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2009-2010 Regular Sessions

IN SENATE

April 8, 2009

Introduced by Sens. STEWART-COUSINS, ADAMS, DIAZ, HASSELL-THOMPSON, C. JOHNSON, KLEIN, KRUEGER, MONTGOMERY, ONORATO, OPPENHEIMER, SAMPSON, STAVISKY -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law and the social services law, in relation to establishing the child health plus and school meals enrollment coordination act of 2011

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, 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 2011".
- S 2. Legislative intent. The legislature hereby finds and declares good health and good nutrition the fundamentals of laying a strong foun-5 6 dation for early childhood development, success in school, and later 7 achievement as adults, and therefore, finds it necessary to enrollment in child health plus. To do so, the legislature finds it 8 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 Program, New York state has shown a long-standing commitment to provid-12 ing health care to its residents, and through the efforts of the legis-13 lature, is a national leader in health care innovation. New York state 14 has made important strides in enrolling children in public health insur-15 ance by expanding eligibility to cover more children, simplifying the 16 application and re-certification processes, and establishing facilitated 17

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

enrollment centers throughout the state. Furthermore, the state has

attempted to improve the health of its schoolchildren by improving the

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nutritional status of school meals and by making such meals more affordable through the free and reduced price School Breakfast and School Lunch programs.

Despite the long-standing, successful history of Child Health Plus in New York state, hundreds of thousands of children are not participating in this vitally necessary and important public health program. Uninsured children comprise approximately 10%, or approximately 250,000 of the 2.6 million uninsured people in New York state. Of these 250,000 children, 220,000 are eligible for, but not participating in either Medicaid or Child Health Plus.

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

Since the majority of children who are eligible for but not participating in Child Health Plus are attending school, the legislature finds it necessary to improve coordination between these two health and nutrition programs so that children who apply for and participate in either free or reduced price school meals are also enrolled in medicaid or Child Health Plus.

- S 3. Subparagraph (iii) of paragraph (f) of subdivision 2 of section 2511 of the public health law, as added by section 44 of part A of chapter 1 of the laws of 2002, is amended to read as follows:
- (iii) Income documentation shall include, but not be limited to, one or more of the following for each parent and legally responsible adult who is a member of the household and whose income is available to the child;
 - (A) current annual income tax returns;
 - (B) paycheck stubs;
 - (C) written documentation of income from all employers; or
- (D) WRITTEN DOCUMENTATION OF INCOME ELIGIBILITY OF A CHILD FOR FREE OR REDUCED BREAKFAST OR LUNCH THROUGH THE SCHOOL MEAL PROGRAM CERTIFIED BY THE CHILD'S SCHOOL, PROVIDED THAT:
- (I) THE COMMISSIONER MAY VERIFY THE ACCURACY OF THE INFORMATION PROVIDED IN THE SAME MANNER AND WAY AS PROVIDED FOR IN SUBPARAGRAPH (II) OF THIS PARAGRAPH; AND
- (II) SUCH DOCUMENTATION MAY NOT BE SUITABLE PROOF OF INCOME IN THE EVENT OF A MATERIAL INCONSISTENCY IN INCOME AFTER THE COMMISSIONER HAS PERFORMED VERIFICATION PURSUANT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH; OR

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

- S 4. Paragraph (d) of subdivision 5 of section 366-a of the social services law, as amended by section 1 of part R of chapter 58 of the laws of 2009, is amended to read as follows:
- 7 In order to establish place of residence and income eligibility 8 under this title at recertification, a recipient of assistance under this title shall attest to place of residence and to all information 9 10 regarding the household's income that is necessary and sufficient determine such eligibility; provided, however, that this paragraph shall 11 apply to persons described in subparagraph two of paragraph (a) of 12 subdivision one of section three hundred sixty-six of this title, or to 13 14 persons receiving long term care services, as defined in paragraph (b) 15 of subdivision two of this section[; and provided, further, that a non-16 applying]. A legally responsible relative APPLYING OR recertifying on 17 behalf of a recipient of assistance who is under the age of twenty-one years shall be permitted to attest to household income under this para-18 19 graph only if the social security numbers of all legally responsible relatives are provided to the district. SUCH PROOF OF HOUSEHOLD INCOME 20 21 SHALL INCLUDE, BUT NOT BE LIMITED TO, WRITTEN DOCUMENTATION OF 22 ELIGIBILITY OF A CHILD FOR FREE OR REDUCED BREAKFAST OR LUNCH THROUGH THE SCHOOL MEAL PROGRAM CERTIFIED BY THE CHILD'S SCHOOL, PROVIDED 23 24 THE COMMISSIONER OF HEALTH MAY VERIFY THE ACCURACY OF SUCH INFORMA-25 TION IN THE SAME MANNER AND WAY AS PROVIDED FOR IN PARAGRAPH (E) OF THIS SUBDIVISION; AND (II) SUCH DOCUMENTATION MAY NOT BE 26 SUITABLE A MATERIAL INCONSISTENCY IN INCOME AFTER THE 27 INCOME THE EVENT OF ΙN 28 COMMISSIONER OF HEALTH HAS PERFORMED VERIFICATION PURSUANT TO PARAGRAPH 29 THIS SUBDIVISION. Provided, however, for purposes of recertification for assistance under this title for a recipient of medicaid 30 waiver services provided or authorized by the office of mental retarda-31 32 tion and developmental disabilities, beginning on or after 33 two thousand ten, such recipient may be permitted, as determined 34 by the commissioner of health, to attest to place of residence and to all information regarding the household's income and/or resources that 35 are necessary to determine such eligibility. 36
- 37 S 5. This act shall take effect June 1, 2011 and shall apply to the 38 2011-2012 academic year.