

STATE FISCAL YEAR (SFY) 2025–26 NEW YORK STATE EXECUTIVE BUDGET HEALTH CARE PROPOSALS, GNYHA POSITIONS

PRESIDENT, KENNETH E. RASKE • 555 WEST 57TH STREET, NEW YORK, NY 10019 • T (212) 246-7100 • F (212) 262-6350 • WWW.GNYHA.ORG

Updated After 30-Day Amendments

Below is a detailed summary of important health care-related provisions in the Executive budget and GNYHA's position on those provisions.

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
MEDICAID: ALL PROVIDERS		
Healthcare Stability Fund/Managed Care Organization (MCO) Tax Plan	<p>The Executive budget assumes that the recent Federal approval of New York's MCO tax will provide the State with \$3.7 billion in new net revenues over the next two fiscal years (\$2 billion in SFY 2025–26 and \$1.7 billion in SFY 2026–27). The SFY 2025–26 figure is higher because the tax has an effective date of January 1, 2025, enabling the State to collect five quarters of revenue in SFY 2025–26. The tax would be structured as a tiered "per member per month" tax based on the number of enrollees and would be assessed on Medicaid, Essential Plan, and commercial insurers, with the highest tax rates applying to Medicaid plans.</p> <p>The MCO tax's proceeds will be deposited into the Healthcare Stability Fund, which was created in the SFY 2024-25 budget and would be used to fund the investments noted below.</p>	<p>GNYHA strongly supported the MCO tax and believes the Executive's proposal is a great starting point. However, \$1 billion of the Healthcare Stability Fund is dedicated over the next two years to Medicaid global cap deficits rather than deeper investments in New York's fragile health care system.</p>
Healthcare Stability Fund Investments (Medicaid)	<p>The Executive budget proposal does not include any significant new Medicaid cuts or reforms. The Executive proposes a 3-year spending plan for the planned investments, including continuing the SFY 2024-25 Medicaid investments for hospitals (\$200 million) and nursing homes (\$150 million). The annual proposed investments are detailed below.</p>	<p>GNYHA is pleased that the Executive budget proposal adds to last year's investment to improve Medicaid reimbursement.</p> <p>Nevertheless, New York's Medicaid program currently funds hospitals and nursing homes 30% less than the actual cost of delivering care. We therefore continue to advocate for additional investments to achieve Medicaid equity in payment rates and health outcomes.</p>



GNYHA is a dynamic, constantly evolving center for health care advocacy and expertise, but our core mission—helping hospitals deliver the finest patient care in the most cost-effective way—never changes.

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
<p>Healthcare Stability Fund Investments (continued)</p>	<p>Proposed hospital investments (\$305 million) include:</p> <ul style="list-style-type: none"> • Hospital outpatient rate increase of roughly 10% (\$145 million) • New hospital quality pool (\$125 million) • Maternal health/C-section quality program (\$25 million) • Critical access hospital/sole community hospital directed payment template (DPT) program (\$10 million) <p>The Executive budget also proposes additional investments for the Safety Net Transformation Fund:</p> <ul style="list-style-type: none"> • \$300 million in operating and \$1 billion in capital (the capital investment is a separate one-time appropriation and would not be funded out of the Healthcare Stability Fund). <p>Other proposed investments include:</p> <ul style="list-style-type: none"> • Nursing homes (\$200 million) • Physician rates (\$50 million) • Clinic rates (\$10 million) • Managed care quality pool (\$50 million) <p>The remainder of the MCO tax revenues, or \$500 million in each of SFY 2025–26 and SFY 2026-27, would be used to offset the State share of global cap spending.</p>	
<p>Medicaid Global Cap</p>	<p>The Executive budget restructures the Medicaid global cap by shifting \$2 billion of non-Department of Health (DOH) Medicaid spending funded by local government contributions outside of the cap.</p> <p>As referenced above, the Executive proposes dedicating \$1 billion (\$500 million in each of SFY 2025–26 and SFY 2026-27) of MCO tax revenues to offset Medicaid global cap deficits.</p>	<p>GNYHA supports restructuring the Medicaid global cap.</p> <p>GNYHA is concerned that \$1 billion of new MCO tax revenue is dedicated to global cap offsets over the next two years rather than Medicaid investments.</p>

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
<p>Consumer Directed Personal Assistance Program (CDPAP)</p>	<p>The Executive continues the SFY 2024-25 budget’s CDPAP reform, which requires the State to contract with a single fiscal intermediary to provide CDPAP fiscal services. State savings are estimated at \$500 million.</p>	<p>GNYHA supports this provision.</p>
<p>MEDICAID: HOSPITALS</p>		
<p>Financially Distressed Hospitals</p>	<p>The Executive budget continues a roughly \$3 billion investment across the following safety net/financially distressed hospital programs:</p> <ul style="list-style-type: none"> • Financially distressed/safety net hospital DPT • Sole Community Hospital/Critical Access Hospital DPT (+\$10 million investment in the Healthcare Stability Fund) • Safety Net Hospital Global Budget Demonstration Initiative (Medicaid waiver) • Vital Access Provider (VAP) program <p>Unfortunately, the proposed budget reduces funding for the Vital Access Provider Assurance Program (VAPAP) by \$500 million compared to SFY 2024-25 levels.</p> <p>As described above, the Executive makes new investments in the Safety Net Transformation Program, including \$300 million in annual operating support for SFYs 2026-27 and 2027-28 and \$1 billion in new capital funds. Created in the SFY 2024-25 budget, the program facilitates partnerships between safety net hospitals and other entities to help financially stabilize the safety net hospitals. The program has generated overwhelming interest, with 30 applications received to date. The Governor recently announced seven awards under the program based on funding in the SFY 2024-25 budget.</p>	<p>The State should invest further in financially distressed/safety net hospitals so they can address structural financial gaps to not only sustain services, but make critical transformational investments to better serve their communities.</p> <p>GNYHA supports initiatives to support the transformation of the health care delivery system and will work with the Executive and the Legislature to ensure that the final budget addresses safety net hospital funding needs, including restoring the proposed \$500 million reduction in VAPAP funding.</p>

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
<p>Indigent Care Pool (ICP)</p>	<p>The Executive proposes discontinuing the State share of the ICP’s public pool for hospitals operated by NYC Health + Hospitals (H+H). H+H is pursuing a DPT initiative that would provide Medicaid rate enhancements, offsetting their Medicaid disproportionate share hospital (DSH) cap. The proposal is currently pending Centers for Medicare & Medicaid Services approval.</p> <p>The budget would also eliminate the \$339 million voluntary inpatient Upper Payment Limit “swap.” These distributions would revert to Medicaid DSH payments. This proposal would have no net impact on voluntary hospital payments.</p>	<p>GNYHA is concerned that this proposal does not offer adequate flexibility. The ICP proposal should be contingent on Federal approval of the DPT or other funding mechanism that offsets H+H’s Medicaid DSH cap room.</p>
<p>New York Health Equity Reform 1115 Waiver Investments</p>	<p>The Executive includes several investments through the State’s Medicaid waiver, including:</p> <ul style="list-style-type: none"> • \$550 million for the Safety Net Hospital Global Budget Demonstration Program • \$694 million to implement two workforce programs to train and educate new workers • \$500 million for screening and navigation for Medicaid beneficiaries through the new Social Care Networks to various social care services • \$125 million for the development of the Health Equity Regional Organization. These investments will allow for new data infrastructure to support the design and development of policies, interventions, and targeted investments to improve health outcomes and reduce disparities. 	<p>GNYHA supports these provisions.</p>
<p>CAPITAL</p>		
<p>Capital Funding</p>	<p>The Executive provides \$1 billion in capital support under the Safety Net Transformation Program.</p>	<p>GNYHA supports this proposal and encourages DOH to expeditiously release awards under the Statewide Healthcare Facility Transformation Program; two rounds of Requests for Applications were issued but not yet announced.</p>

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
WORKFORCE		
Interstate Nurse Licensure Compact	The Executive proposes authorizing New York to join the Interstate Nurse Licensure Compact for registered nurses and licensed practical nurses. This would allow nurses to practice in New York more easily	GNYHA supports this proposal. It would remove administrative redundancies, facilitate the exchange of information around adverse actions, enable nurses licensed in other states to more easily practice in New York State, and allow New York State-licensed nurses to practice in other compact states, including New Jersey.
Interstate Medical Licensure Compact	Unlike last year, the Executive does not propose authorizing New York to join the Interstate Medical Licensure Compact, which would allow physicians to more easily practice in New York.	GNYHA supports the Interstate Medical Licensure Compact. It would remove administrative redundancies, facilitate the exchange of information around adverse actions, enable physicians licensed in other states to more easily practice in New York State, and allow New York State-licensed physicians to practice in other compact states, including Connecticut and New Jersey.
Health Care Worker Flexibilities	<p>The Executive proposes several health care worker flexibilities, including:</p> <ul style="list-style-type: none"> • Permitting supervised medical assistants (MAs) to administer immunizations in an outpatient setting • Allowing experienced physician assistants (PAs) to practice without supervision 	<p>GNYHA supports these proposals.</p> <p>Permitting supervised MAs to administer immunizations in outpatient settings under the supervision of a physician or PA would allow physicians and PAs to prioritize patient care services specific to their professions and work at the top of their licenses without compromising patient safety.</p> <p>Allowing experienced PAs to practice independently in primary care and hospital settings would allow PAs to practice at the top of their license and allow physicians to prioritize physician-specific patient care services at the top of their licenses without compromising patient safety.</p>
Licensure Oversight	The Executive proposes transferring from the State Education Department to DOH the authority to define, license, and oversee physicians, PAs, and specialists’ assistants.	GNYHA supports administrative structures that ensure expedited licensure processing and review.
Community Paramedicine	The Executive budget proposal extends the community paramedicine program through May 22, 2027.	GNYHA supports this provision.

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
Hospital at Home	The Executive proposes extending Medicaid coverage to the Hospital at Home program, authorizing general hospitals to provide acute care in patients’ homes without obtaining a license as a home care agency. Participating hospitals are required to submit cost data on these services to DOH annually.	GNYHA supports these provisions. Many GNYHA members either have or are exploring hospital at home programs.
Education and Training	The Executive proposes \$47 million to cover the cost of tuition for community college students ages 25-55 pursuing select associate’s degrees in high-demand occupations, including nursing. The SFY 2025–26 budget includes \$35.25 million of that funding. The remainder is expected to be included in the subsequent budget to cover the months of the academic year (July to June) that fall outside of SFY 2025–26.	GNYHA supports this proposal. Tuition aid for New Yorkers pursuing associate’s-level degrees in high-demand fields, including nursing, will strengthen and diversify New York State’s health workforce.
Nurses Across New York (NANY)	The Executive proposes \$3 million to support the NANY loan repayment program, which provides educational loan repayment in exchange for a three-year service commitment in an underserved area of the State.	GNYHA supports this proposal. NANY encourages nurses to practice in underserved areas of the State and prioritizes those who provide care to high-need patient populations, including children and those with behavioral health care needs.
Doctors Across New York (DANY)	The Executive proposes \$15.9 million to support the DANY loan repayment program, which provides educational loan repayment in exchange for a three-year service commitment.	GNYHA supports this proposal. DANY encourages physicians to practice in underserved areas of the State.
Mental Health Workforce	The Executive proposes continuing support for the Office of Mental Health (OMH) Community Mental Health loan repayment program, which supports psychiatrists, psychiatric nurse practitioners (PNPs), and other mental health clinicians.	GNYHA supports this proposal. OMH’s Community Mental Health loan repayment program bolsters the State’s mental health workforce and prioritizes mental health professionals who provide care to high-need patient populations, including children and those suffering with substance use disorder.
Health Care Worker Financial Burden Relief	The Executive proposes \$47 million to continue supporting this program, which funds grants to health care facilities or institutions of higher learning to defer the cost of tuition, instructional costs, stipends, and wraparound services.	GNYHA supports this provision.

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
Training Capacity Expansion	The Executive proposes \$22.5 million to continue supporting this program, which funds grants to Article 28 health care facilities to cover the costs of new programs, provide compensation to allow workers to train full-time support staff, and develop new training techniques to increase training capacity of medical institutions.	GNYHA supports this proposal.
Workforce Innovation Center	The Executive proposes \$20 million to continue supporting this office’s activities and programs.	GNYHA supports this proposal.
Diversity in Medicine	The Executive proposes continuing support for the Diversity in Medicine program, which supports minority and economically disadvantaged students in medical school.	GNYHA supports this provision.
Direct Care Workers	The Executive proposes \$39 million to continue supporting caregiver flexibility for direct care workers.	GNYHA supports this provision.
Empire Clinical Research Investigator Program (ECRIP)	The Executive does not include any new funding for ECRIP, which provides grant funding for institutions to foster junior researchers’ careers in biomedical research.	GNYHA opposes any cuts to the program. ECRIP plays a critical role in helping GNYHA members recruit early career researchers who strengthen the State’s global biomedical footprint.
Workers’ Compensation	<p>The Executive included several proposals to improve access to care under the Workers’ Compensation program, including:</p> <ul style="list-style-type: none"> • Allowing all eligible providers, not just those authorized by the NYS Workers’ Compensation Board, to treat injured workers • Allowing residents and fellows to treat injured workers • Increasing the Workers’ Compensation fee schedules • Directing insurers to cover medical treatment while a claim is disputed • Permitting insurers to pay for medical treatment without accepting liability for up to one year 	GNYHA supports these proposals.

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
INSURANCE / MANAGED CARE		
Network Adequacy	<p>The Executive will direct DOH to review network adequacy standards and increase enforcement of plan compliance. This is an administrative proposal.</p>	<p>GNYHA supports this proposal.</p>
Long-Term Care	<p>The Executive will direct DOH to work with Medicaid managed care plans to increase the adoption of integrated care plans for individuals requiring long-term care services, reducing the availability of separate partial capitation plans. This is an administrative proposal.</p> <p>The Executive proposes aligning Mainstream Medicaid Managed Care policy with current practice in Managed Long-Term Care Partial Capitation programs by requiring the transition of long-term stay nursing home residents from Mainstream Medicaid Managed Care to fee-for-service.</p>	<p>GNYHA is evaluating these proposals.</p>
FUNDING: NON-MEDICAID		
School-Based Health Centers (SBHCs)	<p>The Executive budget proposal continues the additional \$3 million for SBHCs included in the SFY 2024-25 budget, but does not add any new funding.</p>	<p>GNYHA supports this continued investment. We urge Albany to also include \$3.8 million to address an SFY 2017-18 budget cut and subsequent DOH administrative redistribution that disproportionately harmed many urban, hospital-sponsored SBHCs. (For the past seven years, the Legislature has provided these funds in the final budget.)</p> <p>SBHCs provide critical primary care services to underserved public school children across the State.</p>

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
MEDICAL LIABILITY		
Excess Insurance	<p>The Executive proposes to alter the Physicians’ Excess Medical Malpractice Program by requiring physicians and dentists eligible for excess coverage to pay half the cost of premiums.</p>	<p>GNYHA opposes this provision. Many hospitals rely on the Physicians’ Excess Medical Malpractice Program to augment coverage for their physicians. Safety net hospitals, in particular, benefit from the additional layer of protection. GNYHA is concerned that many physicians will choose not to obtain excess coverage rather than pay half the premium; this would shift liability exposure to hospitals in cases involving hospitals.</p> <p>New York has among the highest medical liability premiums in the country. The State should investigate ways to reduce those costs, not shift even more of the burden to individual practitioners and hospitals.</p>
Rate of Interest on Judgments	<p>The Executive budget proposal ties the annual rate of interest on certain judgments and accrued claims to the one-year US Treasury bill rate rather than the current statutory provision of 9%.</p>	<p>GNYHA supports this proposal, as it would rationalize awards in lawsuits and mitigate the windfall that plaintiffs currently receive by virtue of the flat 9% statutory interest rate in current law.</p>
Medical Indemnity Fund (MIF)	<p>The Executive budget proposal does not include any new funding for the MIF, despite the MIF closing to new enrollees last year after its liabilities exceeded 80% of its assets. This closure was chaotic and threatened to upend a reform that has benefitted many hospitals across New York.</p>	<p>GNYHA supports adequate funding for the MIF and will advocate for a permanent solution so that enrollment is not suspended again.</p>
BEHAVIORAL HEALTH		
Involuntary Commitment and Assisted Outpatient Treatment (AOT)	<p>The Executive proposes amending the Mental Hygiene Law to expand the standard for involuntary care and treatment to include situations where an individual’s “judgment is so impaired that the person is unable to understand the need for such care and treatment,” including situations when the person is unable to “provide for their own essential needs such as food, clothing, medical care, safety, or shelter.”</p> <p>The proposal would also require evaluating clinicians to review available records, credible</p>	<p>GNYHA is evaluating these proposals.</p>

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
<p>Involuntary Commitment and AOT (continued)</p>	<p>reports of recent behavior, and other available information.</p> <p>The proposal also permits a PNP to be one of two certifying practitioners required for certain involuntary admissions.</p> <p>It would further permit a domestic partner or cohabitant to request AOT and make it easier to reactivate AOT services for individuals whose court order expired within the past six months.</p>	
<p>Opioid-Related Provisions</p>	<p>The Executive proposals align Drug Enforcement Administration controlled substances with New York State’s controlled substance schedule.</p> <p>The Executive also proposes reducing obstacles to administering and prescribing controlled substances for the maintenance and/or detoxification treatment of a person with a substance use disorder. It would further permit the prescribing, administering, and dispensing of any Food and Drug Administration (FDA)-approved drug for the treatment of a person with a substance use disorder and allow a paramedic to administer FDA-approved medications to relieve acute withdrawal symptoms.</p> <p>The Executive also proposes allowing all hospitals to provide a three-day supply of opioid use disorder medications.</p>	<p>GNYHA supports efforts to reduce the burdens associated with providing treatment to individuals with substance/opioid use disorders.</p>
<p>Behavioral Services for Homeless Youth</p>	<p>The Executive proposes allowing homeless youth in approved homeless services to consent to OMH and Office of Addiction Services and Supports (OASAS) behavioral health services.</p>	<p>GNYHA supports the ability of homeless youth to consent to behavioral health services, which are just as essential as other treatments and services youth can already consent to under certain circumstances.</p>
<p>Targeted Inflationary Increase</p>	<p>The Executive proposes a targeted 2.1% increase to certain OMH, OASAS, and social service outpatient and residential providers, effective April 1, 2025, through March 31, 2026.</p>	<p>GNYHA supports increased funding for behavioral health and social service providers working with this vulnerable population.</p>

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
REGULATORY		
Medical Debt	<p>The Executive proposes amending the medical debt consent law by removing the requirement that patients must receive the service before consenting to pay. The Executive would keep the requirement for separate consent and out-of-pocket costs discussions.</p>	<p>GNYHA strongly supports removing the requirement that treatment consent be secured only after a service has been delivered. Many hospitals have raised operational and conflicting regulatory concerns with this requirement.</p>
Pharmaceuticals	<p>The Executive proposes eliminating a prescriber’s ability to finally determine whether a drug that is not on the preferred drug list is warranted for a patient.</p> <p>The Executive proposes enhanced reporting and public disclosure requirements for pharmacy benefit managers, including detailed information on rebate arrangements, drug manufacturer contract terms, and drug utilization.</p> <p>The Executive will also consider participation in the FDA’s Section 804 Importation program, which would allow importation of lower-cost Canadian drugs and direct DOH to evaluate expanding Medicaid coverage to GLP-1 drugs (both are administrative proposals).</p>	<p>GNYHA opposes eliminating the “prescriber prevails” provision.</p> <p>GNYHA supports the provision requiring greater transparency for pharmacy benefit managers.</p> <p>GNYHA supports the administrative proposals on drug importation and Medicaid coverage for GLP-1 drugs.</p>
Oversight of Health Care Transactions	<p>The Executive proposes updating the health care transactions disclosure law to require parties to certain health care transactions to provide 60 days’ notice of information to DOH. The law currently requires 30 days’ notice. It would also expand the type of information that parties must disclose to include a statement 1) whether any party to the transaction, or a controlling person or parent company, has in the past three years closed operations, is in the process of closing operations, or has experienced a substantial reduction in services provided, and 2) whether a sale-leaseback agreement, mortgage, lease payment, or other payments associated with real estate are a component of the transaction (if so, the parties must provide copies of such documents).</p>	<p>GNYHA is studying this proposal.</p>

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
<p>Oversight of Health Care Transactions (continued)</p>	<p>The proposal would also require the parties to provide an annual report to DOH for the first five years after the transaction has closed on factors and metrics to assess the impacts of the transaction on cost, quality, access, health equity, and competition.</p> <p>Lastly, the proposal would require DOH to conduct a preliminary review of proposed transactions and may require a full cost and market impact review, for which DOH may require a delay of the closing of up to 180 days from the date of completion of the preliminary review. DOH may assess on the parties the cost of such a review.</p>	
<p>Community Benefit Reporting</p>	<p>The Executive proposes requiring general hospitals to annually report to DOH how their community benefit expenses are spent and how such expenses support the priorities of New York State.</p>	<p>GNYHA is studying this proposal and will advocate for limiting any burdensome requirements.</p>
<p>MATERNAL AND REPRODUCTIVE HEALTH</p>		
<p>Abortion Protections</p>	<p>The Executive proposal codifies abortion as protected emergency medical care and requires hospitals to provide stabilizing emergency abortion services when they are medically necessary and the individual consents to treatment.</p> <p>The Executive would require hospitals with limited capability for treating high-risk maternity patients in need of specialized emergency care to develop and implement standard protocols for triage, treatment, and transfer of these patients.</p> <p>To protect the identity of medication abortion providers who prescribe medication abortion to patients in anti-abortion states, the Executive proposes that prescribers can request to have the prescribing health care facility's name or address listed on the prescription label instead of the practitioner's name.</p>	<p>GNYHA recognizes the State's interest in codifying existing Federal requirements for emergency medical care and protecting providers who provide reproductive health care that is lawful in New York.</p>

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
Fertility	<p>The Executive proposes \$5 million to extend coverage for fertility preservation services to Medicaid beneficiaries undergoing medical treatments that may lead to infertility and to expand eligibility for the Infertility Reimbursement Program.</p> <p>The Executive also proposes establishing a program, subject to funding availability, to provide grants to health care providers to improve access and expand services related to care for infertility, funding uncompensated health care services for those who lack coverage.</p>	GNYHA supports these provisions.
Care for Sexual Assault Survivors	<p>The Executive budget proposes requiring hospitals to maintain 1) one or more hospital sexual violence response coordinators who integrate the hospital’s response to sexual violence in the hospital’s clinical oversight and quality improvement structure and ensure that the chain of custody is maintained, and 2) sexual assault forensic examiners (registered nurses, nurse practitioners, PAs, or physicians) that are on-call and available 24/7. The Executive includes \$2 million to strengthen DOH’s capability to enforce this requirement and potentially expand telehealth capacity in hospitals that cannot secure trained examiners.</p>	GNYHA supports the intent of this proposal. Many of our members have staff currently undergoing the SAFE certification process, which can take over 12 months to complete. Since this is a new requirement, the guidance and effective date should allow providers adequate time to obtain SAFE certification to comply.
Reproductive Freedom and Equity Grant Fund	<p>The Executive proposes \$25 million to continue supporting reproductive health providers and critical support programs to ensure equitable access to abortion care across the State.</p>	GNYHA supports this provision.
Capital Investments	<p>The Executive invests \$5 million to provide grants to eligible abortion care providers in support of capital projects to expand and modernize reproductive health infrastructure and enhance safety and security.</p>	GNYHA supports this provision.
Reimbursement for Abortion Service Providers	<p>The Executive provides \$20 million in new funding to support reproductive health providers.</p>	GNYHA supports this proposal.

ISSUE	EXECUTIVE PROPOSAL SFY 2025–26	GNYHA POSITION
Lactation Support	The Executive proposes allowing international board-certified lactation consultants to bill Medicaid.	GNYHA supports this proposal.
EMERGENCY MEDICAL SERVICES		
Emergency Medical Services (EMS)	The Executive proposes establishing an Emergency Medical Community Assessment Program to evaluate and enhance EMS services. It requires all jurisdictions and EMS agencies to participate and allows, but does not require, New York City to participate. The Executive also allows counties to establish a special district for ambulance and EMS services. Additionally, the Executive requires the State Emergency Medical Services Council and DOH to develop a comprehensive, statewide EMS plan.	GNYHA supports these proposals.