pharmacies	Included	Omitted	Included	Omitted
Permanently Carves Out School Based Health Centers from Managed Care	Omitted	Included	Omitted	Omitted
Consolidates OMH and OASAS	Omitted	Omitted	Included	Omitted
Extenders				
Extends APG Rate	Included - Extends for five years	Included - Extends for five years	Included - Extends for one year	Included - Extends for five years
Extends PCMH	Included - Extends for three years	Included - Extends for three years	Omitted	Included - Extends for three years
Extends DSRIP Practices (i.e. 3ai waiver)	Included - Extends for three years	Omitted	Included - Extends for one year	Included - Extends for two years
Extends Collaborative Drug Therapy	Included - Extends for two years	Included - Extends for two years	Omitted	Included - Extends for two years
Funding for Health Center Programs				
1% ATB for FQHC Operating Expenses	Included	Included	Included	Included
Statewide Health Care Facility Transformation Program IV	\$25 million capital investment for community-based health care providers; \$150 million investment for telehealth infrastructure	\$100 million capital investment for community-based health care providers; \$150 million investment for telehealth infrastructure	\$25 million capital investment for community-based health care providers; \$150 million investment for telehealth infrastructure; Requires at least 25 percent of funds to be allocated for community-based providers	\$50 million capital investment for community-based health care providers (\$25M for previously unfunded project applications; \$25M new capital projects); \$150 million investment for telehealth infrastructure
Appropriations				
Health Homes	\$524,010,000	\$524,010,000	\$524,010,000	TBD - Expected to remain flat from prior year
VAP	\$50,000,000	\$50,000,000	\$50,000,000	TBD - Expected to remain flat from prior year
PCMH	\$220,000,000	\$220,000,000	\$220,000,000	TBD - Expected to remain flat from prior year
Workforce recruitment and retention (NYC)	\$272,000,000	\$272,000,000	\$272,000,000	TBD - Expected to remain flat from prior year
Workforce recruitment and retention (Upstate)	\$22,400,000	\$22,400,000	\$22,400,000	TBD - Expected to remain flat from prior year
Migrant and Seasonal farmworkers	\$406,000	\$406,000	\$406,000	TBD - Expected to remain flat from prior year
SBHCs	\$8,320,000	\$8,320,000	\$8,320,000	TBD - Expected to remain flat from prior year
DANY	\$54,149,000	\$54,149,000	\$54,149,000	TBD - Expected to remain flat from prior year
Rural Health Access Networks	\$9,410,000	\$9,410,000	\$9,410,000	TBD - Expected to remain flat from prior year