

4057--B

Cal. No. 963

2009-2010 Regular Sessions

I N S E N A T E

April 8, 2009

Introduced by Sens. STEWART-COUSINS, ADAMS, DIAZ, HASSELL-THOMPSON, C. JOHNSON, KLEIN, KRUEGER, MONTGOMERY, ONORATO, OPPENHEIMER, SAMPSON, STAVISKY, THOMPSON -- 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 -- reported favorably from said committee and committed to the Committee on Finance -- committee discharged and said bill committed to the Committee on Rules -- ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading

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".
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-

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

LBD10048-06-0

1 ance by expanding eligibility to cover more children, simplifying the
2 application and re-certification processes, and establishing facilitated
3 enrollment centers throughout the state. Furthermore, the state has
4 attempted to improve the health of its schoolchildren by improving the
5 nutritional status of school meals and by making such meals more afford-
6 able through the free and reduced price School Breakfast and School
7 Lunch programs.

8 Despite the long-standing, successful history of Child Health Plus in
9 New York state, hundreds of thousands of children are not participating
10 in this vitally necessary and important public health program. Uninsured
11 children comprise approximately 10%, or approximately 250,000 of the 2.6
12 million uninsured people in New York state. Of these 250,000 children,
13 220,000 are eligible for, but not participating in either Medicaid or
14 Child Health Plus.

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

33 Since the majority of children who are eligible for but not partic-
34 ipating in Child Health Plus are attending school, the legislature finds
35 it necessary to improve coordination between these two health and nutri-
36 tion programs so that children who apply for and participate in either
37 free or reduced price school meals are also enrolled in Medicaid or
38 Child Health Plus.

39 S 3. Subparagraph (iii) of paragraph (f) of subdivision 2 of section
40 2511 of the public health law, as added by section 44 of part A of chap-
41 ter 1 of the laws of 2002, is amended to read as follows:

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

46 (A) current annual income tax returns;

47 (B) paycheck stubs;

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

49 (D) WRITTEN DOCUMENTATION OF INCOME ELIGIBILITY OF A CHILD FOR FREE OR
50 REDUCED BREAKFAST OR LUNCH THROUGH THE SCHOOL MEAL PROGRAM CERTIFIED BY
51 THE CHILD'S SCHOOL, PROVIDED THAT:

52 (I) THE COMMISSIONER MAY VERIFY THE ACCURACY OF THE INFORMATION
53 PROVIDED IN THE SAME MANNER AND WAY AS PROVIDED FOR IN SUBPARAGRAPH (II)
54 OF THIS PARAGRAPH; AND

55 (II) SUCH DOCUMENTATION MAY NOT BE SUITABLE PROOF OF INCOME IN THE
56 EVENT OF A MATERIAL INCONSISTENCY IN INCOME AFTER THE COMMISSIONER HAS

1 PERFORMED VERIFICATION PURSUANT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH;
2 OR

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

6 S 4. Paragraph (c) of subdivision 2 of section 366-a of the social
7 services law, as added by section 51 of part A of chapter 1 of the laws
8 of 2002, is amended to read as follows:

9 (c) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (A) OF THIS SUBDIVI-
10 SION, AN APPLICANT OR RECIPIENT PROVIDING WRITTEN DOCUMENTATION OF
11 INCOME ELIGIBILITY OF A CHILD FOR FREE OR REDUCED BREAKFAST OR LUNCH
12 THROUGH THE SCHOOL MEAL PROGRAM CERTIFIED BY THE CHILD'S SCHOOL SHALL
13 MEET THE EVIDENTIARY REQUIREMENT NECESSARY TO DOCUMENT INCOME.

14 (D) The commissioner of health may verify the accuracy of the informa-
15 tion provided by the applicant or recipient pursuant to [paragraph]
16 PARAGRAPHS (b) AND (C) of this subdivision, by matching it against
17 information to which the commissioner of health has access, including
18 under subdivision eight of this section. In the event there is an incon-
19 sistency between the information reported by the applicant or recipient
20 and any information obtained by the commissioner of health from other
21 sources and such inconsistency is material to medical assistance eligi-
22 bility, the commissioner of health shall request that the applicant or
23 recipient provide adequate documentation to verify his or her resources.

24 S 5. This act shall take effect June 1, 2011 and shall apply to the
25 2011-2012 academic year.