

New York

Medicaid Program: New York Medicaid

Program Administrator: New York State Dept. of Health

Regional Telehealth Resource Center: Northeast Telehealth Resource Center www.netrc.org

New York At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSING COMPACT	CONSENT REQUIREMENT
✓	✓	✓	✓	✗	✗	✓

New York Detailed Policy

Medicaid Telehealth Reimbursement	Summary	<p>New York Medicaid offers live video reimbursement and some reimbursement for store-and-forward and home health services. The New York State Department of Health released a Medicaid telehealth expansion in 2019. The guidance states that other state offices will be updating guidances and regulation to reflect the changes made, however no other office has released updates at the time of this report.</p>
	Definitions	<p>“Telehealth is defined as the use of electronic information and communication technologies to deliver health care to patients at a distance.”</p> <p>Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 1. (Accessed Feb. 2020).</p> <p>Telemental Health Services means the use of two-way real-time interactive audio and video to provide and support clinical psychiatric care at a distance. Such services do not include a telephone conversation, electronic mail message, or facsimile transmission between a provider and a recipient or a consultation between two physicians or nurse practitioners, or other staff, although these activities may support Telemental Health Services.</p> <p>Source: NY Code of Rules and Regs. Title 14, Sec. 596.4(r) (Accessed Feb. 2020).</p>
	Live Video Policy	<p>Reimbursement policy applies to fee-for-service and Medicaid Managed Care plans.</p> <p>New York reimburses for two-way electronic audio-visual communications to delivery clinical health care services to a patient at an originating site by a telehealth provider located at a distant site. The totality of the communication of information exchanged between the physician or other qualified health care practitioner and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via face-to-face interaction.</p> <p>Telehealth should not be used by a provider if it may result in any reduction to the quality of care required to be provided to a Medicaid member or if such service could adversely impact the member.</p> <p>NY Medicaid does not reimburse for telehealth used solely for the convenience of the practitioner when a face-to-face visit is more appropriate and/or preferred by the member.</p> <p>New York Medicaid does not reimburse the acquisition, installation, and maintenance of telecommunication devices or systems.</p> <p>Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 1-3. (Accessed Feb. 2020).</p>



Federally Qualified Health Centers (FQHCs)

FQHCs that have “opted into” Ambulatory Patient Groups (APGs) should follow the billing guidance outlined for sites billing under APGs.

FQHCs that have not opted into APGs:

- When services are provided via telemedicine to a patient located at an FQHC originating site, the originating site may bill only the FQHC offsite services rate code (4012) to recoup administrative expenses associated with the telemedicine encounter.
- When a separate and distinct medical service, unrelated to the telemedicine encounter, is provided by a qualified practitioner at the FQHC originating site, the originating site may bill the Prospective Payment System (PPS) rate in addition to the FQHC offsite services rate code (4012).
- If a provider who is onsite at an FQHC is providing services via telemedicine to a member who is in their place of residence or other temporary location, the FQHC should bill the FQHC off-site services rate code (4012) and report the applicable modifier (95 or GT) on the procedure code line.
- If the FQHC is providing services as a distant site provider, the FQHC may bill their PPS rate.

Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 11. (Accessed Feb. 2020).

Telemental Health Services may be authorized by the office for licensed or designated services provided by Telemental Health Practitioners.

Under the Medicaid program, Telemental Health Services are covered when medically necessary and under the following circumstances:

- The person receiving services is located at the originating/spoke site and the Telemental Health Practitioner is located at the distant/hub site;
- The person receiving services is present during the encounter;
- The request for Telemental Health Services and the rationale for the request are documented in the individual’s clinical record;
- The clinical record includes documentation that the encounter occurred; and
- The Telemental Health Practitioner at the distant/hub site is (1) authorized in New York State; (2) practicing within his/her scope of specialty practice; (3) affiliated with the originating/spoke site facility; and (4) if the originating/spoke site is a hospital, credentialed and privileged at the originating/spoke site facility.

Source: NY Code of Rules and Regs. Title 14, Sec. 596.5 & 596.7 (Accessed Feb. 2020).

One specific synchronous teledental encounter code is covered.

Source: NY Dept. of Health, Medicaid Update, Vol. 36, Number 1, January 2019, (Accessed Mar. 2020).

Providers who may deliver telemedicine services include:

- Licensed physician
- Licensed physician assistant
- Licensed dentist
- Licensed nurse practitioner
- Licensed registered professional nurse (only when such nurse is receiving patient-specific health information or medical data at a distant site by means of RPM)
- Licensed podiatrist
- Licensed optometrist
- Licensed psychologist
- Licensed social worker
- Licensed speech language pathologist or audiologist
- Licensed midwife
- Physical Therapists
- Occupational Therapists
- Certified diabetes educator
- Certified asthma educator
- Certified genetic counselor



Eligible Providers

- Hospital (including residential health care facilities serving special needs populations)
- Home care services agency
- Hospice
- Credentialed alcoholism and substance abuse counselor
- Providers authorized to provide services and service coordination under the early intervention program
- Clinics licensed or certified under Article 16 of the MHL
- Certified and non-certified day and residential programs funded or operated by the OPWDD
- Or any other provider as determined by the Commissioner. (in Public Health Law only)

Source: NY Public Health Law Article 29 – G Section 2999-cc.& NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 5-6. (Accessed Feb. 2020).

Telemental Health

Services are authorized for telemental health practitioners. ‘Telemental health practitioner’ means a physician, nurse practitioner in psychiatry, psychologist, mental health counselor, social worker, marriage and family therapist, creative arts therapist, or psychoanalyst who is providing Telemental Health Services from a distant or hub site.

Source: NY Code of Rules and Regs. Title 14, Sec. 596.4(q) & 596.5(a) (Accessed Feb. 2020).

Home Telehealth

Subject to the approval of the state director of the budget, the commissioner may authorize the payment of medical assistance funds for demonstration rates or fees established for home telehealth services and subject to federal financial participation shall not exclude from the payment of medical assistance funds the delivery of health care services through telehealth as defined in Section 2999-cc.

Source: NY Statute, Social Services Law SOS §367-u. (Accessed Feb. 2020).

Eligible Sites

The distant site is any secure location within the fifty United States or United States’ territories where the telehealth provider is located while delivering health care services by means of telehealth.

Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 3. (Accessed Feb. 2020).

Telemental Health

The recipient can be physically located at a provider site licensed by the office, or the recipient’s place of residence or other temporary location withing or outside the state of New York.

Source: NY Code of Rules and Regs. Title 14, Sec. 596.5(a) (Accessed Feb. 2020).

Geographic Limits

No reference found.



Medicaid Telehealth Reimbursement

Store-and-Forward

Facility/Transmission Fee

Outpatient departments, clinics, and emergency rooms serving as originating sites may only bill a facility fee using CPT code 3014, to recoup administrative expenses associated with the telemedicine encounter. Outpatient departments, clinics, and emergency rooms must bill a facility fee through Ambulatory Patient Groups.

Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 8-10. (Accessed Feb. 2020).

The originating site can bill for administrative expenses only when a telemental health service connection is being provided and a qualified mental health professional is not present at the originating site with the patient at the time of the encounter.

Source: NY Code of Rules and Regs. Title 14, Sec. 596.7(e) (Accessed Feb. 2020).

Only one clinic payment will be made when both the originating site and the distant site are part of the same provider billing entity. In such cases, only the originating site should bill Medicaid for the telemedicine encounter.

Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 8. (Accessed Feb. 2020).

Policy

NY Medicaid is authorized to establish fees to reimburse the cost of telehealth store-and-forward technology, per a State Plan Amendment submitted and approved by CMS. Store-and-forward technology may be utilized in the specialty areas of dermatology, ophthalmology and other disciplines, as determined by the Commissioner. Services must reduce the need for on-site or in-office visits.

Source: CMS Approved state plan amendment 16-0015. Attachment 3.1A. (Accessed Feb. 2020).

Pre-recorded videos and/or static digital images (e.g., pictures), excluding radiology, must be specific to the member's condition as well as be adequate for rendering or confirming a diagnosis or a plan of treatment.

Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 4. (Accessed Feb. 2020).

Reimbursement for store-and-forward is made to the consulting distant-site practitioner and is paid at 75 percent of the Medicaid fee for the service provided.

The consulting provider must provide the requesting originating-site practitioner with a written report of the consultation and use the GQ modifier in order for payment to be made.

Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 11. (Accessed Feb. 2020).

Eligible Services/Specialties

For the home telehealth program, store-and-forward services may be reimbursed, based on the definition of telehealth.

Source: NY Public Health Law Article 29 – G Section 2999-cc. (Accessed Feb. 2020).

One specific asynchronous teledental encounter code is covered.

Source: NY Dept. of Health, Medicaid Update, Vol. 36, Number 1, January 2019, (Accessed Mar. 2020).

Geographic Limits

No reference found.



Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Store-and-Forward	Transmission Fee	No reference found.
	Policy		<p>NY Medicaid is authorized to establish fees to reimburse the cost of telehealth remote patient monitoring, per a State Plan Amendment submitted and approved by CMS.</p> <p>Remote patient monitoring (RPM) can include synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data. RPM may be provided by a facility licensed under Article 28 of Public Health Law or by a physician, nurse practitioner, midwife or physician assistant who has examined the patient and with whom has an established relationship.</p> <p>Source: CMS Approved state plan amendment 16-0015. Attachment 3.1A. (Accessed Feb. 2020).</p> <p>RPM included within definition of “telehealth” in statute requiring Medicaid Reimburse telehealth delivery of services.</p> <p>Source: Social Services Law Title 11, Article 367-u. & NY Public Health Law Article 29 – G Section 2999-cc. (Accessed Feb. 2020).</p> <p>Remote patient monitoring services are billed using CPT code “99091” and should not be billed more than once per member per month. Billing should occur on the last day of each month in which RPM is used. A fee of \$48.00 per month will be paid for RPM for a minimum of 30 minutes per month spent collecting and interpreting a member’s RPM data.</p> <p>FQHCs that have opted out of APGs are unable to bill for RPM services.</p> <p>Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 11-12. (Accessed Feb. 2020).</p> <p>Remote consultations between practitioners, without a Medicaid member present, including for the purposes of teaching or skill building, are not considered telehealth and are not reimbursable.</p> <p>Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 3. (Accessed Feb. 2020).</p>
		Conditions	<p>Medical conditions that may be treated/monitored by means of RPM include, but are not limited to:</p> <ul style="list-style-type: none"> • Congestive heart failure • Diabetes • Chronic obstructive pulmonary disease • Wound care • Polypharmacy • Mental or behavioral problems • Technology-dependent care, such as continuous oxygen, ventilator care, total parenteral nutrition, or enteral feeding. <p>Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 4. (Accessed Feb. 2020).</p>
		Provider Limitations	No reference found.



Remote Patient Monitoring

Other Restrictions

The following considerations apply to RPM:

1. Medical conditions that may be treated/monitored by means of RPM include, but are not limited to, congestive heart failure, diabetes, chronic obstructive pulmonary disease, wound care, polypharmacy, mental or behavioral problems, and technology-dependent care such as continuous oxygen, ventilator care, total parenteral nutrition or enteral feeding.
2. RPM must be ordered and billed by a physician, nurse practitioner or midwife, with whom the member has or has entered into a substantial and ongoing relationship. RPM can also be provided and billed by an Article-28 clinic, when ordered by one of the previously mentioned qualified practitioners.
3. Members must be seen in-person by their practitioner, as needed, for follow-up care.
4. RPM must be medically necessary and shall be discontinued when the member's condition is determined to be stable/controlled.
5. Payment for RPM while a member is receiving home health services through a Certified Home Health Agency (CHHA) is pursuant to PHL Section 3614 (3-c)(a) – (d) and will only be made to that same CHHA.

Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 4-5. (Accessed Feb. 2020).

Email / Phone / Fax

No payment for telephone.
 No payment for e-mail.
 No payment for text messaging.
 No payment for facsimile transmissions.

Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 3. (Accessed Feb. 2020).

Telemental health services do not include telephone, video cell phone, or e-mail. Services also do not include consultation between two professionals or clinical staff.

Source: NY Code of Rules and Regs. Title 14, Sec. 596.4(r) (Accessed Feb. 2020).

Consent

Medicaid members must provide consent to participating in services utilizing telehealth. Telehealth sessions/services shall not be recorded without the member's consent. Culturally competent translation and/or interpretation services must be provided when the member and distant practitioner do not speak the same language. If the member is receiving ongoing treatment via telehealth, the member must be informed of the following patient rights policies at the initial encounter. Documentation in the medical record must reflect that the member was made aware of patient rights policies.

Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 6-7. (Accessed Feb. 2020).

Mental Health

Part of obtaining approval for telemental health services is obtaining informed consent and may be incorporated into the informed consent process for in-person care. See regulation for specific requirements.

Source: NY Code of Rules and Regs. Title 14, Sec. 596.5(b) & 596.6. (Accessed Feb. 2020).

Out of State Providers

A distant site may be located within any of the fifty United States or United States' territories where a telehealth provider is located when delivering health care services by means of telehealth.

Practitioners providing services via telehealth must be licensed or certified, currently registered in accordance with NYS Education Law or other applicable law, and enrolled in NYS Medicaid.

Source: NY Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 3 & 6. (Accessed Feb. 2020).



Medicaid Telehealth Reimbursement

Out of State Providers

The distant site must possess a current, valid license, permit, or limited permit to practice in New York State.

Psychiatrists and nurse practitioners in psychiatry may deliver services from a site located within the United States, including from a space in a place of residence approved by the Office of Mental Health; and

Mental health practitioners may deliver services from a site located within the State of New York, including from a space in a place of residence approved by the Office of Mental Health.

Source: NY Code of Rules and Regs. Title 14, Sec. 596.6. (Accessed Feb. 2020).

Miscellaneous

NY Department of Health is encouraging Medicaid Managed Care (MMC) plans to allow for telehealth services. They are allowing MMC plans to request reimbursement of additional cost-effective alternative telehealth services.

Source: NY Department of Health Memorandum, Telehealth Innovation in Medicaid Managed Care, Sept. 18, 2017. (Accessed Feb. 2020)

Subject to federal financial participation and the approval of the director of the budget, the commissioner shall not exclude from the payment of medical assistance funds the delivery of health care services through telehealth, as defined in section 2999-cc(4) of the public health law.

Source: Social Services Law Article 367-u. (Accessed Feb. 2020).

Culturally competent translation and/or interpretation services must be provided when the member and distant practitioner do not speak the same language.

Source: NN Dept. of Health, Medicaid Update, Vol. 35, Number 2, February 2019, p. 6. (Accessed Feb. 2020).

The patient must be present for telemental health services for Medicaid reimbursement. Telemental health is also defined as “real-time”.

Source: NY Code of Rules and Regs. Title 14, Sec. 596.4(r4) (Accessed Feb. 2020).

See rule for requirements needed for approval for telemental health services.

Source: NY Code of Rules and Regs. Title 14, Sec. 596.5. (Accessed Feb. 2020).

Private Payer Laws

Definitions

Telehealth means the use of electronic information and communications technologies by a health care provider to deliver health services to an insured individual while such individual is located at a site that is different from the site where the health care provider is located.

Source: NY Insurance Law Article 32 Section 3217-h & Article 43 Section 4306-g. (Accessed Feb. 2020).

Requirements

A health plan shall not exclude from coverage services that are provided via telehealth if they would otherwise be covered under a policy, provided that an insurer may exclude coverage of a service by a health care provider where the provider is not otherwise covered under the policy or contract.

An insurer may subject the coverage of a service to reasonable utilization management and quality assurance requirements or copayments, coinsurance and deductibles that are consistent with those established for the same service not delivered via telehealth.

Source: NNY Insurance Law Article 32 Section 3217-h & NY Insurance Law Article 43 Section 4306-g. (Accessed Feb. 2020).



Private Payer Laws	Parity	Service Parity	<p>A health plan shall not exclude from coverage services that are provided via telehealth if they would otherwise be covered under a policy, provided that an insurer may exclude coverage of a service by a health care provider where the provider is not otherwise covered under the policy or contract.</p> <p>Source: NY Insurance Law Article 32 Section 3217-h & NY Insurance Law Article 43 Section 4306-g. (Accessed Feb. 2020).</p>
		Payment Parity	<p>No explicit payment parity.</p>
Professional Regulation/Health & Safety	Definitions	<p>“Telehealth” means the use of electronic information and communication technologies by telehealth providers to deliver health care services, which shall include the assessment, diagnosis, consultation, treatment, education, care management and/or self-management of a patient. Telehealth shall not include delivery of health care services by means of audio-only telephone communication, facsimile machines, or electronic messaging alone, though use of these technologies is not precluded if used in conjunction with telemedicine, store-and-forward technology or remote patient monitoring.</p> <p>Telemedicine means the use of synchronous, two-way electronic audio visual communications to deliver clinical health care services, which shall include the assessment, diagnosis, and treatment of a patient, while such a patient is at the originating site and a telehealth provider is at a distant site.</p> <p>Source: NY Public Health Law Article 29 – G Section 2999-cc. (Accessed Feb. 2020).</p> <p>Related to Credentialing and Privileging Health Care Practitioners Providing Telemedicine</p> <p>“Telemedicine means the delivery of clinical health care services by means of real time two-way electronic audio-visual communications which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient’s health care, while such patient is at the originating site and the health care provider is at a distant site.”</p> <p>Source: NY Public Health Law Article 28 – Section 2805-u. (Accessed Feb. 2020).</p> <p>Telepractice is a means of delivering services provided by an OASAS certified program subject to any other regulations applicable to the program’s certified modality regarding evaluations, admissions, treatment/recovery plan development and review, discharge, etc. The program must have received an operating certificate “designation” from the Office to utilize this means of service delivery.</p> <p>Source: NY Office of Alcoholism and Substance Abuse Services. Telepractice Standards for OASAS Designated Providers. (Dec. 2019), p 1, (Accessed Mar. 2020).</p>	
	Consent	<p>All patients and prospective patients must have at least one in-person evaluation session with clinical staff prior to participation in telepractice. If found suitable for telepractice, the patient or prospective patient must execute a statement of informed consent prior to receiving services via telepractice. This evaluation for suitability for telepractice may be the same day as the first telepractice session.</p> <p>Source: NY Office of Alcoholism and Substance Abuse Services. Telepractice Standards for OASAS Designated Providers. (Dec. 2019), p 2, (Accessed Mar. 2020).</p> <p>Telepractice sessions shall not be recorded without the patient’s written consent.</p> <p>Source: NY Codes, Rules and Regulations, Title 14, Chapter XXI, Part 830.5.</p>	



Online Prescribing

Office of Alcoholism and Substance Abuse Services (OASAS)

Buprenorphine requires a preliminary face-to-face evaluation by the Drug Addiction Treatment Act (DATA) 2000 waived prescribing professional, unless otherwise authorized. See OASAS Telepractice Standards outlines practitioner requirements for prescribing buprenorphine.

Source: NY Office of Alcoholism and Substance Abuse Services. *Telepractice Standards for OASAS Designated Providers.* (Dec. 2019), p. 2-3 (Accessed Feb. 2020).

Induction and prescribing of addiction medications must be done in accordance any and all applicable Federal rules and regulations; guidance may be found in the Telepractice Standards for OASAS Designated Providers posted on the OASAS website.

Source: NY Codes, Rules and Regulations, Title 14, Chapter XXI, Part 830.5.

Cross-State Licensing

No reference found.

Miscellaneous

Telemental health services may only be utilized in personalized Recovery Oriented Services program or Assertive Community Treatment programs under certain conditions.

Source: NY Code of Rules and Regs. Title 14, Sec. 596.3 (Accessed Feb. 2020).

Telehealth shall not include delivery of health care services by means of audio-only telephone communication, facsimile machines, or electronic messaging alone, though use of these technologies is not precluded if used in conjunction with telemedicine, store-and-forward technology or remote patient monitoring.

Source: NY Public Health Law Article 29 – G Section 2999-cc. (Accessed Feb. 2020).

Office for People with Developmental Disabilities (OPWDD)

Telehealth is an available mechanism to deliver clinical care.

Source: NY Code of Rules and Regs. Title 14, Sec. 679.1. (Accessed Feb. 2020)

Office of Alcoholism and Substance Abuse Services (OASAS)

Telepractice services, as defined in this Part, may be authorized by the office for the delivery of certain addiction services provided by practitioners employed by, or pursuant to a contract or memorandum of understanding (MOU) with a program certified by the office.

Source: NY Codes, Rules and Regulations, Title 14, Chapter XXI, Part 830.5.

Providers requesting authorization to use this means of service delivery must submit a Telepractice Plan and Attestation (Appendix B) to their Regional Office and to the OASAS Bureau of Certification.

OASAS has specific telepractice standards for its providers. See regulation for details.

Source: NY Office of Alcoholism and Substance Abuse Services. *Telepractice Standards for OASAS Designated Providers.* (Dec. 2019). (Accessed Feb. 2020).

Demonstration rates of payment or fees shall be established for telehealth services provided by a certified home health agency, a long term home health care program or AIDS home care program, or for telehealth services by a licensed home care services agency under contract with such an agency or program, in order to ensure the availability of technology-based patient monitoring, communication and health management. Reimbursement is provided only in connection with Federal Food and Drug Administration-approved and interoperable devices that are incorporated as part of the patient's plan of care.

Source: NY Public Health Law Article 36 Section 3614(3-c). (Accessed Feb. 2020).



Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) are prohibited from being delivered via telehealth.

Source: *NY Code of Rules and Regs. Title 14, Sec. 635-13.4(c).* (Accessed Feb. 2020).

Each agency that operates a clinic treatment facility shall provide the Office for People with Developmental Disabilities (OPWDD) information it requests, including but not limited to the following: services provided by CPT/HCPCS and/or CDT codes, where such services were delivered, including the location of both the provider and the individual when services are delivered via telehealth, (i.e., on-site or at a certified satellite site, or, prior to April 1, 2016, off-site) and revenues by funding source or payee. These data shall correspond to the identical time period of the cost report.

Source: *NY Code of Rules and Regs. Title 14, Sec. 679.6(b).* (Accessed Feb. 2020).

Under Public Health, originating sites are limited to:

- Licensed health facilities in Articles 28 (hospitals) and 40 (hospice);
- A facility as defined in Section 1.03, subdivision six of the Mental Hygiene Law;
- Certified and non-certified day and residential programs funded or operated by the office for people with developmental disabilities.
- Private physician's or dentist's offices located in New York;
- Public, private and charter elementary and secondary schools, school age childcare programs and child day care centers within the state of New York;
- Adult care facility licensed under title two of article seven of the social services law;
- Public, private and charter elementary and secondary schools, school age child care programs and child day care centers;
- 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.

Source: *NY Public Health Law Article 29 – G Section 2999-cc.* (Accessed Feb. 2020).

