

**New York State Psychiatric Association, Inc.  
Area II Council of the American Psychiatric Association  
400 Garden City Plaza, Garden City, N.Y. 11530 • (516) 542-0077**

**Government Relations Office  
123 State Street, Albany, N.Y. 12207 • (518) 465-3545**

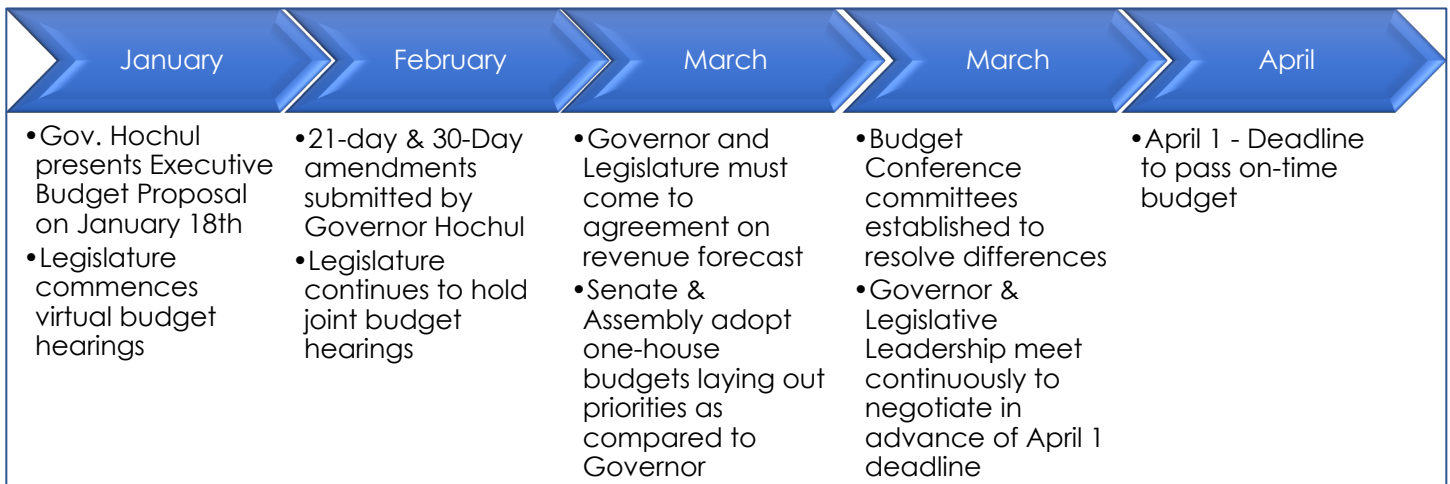
**Report on Governor Hochul's FY 2023 \$216.3 Billion Executive Budget Proposal**

While the Legislature returned to business several weeks ago, the session was kicked off in earnest this week when Governor Kathy Hochul released her first executive budget proposal on Tuesday, January 18<sup>th</sup>. The \$216.3 billion plan is a stark departure from previous years, particularly last year when pandemic lockdowns had decimated state coffers resulting in a \$15 billion shortfall.

Following robust infusions from the federal government and a rebound in tax revenues, the state finds itself awash in cash, allowing the first woman Governor to propose substantial one-shot investments — including \$2 billion in pandemic recovery initiatives, \$2.2 billion in homeowner property tax rebates and significant spending increases on education and health care. Referring to the current cash flow as a “once in a generation opportunity to spur the state’s economy” the Governor, and later her budget Director outlined a plan that projects balanced budgets through 2027. In addition to education and healthcare increases, the plan includes healthy investments in higher education - \$1.5 billion over five years to public universities, \$150 million for the expansion of tuition assistance, infrastructure - \$32.8 billion over five years for transit projects including highways and bridges and \$25 billion to assist in the building or preservation of 100,000 housing units over the five years.

As expected, and previously reported in our State of the State summary, the plan also includes \$1.6 billion for improvements to nursing homes and health care facilities and \$1.2 billion for frontline workforce bonuses of up to \$3,000. In addition, it includes initiatives designed to provide immediate relief for small businesses, workers, and the musical arts, and several longer-term funding proposals focused on strengthening the social fabric of our state with \$1.4 billion to subsidize childcare for approximately 400,000 families.

While we will continue to pore over the voluminous bills in the coming weeks, our first review has identified the following highlights with respect to health, human services, mental hygiene, public protection, child welfare, and identification of noteworthy appropriations. In addition, we have included (at the end of this report) the Senate and Assembly joint virtual hearing schedule, which commences on Tuesday, January 25 and concludes on February 16, 2022. As noted above, Governor Hochul's executive budget proposal is the start of the process leading up to the enactment of a final budget by the April 1st. The contours of the process are outlined in below illustration:



## **I. Review of Health & Mental Health Hygiene Article VII Bill by Part**

**Editor's Note: We included the effective date for each part if enacted as part of the final budget.**

### **Part A – Establishes Nurses Across New York (NANY) Program**

- Establishes nurse loan repayment program for registered nurses who commit to work in areas determined by DOH Commissioner to be underserved communities for a period of 3 consecutive years. Nurses may also be deemed eligible if they practice in a facility or a physician's office that primarily serves an underserved population as determined by DOH Commissioner, without regard to whether the population is located in an underserved area.
- Awards would be allocated regionally with one-third of funds going to New York City and two-thirds going to the rest of the state. It shall be distributed in a manner determined by the Commissioner without a competitive bid or RFP.
- The funds shall pay for the tuition and other related educational expenses, made by the federal, state government or lending institution. Loan repayment awards shall be used solely to repay outstanding debt.
- The loan repayment award will be determined by the DOH Commissioner and paid over three years; 30% of total award in 1<sup>st</sup> year, 30% in the 2<sup>nd</sup> year and any unpaid balance of the total award, not to exceed the maximum award, will be paid in the 3<sup>rd</sup> year.
- If the 3-year commitment is not met, the recipient will repay amounts paid, which will be calculated based on formula set forth in statute.
- A streamlined application process will be developed based on recommendations from a work group appointed by DOH and include associations representing nurses, hospitals and other health care facilities. Final recommendations will be due by September 30, 2022.
- Unused/undistributed funds may be reallocated and distributed in current or subsequent distribution periods in a manner determined by DOH Commissioner.
- State Appropriation of \$2.5 million in FY 2023 and \$3.0 million in FY 2024
- Effective Date: Immediately upon enactment

### **Part B – Interstate Medical Licensure Compact for Physicians & Nurses**

- Amends NYS Education Law to authorize New York to join the Interstate Medical Licensure Compact and Nurse Licensure Compact, which would allow physicians and nurses, respectively, who are licensed in other compact-participating states, to practice in New York.
- The provisions would also authorize the State Education Department to issue a temporary permit to applicants for New York state licensure in high-need healthcare professions while their application under the compact is pending.
- Effective Date: Immediately upon enactment

### **Part C - Scope of Practice**

- Pharmacist – This proposal expands pharmacist's role to complete point of care testing, such as COVID and influenza. It adds a pharmacist as a qualified health care professional for purposes of directing a limited-service lab and ordering and administering tests approved by the FDA subject to certificate of waiver requirements established under the federal clinical laboratory improvement act (CLIA).
- Nurse Practitioners – This proposal a) eliminates the requirement for nurse practitioners with more than 3,600 hours in primary care to maintain collaborative agreements with physicians (for general pediatrics, general adult medicine, general geriatric medicine, general internal medicine, OB/GYN, family medicine or "such other related areas as determined by the commissioner of health"), b) continues the written practice agreement requirement for nurse practitioners with less than 3,600 hours of practice, c) allows nurse practitioners to order non-specific patient orders for standing testing for COVID, Flu or upper respiratory illnesses, and d) makes the Nurse Practitioner Modernization Act permanent.
- Certified Medication Aide (CMA) in Residential Health Care Facilities (RHCF) – Authorize CMAs to perform the following under the supervision of an RN employed by a nursing home: a) administer medications which are routine, pre-filled and packaged in a manner that promotes ease of administration and b) collect specimens for testing for COVID/Flu. A CMA is not allowed to administer injections except those of insulin or for diabetes care or for heparin, auto-injections of naloxone and epinephrine for emergency purposes. CMA must meet the following criteria: (1) hold a valid nurse aide certificate; (2) high school diploma, GED or similar credential; (3) be at least 18 years of age; (4) one year of experience as a CNA in a RHCF; (4) able to read, write and speak English and basic math skills; (5) complete the requisite training and competencies of a CMA as determined by Commissioner;

(6) complete competency exam; and (7) meet other qualifications determined by the Education Commissioner in consultation with Commissioner of Health.

- Effective Date: Immediately upon enactment

#### **Part D – Healthcare Workforce Bonuses**

- Amends the Social Services Law to establish a \$1.2 billion bonus fund for those frontline workers who gave tirelessly throughout the pandemic. The provisions are as follows:
  - Provides a one-time bonus of up to \$3,000 for workers making up to \$100,000.
  - Requires the Commissioner of Health to seek additional spending authority under the American Rescue Plan Act of 2021 to maximize federal financial participation with respect to spending on home and community-based services.
  - Eligible employees include “certain” frontline healthcare and mental health care practitioners, technicians, assistants, and aides that provide hands on healthcare services to individuals. Full-time, part-time, salaried, hourly, temporary workers or individual contractors are all eligible.
  - Eligible employers:
    - Providers enrolled in a medical assistance program that bills under the state plan of HCBS Waiver or managed care plan.
    - Providers and facilities licensed under Articles 28, 30, 36, and 40 of the Public Health Law, and Articles 16, 31, 32, and 36 of the Mental Hygiene law, Fiscal intermediaries and pharmacies registered under Section 6808 of the Education Law.
    - Programs funded by OMH, OASAS and OPWDD
    - Tracking and Claim submission forms will be developed by the Commissioner of Labor and the Medicaid Inspector General. Bonus amounts will be commensurate with hours worked and patients served during the “vesting period” not to exceed one year. Awards are available for two vested periods, not to exceed \$3,000 based on hours worked:
      - 20 -29 hours per week = \$500
      - 30-39 hours per week = \$1,000
      - 40 hours per week = \$1,500

#### **Part E – General Public Health Work County Support**

- Authorizes DOH to increase the annual base grant full-service local health departments to \$750,000 or \$1.30 per capital and increase grant to partial-service local health departments to \$577,500.
- Authorize local health departments to claim up to 50% of personnel service costs.
- Effective Date: April 1, 2022

#### **Part F – Modernize Emergency Medical Services**

- This modernizes, standardizes, and broadens the scope of EMS services and includes paramedics.
- The Statewide Emergency Medical Services Council (SEMSC) shall advise the DOH Commissioner on such issues related to provision of EMS, specialty care, designated facility care, and disaster medical care and assist in the coordination of such. This includes recommendation, periodic revision, rules and regs, appropriateness review, treatment protocols and quality improvement standards. The SEMSC shall meet as frequently as determined necessary by DOH Commissioner. Each regional emergency medical services council shall advise the SEMSC, DOH Commissioner and DOH on the aforementioned issues.
- DOH, in consultation with state emergency medical advisory committee (SEMAC), is directed to develop a statewide comprehensive emergency medical system plan to provide for a coordinate emergency medical system in NYS. The plan is to be reviewed, updated if necessary, and published every five years on DOH's website. Each regional medical advisory committee shall develop and maintain a plan to provide for coordinated emergency medical system within region.
- The DOH Commissioner with the advice of the SEMAC create an EMS Quality and Sustainability Assurance program. This group may include clinical standards, quality metrics, safety standards, emergency vehicle operator standards, clinical competencies, sustainability metrics and minimum requirements for QA and sustainability assurance programs to be followed by EMS agencies to promote positive patient outcomes.
- EMS agencies will be required to self-evaluate and identify deficiencies and monitor metrics for improvement. The DOH may contract out to assist in the monitoring of these agencies and may

delegate authority to counties or other contractors. Enforcement actions will be applied to those agencies noncompliant.

- Includes an EMS training program for students, agencies, practitioners, facilities, EMS and other personnel. The Commissioner may appropriate dollars but until such program is in place all current standards shall remain in place. The DOH, in consultation with SEMAC, will establish the minimum education standards, curriculum and requirements for all EMS. Under the provisions:
  - Directly provide EMS training, or under contract.
  - DOH may visit/inspect training programs to ensure compliance.
  - Establish a public service campaign to draw EMS fields.
  - Establish a mental health/wellness program to prevent burnout.
  - DEVELOP advanced training and specialty services to become a credentialed EMS practitioner to provide specialized, advanced, or other services.
- All determinations of need shall be consistent with the state emergency medical systems plan. The Commissioner shall promulgate regulations to provide standards on determination of need. The DOH shall issue a new EMS agency certification only upon a determination that a public need has been established. Prior to final approval by the DOH a summary will be sent to EMS Advisory Council for review and recommendation. There is an appeal process; if the DOH determination is appealed, the Commissioner will issue a final determination after consideration of the report and recommendation of the presiding Administrative Law Judge. A certificate can be awarded by commissioner without determination of need, if DOH promulgates regulations allowing it.
- Expands the definition of EMS to include: "care of a person to, from, at, in, or between the person's home, scene of injury, hospitals, health care facilities, public events or other locations, by EMS practitioners as a patient care team member, for emergency, non-emergency, specialty, low acuity, preventative, or interfacility care; emergency and non-emergency medical dispatch; coordination of emergency medical system equipment and personnel; assessment, treatment, transportation, routing, referrals and communications with treatment facilities and medical personnel; public education, injury prevention and wellness initiatives; administration of immunizations as approved by the state emergency medical services council; and follow-up and restorative care." A key of this provision is that it authorizes community paramedicine, allow deployment of EMS personnel to perform functions and deliver services that can prevent hospital or emergency department admissions.
- Effective Date: Immediately upon enactment

#### **Part G – Transfer of Oversight for Licensed Healthcare Professions**

- If enacted, all functions, powers, duties and obligations of the Education Department in relation to the following professions would be transferred to the Department of Health on January 1, 2023: Articles: 131 (Medicine), 131b (Physician Assistants), 131c (Specialist Assistants), 132 (Chiropractic), 133 (Dentistry / Dental Hygiene), 134 (Perfusionists), 136 (Physical Therapy / Physical therapy Assistants), 137 (Pharmacy), 137a (Pharmacy Technicians), 139 (Nursing), 140 (Midwifery), 141 (Podiatry), 143 (Optometry), 144 (Ophthalmic Dispensing), 153 (Psychology), 154 (Social Work), 155 (Massage), 156 (Occupational Therapy) 157 (Dietetics and Nutrition), 159 (Speech Language), 160 (Acupuncture), 162 (Athletic Trainers), 163 (Mental Health Counselors, Marriage and Family Therapists, Creative Arts Therapists and Psychoanalysts), 164 (Respiratory Therapists), 165 (Lab Techs), 166 (Medical Physics), 167 (Applied Behavioral Analysis), and 168 (Pathology Assistants).
- The transfer includes the following:
  - All records and property of the SED with respect to functions, powers, and duties.
  - Unfinished business of the SED for any of the professions.
  - All rules, regulations, acts, orders of the SED, until duly modified by DOH.
  - All contracts, laws, and documents, whenever referred to the SED, in relation to powers and functions for the professions.
  - All rights and remedies completed by the SED will remain protected.
- No pending actions and/proceedings against the SED or the Board of Regents on Jan. 1, 2023, shall be affected by this change, but the same may be prosecuted or defended by the Commissioner of Health. The Commissioner of Health shall be substituted as a party upon application to the court.
- Effective Date: January 1, 2023

#### **Part H – Medicaid Global Cap Metric Modification and Extension**

- Modifies the metric to limit Medicaid spending growth by utilizing a 5-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by the Office of the

Actuary in the Centers for Medicaid services (CMS). This proposal would add \$366 million in additional cap growth over the current methodology which would provide for approximately \$600M in growth for the next fiscal year.

- Extends the Medicaid global cap provision for an additional two years through fiscal year 2024.

**Part I – Increase Medicaid trend factor** by one percent to recognize provider labor cost increases

- Effective 4/1/22 – 3/31/24, this part allows for a uniform 1 percent rate increase for all DOH Medicaid Fee For Service payments for services provided on or after April 1, 2022.

**Part J – Hospital related Recommendations**

- Provides for the extension of the statutory requirement to rebase acute hospital rates to January 1, 2024. This rebasing includes updating base year costs and statistics including weights assigned to diagnostic related groups. This is intended to allow time for the industry cost base to normalize.

**Part K – Statewide Health Care Facility Transformation Program IV**

- Establishes a \$1.6 billion Statewide Healthcare Facility Transformation Program IV, intended to fund healthcare transformation, redesign and strengthening quality healthcare services. Funding is intended to support capital projects consistent with these goals. Eligible health care facilities include Hospitals; Residential healthcare facilities; Adult care facilities; Diagnostic and treatment centers; Clinics; Children's residential treatment facilities licensed under Article 31 of the Mental Hygiene Law; Assisted living programs; Behavioral health facilities; and independent practice associations or organizations. Proposed funding is allocated as follows:
  - \$750 million grants to healthcare providers
  - Up to \$450 million may be awarded to unfunded Statewide Healthcare Facility Transformation Program III projects
  - \$200 million to be awarded for hospital emergency department modernization
  - \$150 million for IT and telehealth infrastructure
  - \$50 million for greenhouse, nursing home initiative
- This provision does not require a competitive bid or request for proposal process but will be evaluated by the Department in "a process acceptable to the commissioner and approved by the Director of the Division of the budget." Furthermore, funding to eligible applicants may be subject to achieving project performance metrics and milestones.

**Part L – Notices for Changes in Ownership of Licensed Entities**

- Adds "controlling person" to the list of individuals subject to Public Health and Health Planning Council (PHHPC) review in establishment or change of ownership certificate of need applications, which include those who have been member of corporation or operations for the past seven years
- Revises the character and competence review look-back period from ten to seven years.
- Any change of ownership transaction that is subject to PHHPC review shall be effective ninety days after the applicant has fully responded to the DOH's final request for additional information.
- Includes a change of ownership for a LHCSA is subject to need based on new regulations.
- Effective Date; Immediately upon enactment

**Part M – Nursing Home Reforms**

- Modifies the definition of residential healthcare facility revenue as it relates to minimum direct care spending requirements by: (1) Excluding reimbursement of provider assessments; and (2) Excluding the capital per diem portion of the reimbursement rate for nursing homes that have a 4- or 5-star CMS rating.
- Allows the Commissioner discretion in excluding the capital portion from revenue, for 3-star facilities on a case-by-case basis.
- Allows for funding of the nursing home quality pool to be accomplished through: State appropriation, Rate adjustments, a combination of appropriation and rate adjustments.
- Amends current law pertaining to the Vital Access Provider Assurance Program to include distressed nursing homes, adult care facilities, independent practice associations and accountable care organizations as eligible providers. Funding is subject to an evaluation process approved by the Commissioner.
- Effective Date: April 1, 2022

## **Part N – Promote Health Equity and Continuity of Coverage for Vulnerable Seniors and Individuals with Disabilities**

- Expands Medicaid eligibility for low-income New Yorkers who are over the age of 65 as well as those with disabilities and provides that this population will maintain Medicaid eligibility after becoming eligible for Medicare. To do so, this proposes to eliminate the resource test and raise the income level to 138% of the Federal Poverty Level for seniors and individuals with disabilities.
- Effective Date: January 1, 2023

## **Part O – Medicaid Long Term Care Program Reforms**

- Amends Social Service Law to allow for the Fee for Service Private Duty nursing services provider directory for the Medically fragile to be revised to include Medically fragile adults. The bill further allows for increased rates of payment for service providers.
- Amends Social Service Law to modify implementation of the uniform tasking tool and allows the DOH to develop service guidelines and standards for the use of tasking tools to assist in the determination of appropriate home care services.
- Amends Public Health Law to establish the licensure process for Programs of All-Inclusive Care for the Elderly (PACE). This bill identifies criteria for program eligibility and licensure and addresses areas including contracting, licensure, and operations and oversight. The bill also addresses Eligibility and enrollment, program enrollment and reimbursement which will be developed and implemented by DOH.
- Effective Date: April 1, 2022

## **Part P – Managed Care Reforms**

- Authorizes DOH to competitively procure Managed Care Organizations participating in certain Medicaid Managed Care Programs.
- Authorizes health plans offering Medicaid, Essential Plan, and Qualified Health Plan to contract with national cancer institute-designated cancer centers.
- Projected fiscal savings: \$100 million in FY 2024 and \$200 million in FY 2025.
- Effective Date: April 1, 2022

## **Part Q – Essential Plan Reforms**

- Authorize the Commissioner of Health to submit federal waiver to expand eligibility for Essential Plan as follows:
  - Raise the Federal Poverty Cap for essential plan from 200% to 250% of the Federal Poverty Level.
  - Authorize individuals and their newborns to receive coverage for one-year post-partum regardless of any change to income.
  - Expand covered services under essential plan to include long-term supports and services that is comparable to Medicaid for long-term chronic illnesses.
- Effective Date: Varies based on provision (refer to bill)

## **Part R – Protect Reproductive Access for All –**

- Proposal would require individual and group private insurance coverage for abortion services. Such services would not be subject to co-payments, co-insurance, or annual deductibles (unless the plan is a high deductible plan). Exemptions allowed for religious employers defined as an entity for which “inculcation of religious values as the purpose of the entity.”

## **Part S – Maternal Health Reforms**

- A \$6.3 million proposal to expand maternal health services to achieve health equity and improve birth outcomes. Amends Social Services law to require prenatal and post-partum care as standard coverage and reimbursement of said services to appropriate healthcare provider; and extends post-partum coverage eligibility to one year following the last day of pregnancy. Proposal does require approval and participation of federal government.

## **Part T – Third Trimester Syphilis Screenings**

- Require syphilis testing of pregnant patients by a physician or other authorized practitioner in the third trimester “consistent with guidance and regulations issued by the Department of Health.”
- Effective Date: One year after it shall have become a law

#### **Part U – Child Health Plus Reforms –**

- Aligns Child Health Plus benefits with Medicaid benefits and transitions Child Health Plus rate setting authority from the Department of Financial Services to the Department of Health.
- If enacted, the proposal would expand covered healthcare services to include Children's Family Treatment and Support Services, Children's Home and Community Based Services, Assertive Community Treatment Services, residential rehabilitation for youth services, and health related services provided by voluntary foster care agency health facilities.
- Seeks to eliminate the \$9.00 per month premium payment for eligible children whose family income is 223% of the federal poverty limit.
- Effective Date: Provision related to elimination of premium would take effect April 1, 2022. The other provisions would take effect on January 1, 2023.

#### **Part V – Establish Telehealth Reimbursement Parity**

- Establishes reimbursement parity for telehealth services by requiring Medicaid and commercial insurers and health plans to reimburse practitioners delivering services through telehealth on the same basis and at the same rate as delivered in person.
- The provisions amending the NYS Insurance Law state in part, "...shall reimburse covered services delivered by means of telehealth on the same basis, at the same rate, and to the same extent that such services are reimbursed when delivered in person' provided that the reimbursement of covered services via telehealth shall not require reimbursement of costs not actually incurred in the provision of telehealth services, including charges related to the use of a clinic or other facility when neither the originating site nor distant site occur within the clinic or other facility." The provisions require insurers and health plans to also ensure their networks are adequate to meet the telehealth needs of insured individuals for covered services. There is similar language for telehealth reimbursement parity under Medicaid.
- Effective Date: April 1, 2022

#### **Part W – Eliminate Unnecessary Requirements for the Utilization Threshold (UT) program**

- Amends Section 365-g of the Social Services Law to ease the administrative burden on providers for Medicaid utilization review. The Executive Budget transitions utilization review from a prospective process to a retrospective process. The retrospective, post-payment review is established to evaluate the appropriateness and quality of medical assistance, and to safeguard against unnecessary utilization of care and services.
- The review will include beneficiary utilization profiles, provider service profiles, exceptions criteria to correct misutilization by beneficiaries and providers, and a process for referral to the Office of Medicaid Inspector General where suspected fraud, waste, or abuse is identified related to the unnecessary or inappropriate use of care, services, or supplies.
- Effective Date: July 1, 2022

#### **Part X – Rename the Office of Minority Health**

- Amends the Public Health Law to rename DOH's Office of Minority Health to the Office of Health Equity and redefine scope and mission of the office. Among the tasks of the new office: "Work collaboratively with other state agencies and affected stakeholders, including providers and representatives of underserved populations, in order to set priorities, collect and disseminate data, and align resources within the department and across other state agencies, as well as develop and implement interventions aimed at achieving health equity among underserved populations by implementing strategies to address the varying complex causes of health disparities, including the economic, physical and social environments."
- Effective Date: Immediately upon enactment

#### **Part Y – Marriage Certificates**

- Amends the Domestic Relations Law to authorize name and gender changes on marriage certificates upon receipt of proof in an effort to assist New Yorkers accurately express their gender identity. Under the provision, acceptable proof includes: "(a) a judgement, order or decree affirming a change of name or gender designation of either party to the marriage; (b) an amended birth certificate demonstrating a change of name or gender designation; or such other as may be established by the commissioner of health."
- Effective Date: One year after enactment

### **Part Z – Physicians Excess Medical Malpractice Program**

- Physicians Excess Medical Malpractice Program would be extended for one year with \$102 million appropriation, which is consistent with the amount allocated in the last fiscal year. Also restructures the program as follows:
  - For any policy period after July 1, 2021, require physician to purchase excess coverage directly from a provider of excess insurance coverage or equivalent excess coverage and then require DFS within funds available to reimburse the physician over two years. (50% of premium in first year and other 50% of premium in the second year).
- Effective Date: Immediately upon enactment of budget

### **Part AA – Clarifying provisions regarding emergency medical services and surprise bills. There are three subparts to Part AA.**

- Enacts into law major components of federal no surprise act and recommendations of the administrative simplification work group.
- Subpart A – Disputes must be submitted to New York's independent resolution entity within three years of the date the health plan made the original payment on the claim that is in dispute. Amends Financial Services Law with respect to surprise bill to expand applicability to not just physicians but providers.
- Subpart B – Requires insurers and health plans to keep written and digital directories of in-network providers up to date and to hold policyholders harmless in instances where they provided with inaccurate network status via the directory and reimburse for any out-of-pocket cost more than the in-network cost sharing amount.
- Subpart C – Requires insurers and health plans to establish and maintain procedures for health professional applications and terminations; and sets forth requirements for insurers to make available and disclose application procedures and minimum qualifications health care facilities must meet in participate in the in-network portion of insurers or health plans network.
- Effective Date: Immediately upon enactment of budget

### **Part BB – Medicaid Pharmaceutical Related Recommendations**

- Repeal the authority for the prescriber to make final determination with respect to medication under Medicaid Fee for Service and Medicaid Managed Care, known as Prescriber Prevails.
- Savings attributed to repeal: \$41.21 million in FY 2023 and \$49.45 million in FY 2024
- Effective Date: If enacted, it would take effect on June 1, 2022.

### **Part CC – Extend various provisions of the Public Health, Social Services, Education and Tax Laws**

- Extends deadline to determine the Assisted Living Program Need methodology through April 1, 2025.
- Extends provisions related to the Statewide Patient Centered Medical Home program through April 1, 2025.
- Makes authorization for temporary operators of adult homes permanent.
- Extends the authority for DOH to make DSH/IGT payments to hospitals outside of New York City through March 31, 2025.
- Makes authorization for pharmacists to enter into collaborative agreements with physicians in certain settings permanently.
- Extends Statewide Medicaid integrity and efficiency initiative for the purpose of achieving audit recoveries through March 31, 2024.
- Makes the Distressed Provider Assistance Program permanent.
- Extends the Lyme and Tick-Borne Disease Working Group's report due date to May 1, 2023.
- Extends the Tick-Borne Diseases and Blood-Borne Pathogen Impact study's due date to October 1, 2022.
- Extends due date for the Rare Disease Workgroup Report to December 20, 2022.
- Extends due date for Radon Task Force's Report to November 1, 2022.

### **Part DD – 5.4% Human Services Cost of Living Adjustment**

- Proposal to include a one-time 5.4% (consistent with the July 2021 consumer price index) for employees of OMH, OASAS, OPWDD, OTDA, OCFS & SOFA, effective April 1, 2023, through March of 2023. An extensive list of service(s) providers are to be included and can be reviewed in the Article VII language. Highlights include Home and Community Based Services, Children and Family Treatment Support Services and Care Coordination and Management. '



- Effective Date: April 1, 2022

**Part EE – 988 Crisis Prevention and Behavioral Health Crisis Act**

- Establishes the infrastructure for the three-digit phone number, 988, as designated by the Federal Communications Commission for the purpose of connecting individuals experiencing a behavioral health crisis with supports including but not limited to mobile crisis teams and crisis stabilization centers.
- Authorizes OMH and OASAS to designate and set standards for crisis hotline centers, which will be responsible for providing or arranging for crisis intervention services. Among the standards for designated centers : (1) maintaining active agreement with administrator of National Suicide Prevention Lifeline (NSPL); (2) meeting the NSPL requirements and best practices guidelines for operation and clinical standards; (3) Authorize centers to use technology, including chat and text functions that is interoperable between and across the 988 Suicide Prevention and Behavioral Crisis Hotline System and administrator of the NSPL; (4) Accept transfers of any all from 911 pertaining to a behavioral health crisis; (5) Assure coordination between 988 crisis hotline centers, 911, and when appropriate other specialty behavioral health warm lines and hotlines and other emergency services; (6) Authority to deploy services; (7) meet requirements for serving high risk and specialized populations ; and (8) provide follow-up services consistent with guidance and policies established by NYS and NSPL.
- Require OMH, in consultation with OASAS, to submit annual report on or before December 31<sup>st</sup> on metrics related to hotline’s usage and impact such as the volume of requests for assistance received by 988 hotline, length of time taken to respond, types of requests for assistance, and number of mobile crisis team dispatched.
- Includes appropriation of \$35 million in FY2023, increasing to \$60 million in FY2024, to support the implementation of the 988 Crisis Hotline in New York State.
- Effective Date: Immediately upon enactment

**Part FF – Requires reinvestment of underspending from behavioral health transition to managed care back into behavioral health services**

- Amend the Mental Hygiene Law to provide for reinvestment of managed care savings within OMH and OASAS. This could occur if the managed care plans to not meet the medical loss ratio, which defines what portion of premium must be spent on care for enrollees and removes the require that DOH Commissioner issue regulations on the methodology of calculating savings and distribution of funds.
- Effective Date: Immediately upon enactment of budget

**Part GG – Extends DSRIPP**

- Provides four-year extension of the law through 2025 granting the ability for DOH, OMH, OPWDD, and OASAS to waive any necessary regulatory requirements to allow providers involved in Delivery System Reform Incentive Payment (DSRIP) program projects to avoid duplicative requirements.
- Effective Date: Immediately upon enactment of budget

**Part HH – Expand access to Naloxone and Buprenorphine in Pharmacies**

- Require pharmacies to maintain a minimum stock of thirty-day supply of both an opioid antagonist (Naloxone) and an opioid partial agonist for the treatment of opioid use disorder.
- Effective Date: 180 days after enactment

**Part II – Establishes Certification for Recovery Residences**

- Authorizes OASAS to establish voluntary certification process for recovery-supported housing, also known as sober homes, including provisions related to inspection, record keeping and operational standards.
- Effective Date: Immediately upon enactment of budget

**Part JJ – Modernizes and Expand Alcohol Awareness Program**

- Amends the Mental Hygiene Law to change the name Alcohol Awareness Program to the Substance Use Awareness Program.
- Expands the program to include raising awareness of the health and social costs of cannabis use.
- Appropriates \$750,000 for the development of evidence-based best practices to address addiction by expanding program and making it available to more individuals.
- Effect date: Immediately upon enactment of budget

### **Part KK – OASAS Capital Program Reforms**

- Authorizes OASAS and Dormitory Authority to assume responsibility for the development of voluntary capital projects by voluntary-operated addiction services providers from inception with the goal of moving project forward in a more expeditious manner.
- Authorizes the state to purchase properties for the development into voluntary-operated addiction service facilities and create a pathway to transfer facilities to service providers. Budget materials note the voluntary-operated addiction services providers provide most of the addiction treatment services in NYS.
- Effective Date: Immediately upon enactment of budget

### **Part LL – Ambulatory Patient Group Rate Methodology Extension**

- Extends provisions of law to ensure adjusted rates paid to Article 31 and Article 32 under the Mental Hygiene Law align with current Medicaid Ambulatory Patient Group (APG) methodology for an additional five years through March 31, 2027.
- Provides rate provisions continue to apply to behavioral health crisis programs licensed by OMH and OASAS.
- Effective Date: Immediately upon enactment of budget

### **Part MM – Extends Kendra's Law**

- Extends Kendra's Law, which first enacted in 1999 provides a statutory framework by which courts can order individuals with psychiatric disabilities to receive assisted outpatient treatment (AOT), for an additional five years through June 30, 2022.
- Makes additional changes to Kendra's Law including: (1) expanding the criteria for AOT to include individuals for whom AOT has expired within the last six months and since the expiration the person has experienced "a substantial increase in symptoms of mental illness."
- Authorizes physician who recommends AOT and examines individual to testify by videoconference at court hearing.
- Authorizes a Director of Community Services or designee to require a service provider to release information concerning individuals receiving AOT.
- Expected to generate \$100,000 in savings.
- Effective Date: Immediately upon enactment

### **Part NN – Expand the property pass through laws which affect individuals with MI living in Community based residential programs**

- Authorizes OMH Commissioner to reimburse supportive housing programs similarly to community residences or residential care centers for adults, which would include property costs such as rent, mortgage payments, principle, and interest on loans.
- Effect Date: April 1, 2022

### **Part OO – Provides Permanent authority for OMH and OPWDD to appoint temporary operators**

- Makes 2016 law permanent that authorizes OMH and OPWDD to appoint temporary operators pursuant to provisions of the Mental Hygiene Law. Among the provision made permanent: (1) statutory factors used to evaluate circumstances when a temporary operator may be necessary to maintain a program's viability and protect health and safety of patients; (2) duties of temporary operator; (3) limitations on a temporary operator's liability and duration of appointment; (4) provisions for notice to the established operator and review when established operator disagrees with temporary operator; and (5) continuing obligations of the established operator.
- Effective Date: Immediately upon enactment of budget

Other – Lowering judgement interest rate from 9% to a market rate.

### **Gun Violence Prevention**

- **Promulgates the Office of Gun Violence Prevention** - The Executive Budget provides authority and \$500,000 for the establishment of the Office of Gun Violence Prevention under the Department of Health. Data collected on gun violence will be used by the Office of Gun Violence Prevention to track emerging gun violence hotspots and deploy resources to those areas that need it most.

- **Invests in New York's Crime Analysis Center Network** – The Executive Budget increases funding to \$15 million and provides a stable funding stream to enhance the State and local law enforcement capacity to solve and prevent firearm-related crime. This includes the establishment of Gun Intelligence Centers across the State to share meaningful crime and gun violence data.
- **Responds to Regional Needs in the Aftermath of Gun Violence** – The Executive Budget includes \$20 million in new funding to support the people and places that have been most impacted by the spike in gun violence. This will allow the deployment of innovative community empowerment and crime-reduction programming in high-need areas that will facilitate the repairing and rebuilding of regions victimized by crime involving guns.
- **Provides Pretrial Services to Promote Public Safety** – The Executive Budget provides \$10 million in new funding to probation and community-based providers for localities outside of New York City so they can provide a continuum of pretrial services that divert people from unnecessary detention and at the same time keep communities safe.
- **Triples Resources for Crime Gun Tracing Efforts** – The Executive Budget provides \$215,000 in funding to triple the state's gun violence intelligence resources by staffing the New York State Intelligence Center (NYSIC) with a team of analysts necessary to process and investigate crime guns across the state.
- **Modernizes Forensic Examination by Linking Digital Devices to Crimes** – The Executive Budget provides \$6.2 million new funding to increase personnel and equipment to provide timely and comprehensive forensic analysis.
- **Supports the Federal Creation of a 988 Crisis Hotline** - The Executive Budget includes \$35 million in FY2023, increasing to 60 million in FY2024, to support the implementation of the 988 Crisis Hotline in New York State; and legislation to authorize expanded supports and services and ensure the continuation of current suicide prevention call center resources. (NOTE: There is Article VII/Policy Language, see Section EE HMM summarized above)
- **Triples Investment in Community-Based Gun Violence Response (SNUG)** – The Executive Budget sustains last year's emergency increase in funding for New York's SNUG Outreach program and further expand support to combat the spike in gun crimes. This investment of \$24.9 million will expand hospital-based and street outreach programs to touch all corners of the state. It will facilitate the piloting of several new initiatives which provide wrap-around services for youth, job-readiness and work placement training.
- **Expands the State's Direct Support to Local Law Enforcement (GIVE)** – The Executive Budget increases funding to \$18.2 million for New York's nationally recognized Gun Involved Violence Elimination (GIVE) initiative which supports local law enforcement efforts to stop the gun violence in New York. This investment will enable the launch of several new initiatives which will support law enforcement's ability to clear non-fatal shooting cases, engage in youth-centered community programming, and reduce recidivism for individuals under community supervision.
- **Strengthens Law Enforcement Partnerships** – The Executive Budget provides \$13.1 million to expand the use of Community Stabilization Units that partner the most experienced State Troopers with local law enforcement agencies to combat community-specific crime problems.
- **Provides Capital Investment in Communities to Combat Gun Violence** – The Executive Budget includes funding for a new \$50 million grant program to meet the needs of communities most impacted by gun violence by supporting capital investments related to innovative crime-reduction strategies.
- **Provides Funding for Securing Communities Against Hate Crimes (SCAHC)** – The Executive Budget provides \$25 million for a 7th round of the SCAHC program, which provides up to \$50,000 in funding to boost safety and security at New York's nonpublic schools, community centers, and daycare facilities at risk of hate crimes or attacks because of their ideology, beliefs, or mission.

## Public Protection Article VII Provisions

### Part B – Gender-Affirming Treatment of Incarcerated Individuals

- This new provision applies to individuals who:
  - Have a gender identity that differs from their assigned sex at birth.
  - Have a diagnosis of gender dysphoria.
  - Identify as transgender.
  - Are gender nonconforming or nonbinary; or
  - Are intersex.
- If an incarcerated individual identifies as listed above, they may be placed in an appropriate state/local correctional facility, in a manner aligned with their gender identity.

- This is a voluntary program, to be decided by New York State Department of Corrections and Community Supervision (DOCCS) on a case-by-case basis. All determinations made by DOCCS shall be in writing.
- If an incarcerated raises concerns regarding their health and safety, or if their placement raises safety, security, or health concerns at any time their placement shall be reassessed.
- An important part of this is found in the new subdivision 7 of §137. §137(7)(a) requires that all incarcerated persons that this section applies to shall have:
  - Access to department-issued undergarments and clothing consistent with their gender identity and the ability to receive undergarments, clothing, and personal care items through package procedures; and
  - The right to gender affirming medical and mental health care consistent with the community standard of care.
  - Also notable is that the absence of a documented history of gender variance shall not preclude an incarcerated individual from self-identifying as trans, gender nonconforming, or nonbinary.
- DOCCS personnel are explicitly forbidden from intentionally misgendering an individual and must keep all information related to a person's gender identity private and only for the use of DOCCS' official duties. DOCCS shall provide this training for their employees on every two years.
- Copies of records reflecting a person's gender identity shall be included in official paperwork if the person is transferred.
- This applies to state prisons and county jails.
- DOCCS shall promulgate rules and regulations related to a person applying to change facilities and all other necessary requirements.

#### **Part H – Establishes the Gender-Based Violence Training Institute**

- Creates the Gender-Based Violence Training Institute within the Office for the Prevention of Domestic Violence (OPDV).
- Amends the definition of "Domestic violence program" to now include:
  - Any other program operated by a not-for-profit organization or local social services district, for the purpose of providing non-residential services to victims of domestic violence, including, but not limited to, information and referral services, advocacy, counseling, and community education and outreach activities and providing or arranging hotline facilities.
  - Amends the definition of domestic violence advocates to remove the requirement that they are under the direction and supervision of a "licensed and approved" DV program. It does add that DV advocates now must also have satisfied the training standards of the office for the prevention of domestic violence.
- This Part further amends the Executive Law, Article 21 New York State Office for the Prevention of Domestic Violence to add provisions for domestic violence advocate certification. This new subdivision 11 mandates that the NY Office for the Prevention of Domestic Violence (OPDV), in coordination with OCFS, OVS, DOH, and in consultation with the New York state Coalition Against Sexual Assault, and state advocacy organizations for the prevention of domestic and gender-based violence, shall promulgate rules and regulations establishing:
  - Minimum training standards for domestic violence advocates.
  - Procedures for certification of current and future DV advocates – including volunteers, provided they have met the minimum standards.
  - Minimum training standards must include thirty (30) hours of pre-service training and within the first year of service and at least ten ours of in-service training for DV counselors. Training shall include, but not be limited to:
    - Client-counselor confidentiality requirements.
    - Child abuse and maltreatment identification and reporting responsibilities.
    - Dynamics of DV.
    - Crisis intervention techniques.
    - Communication skills and intervention techniques with a focus on trauma informed service delivery.
    - An overview of the state criminal justice system.
    - An update and review of state DV laws, sexual offenses, sexual abuse, and incest.

## **Transportation, Economic Development & Environmental Article VII Provisions**

### **Part R – Provide Gender "x" Options at All Public-Facing State Agencies**

- Require all state agencies to update all applicable forms and data systems to include a gender “x” option so that all New Yorkers have the option to use either male, female, or gender “x” as an identifier on forms that collect gender or sex data. Effective Date: Immediately upon enactment

### **Part CC – Authorize Casino Licenses**

- Bill authorizes the awarding of up to three additional casino licenses.
- Authorizes New York State Gaming Facility Location Board to issue a request for applications and Gaming Commission to award licenses to no more than three additional applicants and removes restriction that facility cannot be located downstate (Zone One).

### **Part II – Authorizes a social equity fund for retail cannabis dispensaries**

- Amends to state finance law to authorize a private debt or equity fund to be created for use in providing assistance to socially and economically disadvantaged individuals in establishing retail cannabis dispensaries. The fund would provide qualifying individuals with access to funds or fixed capital costs including but limited to all costs related to the acquisition, leasing, purchasing, planning, design, construction, reconstruction, rehabilitation, improvement, furnishing, or equipping of such adult-use cannabis dispensaries.
- Amends Public Authorities Law to authorize Dormitory Authority of the State of New York (DASNY) to form one or more subsidiaries and to authorize DASNY to use those subsidiaries to provide services to the Office of Cannabis Management, the Cannabis Control Board, and the Social Equity Fund.
- Effective Date: Immediately upon enactment

## **Education, Labor and Family Assistance Article VII Provisions**

### **Part V – Ban Non-Compete and No-Poach Agreements**

- Amends NYS Labor Law to prohibit the use of non-compete agreements for any employee or prospective employee earning less than the median wage (as determined and published by the Commissioner of Labor) in New York State.
- Prohibits employers from seeking, demanding or accepting a non-complete agreement from any employee above the median wage/not covered under this provision unless the agreement meets the following requirements:
  - be strictly limited to be no more expansive than as required for the protection of the legitimate interest of the employer;
  - not impose undue hardship on the employee;
  - not be injurious to the public;
  - be disclosed in a written offer of employment or in a written offer of a promotion at least ten days before the effective date of such employment or promotion;
  - be written in the primary language identified by the employee;
  - be written at a reading comprehension level not exceeding that of the employee;
  - not contain a term of more than one year after the employment has ended;
  - not require that an employee adjudicate, including litigation or arbitration, outside of the state of New York a claim arising in the state of New York;
  - be maintained by the employer for a period of not less than six years from the end of the agreement;
  - be voidable, at the option of the employee, if the employer cannot demonstrate a continued willingness to employ the employee; and
  - not deprive an employee of the substantive protection of New York law with respect to a controversy arising in the state of New York.
- Provisions would not apply to (a) enforcement of covenants not to disclose trade secrets; (b) persons in the broadcast industry; (c) agreements between bona fide owners or partners of a business.

## **Cannabis**

\$50,000,000 is appropriated pursuant to a plan prepared and approved by the Dormitory Authority of the state of New York and the Office of Cannabis Management (OCM) for the funding of, whether directly or indirectly, the investment in a private debt or equity fund formed for the limited purpose of funding the costs associated with establishing adult-use cannabis retail for operation by social and economic equity applicants duly licensed pursuant to article 4 of the cannabis law. Funds appropriated herein shall be for services and expenses, and costs of program administration in establishing such dispensaries whether such work has been undertaken or costs for such work incurred by (i) the OCM and the cannabis control board, (ii) the dormitory authority of the state of New York, or subsidiary thereof, under agreement with the OCM and the Cannabis Control board (CCB), or with the private debt or equity fund formed for the limited purpose of funding costs associated with establishing such adult-use cannabis retail dispensaries, or (iii) the private debt or equity fund formed for the limited purpose. Funds shall be available for, but not limited to the acquisition of real property, leasing, purchasing, planning, design, construction, reconstruction, rehabilitation, renovation, improvement, furnishing, purchase and installation of equipment, and costs associated with program implementation and other costs incidental thereto, including the payment of liabilities incurred prior to April 1, 2022. All or a portion of this appropriation may be suballocated or transferred to any department, agency, or public authority.

## **Child Welfare**

Given the expected reduction of federal funding, the executive budget plan proposes an overall decrease in funding for the Office of Children and Family Services (but for and expansion in childcare subsidies and a slight bump in the Foster Care Block Grant subsidies).

**Foster Care Block Grant-** The Executive proposal includes a \$7 million increase, totaling \$390.6 million and mandates that counties reimburse foster parents and caregivers at 100% of the rates established by OCFS beginning in SFY 2023-24.

**Child Welfare Financing:** The Executive proposal includes provides for the extension of the 62/38% cost sharing formula for preventive services until 2027. Funding for the state share of preventive services remains stagnant at \$610 million.

**Cost Of Living Adjustment:** As reported above, OCFS is among the agencies eligible to receive the 5.4% COLA.

**Adoption Subsidies:** The Executive proposal recommends an expansion of funding for adoption subsidies to \$225.8 million.

**Post-Adoption Subsidies and Home Visiting** The Executive proposal recommends \$22.8 million for post-adoption subsidies and mandates that half of such total (\$11 million) be used to fund the Home Visiting Program. There is also an additional Home Visiting allocation of \$26.1 million.

**Kinship Care:** The Executive proposal slashes funding for Kinship care from \$2.2 million to \$311,000

## **Juvenile Justice**

**Continue Implementation of Raise the Age.** The Executive Budget continues to appropriate \$250 million in support of Raise the Age.

**COPS** funding remains static at \$12.1 million

**Supervision Treatment and Support** remains static at \$8.3 million

**Juvenile Justice Delinquency Prevention Act:** The Executive proposal recommends codifying the requirements of the Juvenile Justice Delinquency Prevention Act (JJJPA) that are already in effect under federal requirements and would prohibit the use of New York State's current administrative process for approving alternate jail placement for youth under the age of 21 in detention and transfers of Juvenile Offenders (JO) and Adolescent

Offenders (AO) to DOCCS prior to age 21. The provisions within this bill would require that any youth younger than the maximum age at which that individual can be held in a juvenile facility under State law and who is 19 committed to the custody or supervision of a juvenile agency may not be transferred to an adult facility without a court hearing where the judge finds that such transfer is in the interest of justice.

### **At Risk Youth**

The Executive proposal increases funding for the Summer Youth Employment Program by \$1.1 million to \$46.1 million, subsidizing the increase in the minimum wage.

**Triple Investment in Community-Based Gun Violence Response (SNUG)** – The Executive Budget sustains last year's emergency increase in funding for New York's SNUG Outreach program and further expand support to combat the spike in gun crimes. This investment of \$24.9 million will expand hospital-based and street outreach programs to touch all corners of the state. It will facilitate the piloting of several new initiatives which provide wrap-around services for youth, job-readiness and work-placement training.

Article VII language that amends Public Health Law to authorize homeless youth to consent to medical, dental, health and hospital services.

### **School Climate**

The Executive proposal appropriates \$10 million for student mental health support grants and \$3 million for alternatives to school discipline, continues. In addition, the following recommendations are included:

- **\$2 million** for grants to school districts to support programs designed to improve school climate.
- **\$50 million annually for the next two years in state matching grants** for school districts that use federal COVID-19 relief funding for (i) the employment of mental health professionals, the expansion of school-based mental health services, or other evidence-based mental health supports for students and school staff or (ii) the creation or expansion of summer learning, after school, or extended day and year programs for students.
- **\$2 million for additional** master teacher and school counselor awards to support individual high-performing teachers and school counselors (with \$15,000 stipends), prioritizing support of teachers of color, CTE teachers, and guidance counselors.

### **State Operations Appropriations of Note**

Appropriations

- \$3,000,000 for the purpose of making physician loan repayment awards to psychiatrists who are licensed to practice in New York State and who agree to work for a period of at least five years in one or more hospitals or outpatient programs that are operated by the office of mental health and deemed to be in one or more underserved areas, as determined by the Commissioner of OMH.
- \$46 million for cannabis management program including for services and expenses of the office of cannabis management; and \$11.7 million for medical cannabis health operations and oversight

### **Aid to Localities Appropriations of Note**

- \$15,000,000 for Doctors Across New York Program (an increase of \$6 million)
- \$1,500,000 for services and expenses of the office of independent substance use disorder and mental health ombudsman
- \$7,700,000 for services and expansion for expansion of Joseph P. Dwyer Peer to Peer Programs
- \$1,000,000 for services and expenses related to suicide prevention efforts for veterans, first responders, law enforcement and corrections officers
- \$118,000 for services and expenses of the comprehensive care centers for eating disorders program
- \$1,500,000 for services and expenses of school mental health programs pursuant to plan developed by the commissioner of education and approved by the director of the budget, pursuant to chapter 59 of the laws of 2019. Provided further, that of the amount appropriated herein, up to \$500,000 may be used to support the School Mental Health Resource and Training Center

- \$187,000,000 For services and expenses for nursing homes to increase resident facing staffing services provided by registered nurses, licensed practical nurses and certified nursing assistants sufficient to attain the highest practicable physical, mental and psychological well-being of each resident of such facilities as further specified in a chapter of the laws of 2021. Provided however, that nursing homes which spend less than 70 percent of revenues on direct resident care or less than 40 percent of revenues on resident-facing-staffing shall not be eligible for monies authorized herein. Provided further however, that no monies shall be available for expenditure from this appropriation unless submitted in a plan by the commissioner of the department of health and approved by the director of the budget



**2022 Joint Legislative Hearing Schedule**  
**(Hearings will be conducted virtually using web-based video conferencing)**

<b>Date</b>	<b>Day</b>	<b>Time</b>	<b>Hearing</b>	<b>Request to Testify Can be Found at:</b>
January 25	Tuesday	9:30 a.m.	Public Protection	<u><a href="#">Senate</a></u>
January 26	Wednesday	9:30 a.m.	Elementary & Secondary Education	<u><a href="#">Assembly</a></u>
January 31	Monday	11:00 a.m.	Workforce Development	<u><a href="#">Senate</a></u>
		2:00 p.m.	Housing	<u><a href="#">Assembly</a></u>
February 1	Tuesday	9:30 a.m.	Environmental Conservation	<u><a href="#">Senate</a></u>
February 2	Wednesday	9:30 a.m.	Human Services	<u><a href="#">Assembly</a></u>
February 7	Monday	11:00 a.m.	Higher Education	<u><a href="#">Assembly</a></u>
February 8	Tuesday	9:30 a.m.	Health	<u><a href="#">Senate</a></u>
February 9	Wednesday	9:30 a.m.	Local Government	<u><a href="#">Assembly</a></u>
February 14	Monday	11:00 a.m.	Mental Hygiene	<u><a href="#">Senate</a></u>
February 15	Tuesday	9:30 a.m.	Transportation	<u><a href="#">Assembly</a></u>
February 16	Wednesday	9:30 a.m.	Economic Development	<u><a href="#">Senate</a></u>
		1:00 p.m.	Taxes	<u><a href="#">Assembly</a></u>

**Resources**

Budget Briefing Book: <https://www.budget.ny.gov/pubs/archive/fy23/ex/book/index.html>

Budget Director's Presentation: <https://www.budget.ny.gov/pubs/archive/fy23/ex/director/fy23-director-presentation.pdf>

Financial Plan: <https://www.budget.ny.gov/pubs/archive/fy23/ex/fp/index.html>

Agency Presentations: <https://www.budget.ny.gov/pubs/archive/fy23/ex/agencies/index.html>

Budget Legislation & Memos: <https://www.budget.ny.gov/pubs/archive/fy23/ex/fy23bills.html>