

STATE OF NEW YORK

197

2025-2026 Regular Sessions

IN ASSEMBLY

(Prefiled)

January 8, 2025

Introduced by M. of A. CUNNINGHAM, GONZALEZ-ROJAS, DAVILA -- read once
and referred to the Committee on Children and Families

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:

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

ARTICLE 49-D

BROOKLYN HEALTH CARE COMMISSION

3 Section 997. Brooklyn health care commission.

4 997-a. Kings county health care stakeholders council.

5 § 997. Brooklyn health care commission. 1. There is hereby created in
6 the executive department, a commission to be known as the "Brooklyn
7 health care commission", hereafter referred to as the "commission",
8 which shall be charged with examining the system of general hospitals,
9 nursing homes, ambulatory and primary care facilities, and medical
10 school facilities in Kings county and recommending changes to that
11 system.

12 2. The commission shall consist of the following eleven members: (a)
13 one member appointed by the temporary president of the senate; (b) one
14 member appointed by the speaker of the assembly; (c) one member
15 appointed by the minority leader of the senate; (d) one member appointed
16 by the minority leader of the assembly; (e) three members appointed by
17 the Kings county borough president, one member from each of the follow-
18 ing three regions: (i) north of Atlantic Avenue; (ii) south and west of
19 Flatbush Avenue; and (iii) south of Atlantic Avenue and east of Flatbush
20 Avenue; (f) two members appointed by the mayor of New York city; and
21 (g) two members appointed by the governor.

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

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1 3. The members of the commission shall receive no compensation for
2 their service as members, but shall be allowed their actual and neces-
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.

9 6. The commissioner of health shall appoint: (a) one or more represen-
10 tatives of the department to serve as a liaison between the department
11 and the commission; (b) one or more representatives of the department to
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
16 commission and the authority.

17 8. All departments, commissions and public authorities of the state
18 shall be required to provide such assistance as may be reasonably
19 requested by the chair of the commission.

20 9. In carrying out its task, the commission shall:

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
28 facilities and services, urgent care facilities and services, public
29 health clinics, and home/community-based health care services in each
30 region of Kings county;

31 (d) study the capacity currently existing in such systems in each
32 region of Kings county;

33 (e) study the economic impact of the economic failure of Kings coun-
34 ty's hospitals, medical school and other health care facilities on the
35 state, city and Kings county economies, including the capacity of the
36 health care system to provide employment or training to health care
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
41 enhancement, if any, supporting such debt, and the financial status of
42 general hospitals and nursing homes, including revenues from Medicare,
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;

47 (h) study the existence of other health care services in the 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;

51 (i) study the potential conversion of facilities or current facility
52 capacity for uses other than as inpatient or residential health care
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

1 (k) study the potential for improved quality of care and the redi-
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
11 deliberations, from among a list of such factors submitted by the Kings
12 county health care stakeholder's council.

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-
15 tal and nursing home capacity, services and beds, availability of prima-
16 ry and ambulatory care services, and current number of beds in such
17 facilities, including, but not limited to, information from:

18 (a) operating certificate files;

19 (b) institutional cost reports;

20 (c) facility occupancy reports;

21 (d) annual reports of the certificate of need program; and

22 (e) the statewide planning and research cooperative system.

23 12. Records submitted to the commission or any committee thereof shall
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.

27 13. In carrying out its task, the commission shall also formally
28 solicit recommendations from health care experts, county health depart-
29 ments, community-based organizations, state and regional health care
30 industry associations, labor unions and other interested parties as
31 broadly as it considers it necessary and proper, and it shall take into
32 account such recommendations and the recommendations of the Kings county
33 health care stakeholders council during its deliberations. In developing
34 its recommendations, the commission shall as far as practicable estimate
35 the improvement in quality of care, financial status of the hospitals,
36 and all other efficiencies that may be derived from reconfiguration of
37 the Kings county health care system.

38 14. The commission shall be finished with its study and analysis and
39 provide its recommendations, along with suggested legislative and execu-
40 tive action, including but not limited to infrastructure investments,
41 and refinancing of existing debt of general hospitals in Kings county,
42 by December first, two thousand twenty-five.

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.

46 16. The commission shall adopt its bylaws on or by its second meeting.

47 § 997-a. Kings county health care stakeholders council. 1. There is
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 the "council", which shall consist of the following nine members: (a)
51 three members appointed by the Kings county borough president, one
52 member from each of the following three regions: (i) north of Atlantic
53 Avenue; (ii) south and west of Flatbush Avenue; and (iii) south of
54 Atlantic Avenue and east of Flatbush Avenue; (b) three members appointed
55 by the governor, one member from each of the following three regions:
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.

13 5. The council shall develop recommendations for the commission with
14 regard to reconfiguring Kings county's system of general hospitals,
15 nursing homes, ambulatory and primary care facilities, and medical
16 school facilities.

17 6. In developing recommendations for the commission, the council shall
18 foster discussions among, and conduct formal public hearings with requi-
19 site public notice to solicit input from, local stakeholder interests,
20 including but not limited to community-based organizations, health care
21 providers, labor unions, payers, businesses and consumers.

22 § 2. This act shall take effect immediately.