S T A T E O F N E W Y O R K

382

2009-2010 Regular Sessions

I N A S S E M B L Y

(PREFILED)

January 7, 2009

Introduced by M. of A. JOHN -- read once and referred to the Committee on Children and Families

AN ACT to amend the public health law, the insurance law and the social services law, in relation to the provision of child abuse medical services at child advocacy centers and reimbursement therefor

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

Section 1. Short title. This act shall be known and may be cited as the "child abuse medical services act".

S 2. Legislative intent. The legislature hereby finds and declares that a child or adolescent who has been sexually abused needs immediate medical attention and treatment. It is critical, therefore, that a child or adolescent victimized by sexual assault, misconduct, or exploitation has direct access to a medical provider who is specially trained to evaluate, diagnose, and treat children and adolescents who have been sexually abused. Furthermore, medical services must be specifically tailored to the health, mental health, and social needs of an abused child or adolescent. Child advocacy centers, accredited by the National Children's Alliance and recognized by the New York state office of children and family services, provide such specialized medical services to abused and maltreated children and adolescents. Child advocacy centers provide trained and experienced medical providers who are members of a multi-disciplinary team located in a facility dedicated to children and adolescents who have been abused or maltreated where children and adolescents can find timely, complete, sensitive medical help, therapy, and support. To ensure abused children and adolescents direct access to child abuse medical providers at child advocacy centers and the availability of such services, the legislature hereby enacts the child abuse medical services act.

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

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S 3. The public health law is amended by adding a new section 4406-f to read as follows:

S 4406-F. ACCESS TO CHILD ABUSE MEDICAL PROVIDERS AT CHILD ADVOCACY CENTERS. 1. FOR THE PURPOSES OF THIS SECTION, THE FOLLOWING TERMS SHALL HAVE THE FOLLOWING MEANINGS:

A. "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

B. "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES, SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED AND MALTREATED CHILDREN.

C. "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLINARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

D. "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTICLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, OR TWO HUNDRED SIXTY-THREE OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN YEARS OF AGE.

E. "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREATMENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPARTMENT IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES.

2. NO CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED SHALL BE DENIED DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER. A HEALTH MAINTENANCE ORGANIZATION SHALL NOT DENY A CHILD DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER FOR A MEDICAL ASSESSMENT OR LIMIT SUCH ACCESS WHEN:

A. A CHILD DISCLOSES SEXUAL ABUSE TO A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR THE CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW;

B. A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL ACTING IN A PROFESSIONAL CAPACITY REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW HAS REASONABLE CAUSE TO SUSPECT THAT THE CHILD HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED;

C. A CHILD PROTECTIVE AGENCY, AS DEFINED IN SECTION ONE THOUSAND TWELVE OF THE FAMILY COURT ACT, HAS REASONABLE CAUSE TO BELIEVE THAT A CHILD IN ITS CUSTODY HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED; OR

D. A COURT ORDER DIRECTS A MEDICAL ASSESSMENT OF A CHILD.

3. IT SHALL BE THE DUTY OF THE ADMINISTRATIVE OFFICER OR OTHER PERSON IN CHARGE OF EACH HEALTH MAINTENANCE ORGANIZATION TO:

A. ADVISE EACH ENROLLEE, IN WRITING, OF THE PROVISIONS OF THIS SECTION, AND

B. ESTABLISH, AND DISCLOSE TO ALL ENROLLEES, PARTICIPATING HEALTH CARE PROVIDERS, THE COMMISSIONER, AND THE SUPERINTENDENT OF INSURANCE, METHODS OF ENSURING THAT A CHILD COVERED UNDER THE PLAN WHO HAS OR MAY HAVE BEEN SEXUALLY ABUSED HAS DIRECT ACCESS TO CHILD ABUSE MEDICAL PROVIDERS AT CHILD ADVOCACY CENTERS.

4. THE AMOUNT OF REIMBURSEMENT WHICH SHALL BE PAID FOR A MEDICAL ASSESSMENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER SHALL EQUAL THE AMOUNT THAT WOULD BE PAID TO A QUALIFIED PROVIDER WITHIN THE PLAN. THERE SHALL BE NO ADDITIONAL COST TO THE INSURED BEYOND WHAT THE INSURED WOULD OTHERWISE PAY FOR SERVICES RECEIVED WITHIN THE NETWORK.

S 4. Subdivision 1 of section 4408 of the public health law is amended by adding a new paragraph (p-2) to read as follows:

(P-2) NOTICE THAT A CHILD ENROLLEE WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED SHALL HAVE DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER;

S 5. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 26 to read as follows:

(26) (A) EVERY POLICY WHICH PROVIDES COVERAGE FOR HOSPITAL, SURGICAL, OR MEDICAL CARE SHALL PROVIDE THE FOLLOWING COVERAGE FOR CHILD SEXUAL ABUSE PURSUANT TO THIS PARAGRAPH.

(B) FOR THE PURPOSES OF THIS PARAGRAPH, THE FOLLOWING TERMS SHALL HAVE THE FOLLOWING MEANINGS:

(I) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

(II) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES, SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED AND MALTREATED CHILDREN.

(III) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLINARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

(IV) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTICLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, OR TWO HUNDRED SIXTY-THREE OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN YEARS OF AGE.

(V) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREATMENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPARTMENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES.

(C) NO POLICY SHALL DENY TO A CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER FOR A MEDICAL ASSESSMENT OR LIMIT SUCH ACCESS WHEN:

(I) A CHILD DISCLOSES SEXUAL ABUSE TO A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR THE CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW;

(II) A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR CARE OF THE CHILD AS DEFINED IN THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL ACTING IN A PROFESSIONAL CAPACITY REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW HAS REASONABLE CAUSE TO SUSPECT THAT THE CHILD HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED;

(III) A CHILD PROTECTIVE AGENCY, AS DEFINED IN SECTION ONE THOUSAND TWELVE OF THE FAMILY COURT ACT, HAS REASONABLE CAUSE TO BELIEVE THAT A CHILD IN ITS CUSTODY HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED; OR

(IV) A COURT ORDER DIRECTS A MEDICAL ASSESSMENT OF A CHILD.

S 6. Subsection (k) of section 3221 of the insurance law is amended by adding a new paragraph 15 to read as follows:

(15) (A) EVERY INSURER DELIVERING A GROUP OR BLANKET POLICY OR ISSUING A GROUP OR BLANKET POLICY FOR DELIVERY IN THIS STATE WHICH PROVIDES COVERAGE FOR HOSPITAL, SURGICAL, OR MEDICAL CARE SHALL PROVIDE THE FOLLOWING COVERAGE FOR CHILD SEXUAL ABUSE PURSUANT TO THIS PARAGRAPH.

(B) FOR THE PURPOSES OF THIS PARAGRAPH, THE FOLLOWING TERMS SHALL HAVE THE FOLLOWING MEANINGS:

(I) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

(II) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES, SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED AND MALTREATED CHILDREN.

(III) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLINARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

(IV) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTICLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, OR TWO HUNDRED SIXTY-THREE OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN YEARS OF AGE.

(V) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREATMENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPART-

MENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES.

(C) NO POLICY SHALL DENY TO A CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER FOR A MEDICAL ASSESSMENT OR LIMIT SUCH ACCESS WHEN:

(I) A CHILD DISCLOSES SEXUAL ABUSE TO A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR THE CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW;

(II) A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR CARE OF THE CHILD AS DEFINED IN THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL ACTING IN A PROFESSIONAL CAPACITY REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW HAS REASONABLE CAUSE TO SUSPECT THAT THE CHILD HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED;

(III) A CHILD PROTECTIVE AGENCY, AS DEFINED IN SECTION ONE THOUSAND TWELVE OF THE FAMILY COURT ACT, HAS REASONABLE CAUSE TO BELIEVE THAT A CHILD IN ITS CUSTODY HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED; OR

(IV) A COURT ORDER DIRECTS A MEDICAL ASSESSMENT OF A CHILD.

S 7. Section 4303 of the insurance law is amended by adding a new subsection (ff) to read as follows:

(FF) (1) A MEDICAL EXPENSE INDEMNITY CORPORATION, A HOSPITAL SERVICE CORPORATION OR A HEALTH SERVICE CORPORATION WHICH PROVIDES COVERAGE FOR HOSPITAL, SURGICAL, OR MEDICAL CARE SHALL PROVIDE THE FOLLOWING COVERAGE FOR CHILD SEXUAL ABUSE.

(2) FOR THE PURPOSES OF THIS SUBSECTION THE FOLLOWING TERMS SHALL HAVE THE FOLLOWING MEANINGS:

(A) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

(B) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES, SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED AND MALTREATED CHILDREN.

(C) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLINARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

(D) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTICLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, OR TWO HUNDRED SIXTY-THREE OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN YEARS OF AGE.

(E) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREATMENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE

FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPARTMENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES.

(3) NO POLICY SHALL DENY TO A CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER FOR A MEDICAL ASSESSMENT OR LIMIT SUCH ACCESS WHEN:

(I) A CHILD DISCLOSES SEXUAL ABUSE TO A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR THE CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW;

(II) A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR CARE OF THE CHILD AS DEFINED IN THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL ACTING IN A PROFESSIONAL CAPACITY REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW HAS REASONABLE CAUSE TO SUSPECT THAT THE CHILD HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED;

(III) A CHILD PROTECTIVE AGENCY, AS DEFINED IN SECTION ONE THOUSAND TWELVE OF THE FAMILY COURT ACT, HAS REASONABLE CAUSE TO BELIEVE THAT A CHILD IN ITS CUSTODY HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED; OR

(IV) A COURT ORDER DIRECTS A MEDICAL ASSESSMENT OF A CHILD.

S 8. Paragraphs 16 and 17 of subsection (a) of section 3217-a of the insurance law, as added by chapter 705 of the laws of 1996, are amended and a new paragraph 18 is added to read as follows:

(16) notice of all appropriate mailing addresses and telephone numbers to be utilized by insureds seeking information or authorization; [and]

(17) where applicable, a listing by specialty, which may be in a separate document that is updated annually, of the name, address, and telephone number of all participating providers, including facilities, and in addition, in the case of physicians, board certification[.]; AND

(18) WHERE APPLICABLE, NOTICE OF THE PROVISIONS OF PARAGRAPH TWENTY-FIVE OF SUBSECTION (I) OF SECTION THREE THOUSAND TWO HUNDRED SIXTEEN AND PARAGRAPH FIFTEEN OF SUBSECTION (K) OF SECTION THREE THOUSAND TWO HUNDRED TWENTY-ONE OF THIS ARTICLE AND OF METHODS OF ENSURING THAT A CHILD COVERED UNDER THE POLICY WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED HAS DIRECT ACCESS TO CHILD ABUSE MEDICAL PROVIDERS AT CHILD ADVOCACY CENTERS.

S 9. Paragraphs 17 and 18 of subsection (a) of section 4324 of the insurance law, as added by chapter 705 of the laws of 1996, are amended and a new paragraph 19 is added to read as follows:

(17) where applicable, a listing by specialty, which may be in a separate document that is updated annually, of the name, address, and telephone number of all participating providers, including facilities, and in addition, in the case of physicians, board certification; [and]

(18) a description of the mechanisms by which subscribers may participate in the development of the policies of the corporation[.]; AND

(19) WHERE APPLICABLE, NOTICE OF THE PROVISIONS OF SUBSECTION (EE) OF SECTION FOUR THOUSAND THREE HUNDRED THREE OF THIS ARTICLE AND OF METHODS OF ENSURING THAT A CHILD COVERED UNDER THE POLICY WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED HAS DIRECT ACCESS TO CHILD ABUSE MEDICAL PROVIDERS AT CHILD ADVOCACY CENTERS.

S 10. Subdivision 1 of section 364-j of the social services law is amended by adding a new paragraph (z) to read as follows:

(Z) (I) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION

LAW, OR PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

(II) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES, SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED AND MALTREATED CHILDREN.

(III) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLINARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

(IV) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTICLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY OR TWO HUNDRED SIXTY-THREE OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN YEARS OF AGE.

(V) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREATMENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPARTMENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES.

S 11. Subparagraphs (ix) and (x) of paragraph (e) of subdivision 3 of section 364-j of the social services law, as amended by chapter 648 of the laws of 1999, are amended and a new paragraph (xi) is added to read as follows:

(ix) HIV COBRA case management; [and]

(x) other services as determined by the commissioner of health[.]; AND

(XI) MEDICAL ASSESSMENT OF A CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, WHICH ASSESSMENT SHALL INSTEAD BE REFERRED IMMEDIATELY AND DIRECTLY TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER.

S 12. Subparagraphs (ii) and (iii) of paragraph (a) of subdivision 4 of section 364-j of the social services law, as amended by section 14 of part C of chapter 58 of the laws of 2004, are amended and a new subparagraph (iv) is added to read as follows:

(ii) provided, however, if a major public hospital, as defined in the public health law, is designated by the commissioner of health as a managed care provider in a social services district the commissioner of health shall designate at least one other managed care provider which is not a major public hospital or facility operated by a major public hospital; [and]

(iii) under a managed care program, not all managed care providers must be required to provide the same set of medical assistance services. The managed care program shall establish procedures through which participants will be assured access to all medical assistance services to which they are otherwise entitled, other than through the managed care provider, where:

(A) the service is not reasonably available directly or indirectly from the managed care provider,

(B) it is necessary because of emergency or geographic unavailability, or

(C) the services provided are family planning services; or

(D) the services are dental services and are provided by a diagnostic and treatment center licensed under article twenty-eight of the public health law which is affiliated with an academic dental center and which has been granted an operating certificate pursuant to article twenty-eight of the public health law to provide such dental services. Any diagnostic and treatment center providing dental services pursuant to this clause shall prior to June first of each year report to the governor, temporary president of the senate and speaker of the assembly on the following: the total number of visits made by medical assistance recipients during the immediately preceding calendar year; the number of visits made by medical assistance recipients during the immediately preceding calendar year by recipients who were enrolled in managed care programs; the number of visits made by medical assistance recipients during the immediately preceding calendar year by recipients who were enrolled in managed care programs that provide dental benefits as a covered service; and the number of visits made by the uninsured during the immediately preceding calendar year; or

(E) other services as defined by the commissioner of health[.]; AND

(IV) MEDICAL ASSESSMENT OF A CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED SHALL BE REFERRED IMMEDIATELY AND DIRECTLY TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER.

S 13. The social services law is amended by adding a new section 368-g to read as follows:

S 368-G. REIMBURSEMENT FOR CHILD SEXUAL ABUSE MEDICAL ASSESSMENT. 1. FOR THE PURPOSES OF THIS SECTION, THE FOLLOWING TERMS SHALL HAVE THE FOLLOWING MEANINGS:

(A) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

(B) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES, SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED AND MALTREATED CHILDREN.

(C) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLINARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

(D) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTICLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, AND TWO HUNDRED SIXTY-THREE OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN YEARS OF AGE.

(E) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREATMENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN

SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPARTMENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES.

2. A SOCIAL SERVICES DISTRICT SHALL REIMBURSE A CHILD ABUSE MEDICAL PROVIDER AT A CHILD CARE CENTER ELIGIBLE FOR FUNDING AS COMPREHENSIVE HEALTH SERVICES PROGRAM AT THE MAXIMUM REIMBURSEMENT THAT THE DEPARTMENT OF HEALTH MAY PAY FOR PROVIDING OR ARRANGING FOR MEDICAL ASSESSMENT OF A CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED IN ACCORDANCE WITH THE FEDERAL SOCIAL SECURITY ACT AND REGULATIONS PROMULGATED THEREUNDER.

3. CHILD ADVOCACY CENTERS THAT ARE NOT ELIGIBLE FOR FUNDING AS COMPREHENSIVE HEALTH SERVICES PROGRAMS SHALL BE RESPONSIBLE FOR PROVIDING MEDICAL ASSESSMENTS AND SERVICES TO CHILDREN WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED PURSUANT TO A PROTOCOL APPROVED BY THE DEPARTMENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES, WHICH SHALL INCLUDE BUT NOT BE LIMITED TO:

(A) MEDICAL EVALUATION, DIAGNOSIS, AND TREATMENT OF THE CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN SEXUALLY ABUSED;

(B) DIAGNOSIS AND TREATMENT OF THE CHILD;

(C) IDENTIFICATION OF APPROPRIATE FOLLOW-UP FOR THE CHILD; AND

(D) COORDINATION OF THE MEDICAL ASSESSMENT WITH A MULTIDISCIPLINARY INVESTIGATION AND FOLLOW-UP OF SUCH CHILD.

4. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE PER UNIT RATE OF PAYMENT FOR MEDICAL ASSESSMENT AND SERVICES FURNISHED BY THE CHILD ADVOCACY CENTERS TO CHILDREN WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED AND WHO ARE ELIGIBLE FOR PAYMENTS MADE BY STATE GOVERNMENTAL AGENCIES SHALL BE INCREASED TO AN AMOUNT EQUAL TO ONE HUNDRED TWENTY DOLLARS PER UNIT.

S 14. This act shall take effect on the one hundred twentieth day after it shall have become a law; provided that the departments of health, insurance and family assistance are authorized to promulgate any and all rules and regulations and take any other measures necessary to implement this act on its effective date on or before such date; and provided further that the amendments to subdivisions 1, 3 and 4 of section 364-j of the social services law made by sections ten, eleven and twelve of this act shall not affect the repeal of such section and shall be deemed repealed therewith.