

1 programs. Persons eligible for enrollment in the disease management
2 demonstration program shall be limited to individuals who: receive
3 medical assistance pursuant to title eleven of article five of the
4 social services law and may be eligible for benefits pursuant to title
5 18 of the social security act (Medicare); are not enrolled in a Medicaid
6 managed care plan, including individuals who are not required or not
7 eligible to participate in Medicaid managed care programs pursuant to
8 section three hundred sixty-four-j of the social services law; are diag-
9 nosed with chronic health problems as may be specified by the entity
10 undertaking the demonstration program, including, but not limited to one
11 or more of the following: congestive heart failure, chronic obstructive
12 pulmonary disease, asthma, EMPHYSEMA, CHRONIC BRONCHITIS, OTHER CHRONIC
13 RESPIRATORY DISEASES, diabetes, ADULT AND CHILDHOOD OBESITY, or other
14 chronic health conditions as may be specified by the department; or have
15 experienced or are likely to experience one or more hospitalizations or
16 are otherwise expected to incur excessive costs and high utilization of
17 health care services.

18 4. The demonstration program shall offer evidence-based services and
19 interventions designed to ensure that the enrollees receive high quali-
20 ty, preventative and cost-effective care, aimed at reducing the necessi-
21 ty for hospitalization or emergency room care or at reducing lengths of
22 stay when hospitalization is necessary. The demonstration program may
23 include screening of eligible enrollees, developing an individualized
24 care management plan for each enrollee and implementing that plan.
25 Disease management demonstration programs that utilize information tech-
26 nology systems that allow for continuous application of evidence-based
27 guidelines to medical assistance claims data and other available data to
28 identify specific instances in which clinical interventions are justi-
29 fied and communicate indicated interventions to physicians, health care
30 providers and/or patients, and monitor physician and health care provid-
31 er response to such interventions, shall have the enrollees, or groups
32 of enrollees, approved by the department for participation. The services
33 provided by the demonstration program as part of the care management
34 plan may include, but are not limited to, case management, social work,
35 individualized health counselors, multi-behavioral goals plans, claims
36 data management, health and self-care education, drug therapy management
37 and oversight, personal emergency response systems and other monitoring
38 technologies, SYSTEMATIC CHRONIC HEALTH CONDITIONS IDENTIFIED FOR MONI-
39 TORING, telehealth services and similar services designed to improve the
40 quality and cost-effectiveness of health care services.

41 S 2. This act shall take effect immediately.

42

PART B

43 Section 1. Section 2599-b of the public health law, as amended by
44 section 88 of part B of chapter 58 of the laws of 2005, is amended to
45 read as follows:

46 S 2599-b. Program development. 1. The program shall be designed to
47 prevent and reduce the incidence and prevalence of obesity in children
48 and adolescents, especially among populations with high rates of obesity
49 and obesity-related health complications including, but not limited to,
50 diabetes, heart disease, cancer, osteoarthritis, asthma, EMPHYSEMA,
51 CHRONIC BRONCHITIS, OTHER CHRONIC RESPIRATORY DISEASES and other condi-
52 tions. The program shall use recommendations and goals of the United
53 States departments of agriculture and health and human services, the
54 surgeon general and centers for disease control AND PREVENTION in devel-

1 oping and implementing guidelines for nutrition education and physical
2 activity projects as part of obesity prevention efforts. The content and
3 implementation of the program shall stress the benefits of choosing a
4 balanced, healthful diet from the many options available to consumers,
5 without specifically targeting the elimination of any particular food
6 group, food product or food-related industry.

7 2. The childhood obesity prevention program shall include, but not be
8 limited to:

9 (a) developing media health promotion campaigns targeted to children
10 and adolescents and their parents and caregivers that emphasize increas-
11 ing consumption of low-calorie, high-nutrient foods, decreasing consump-
12 tion of high-calorie, low-nutrient foods and increasing physical activ-
13 ity designed to prevent or reduce obesity;

14 (b) establishing school-based childhood obesity prevention nutrition
15 education and physical activity programs including programs described in
16 section twenty-five hundred ninety-nine-c of this article, as well as
17 other programs with linkages to physical and health education courses,
18 and which utilize the school health index of the National Center for
19 Chronic Disease Prevention and Health Promotion or other recognized
20 school health assessment PURSUANT TO ARTICLE NINETEEN OF THE EDUCATION
21 LAW;

22 (c) establishing community-based childhood obesity prevention nutri-
23 tion education and physical activity programs including programs which
24 involve parents and caregivers, and which encourage communities, fami-
25 lies, child care and other settings to provide safe and adequate space
26 and time for physical activity and encourage a healthy diet, AND CAN BE
27 IN COORDINATION WITH COUNTY COOPERATIVE EXTENSION PROGRAMS ESTABLISHED
28 PURSUANT TO SECTION TWO HUNDRED TWENTY-FOUR-B OF THE COUNTY LAW;

29 (d) coordinating with the state education department, department of
30 agriculture and markets, office of parks, recreation and historic pres-
31 ervation, office of temporary and disability assistance, office of chil-
32 dren and family services and other federal, state and local agencies to
33 incorporate strategies to prevent and reduce childhood obesity into
34 government food assistance, health, education and recreation programs;

35 (e) sponsoring periodic conferences or meetings to bring together
36 experts in nutrition, exercise, public health, mental health, education,
37 parenting, media, food marketing, food security, agriculture, community
38 planning and other disciplines to examine societal-based solutions to
39 the problem of childhood obesity and issue guidelines and recommenda-
40 tions for New York state policy and programs;

41 (f) developing training programs for medical and other health profes-
42 sionals to teach practical skills in nutrition and exercise education to
43 children and their parents and caregivers; [and]

44 (g) developing screening programs in coordination with health care
45 providers and institutions including but not limited to day care centers
46 and schools for overweight and obesity for children aged two through
47 eighteen years, using body mass index (BMI) appropriate for age and
48 gender, and notification, in a manner protecting the confidentiality of
49 such children and their families, of parents of BMI status, and explana-
50 tion of the consequences of such status, including recommended actions
51 parents may need to take and information about resources and referrals
52 available to families to enhance nutrition and physical activity to
53 reduce and prevent obesity[.]; AND

54 (H) COORDINATING WITH THE EDUCATION DEPARTMENT, OFFICE OF TEMPORARY
55 AND DISABILITY ASSISTANCE, OFFICE OF CHILDREN AND FAMILY SERVICES AND
56 OTHER FEDERAL, STATE AND LOCAL AGENCIES TO INCORPORATE STRATEGIES TO

1 CURTAIL THE INCIDENCE OF ASTHMA, CHRONIC BRONCHITIS AND OTHER CHRONIC
2 RESPIRATORY DISEASES TO ENABLE ADULTS AND CHILDREN TO SAFELY INCREASE
3 PHYSICAL ACTIVITY.

4 3. The department, IN COOPERATION WITH THE EDUCATION DEPARTMENT, shall
5 periodically collect and analyze information from schools, health and
6 nutrition programs and other sources to determine the prevalence of
7 childhood obesity in New York state, and to evaluate, to the extent
8 possible, the effectiveness of the childhood obesity prevention program.

9 S 2. The opening paragraph of section 2599-c of the public health law,
10 as amended by section 88 of part B of chapter 58 of the laws of 2005, is
11 amended to read as follows:

12 The commissioner, IN COOPERATION WITH THE COMMISSIONERS OF EDUCATION
13 AND AGRICULTURE AND MARKETS, AND COUNTY BOARDS OF COOPERATIVE EXTENSION,
14 shall encourage the establishment of school-based childhood obesity
15 prevention and physical activity programs that promote:

16 S 3. This act shall take effect immediately.

17 PART C

18 Section 1. Paragraphs (a), (b) and (c) of subdivision 1 of section
19 2411 of the public health law, as amended by section 5 of part A of
20 chapter 60 of the laws of 2014, are amended to read as follows:

21 (a) Survey state agencies, boards, programs and other state govern-
22 mental entities to assess what, if any, relevant data has been or is
23 being collected which may be of use to researchers engaged in breast
24 cancer research, OR ADULT AND CHILDHOOD OBESITY, ASTHMA, CHRONIC BRON-
25 CHITIS OR OTHER CHRONIC RESPIRATORY DISEASE RESEARCH;

26 (b) Consistent with the survey conducted pursuant to paragraph (a) of
27 this subdivision, compile a list of data collected by state agencies
28 which may be of assistance to researchers engaged in breast cancer
29 research as established in section twenty-four hundred twelve of this
30 title, AND ADULT AND CHILDHOOD OBESITY, ASTHMA, CHRONIC BRONCHITIS OR
31 OTHER CHRONIC RESPIRATORY DISEASE RESEARCH;

32 (c) Consult with the Centers for Disease Control and Prevention, the
33 National Institutes of Health, the Federal Agency For Health Care Policy
34 and Research, the National Academy of Sciences and other organizations
35 or entities which may be involved in cancer research to solicit both
36 information regarding breast cancer research projects that are currently
37 being conducted and recommendations for future research projects, AND
38 ADULT AND CHILDHOOD OBESITY, ASTHMA, CHRONIC BRONCHITIS OR OTHER CHRONIC
39 RESPIRATORY DISEASE RESEARCH PROJECTS;

40 S 2. Subdivision 1 of section 2500 of the public health law, as
41 amended by chapter 822 of the laws of 1987, is amended to read as
42 follows:

43 1. The commissioner shall act in an advisory and supervisory capacity,
44 in matters pertaining to the safeguarding of motherhood, the prevention
45 of maternal, perinatal, infant and child mortality, the prevention of
46 diseases, low birth weight, CHILDHOOD OBESITY, and defects of childhood
47 and the promotion of maternal, prenatal and child health, including care
48 in hospitals, and shall administer such services bearing on the health
49 of mothers and children for which funds are or shall hereafter be made
50 available.

51 S 3. This act shall take effect immediately.

52 PART D

1 Section 1. Section 2505-a of the public health law, as added by chap-
2 ter 292 of the laws of 2009, is amended to read as follows:

3 S 2505-a. Rights of breastfeeding mothers. 1. The principles enunci-
4 ated in subdivision three of this section are declared to be the public
5 policy of the state and a copy of such statement of rights shall be
6 posted conspicuously in a public place in each maternal health care
7 facility AND CHILD DAY CARE FACILITY. For purposes of this section,
8 "maternal health care provider" means a physician, midwife, or other
9 authorized practitioner attending a pregnant woman; and "maternal health
10 care facility" includes hospitals and freestanding birthing centers
11 providing perinatal services in accordance with article twenty-eight of
12 this chapter and applicable regulations.

13 2. The commissioner shall make available to every maternal health care
14 provider [and], maternal health care facility AND CHILD DAY CARE FACILI-
15 TY, on the health department's website for the purpose of health care
16 facilities to include such rights in the maternity information leaflet
17 as described in section twenty-eight hundred three-j of this chapter, a
18 copy of the statement of rights provided in subdivision three of this
19 section in the top six languages other than English spoken in the state
20 according to the latest available data from the U.S. Bureau of Census,
21 and shall adopt any rules and regulations necessary to ensure that such
22 patients are treated in accordance with the provisions of such state-
23 ment.

24 3. The statement of rights shall consist of the following:

25 "Breastfeeding Mothers' Bill of Rights"

26 Choosing the way you will feed your new baby is one of the important
27 decisions you will make in preparing for your infant's arrival. Doctors
28 agree that for most women breastfeeding is the safest and most healthy
29 choice. It is your right to be informed about the benefits of breast-
30 feeding and have your health care provider [and], maternal health care
31 facility AND CHILD DAY CARE FACILITY encourage and support breastfeed-
32 ing. You have the right to make your own choice about breastfeeding.
33 Whether you choose to breastfeed or not you have the following basic
34 rights regardless of your race, creed, national origin, sexual orien-
35 tation, gender identity or expression, or source of payment for your
36 health care. Maternal health care facilities have a responsibility to
37 ensure that you understand these rights. They must provide this informa-
38 tion clearly for you and must provide an interpreter if necessary. These
39 rights may only be limited in cases where your health or the health of
40 your baby requires it. If any of the following things are not medically
41 right for you or your baby, you should be fully informed of the facts
42 and be consulted.

43 (1) Before You Deliver, if you attend prenatal childbirth education
44 classes provided by the maternal health care facility and all hospital
45 clinics and diagnostic and treatment centers providing prenatal services
46 in accordance with article 28 of the public health law you must receive
47 the breastfeeding mothers' bill of rights. Each maternal health care
48 facility shall provide the maternity information leaflet, including the
49 Breastfeeding Mothers' Bill of Rights, in accordance with section twen-
50 ty-eight hundred three-i of [this chapter] THE PUBLIC HEALTH LAW to each
51 patient or to the appointed personal representative at the time of
52 prebooking or time of admission to a maternal health care facility. Each
53 maternal health care provider shall give a copy of the Breastfeeding
54 Mothers' Bill of Rights to each patient at or prior to the medically
55 appropriate time.

1 You have the right to complete information about the benefits of
2 breastfeeding for yourself and your baby. This will help you make an
3 informed choice on how to feed your baby.

4 You have the right to receive information that is free of commercial
5 interests and includes:

6 * How breastfeeding benefits you and your baby nutritionally,
7 medically and emotionally;

8 * How to prepare yourself for breastfeeding;

9 * How to understand some of the problems you may face and how to solve
10 them.

11 (2) In The Maternal Health Care Facility:

12 * You have the right to have your baby stay with you right after birth
13 whether you deliver vaginally or by cesarean section. You have the right
14 to begin breastfeeding within one hour after birth.

15 * You have the right to have someone trained to help you in breast-
16 feeding give you information and help you when you need it.

17 * You have the right to have your baby not receive any bottle feeding
18 or pacifiers.

19 * You have the right to know about and refuse any drugs that may dry
20 up your milk.

21 * You have the right to have your baby in your room with you 24 hours
22 a day.

23 * You have the right to breastfeed your baby at any time day or night.

24 * You have the right to know if your doctor or your baby's pediatri-
25 cian is advising against breastfeeding before any feeding decisions are
26 made.

27 * You have the right to have a sign on your baby's crib clearly stat-
28 ing that your baby is breastfeeding and that no bottle feeding of any
29 type is to be offered.

30 * You have the right to receive full information about how you are
31 doing with breastfeeding and get help on how to improve.

32 * You have the right to breastfeed your baby in the neonatal intensive
33 care unit. If nursing is not possible, every attempt will be made to
34 have your baby receive your pumped or expressed milk.

35 * If you, or your baby, are re-hospitalized in a maternal care facili-
36 ty after the initial delivery stay, the hospital will make every effort
37 to continue to support breastfeeding, to provide hospital grade electric
38 pumps and rooming in facilities.

39 * You have the right to have help from someone specially trained in
40 breastfeeding support and expressing breast milk if your baby has
41 special needs.

42 * You have the right to have a family member or friend receive breast-
43 feeding information from a staff member if you request it.

44 (3) When You Leave The Maternal Health Care Facility:

45 * You have the right to printed breastfeeding information free of
46 commercial material.

47 * You have the right, unless specifically requested by you, and avail-
48 able at the facility, to be discharged from the facility without
49 discharge packs containing infant formula, or formula coupons unless
50 ordered by your baby's health care provider.

51 * You have the right to get information about breastfeeding resources
52 in your community including information on availability of breastfeeding
53 consultants, support groups and breast pumps.

54 * You have the right to have the facility give you information to help
55 choose a medical provider for your baby and understand the importance of
56 a follow-up appointment.

1 * You have the right to receive information about safely collecting
2 and storing your breast milk.

3 * You have the right to breastfeed your baby in any location, public
4 or private, where you are otherwise authorized to be. Complaints can be
5 directed to the New York State Division of Human Rights.

6 * YOU HAVE A RIGHT TO BREASTFEED YOUR BABY AT YOUR PLACE OF EMPLOYMENT
7 OR CHILD DAY CARE CENTER IN AN ENVIRONMENT THAT DOES NOT DISCOURAGE
8 BREASTFEEDING OR THE PROVISION OF BREAST MILK.

9 All the above are your rights. If the maternal health care facility
10 does not honor these rights you can seek help by contacting the New York
11 state department of health or by contacting the hospital complaint
12 hotline or via email.

13 4. The commissioner shall make regulations reasonably necessary to
14 implement this section.

15 S 2. Section 2505 of the public health law, as added by chapter 479 of
16 the laws of 1980, is amended to read as follows:

17 S 2505. Human breast milk; collection, storage and distribution;
18 general powers of the commissioner. The commissioner is hereby
19 empowered to:

20 (a) adopt regulations and guidelines including, but not limited to
21 donor standards, methods of collection, and standards for storage, and
22 distribution of human breast milk;

23 (b) conduct educational activities to inform the public and health
24 care providers of the availability of human breast milk for infants
25 determined to require such milk and to inform potential donors of the
26 opportunities for proper donation;

27 (c) CONDUCT EDUCATIONAL ACTIVITIES TO ENCOURAGE AND FACILITATE EMPLOY-
28 ERS AND CHILD DAY CARE CENTERS TO ESTABLISH ENVIRONMENTS THAT DO NOT
29 DISCOURAGE BREASTFEEDING AND THE PROVISION OF BREAST MILK. SUCH ENVIRON-
30 MENTS MAY INCLUDE SANITARY LOCATIONS FOR BREASTFEEDING AND REFRIGERATORS
31 TO ASSIST IN BREASTFEEDING AND FEEDING BABIES WITH EXPRESSED BREAST
32 MILK; AND

33 (D) establish rules and regulations to effectuate the provisions of
34 this section.

35 S 3. Subdivision 2 of section 2515 of the public health law, as added
36 by section 20 of part A of chapter 58 of the laws of 2008, is amended to
37 read as follows:

38 2. "Services for eligible adolescents" means those services, including
39 but not limited to: vocational and educational counseling, job skills
40 training, family life and parenting education, life skills development,
41 coordination, case management, primary preventive health care, PREGNANCY
42 AND CHILD NUTRITION COUNSELING FOR EXPECTANT MOTHERS TO CURB THE INCI-
43 DENCE OF CHILDHOOD OBESITY, family planning, social and recreational
44 programs, child care, outreach and advocacy, follow-up on service utili-
45 zation, crisis intervention, and efforts to stimulate community interest
46 and involvement.

47 S 4. Paragraph (c) of subdivision 2 of section 2515-a of the public
48 health law, as added by section 20 of part A of chapter 58 of the laws
49 of 2008, is amended to read as follows:

50 (c) serve a geographic area where the incidence of infant mortality,
51 LOW BIRTH WEIGHT INFANTS, CHILDHOOD OBESITY and the prevalence of low-
52 income families are high and where the availability or accessibility of
53 services for eligible adolescents is low;

54 S 5. Subdivision (b) of section 2522 of the public health law, as
55 amended by chapter 484 of the laws of 2009, is amended and a new subdi-
56 vision (e-1) is added to read as follows:

1 (b) promotion of community awareness of the benefits TO THE MOTHER AND
2 CHILD of preconception health and early and continuous prenatal care;

3 (E-1) HEALTH AND NUTRITIONAL EDUCATION AND SERVICES FOR BOTH PARENTS,
4 REGARDING CHILDHOOD AND ADULT OBESITY AND ASTHMA, AND THE PREVENTION OR
5 MITIGATION THEREOF;

6 S 6. This act shall take effect immediately.

7 S 2. Severability clause. If any clause, sentence, paragraph, subdi-
8 vision, section or part of this act shall be adjudged by any court of
9 competent jurisdiction to be invalid, such judgment shall not affect,
10 impair, or invalidate the remainder thereof, but shall be confined in
11 its operation to the clause, sentence, paragraph, subdivision, section
12 or part thereof directly involved in the controversy in which such judg-
13 ment shall have been rendered. It is hereby declared to be the intent of
14 the legislature that this act would have been enacted even if such
15 invalid provisions had not been included herein.

16 S 3. This act shall take effect immediately provided, however, that
17 the applicable effective date of Parts A through D of this act shall be
18 as specifically set forth in the last section of such Parts.