



1 EXPERTISE OR ABILITY IN THE DELIVERY OF HIGH QUALITY HEALTH CARE  
2 SERVICES. SUCH DIAGNOSTIC AND TREATMENT CENTERS SHALL BE REFERRED TO IN  
3 THIS SECTION AS "CONVENIENT CARE CLINICS". FOR PURPOSES OF THIS SUBDIVI-  
4 SION, THE PUBLIC HEALTH AND HEALTH PLANNING COUNCIL SHALL ADOPT AND  
5 AMEND RULES AND REGULATIONS, IN ACCORDANCE WITH ANY PROVISION OF THIS  
6 SECTION, TO ADDRESS ANY MATTER IT DEEMS PERTINENT TO THE ESTABLISHMENT  
7 AND OPERATION OF CONVENIENT CARE CLINICS; PROVIDED THAT SUCH RULES AND  
8 REGULATIONS SHALL INCLUDE, BUT NOT BE LIMITED TO, PROVISIONS GOVERNING  
9 OR RELATING TO: (I) ANY DIRECT OR INDIRECT CHANGES OR TRANSFERS OF  
10 OWNERSHIP INTERESTS OR VOTING RIGHTS IN SUCH ENTITIES OR THEIR STOCK-  
11 HOLDERS OR MEMBERS, AS APPLICABLE, AND PROVIDE FOR PUBLIC HEALTH AND  
12 HEALTH PLANNING COUNCIL APPROVAL OF ANY CHANGE IN CONTROLLING INTERESTS,  
13 PRINCIPAL STOCKHOLDERS, CONTROLLING PERSONS, PARENT COMPANY OR SPONSORS;  
14 (II) OVERSIGHT OF THE OPERATOR AND ITS SHAREHOLDERS OR MEMBERS, AS  
15 APPLICABLE, INCLUDING LOCAL GOVERNANCE OF THE CONVENIENT CARE CLINICS;  
16 AND (III) RELATING TO THE CHARACTER AND COMPETENCE AND QUALIFICATIONS  
17 OF, AND CHANGES RELATING TO, THE DIRECTORS AND OFFICERS OF THE OPERATOR  
18 AND ITS PRINCIPAL STOCKHOLDERS, CONTROLLING PERSONS, PARENT COMPANY OR  
19 SPONSORS. TO THE EXTENT THAT THE PROPOSED ESTABLISHMENT OF A CONVENIENT  
20 CARE CLINIC MUST UNDERGO A CERTIFICATE OF NEED REVIEW, SUCH PROPOSAL  
21 SHALL BE SUBJECT TO ADMINISTRATIVE REVIEW BY THE DEPARTMENT.

22 (B) THE FOLLOWING PROVISIONS OF THIS SECTION SHALL NOT APPLY TO  
23 CONVENIENT CARE CLINICS OPERATED PURSUANT TO THIS SUBDIVISION: (I) PARA-  
24 GRAPH (A) OF SUBDIVISION THREE OF THIS SECTION, RELATING TO PUBLIC NEED;  
25 (II) PARAGRAPH (B) OF SUBDIVISION THREE OF THIS SECTION, RELATING TO  
26 STOCKHOLDERS AND MEMBERS; (III) PARAGRAPH (C) OF SUBDIVISION FOUR OF  
27 THIS SECTION, RELATING TO THE DISPOSITION OF STOCK OR VOTING RIGHTS; AND  
28 (IV) PARAGRAPH (E) OF SUBDIVISION FOUR OF THIS SECTION, RELATING TO THE  
29 OWNERSHIP OF STOCK OR MEMBERSHIP.

30 (C) A CONVENIENT CARE CLINIC SHALL BE DEEMED TO BE A "HEALTH CARE  
31 PROVIDER" FOR THE PURPOSES OF TITLE TWO-D OF ARTICLE TWO OF THIS CHAP-  
32 TER. A PRESCRIBER PRACTICING IN A CONVENIENT CARE CLINIC SHALL NOT BE  
33 DEEMED TO BE IN THE EMPLOY OF A PHARMACY OR PRACTICING IN A HOSPITAL FOR  
34 PURPOSES OF SUBDIVISION TWO OF SECTION SIXTY-EIGHT HUNDRED SEVEN OF THE  
35 EDUCATION LAW.

36 (D) THE COMMISSIONER SHALL PROMULGATE REGULATIONS FOR CONVENIENT CARE  
37 CLINICS, WHICH MAY BE DIFFERENT FROM THE REGULATIONS OTHERWISE APPLICA-  
38 BLE TO DIAGNOSTIC OR TREATMENT CENTERS, INCLUDING, BUT NOT LIMITED TO:  
39 DESIGNATING OR LIMITING THE DIAGNOSES AND SERVICES THAT MAY BE PROVIDED;  
40 AND REQUIREMENTS OR GUIDELINES FOR ADVERTISING AND SIGNAGE, DISCLOSURE  
41 OF OWNERSHIP INTERESTS, INFORMED CONSENT, RECORD KEEPING, A REASONABLE  
42 MEANS TO ACCOMPLISH NECESSARY REFERRALS FOR TREATMENT, CASE REPORTING TO  
43 THE PATIENT'S PRIMARY CARE OR OTHER HEALTH CARE PROVIDERS, DESIGN,  
44 CONSTRUCTION, FIXTURES, AND EQUIPMENT STANDARDS THAT ARE CONSISTENT WITH  
45 A PRIMARY CARE PRACTICE. IN MAKING REGULATIONS UNDER THIS SECTION, THE  
46 COMMISSIONER SHALL (I) CONSULT WITH A WORKGROUP INCLUDING BUT NOT LIMIT-  
47 ED TO REPRESENTATIVES OF PROFESSIONAL SOCIETIES OF APPROPRIATE HEALTH  
48 CARE PROFESSIONALS, INCLUDING THOSE IN PRIMARY CARE AND OTHER SPECIALI-  
49 TIES AND CONVENIENT CARE CLINIC OPERATORS; AND (II) PROMOTE AND  
50 STRENGTHEN PRIMARY CARE; THE INTEGRATION OF SERVICES PROVIDED BY CONVEN-  
51 IENT CARE CLINICS WITH THE SERVICES PROVIDED BY THE PATIENT'S OTHER  
52 HEALTH CARE PROVIDERS; AND THE REFERRAL OF PATIENTS TO APPROPRIATE  
53 HEALTH CARE PROVIDERS, INCLUDING APPROPRIATE TRANSMISSION OF PATIENT  
54 HEALTH RECORDS.

55 S 3. This act shall take effect immediately.