first, two thousand twenty-one such amounts shall be reduced by fifty percent.

§ 5. Subdivision 1 of section 4013 of the public health law, as amended by section 9 of part MM of chapter 56 of the laws of 2020, is amended to read as follows:

1. The commissioner shall, subject to the provisions of subdivision two of this section, increase medical assistance rates of payment by up to three percent for hospice services provided on and after December first, two thousand two, for purposes of improving recruitment and retention of non-supervisory workers or workers with direct patient care responsibility, provided, however, for services provided in the state fiscal year commencing April first, two thousand twenty-one such increase shall be up to one and one-half percent.

§ 6. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2021.

PART F

Section 1. Subdivision 3 of section 2999-cc of the public health law, as amended by section 2 of subpart C of part S of chapter 57 of the laws of 2018, is amended to read as follows:

3. "Originating site" means a site at which a patient is located at the time health care services are delivered to him or her by means of telehealth. [Originating sites shall be limited to: (a) facilities licensed under articles twenty-eight and forty of this chapter; (b) facilities as defined in subdivision six of section 1.03 of the mental hygiene law; (c) certified and non-certified day and residential programs funded or operated by the office for people with developmental
disabilities; (d) private physician's or dentist's offices located within
the state of New York; (e) any type of adult care facility licensed
under title two of article seven of the social services law; (f) public,
private and charter elementary and secondary schools, school age child
care programs, and child day care centers within the state of New York;
and (g) the patient's place of residence located within the state of New
York or other temporary location located within or outside the state of
New York.]
§ 2. Paragraph (d) of subdivision 18-a of section 206 of the public
health law, as amended by section 8 of part A of chapter 57 of the laws
of 2015, is amended to read as follows:
(d) The commissioner may make such rules and regulations as may be
necessary to implement federal policies and disburse funds as required
by the American Recovery and Reinvestment Act of 2009 and to promote the
development of a self-sufficient SHIN-NY to enable widespread, non-du-
plicative interoperability among disparate health information systems,
including electronic health records, personal health records, health
care claims, payment and other administrative data, and public health
information systems, while protecting privacy and security. Such rules
and regulations shall include, but not be limited to, requirements for
organizations covered by 42 U.S.C. 17938 or any other organizations that
exchange health information through the SHIN-NY or any other statewide
health information system recommended by the workgroup. Such rules and
regulations shall require that qualified entities permit access to all
of a patient's information by all SHIN-NY participants or any other
general designation of who may access such information after consent is
obtained using a single statewide SHIN-NY consent form approved by the
department and published on the department's website. If the commission-
er seeks to promulgate rules and regulations prior to issuance of the
report identified in subparagraph (iv) of paragraph (b) of this subdivi-
sion, the commissioner shall submit the proposed regulations to the
workgroup for its input. If the commissioner seeks to promulgate rules
and regulations after the issuance of the report identified in such
subparagraph (iv) then the commissioner shall consider the report and
recommendations of the workgroup. If the commissioner acts in a manner
inconsistent with the input or recommendations of the workgroup, he or
she shall provide the reasons therefor.

§ 3. Paragraphs (w) and (x) of subdivision 2 of section 2999-cc of the
public health law, as amended by section 1 of part HH of chapter 56 of
the laws of 2020, are amended to read as follows:

(w) a care manager employed by or under contract to a health home
program, patient centered medical home, office for people with develop-
mental disabilities Care Coordination Organization (CCO), hospice or a
voluntary foster care agency certified by the office of children and
family services certified and licensed pursuant to article twenty-nine-i
of this chapter; [and]

(x) practitioners authorized to provide services in New York pursuant
to the interstate licensure program set forth in regulations promulgated
by the commissioner of education in accordance with subdivision three of
section sixty-five hundred one of the education law; and

(y) any other provider as determined by the commissioner pursuant to
regulation or, in consultation with the commissioner, by the commiss-
er of the office of mental health, the commissioner of the office of
addiction services and supports, or the commissioner of the office for
people with developmental disabilities pursuant to regulation.
§ 4. Section 6501 of the education law is amended by adding a new subdivision 3 to read as follows:

3. Notwithstanding any inconsistent provision of law, rule or regulation to the contrary, the commissioner shall, in consultation with the commissioners of the department of health, office of mental health, office of addiction services and supports, and office for people with developmental disabilities, issue regulations for the creation of an interstate licensure program which authorizes practitioners licensed by contiguous states or states in the Northeast region to provide telehealth services, as defined by article twenty-nine-g of the public health law and any implementing regulations promulgated by the commissioners of the department of health, office of mental health, office of addiction services and supports, and office for people with developmental disabilities, to patients located in New York state, taking into consideration the need for specialty practice areas with historical access issues, as determined by the commissioners of the department of health, office of mental health, office of addiction supports and services, or office for people with developmental disabilities. Such regulations may be promulgated on an emergency basis; provided, however, they shall be promulgated on a final basis no later than March thirty-first, two thousand twenty-two.

§ 5. Section 3217-h of the insurance law is amended by adding a new subsection (c) to read as follows:

(c) An insurer that provides comprehensive coverage for hospital, medical, or surgical care with a network of health care providers shall ensure that such network is adequate to meet the telehealth needs of insured individuals for services covered under the policy when medically appropriate.
§ 6. Section 4306-g of the insurance law is amended by adding a new subsection (c) to read as follows:

(c) A corporation that provides comprehensive coverage for hospital, medical, or surgical care with a network of health care providers shall ensure that such network is adequate to meet the telehealth needs of insured individuals for services covered under the policy when medically appropriate.

§ 7. Subdivisions 1 and 6 of section 24 of the public health law, as added by section 17 of part H of chapter 60 of the laws of 2014, are amended to read as follows:

1. A health care professional, or a group practice of health care professionals, a diagnostic and treatment center or a health center defined under 42 U.S.C. § 254b on behalf of health care professionals rendering services at the group practice, diagnostic and treatment center or health center, shall disclose to patients or prospective patients in writing or through an internet website the health care plans in which the health care professional, group practice, diagnostic and treatment center or health center, is a participating provider and the hospitals with which the health care professional is affiliated prior to the provision of non-emergency services and verbally at the time an appointment is scheduled. Such disclosure shall indicate whether the health care professional, group practice, diagnostic and treatment center or health center offers telehealth services.

6. A hospital shall post on the hospital's website: (a) the health care plans in which the hospital is a participating provider; (b) a statement that (i) physician services provided in the hospital are not included in the hospital's charges; (ii) physicians who provide services in the hospital may or may not participate with the same health care


plans as the hospital, and; (iii) the prospective patient should check
with the physician arranging for the hospital services to determine the
health care plans in which the physician participates; (c) as applicable, the name, mailing address and telephone number of the physician
groups that the hospital has contracted with to provide services including anesthesiology, pathology or radiology, and instructions how to
contact these groups to determine the health care plan participation of
the physicians in these groups; [and] (d) as applicable, the name, mailing address, and telephone number of physicians employed by the hospital
and whose services may be provided at the hospital, and the health care
plans in which they participate; and (e) disclosure as to whether the
hospital offers telehealth services.

§ 8. Subdivision 8 of section 24 of the public health law is amended
by adding a new paragraph (d) to read as follows:

(d) "Telehealth services" means those services provided in accordance
with article twenty-nine-g of this chapter, subsection (b) of section
thirty-two hundred seventeen-h of the insurance law, or subsection (b)
of section forty-three hundred six-g of the insurance law, as applicable.

§ 9. This act shall take effect April 1, 2021; provided, however, if
this act shall have become a law after such date it shall take effect
immediately and shall be deemed to have been in full force and effect on
and after April 1, 2021; provided further, however, that the amendments
to paragraph (d) of subdivision 18-a of section 206 of the public health
law made by section two of this act shall not affect the repeal of such
paragraph and shall be deemed repealed therewith; and provided further,
that sections five and six of this act shall take effect October 1, 2021
and shall apply to policies and contracts issued, renewed, modified, altered, or amended on and after such date.

PART G

Section 1. The public health law is amended by adding a new article 29-J to read as follows:

ARTICLE 29-J

MEDICAL RESPITE PROGRAM

Section 2999-hh. Medical respite program.
§ 2999-hh. Medical respite program. 1. Legislative findings and purpose. The legislature finds that an individual who lacks access to safe housing faces an increased risk of adverse health outcomes. By offering medical respite programs as a lower-intensity care setting for individuals who would otherwise require a hospital stay or lack a safe option for discharge and recovery, medical respite programs will reduce hospital inpatient admissions and lengths of stay, hospital readmissions, and emergency room use. The legislature finds that the establishment of medical respite programs will protect the public interest and the interests of patients.

2. Definitions. As used in this article, the following terms shall have the following meanings, unless the context clearly otherwise requires:

(a) "Medical respite program" means a not-for-profit corporation licensed or certified pursuant to subdivision three of this section to serve recipients whose prognosis or diagnosis necessitates the receipt of:

(i) Temporary room and board; and