



The Governor's 2014-15 Executive Budget proposal includes substantial investments in critical areas to continue the health care reforms he initiated when he took office. It also includes savings measures to help finance those investments. Significant initiatives 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 SFY2013-14);
- a capital pool of \$1.2 billion to provide capital grants to providers for purposes such as mergers, closures, restructuring, improvements to infrastructure, and development of primary care services to supplement grant funds that will be available to hospitals and other health care providers over seven years;
- inclusion of proposals to regulate emerging models of ambulatory care including: a new licensure category of "limited services clinics" (i.e., "minute clinics") under New York's Public Health Law 2801-a; a definition of and accreditation requirement for "urgent care" providers; and new registration, patient safety, and reporting requirements for office-based surgery;
- \$7 million to establish 11 Regional Health Collaboratives (RHICs) throughout the State to serve as "neutral conveners" of stakeholders to identify health challenges within each region and to implement recommended solutions. The funding would grow to \$16 million in SFY 2015-16;
- \$65 million annually over three years to connect Regional Health Information Organizations across New York to the State's health information network, known as the "SHIN-NY," and to fund an all-payer claims database (APD) through new revenue from the covered lives tax via increased New York State of Health enrollment. An additional \$30 million in Federal Medicaid funding would bring total SHIN-NY and APD funding to \$95 million;
- extension of the Health Care Reform Act (HCRA) for three years, through December 31, 2017;
- the Medicaid global cap is extended for one year, through March 31, 2016, with a proposal to share savings under the cap, when available, with the health care community through increased reimbursement rates. 50% of the savings would be shared with all Medicaid providers, and 50% would be shared with safety net providers. However, it is not expected that there will be room under the cap to share savings with providers in 2014-15;
- \$150 million in State-share spending -- \$300 million gross -- to help home health providers afford the last phase of the movement to a living wage for home health care workers. This will be funded through a combination of State spending and Affordable Care Act (ACA) savings;
- authorization to implement a Basic Health Plan (BHP) beginning January 1, 2015 if it is determined to be in the financial interest of the State to do so. Under the ACA, a State may enroll individuals with incomes between 138% and 200% of the Federal poverty level in a public plan as an alternative to private coverage through the ACA exchange (i.e., the New York State of Health). The State receives 95% of the subsidies the individuals would have otherwise received to purchase private coverage through the exchange. The State believes it can provide comprehensive coverage through a BHP and that it may create a financial benefit for the State by shifting legal immigrants in the five-year waiting period for Federal benefits from State-only Medicaid coverage to BHP coverage. The State is conducting additional analysis of potential BHP cost savings based on recently issued Federal regulations;
- dollars to link uninsured women with health insurance coverage for prenatal care reimbursement through the General Public Health Works Program.