

4057

2009-2010 Regular Sessions

I N S E N A T E

April 8, 2009

Introduced by Sens. STEWART-COUSINS, DIAZ, HASSELL-THOMPSON, MONTGOMERY,
ONORATO, OPPENHEIMER -- read twice and ordered printed, and when
printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to establishing the
child health plus and school meals enrollment coordination act of 2010

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEM-
BLY, DO ENACT AS FOLLOWS:

1 Section 1. Short title. This act shall be known and may be cited as
2 the "child health plus and school meals enrollment coordination act of
3 2010".
4 S 2. Legislative intent. The legislature hereby finds and declares
5 good health and good nutrition the fundamentals of laying a strong foun-
6 dation for early childhood development, success in school, and later
7 achievement as adults, and therefore, finds it necessary to increase
8 enrollment in child health plus. To do so, the legislature finds it
9 necessary to coordinate the school meal program with child health plus.
10 Through three successful programs, which are the Child Health Plus
11 Insurance Program, the School Breakfast Program, and the School Lunch
12 Program, New York state has shown a long-standing commitment to provid-
13 ing health care to its residents, and through the efforts of the legis-
14 lature, is a national leader in health care innovation. New York state
15 has made important strides in enrolling children in public health insur-
16 ance by expanding eligibility to cover more children, simplifying the
17 application and re-certification processes, and establishing facilitated
18 enrollment centers throughout the state. Furthermore, the state has
19 attempted to improve the health of its schoolchildren by improving the
20 nutritional status of school meals and by making such meals more afford-
21 able through the free and reduced price School Breakfast and School
22 Lunch programs.
23 Despite the long-standing, successful history of Child Health Plus in
24 New York state, hundreds of thousands of children are not participating

EXPLANATION--Matter in *ITALICS* (underscored) is new; matter in brackets
[] is old law to be omitted.

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1 in this vitally necessary and important public health program. Uninsured
2 children comprise 17%, or approximately 476,000 of the 2.8 million unin-
3 sured people in New York state. Of these 476,000 children, 320,000 are
4 eligible for, but not participating in either Child Health Plus A (Medi-
5 caid) or Child Health Plus B.

6 The legislature further finds that the impact on children who are
7 uninsured, and particularly poor children, is serious because leaving
8 treatable and preventable conditions undiagnosed and untreated can have
9 lifelong adverse effects on their functioning and opportunities. Delayed
10 or missed care also cuts children off from routine health care provided
11 in primary care settings that includes child-specific, age-appropriate
12 screening, diagnosis and treatment of both chronic and acute conditions.
13 One-third (32.9%) of uninsured children in New York state go without any
14 medical care for the entire year in a society where 87.5% of insured
15 children receive care during the same period. Research shows that having
16 access to reliable and accountable primary health care is associated
17 with lower pediatric hospitalization rates for conditions that are
18 preventable with good primary care. In New York state, the gap in access
19 to health care is greater for minority children. Uninsured Hispanic
20 children are 10 times more likely than insured Hispanic children to not
21 receive the medical care they need. Uninsured African-American children
22 are 20 times more likely than insured African-American children to not
23 receive necessary medical care.

24 Since the majority of children who are eligible for but not partic-
25 ipating in Child Health Plus are attending school, the legislature finds
26 it necessary to improve coordination between these two health and nutri-
27 tion programs so that children who apply for and participate in either
28 free or reduced price school meals are also enrolled in Child Health
29 Plus.

30 S 3. Subparagraph (iii) of paragraph f of subdivision 2 of section
31 2511 of the public health law, as added by section 44 of part A of chap-
32 ter 1 of the laws of 2002, is amended to read as follows:

33 (iii) Income documentation shall include, but not be limited to, one
34 or more of the following for each parent and legally responsible adult
35 who is a member of the household and whose income is available to the
36 child;

37 (A) current annual income tax returns;

38 (B) paycheck stubs;

39 (C) written documentation of income from all employers; or

40 (D) WRITTEN DOCUMENTATION OF INCOME ELIGIBILITY OF A CHILD FOR FREE OR
41 REDUCED BREAKFAST OR LUNCH THROUGH THE SCHOOL MEAL PROGRAM CERTIFIED BY
42 THE CHILD'S SCHOOL; OR

43 (E) other documentation of income (earned or unearned) as determined
44 by the commissioner, provided, however, such documentation shall set
45 forth the source of such income.

46 S 4. The commissioner of health, the superintendent of insurance, and
47 the commissioner of education shall work collaboratively to establish
48 and implement a systematic reporting system pertaining to income eligi-
49 bility for children enrolled in school and receiving free or reduced
50 meals through the school meal program and shall immediately promulgate
51 any rule or regulation necessary for the implementation of this act on
52 or before its effective date.

53 S 5. This act shall take effect June 1, 2010 and shall apply to the
54 2010-2011 academic school year.