



April 7, 2021

**SFY 2021-22 Final Budget
Health/Mental Hygiene Budget Summary**

[Edited down to just the section on Physicians / Providers]

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| | | | | | revenue exceeds total operating and non-operating expenses by more than 5% or does not meet minimum on direct resident care or resident facing staffing shall be pay such revenue to the state subject to audit and, if necessary, court action by the attorney general, deductions or offsets from Medicaid payments. |
| <i>PHYSICIANS/ PROVIDERS</i> | | | | | |
| Excess Malpractice Program | The program is extended through June 30, 2022 but the budget reduced the appropriation by more than a half of the final budget last year (from \$105 million to \$51 million). Also it changes the program by requiring that payments are split as two installments over two fiscal years rather | Health Article VII, Part K | Rejects the Governor's proposal to restructure the Excess Medical Malpractice Liability Program by reducing funds and requiring physicians to bear 50% of the cost. Extends the program to June 30, 2022. | Rejects the Governor's proposal to restructure the Excess Medical Malpractice Liability Program by reducing funds and requiring physicians to bear 50% of the cost. Extends the program to June 30, 2022. | Rejects the Executive proposal to restructure the Physician Excess Medical Malpractice Program and extends the program through June 30, 2022. |

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| | <p>than one annual payment. During the policy period an eligible physician or dentist must pay half of the premium amount. At the conclusion of the policy period, the state (DFS & DOH) will pay 25% of the premium amount, and the remaining 25% the following year and only if there are sufficient funds in the pool. Failure to pay an amount equal to 50% of the premium by the conclusion of the policy period, will result in cancellation of coverage making it null and void.</p> | | <p>Funded at \$102,100,000</p> | <p>Funded at \$105,100,000</p> | |
| <p>Office of Professional Misconduct</p> | <p>Criminal Background Check. Requires a fingerprint-based criminal history background check prior to licensure.</p> | <p>Health Article VII, Part Q</p> | <p>The Senate rejects provisions to:</p> <ul style="list-style-type: none"> • Allow for immediate publication of charges upon investigative | <p>Rejects</p> | <p>Rejects</p> |

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| | <p>Due Process. Allows for immediate publication of charges upon investigative requests, and eliminates the current 90-day threshold. Allows DOH Commissioner to disclose information about OPMC investigations and removes provisions restricting such action to a public health threat. Allows for publication of Administrative Warnings and Consultations.</p> <p>Misconduct Definition. Changes the definition of “professional misconduct” to include complaints resolved by stipulation or agreement prior to an adjudicatory proceeding. Provides</p> | | <p>requests, and the immediate convening of an investigative committee</p> <ul style="list-style-type: none"> • Allow DOH to disclose information about an investigation and remove current restrictions to situations that pose a public health threat. • Require a licensee to notify DOH within 24 hours of having been charged with a crime. • Eliminate the indefinite licensure of physicians. <p>The Senate accepts:</p> <ul style="list-style-type: none"> • Proposal to include fingerprinting and criminal background | | |

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| | <p>that harassment of a patient's caregiver or surrogate is professional misconduct.</p> <p>Notification of Crime. Licensee must notify DOH within 24 hours of being charged with a crime.</p> <p>Hearings. Extends service and hearing dates from 90 to 180 days and extends the threshold from 10 to 30 days so that the Commissioner of DOH can take summary action against a licensee who engages in conduct that is a risk to the health of the people.</p> <p>Licensure. Eliminates indefinite licensure and requires maintenance of registration with DOH over two consecutive registration periods.</p> | | <p>checks as part of the registration process.</p> | | |

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| | <p>Hospital Reports. Requires hospitals to report to DOH when there are quality of care concerns.</p> | | | | |
| <p>Doctors Across New York</p> | <p>Funds the program at \$7,252,000, a reduction from \$9,065,000 in funding in the final state budget for SFY 2020-21.</p> | <p>Aid to Localities, Department of Health</p> | <p>Rejects Cut: Provides funding level with FY 21 enacted budget of \$9,065,000.</p> | <p>Accepts Cut</p> | <p>Rejects cut and provides funding level with FY 21 enacted budget of \$9,065,000.</p> |
| <p>Empire Clinical Research Investigator Program (ECRIP)</p> | <p>The Executive Budget proposes to eliminate the ECRIP to generate \$3.45 million in savings, annually. ECRIP provides grants to teaching hospitals to promote training of physicians in biomedical research.</p> | <p>Health Article VII, Part M</p> | <p>Rejects</p> | <p>Rejects</p> | <p>Rejects</p> |
| <p>Nurse Practitioner Modernization</p> | <p>Extends the Nurse Practitioner Modernization Act through 2027.</p> | <p>Health Article VII, Part S</p> | <p>Rejects extending the Nurse Practitioner Modernization Act to June 30, 2027.</p> | <p>Accepts extending the Nurse Practitioner Modernization Act to June 30, 2027</p> | <p>Extends NP Modernization Act one year through June 30, 2022</p> |