1363

2015-2016 Regular Sessions

IN SENATE

January 12, 2015

Introduced by Sen. PARKER -- read twice and ordered printed, and when printed to be committed to the Committee on Finance

AN ACT to amend the executive law, in relation to creating the Brooklyn health care commission

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

Section 1. The executive law is amended by adding a new article 49-C to read as follows:

ARTICLE 49-C

BROOKLYN HEALTH CARE COMMISSION

SECTION 996. BROOKLYN HEALTH CARE COMMISSION.

996-A. KINGS COUNTY HEALTH CARE STAKEHOLDERS COUNCIL.

7 996. BROOKLYN HEALTH CARE COMMISSION. 1. THERE IS HEREBY CREATED IN S 8 THE EXECUTIVE DEPARTMENT, A COMMISSION TO BE KNOWN AS THE "BROOKLYN 9 HEALTH CARE COMMISSION, " HEREAFTER REFERRED TO AS THE "COMMISSION", WHICH SHALL BE CHARGED WITH EXAMINING THE SYSTEM OF GENERAL HOSPITALS, 10 NURSING HOMES, AMBULATORY AND PRIMARY CARE FACILITIES, AND MEDICAL 11 SCHOOL FACILITIES IN KINGS COUNTY AND RECOMMENDING CHANGES 12 то THAT SYSTEM. 13

14 2. THE COMMISSION SHALL CONSIST OF THE FOLLOWING ELEVEN MEMBERS: (A) ONE MEMBER APPOINTED BY THE TEMPORARY PRESIDENT OF THE SENATE; 15 (B) ONE MEMBER APPOINTED BY THE SPEAKER OF THE ASSEMBLY; (C) ONE MEMBER 16 17 APPOINTED BY THE MINORITY LEADER OF THE SENATE; (D) ONE MEMBER APPOINTED BY THE MINORITY LEADER OF THE ASSEMBLY; (E) THREE MEMBERS APPOINTED BY 18 19 THE KINGS COUNTY BOROUGH PRESIDENT, ONE MEMBER FROM EACH OF THE FOLLOW-ING THREE REGIONS: (I) NORTH OF ATLANTIC AVENUE; (II) SOUTH AND WEST OF 20 FLATBUSH AVENUE; AND (III) SOUTH OF ATLANTIC AVENUE AND EAST OF FLATBUSH 21 BY THE MAYOR OF NEW YORK CITY; AND AVENUE; (F) TWO MEMBERS APPOINTED 22 23 (G) TWO MEMBERS APPOINTED BY THE GOVERNOR.

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

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3. THE MEMBERS OF THE COMMISSION SHALL RECEIVE NO COMPENSATION FOR 1 THEIR SERVICE AS MEMBERS, BUT SHALL BE ALLOWED THEIR ACTUAL AND NECES-2 3 SARY EXPENSES INCURRED IN THE PERFORMANCE OF THEIR DUTIES. 4 4. THE COMMISSION SHALL BEGIN TO ACT FORTY-FIVE DAYS AFTER THIS ARTI-5 CLE SHALL HAVE BECOME A LAW. 6 5. THE COMMISSIONER OF HEALTH SHALL DESIGNATE SUCH EMPLOYEES OF THE 7 DEPARTMENT OF HEALTH AS ARE REASONABLY NECESSARY TO PROVIDE SUPPORT 8 SERVICES TO THE COMMISSION. 6. THE COMMISSIONER OF HEALTH SHALL APPOINT: (A) ONE OR MORE REPRESEN-9 10 TATIVES OF THE DEPARTMENT TO SERVE AS A LIAISON BETWEEN THE DEPARTMENT AND THE COMMISSION; (B) ONE OR MORE REPRESENTATIVES OF THE DEPARTMENT TO 11 12 SERVE AS A LIAISON BETWEEN THE KINGS COUNTY HEALTH CARE STAKEHOLDERS 13 COUNCIL AND THE COMMISSION. 14 7. THE DIRECTOR OF THE DORMITORY AUTHORITY OF THE STATE OF NEW YORK 15 SHALL APPOINT ONE OR MORE REPRESENTATIVES TO BE A LIAISON BETWEEN THE COMMISSION AND THE AUTHORITY. 16 17 8. ALL DEPARTMENTS, COMMISSIONS AND PUBLIC AUTHORITIES OF THE STATE SHALL BE REOUIRED TO PROVIDE SUCH ASSISTANCE AS MAY BE REASONABLY 18 19 REQUESTED BY THE CHAIR OF THE COMMISSION. 9. IN CARRYING OUT ITS TASK, THE COMMISSION SHALL: 20 21 (A) CONDUCT A COMPLETE AND COMPREHENSIVE EPIDEMIOLOGICAL STUDY OF 22 KINGS COUNTY'S HEALTH CARE CHALLENGES AND NEEDS; 23 (B) CONDUCT A COMPLETE AND COMPREHENSIVE USABILITY STUDY OF WHAT TYPE 24 AND HOW MUCH HEALTH CARE SERVICES ARE USED BY KINGS COUNTY'S RESIDENTS, 25 AND IN WHICH HOSPITALS, PRIMARY CARE OR URGENT CARE FACILITIES; 26 (C) STUDY THE NEED FOR CAPACITY IN THE GENERAL HOSPITAL, NURSING HOME, 27 MEDICAL SCHOOL, AMBULATORY CARE FACILITIES AND SERVICES, PRIMARY CARE FACILITIES AND SERVICES, URGENT CARE FACILITIES AND SERVICES, PUBLIC 28 29 HEALTH CLINICS, AND HOME/COMMUNITY-BASED HEALTH CARE SERVICES IN EACH REGION OF KINGS COUNTY; 30 (D) STUDY THE CAPACITY CURRENTLY EXISTING IN SUCH SYSTEMS 31 EACH IN 32 REGION OF KINGS COUNTY; STUDY THE ECONOMIC IMPACT OF THE ECONOMIC FAILURE OF KINGS COUN-33 (E) TY'S HOSPITALS, MEDICAL SCHOOL AND OTHER HEALTH CARE FACILITIES ON THE 34 STATE, CITY AND KINGS COUNTY ECONOMIES, INCLUDING THE CAPACITY OF THE 35 HEALTH CARE SYSTEM TO PROVIDE EMPLOYMENT OR TRAINING TO HEALTH CARE 36 37 WORKERS AFFECTED BY SUCH EVENTUALITIES; 38 (F) STUDY THE AMOUNT OF CAPITAL DEBT BEING CARRIED BY GENERAL HOSPI-39 TALS AND NURSING HOMES, AND SUCH OTHER ENTITIES PROVIDING HEALTH CARE 40 SERVICES IN KINGS COUNTY, AND THE NATURE OF THE BONDING AND CREDIT ENHANCEMENT, IF ANY, SUPPORTING SUCH DEBT, AND THE FINANCIAL STATUS OF 41 GENERAL HOSPITALS AND NURSING HOMES, INCLUDING REVENUES FROM MEDICARE, 42 43 MEDICAID, OTHER GOVERNMENT FUNDS, AND PRIVATE THIRD-PARTY PAYORS; 44 (G) STUDY THE AVAILABILITY OF ALTERNATIVE SOURCES OF FUNDING WITH 45 REGARD TO THE CAPITAL DEBT OF ALL HEALTH CARE FACILITIES IN KINGS COUN-46 TY; (H) STUDY THE EXISTENCE OF OTHER HEALTH CARE SERVICES IN THE 47 AFFECTED 48 REGION, INCLUDING THE AVAILABILITY OF SERVICES FOR THE UNINSURED AND 49 UNDERINSURED, AND INCLUDING SERVICES PROVIDED OTHER THAN BY GENERAL 50 HOSPITALS AND NURSING HOMES; (I) STUDY THE POTENTIAL CONVERSION OF FACILITIES OR CURRENT FACILITY 51 CAPACITY FOR USES OTHER THAN AS INPATIENT OR RESIDENTIAL HEALTH CARE 52 53 FACILITIES; 54 (J) STUDY THE EXTENT TO WHICH A FACILITY SERVES THE HEALTH CARE NEEDS 55 OF THE REGION, INCLUDING SERVING MEDICAID RECIPIENTS, THE UNINSURED, AND 56 UNDERSERVED COMMUNITIES; AND

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(K) STUDY THE POTENTIAL FOR IMPROVED OUALITY OF CARE AND THE REDI-1 2 RECTION OF RESOURCES FROM SUPPORTING EXCESS CAPACITY WITHIN KINGS COUNTY 3 TOWARD REINVESTMENT INTO PRODUCTIVE HEALTH CARE PURPOSES IN KINGS COUN-4 TY, AND THE EXTENT TO WHICH THE ACTIONS RECOMMENDED BY THE COMMISSION 5 WOULD RESULT IN GREATER STABILITY AND EFFICIENCY IN THE DELIVERY OF 6 NEEDED HEALTH CARE SERVICES FOR A COMMUNITY.

7 10. THE COMMISSIONER OF HEALTH AND THE DIRECTOR OF THE DORMITORY 8 AUTHORITY OF THE STATE OF NEW YORK MAY SUBMIT ADDITIONAL RELEVANT 9 FACTORS TO BE CONSIDERED IN THE DELIBERATIONS OF THE COMMISSION. THE 10 COMMISSION SHALL ALSO ADOPT ADDITIONAL FACTORS TO BE CONSIDERED IN ITS DELIBERATIONS, FROM AMONG A LIST OF SUCH FACTORS SUBMITTED BY THE KINGS 11 COUNTY HEALTH CARE STAKEHOLDER'S COUNCIL. 12

13 11. THE COMMISSIONER SHALL ALSO SUBMIT TO THE COMMISSION SUCH INFORMA-14 TION AS MAY BE AVAILABLE FROM THE DEPARTMENT OF HEALTH ON GENERAL HOSPI-TAL AND NURSING HOME CAPACITY, SERVICES AND BEDS, AVAILABILITY OF PRIMA-15 16 RY AND AMBULATORY CARE SERVICES, AND CURRENT NUMBER OF BEDS IN SUCH FACILITIES, INCLUDING, BUT NOT LIMITED TO, INFORMATION FROM: 17 18

- (A) OPERATING CERTIFICATE FILES;
- (B) INSTITUTIONAL COST REPORTS;
- (C) FACILITY OCCUPANCY REPORTS;
- (D) ANNUAL REPORTS OF THE CERTIFICATE OF NEED PROGRAM; AND
- (E) THE STATEWIDE PLANNING AND RESEARCH COOPERATIVE SYSTEM.

12. RECORDS SUBMITTED TO THE COMMISSION OR ANY COMMITTEE THEREOF SHALL 23 24 NOT BE SUBJECT TO DISCLOSURE PURSUANT TO ARTICLE SIX OF THE PUBLIC OFFI-25 CERS LAW, UNLESS THE RECORD WOULD BE A PUBLIC RECORD BEFORE BEING 26 SUBMITTED TO THE COMMISSION.

13. IN CARRYING OUT ITS TASK, THE COMMISSION SHALL ALSO FORMALLY 27 28 SOLICIT RECOMMENDATIONS FROM HEALTH CARE EXPERTS, COUNTY HEALTH DEPART-MENTS, COMMUNITY-BASED ORGANIZATIONS, STATE AND REGIONAL HEALTH CARE 29 INDUSTRY ASSOCIATIONS, LABOR UNIONS AND OTHER INTERESTED PARTIES AS 30 BROADLY AS IT CONSIDERS IT NECESSARY AND PROPER, AND IT SHALL TAKE INTO 31 32 ACCOUNT SUCH RECOMMENDATIONS AND THE RECOMMENDATIONS OF THE KINGS COUNTY HEALTH CARE STAKEHOLDERS COUNCIL DURING ITS DELIBERATIONS. IN DEVELOPING 33 ITS RECOMMENDATIONS, THE COMMISSION SHALL AS FAR AS PRACTICABLE ESTIMATE 34 THE IMPROVEMENT IN QUALITY OF CARE, FINANCIAL STATUS OF THE HOSPITALS, 35 AND ALL OTHER EFFICIENCIES THAT MAY BE DERIVED FROM RECONFIGURATION OF 36 37 THE KINGS COUNTY HEALTH CARE SYSTEM.

38 14. THE COMMISSION SHALL BE FINISHED WITH ITS STUDY AND ANALYSIS AND PROVIDE ITS RECOMMENDATIONS, ALONG WITH SUGGESTED LEGISLATIVE AND EXECU-39 40 TIVE ACTION, INCLUDING BUT NOT LIMITED TO INFRASTRUCTURE INVESTMENTS, AND REFINANCING OF EXISTING DEBT OF GENERAL HOSPITALS IN KINGS COUNTY, 41 BY DECEMBER FIRST, TWO THOUSAND SIXTEEN. 42

43 15. THE COMMISSION AND ITS DELIBERATIONS SHALL BE SUBJECT TO ARTICLE 44 SEVEN OF THE PUBLIC OFFICERS LAW. THE COMMISSIONERS SHALL BE CONSIDERED 45 PUBLIC OFFICERS.

16. THE COMMISSION SHALL ADOPT ITS BYLAWS ON OR BY ITS SECOND MEETING. 46 47 KINGS COUNTY HEALTH CARE STAKEHOLDERS COUNCIL. 1. THERE IS 996-A. S 48 HEREBY CREATED AS PART OF THE COMMISSION A COUNCIL TO BE KNOWN AS THE 49 "KINGS COUNTY HEALTH CARE STAKEHOLDERS COUNCIL" HEREAFTER REFERRED TO AS 50 "COUNCIL", WHICH SHALL CONSIST OF THE FOLLOWING NINE MEMBERS: (A) THE 51 THREE MEMBERS APPOINTED BY THE KINGS COUNTY BOROUGH PRESIDENT, ONE MEMBER FROM EACH OF THE FOLLOWING THREE REGIONS; (I) NORTH OF ATLANTIC 52 AVENUE; (II) SOUTH AND WEST OF FLATBUSH AVENUE; AND (III) SOUTH OF 53 54 ATLANTIC AVENUE AND EAST OF FLATBUSH AVENUE; (B) THREE MEMBERS APPOINTED 55 THE GOVERNOR, ONE MEMBER FROM EACH OF THE FOLLOWING THREE REGIONS: ΒY 56 (I) NORTH OF ATLANTIC AVENUE; (II) SOUTH AND WEST OF FLATBUSH AVENUE;

1 AND (III) SOUTH OF ATLANTIC AVENUE AND EAST OF FLATBUSH AVENUE; AND (C) 2 THREE MEMBERS APPOINTED BY THE MAYOR, ONE MEMBER FROM EACH OF THE 3 FOLLOWING THREE REGIONS: (I) NORTH OF ATLANTIC AVENUE; (II) SOUTH AND 4 WEST OF FLATBUSH AVENUE; AND (III) SOUTH OF ATLANTIC AVENUE AND EAST OF 5 FLATBUSH AVENUE.

6 2. THE MEMBERS OF THE COUNCIL SHALL RECEIVE NO COMPENSATION FOR THEIR 7 SERVICE AS MEMBERS.

8 3. THE COUNCIL SHALL BEGIN TO ACT FORTY-FIVE DAYS AFTER THIS ARTICLE 9 SHALL HAVE BECOME A LAW.

10 4. THE COUNCIL SHALL HAVE AT LEAST THREE PUBLIC MEETINGS DURING THE 11 EXISTENCE OF THE COMMISSION. EACH MEETING SHALL BE HELD IN A DIFFERENT 12 REGION OF KINGS COUNTY.

5. THE COUNCIL SHALL DEVELOP RECOMMENDATIONS FOR THE COMMISSION WITH REGARD TO RECONFIGURING KINGS COUNTY'S SYSTEM OF GENERAL HOSPITALS, NURSING HOMES, AMBULATORY AND PRIMARY CARE FACILITIES, AND MEDICAL SCHOOL FACILITIES.

6. IN DEVELOPING RECOMMENDATIONS FOR THE COMMISSION, THE COUNCIL SHALL FOSTER DISCUSSIONS AMONG, AND CONDUCT FORMAL PUBLIC HEARINGS WITH REQUI-SITE PUBLIC NOTICE TO SOLICIT INPUT FROM, LOCAL STAKEHOLDER INTERESTS, INCLUDING BUT NOT LIMITED TO COMMUNITY-BASED ORGANIZATIONS, HEALTH CARE PROVIDERS, LABOR UNIONS, PAYERS, BUSINESSES AND CONSUMERS.

22 S 2. This act shall take effect immediately.