



# 2018-19 NEW YORK STATE BUDGET SUMMARY

As of 3/16/2018 at 1:40pm

\* = IHA Direct Advocacy Efforts

Provision/Issue Area	Executive Budget	Senate	Assembly	IHA Position
<b>CAPITAL FUNDING*</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Includes \$425M capital investment for healthcare providers to assure sustainable systems of care</li> <li><input type="checkbox"/> Awards may be made for flexible capital and non-capital projects (bondable and non-bondable) including debt relief</li> <li><input type="checkbox"/> Of the \$425M, \$60M will be directed to community-based providers and \$75M will be directed to Residential Health Care Facilities</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modifies, includes \$500M capital investment for healthcare providers to assure sustainable systems of care</li> <li><input type="checkbox"/> Awards may be made for flexible capital and non-capital projects (bondable and non-bondable) including debt relief</li> <li><input type="checkbox"/> Of the \$500M, \$70M will be directed to community-based providers and \$60M will be directed to Residential Health Care Facilities, up to \$20M to Assisted Living, and \$25M for home care providers</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modifies, includes \$525M capital investment for healthcare providers to assure sustainable systems of care</li> <li><input type="checkbox"/> Awards may be made for flexible capital and non-capital projects (bondable and non-bondable) including debt relief</li> <li><input type="checkbox"/> Of the \$525M, \$75M will be directed to community-based providers and \$45M will be directed to Residential Health Care Facilities, up to \$20M to Assisted Living</li> </ul>	IHA <b>SUPPORTS</b> additional capital for hospitals; the <b>Assembly</b> one-house budget provides the most funding
<b>HEALTHCARE SHORTFALL FUND*</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Creates a new fund to ensure the continued availability and expansion of funding for quality health services to New Yorkers and mitigate risks associated with the loss of Federal health care cuts</li> <li><input type="checkbox"/> Will be initially populated with funds from any insurer conversion</li> <li><input type="checkbox"/> Totaling approximately \$1B</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modifies, accepts Governor's proposal for a \$1B Healthcare Shortfall Fund</li> <li><input type="checkbox"/> No identified source of funding</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modifies, creates a new Healthcare Stabilization Fund for the purposes of health, health care and health coverage, allows transfers to other health related agencies requires a memo of understanding signed by the Governor, the temporary President of the Senate and the Speaker of the Assembly</li> <li><input type="checkbox"/> Will be initially populated with funds from any insurer conversion</li> <li><input type="checkbox"/> Totaling approximately \$1B</li> </ul>	IHA <b>SUPPORTS</b> the need for a Healthcare Shortfall Fund; the <b>Assembly</b> one-house provides the clearest funding source
<b>HEALTHCARE INSURANCE WINDFALL PROFIT FEE</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Imposes a 14% surcharge on health insurer gains from Federal tax plan 40% cut</li> <li><input type="checkbox"/> \$140M for vital health care services</li> </ul>	Rejected	Rejected	IHA <b>SUPPORTS</b> the <b>Executive's</b> proposal as long as funding is allocated to hospitals/health systems
<b>"TAKE A LOOK"*</b>	Not included	Provides \$200k to Iroquois Healthcare Association for the "Take A Look" program to recruit healthcare professionals to live/work in Upstate NY	Not included	IHA <b>SUPPORTS</b> the <b>Senate's</b> proposal
<b>SAFETY NET HOSPITALS*</b>	Includes a \$40M provision for "safety net" hospitals, Critical Access Hospitals (CAHs) and Sole Community Hospitals (SCHs) Does not include an allocation methodology or definition of "safety net"	Modifies, provides \$20M one-year state share funding for "safety net" hospitals including CAHs and SCHs. Also includes language which refers to geographic location and facility-specific characteristics as criteria in allocating funds	Modifies, accepts the Governor's proposed funding level of \$40M two-year state share appropriation and refers to language from previously passed "safety net" legislation	IHA <b>SUPPORTS</b> the <b>Senate's</b> proposal and recommends additional language creating a temporary workgroup to advise the Commissioner on funding allocation methodology criteria including, but not limited to, analysis of previous years distributions
<b>RETAIL PRACTICES</b>	Authorizes the establishment of limited service clinics to treat/refer common/minor complaints in retail settings such as pharmacy, grocery store, shopping mall, etc.	Modifies, changes language to refer to previous limited service clinics' proposal	Rejected	IHA is currently reviewing this provision with members



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<b>COMMUNITY PARAMEDICINE*</b>	Creates a collaborative community paramedicine program that would allow emergency medical personnel to provide non-emergency care in residential settings	Modifies, adds community paramedicine to existing hospital/physician/home care collaboration statute	Rejected	IHA <b>SUPPORTS</b> enactment of a community paramedicine program
<b>TELEHEALTH*</b>	Expands Medicaid covered telehealth services to home settings	<input type="checkbox"/> Modifies, expands Medicaid covered telehealth services to the same extent as now available under private health insurance <input type="checkbox"/> Directs DOH and other agencies to align rules, regulations, and guidance for services provided through telehealth <input type="checkbox"/> Supports utilizing telehealth in nursing homes with special needs patients, pediatric nursing homes, and in worker's compensation to provide behavioral and other health care services to patients <input type="checkbox"/> Supports including consideration of the	Modifies, expands Medicaid covered telehealth services to the same extent as now available under private health insurance	IHA <b>SUPPORTS</b> the <b>Senate's</b> proposal
<b>CRITICAL ACCESS HOSPITALS*</b>	Not included	Includes language that sets CAH Medicaid outpatient hospital rates at 101% of reasonable costs beginning 4/1/2019	Not included	IHA <b>SUPPORTS</b> the <b>Senate's</b> proposal
<b>CERTIFIED NURSE ANESTHETISTS</b>	Codifies the practice of nurse anesthesia and authorizes Certified Registered Nurse Anesthetists to practice to the full extent of their education and training	Rejected	Rejected	IHA <b>SUPPORTS</b> the <b>Executive's</b> proposal
<b>TRANSPORTATION REFORMS</b>	<input type="checkbox"/> Supports investments in emergency ambulance reimbursement rates for Medicaid providers <input type="checkbox"/> Adds populations to State's transportation manager	Modifies, provides \$6.28M to the rate paid to ambulance providers	Rejected	IHA <b>SUPPORTS</b> investments in emergency ambulance reimbursement rates for Medicaid providers; however, we have concerns about adding populations to the State's transportation manager
<b>PUBLIC HEALTH POOLS*</b>	Recommends consolidating (30) public health appropriations into (4) pools to achieve 20% spending reduction	Rejected, restores funding for (30) public health programs to preserve current year funding	Rejected, restores funding for (30) public health programs to preserve current year funding	IHA <b>SUPPORTS</b> legislative restoration of these funds
<b>MEDICAID TREND FACTOR*</b>	Not included	Not included	Provides \$460M all funds (2.1% trend) for nursing homes, hospitals and home care	IHA <b>SUPPORTS</b> the <b>Assembly's</b> proposal. New York healthcare providers have been without a trend increase for ten years.
<b>OPIOID ALTERNATIVE PROJECT* (IHA submitted proposal)</b>	Not included	Includes establishment of an opioid alternative pilot project to reduce use of opioids in the Emergency Departments in at least (5) EDs in the State	Not included	IHA <b>SUPPORTS</b> the <b>Senate's</b> inclusion of the Opioid Alternative Pilot Project
<b>CAPITAL REIMBURSEMENT</b>	Executive proposes a 1% cut	Rejected	Rejected	IHA <b>OPPOSES</b> the <b>Executive's</b> proposal
<b>HOSPITAL QUALITY POOL*</b>	Proposes reducing the size of the Hospital Quality Pool by \$18.4M	Rejected	Rejected	IHA <b>OPPOSES</b> the <b>Executive's</b> proposal



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<b>POTENTIALLY PREVENTABLE ER VISITS*</b>	Proposes to cut manage care premiums by \$15.7M, to be passed on to hospitals, based on rate of potentially preventable ER visits	Rejected	Rejected	IHA <b>OPPOSES</b> the <b>Executive's</b> proposal
<b>MEDICAID TWO-YEAR BUDGET</b>	Recommends establishing two-year Medicaid budget	Rejected, reduces appropriation authority for the Medicaid Administration program to reflect one year of spending	Accepts the Executive's proposal	IHA <b>SUPPORTS</b> consistent, annual healthcare budgeting
<b>NYSDOH STUDY OF HOMES AND COMMUNITY-BASED SERVICES IN RURAL AREAS*</b>	<input type="checkbox"/> Includes for a study to be conducted by DOH of homes and community-based services in rural areas <input type="checkbox"/> Provides for rate increases as needed	Modifies, includes the Rural Health Council in DOH's study of homes and community-based services in rural areas ( <i>IHA advanced language on this issue</i> )	Accepts the Executive's proposal	IHA <b>SUPPORTS</b> the <b>Senate's</b> proposal
<b>SUNY DSH</b>	Cuts SUNY DSH payments by \$78.6M	Restores \$78.6M for DOH to make full DSH payments to SUNY hospitals	Accepts the Executive's proposal	IHA <b>SUPPORTS</b> the <b>Senate's</b> proposal
<b>EXCESS MEDICAL MALPRACTICE</b>	Proposes to extend the excess medical malpractice program for one year	Accepts, supports the concept of utilizing funds from malpractice company conversions to assist in stabilizing the medical malpractice insurance industry in NYS	Accepts the Executive's proposal	IHA <b>SUPPORTS</b> the <b>Executive's</b> proposal
<b>INDIGENT CARE POOL METHODOLOGY EXTENSION</b>	<input type="checkbox"/> Extends the current indigent care transition for the distribution of Medicaid DSH funding through December 31, 2019 <input type="checkbox"/> Increases the maximum percentage loss from 15% to 17.5%	Modifies, extends the Governor's proposal to December 31, 2020 and increases the maximum percentage loss to more than 20% in 2020	Modifies, accepts the Governor's proposal but modifies to establishes a temporary work group to study DSH hospital payments	IHA <b>SUPPORTS</b> the <b>Senate's</b> proposal
<b>GLOBAL CAP AND COMMISSIONER'S SUPERPOWERS</b>	<input type="checkbox"/> Extends the Commissioner of Health's "superpowers" for monitoring Medicaid global cap spending for one additional year through 2020 <input type="checkbox"/> Redirects \$425M of Medicaid dollars to the state's General Fund	Modifies, extends the Medicaid global cap through fiscal year 2020 and requires any savings allocation plan to be approved by the Legislature prior to implementation	Modifies, extends the Medicaid global cap through fiscal year 2020	IHA <b>SUPPORTS</b> the <b>Senate's</b> proposal
<b>INDEPENDENT BEHAVIORAL HEALTH (OMBUDSMAN)</b>	Not included	Not included	Adds this provision, new office of independent behavioral health ombudsman under purview of OASAS, OMH to assist individuals with substance abuse disorders and/or mental illness in accessing appropriate behavioral health services	IHA is currently reviewing this provision with members