

8397

2009-2010 Regular Sessions

I N A S S E M B L Y

May 19, 2009

Introduced by M. of A. GOTTFRIED -- (at request of the Department of Health) -- read once and referred to the Committee on Health

AN ACT to amend the public health law and the social services law, in relation to prenatal care programs and services; and to repeal certain provisions of the public health law relating thereto

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

- 1 Section 1. Sections 2520, 2521, 2523, 2524, 2525, 2526, 2527, 2528
2 and 2529 of the public health law are REPEALED.
3 S 2. Section 2522 of the public health law, as amended by chapter 584
4 of the laws of 1989, is amended to read as follows:
5 S 2522. Programs; powers of the commissioner. [1. Comprehensive
6 prenatal care services available under the prenatal care assistance
7 program include:
8 (a) prenatal risk assessment;
9 (b) prenatal care visits;
10 (c) laboratory services;
11 (d) health education for both parents regarding prenatal nutrition and
12 other aspects of prenatal care, alcohol and tobacco use, substance
13 abuse, use of medication, labor and delivery, family planning to prevent
14 future unintended pregnancies, breast feeding, infant care and parent-
15 ing;
16 (e) referral for pediatric care;
17 (f) referral for nutrition services including screening, education,
18 counseling, follow-up and provision of services under the women, infants
19 and children's program and the supplemental nutrition assistance
20 program;
21 (g) mental health and related social services including screening and
22 counseling;
23 (h) transportation services for prenatal care services;
24 (i) labor and delivery services;

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

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- 1 (j) post-partum services including family planning services;
2 (k) inpatient care, specialty physician and clinic services which are
3 necessary to assure a healthy delivery and recovery;
4 (l) dental services;
5 (m) emergency room services;
6 (n) home care; and
7 (o) pharmaceuticals.

8 2. The commissioner shall provide for the development of prenatal care
9 assistance programs in those areas of the state that lack prenatal care
10 services for low-income pregnant women or where eligible service recipi-
11 ents are unserved or underserved.

12 3. If the prenatal care service provider is a physician or nurse
13 midwife practicing on an individual or group basis and is unable to
14 directly provide the services enumerated in subdivision one of this
15 section, payment may be provided to such physician or nurse midwife for
16 those services that will be provided by such physician or nurse midwife.
17 Payment may be provided to a public or private not-for-profit agency or
18 organization for those services not provided by the physician or nurse
19 midwife. The prenatal care service provider and the agency or organiza-
20 tion receiving payment under this subdivision shall develop linkages to
21 coordinate services provided to an eligible service recipient.

22 4. The] IN ORDER TO PROMOTE COMPREHENSIVE PRENATAL CARE, THE commis-
23 sioner is [also] authorized to provide funds, including the awarding of
24 grants to NOT-FOR-PROFIT COMMUNITY-BASED ORGANIZATIONS, LOCAL HEALTH
25 DEPARTMENTS, public education organizations AND SUCH OTHER ORGANIZATIONS
26 AS MAY BE DESIGNATED BY THE COMMISSIONER, for public AND PROVIDER educa-
27 tion[,] AND outreach [and], HOME VISITING, referral OF PREGNANT WOMEN to
28 prenatal care service providers, AND IMPROVEMENT OF REGIONAL SYSTEMS OF
29 PERINATAL CARE. This education, outreach [and], HOME VISITING, referral
30 AND SYSTEMS IMPROVEMENT may include, BUT IS NOT LIMITED TO:

- 31 (a) public education concerning availability of prenatal services;
32 (b) promotion of community awareness of the benefits of [pre-concep-
33 tion] PRECONCEPTION health and early and [continued] CONTINUOUS prenatal
34 care;
35 (c) outreach and direct recruitment of service recipients AND PROVID-
36 ERS;
37 (d) REFERRALS AND LINKAGE TO ORGANIZATIONS PROVIDING ASSISTANCE WITH
38 APPLICATIONS FOR MEDICAL ASSISTANCE AND ENROLLMENT IN MEDICAID MANAGED
39 CARE PROGRAMS;
40 (E) referrals and linkage with HOME VISITING AND other community
41 services; [and
42 (e)] (F) follow-up of patient participation in prenatal care [assist-
43 ance programs] SERVICES; AND
44 (G) IDENTIFICATION OF REGIONAL PERINATAL HEALTH CARE SYSTEM BARRIERS
45 AND LIMITATIONS THAT LEAD TO POOR PERINATAL OUTCOMES AND DEVELOPMENT OF
46 STRATEGIES TO ADDRESS SUCH BARRIERS AND LIMITATIONS.

47 [5. The commissioner is authorized to seek and obtain the cooperation
48 and assistance of federal and state agencies, including the United
49 States departments of agriculture and health and human services, and New
50 York state divisions of alcohol and alcohol abuse and substance abuse
51 services and the department of social services.

52 6. The commissioner is authorized to set standards for prenatal care
53 service providers including, but not limited to, quality of care assur-
54 ances. The commissioner is authorized to inquire into services provided,
55 and providers and organizations shall furnish the department such
56 reports, records and information as it may require to effectuate the

1 provisions of this title and section seven of the Prenatal Care Act of
2 1987. All information concerning service recipients shall be kept confi-
3 dential, except as otherwise provided in this title and section seven of
4 the Prenatal Care Act of 1987. All information concerning applicants for
5 or recipients of medical assistance shall be kept confidential as
6 required by subdivision three of section three hundred sixty-nine of the
7 social services law.]

8 S 3. Subparagraph 1 of paragraph (o) of subdivision 4 of section 366
9 of the social services law, as amended by section 3 of part D of chapter
10 57 of the laws of 2000, is amended to read as follows:

11 (1) Pregnant women who are not otherwise eligible for medical assist-
12 ance [are eligible for services provided under the prenatal care assist-
13 ance program established pursuant to title two of article twenty-five of
14 the public health law if the income of the family that includes the
15 pregnant woman does not exceed] AND WHOSE FAMILIES HAVE: (I) SUBJECT TO
16 THE APPROVAL OF THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES,
17 GROSS INCOME NOT IN EXCESS OF TWO HUNDRED THIRTY PERCENT OF THE FEDERAL
18 POVERTY LINE (AS DEFINED AND ANNUALLY REVISED BY THE UNITED STATES
19 DEPARTMENT OF HEALTH AND HUMAN SERVICES) FOR FAMILIES OF THE SAME SIZE,
20 OR (II) IN THE ABSENCE OF SUCH APPROVAL, NET INCOMES EQUAL TO OR LESS
21 THAN two hundred percent of the [comparable] federal [income official]
22 poverty line (as defined and annually revised by the United States
23 department of health and human services) for families of the same size,
24 SHALL BE ELIGIBLE FOR COVERAGE OF PRENATAL CARE SERVICES AS PROVIDED IN
25 SUBPARAGRAPH THREE OF THIS PARAGRAPH.

26 S 4. Subdivision 6 of section 365-a of the social services law, as
27 amended by chapter 16 of the laws of 2002, is amended to read as
28 follows:

29 6. Any inconsistent provision of law notwithstanding, medical assist-
30 ance shall also include payment for medical care, services or supplies
31 furnished to eligible pregnant women [under the prenatal care assistance
32 program established pursuant to title two of article twenty-five of the
33 public health law] PURSUANT TO PARAGRAPH (O) OF SUBDIVISION FOUR OF
34 SECTION THREE HUNDRED SIXTY-SIX AND SUBDIVISION SIX OF SECTION THREE
35 HUNDRED SIXTY-FOUR-I OF THIS TITLE, to the extent that and for so long
36 as federal financial participation is available therefor; provided,
37 however, that nothing in this section shall be deemed to affect payment
38 for such medical care, services or supplies if federal financial partic-
39 ipation is not available for such care, services and supplies solely by
40 reason of the immigration status of the otherwise eligible pregnant
41 woman.

42 S 5. The social services law is amended by adding a new section 365-k
43 to read as follows:

44 S 365-K. PROVISION OF PRENATAL CARE SERVICES. 1. THE COMMISSIONER
45 SHALL ESTABLISH STANDARDS AND GUIDELINES FOR THE PROVISION OF PRENATAL
46 CARE SERVICES UNDER THE MEDICAL ASSISTANCE PROGRAM. IN ESTABLISHING SUCH
47 STANDARDS AND GUIDELINES, THE COMMISSIONER SHALL CONSIDER GENERALLY
48 ACCEPTED STANDARDS OF PROFESSIONAL PRACTICE, INCLUDING, BUT NOT LIMITED
49 TO, STANDARDS ISSUED BY THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNE-
50 COLOGISTS AND THE AMERICAN ACADEMY OF PEDIATRICS, AND SHALL CONSULT WITH
51 PRENATAL CARE PROVIDERS AND OTHER INTERESTED PARTIES.

52 2. FOR PURPOSES OF THIS TITLE, "PRENATAL CARE PROVIDER" MEANS A
53 MEDICAL CARE FACILITY OR PUBLIC OR PRIVATE NOT-FOR-PROFIT AGENCY OR
54 ORGANIZATION, PHYSICIAN, LICENSED NURSE PRACTITIONER, OR LICENSED
55 MIDWIFE PRACTICING ON AN INDIVIDUAL OR GROUP BASIS OR MANAGED CARE PLAN
56 THAT CONTRACTS WITH PRENATAL PROVIDERS.

1 S 6. Section 364-i of the social services law, as amended by chapter
2 693 of the laws of 1996, is amended by adding a new subdivision 6 to
3 read as follows:

4 6. PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN. (A) A PREGNANT WOMAN
5 SHALL BE PRESUMED TO BE ELIGIBLE FOR COVERAGE OF SERVICES DESCRIBED IN
6 PARAGRAPH (C) OF THIS SUBDIVISION BEGINNING ON THE DATE THAT A QUALIFIED
7 PROVIDER, AS DEFINED IN REGULATIONS OF THE DEPARTMENT, DETERMINES, ON
8 THE BASIS OF PRELIMINARY INFORMATION, THAT THE PREGNANT WOMAN'S FAMILY
9 HAS: (I) SUBJECT TO THE APPROVAL OF THE FEDERAL CENTERS FOR MEDICARE AND
10 MEDICAID SERVICES, GROSS INCOME THAT DOES NOT EXCEED TWO HUNDRED THIRTY
11 PERCENT OF THE FEDERAL POVERTY LINE (AS DEFINED AND ANNUALLY REVISED BY
12 THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES) FOR A FAMILY
13 OF THE SAME SIZE, OR (II) IN THE ABSENCE OF SUCH APPROVAL, NET INCOME
14 THAT DOES NOT EXCEED TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE (AS
15 DEFINED AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH
16 AND HUMAN SERVICES) FOR A FAMILY OF THE SAME SIZE.

17 (B) SUCH PRESUMPTIVE ELIGIBILITY SHALL CONTINUE THROUGH THE EARLIER
18 OF: THE DAY ON WHICH ELIGIBILITY IS DETERMINED PURSUANT TO THIS TITLE;
19 OR THE LAST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE QUALIFIED
20 PROVIDER MAKES A PRELIMINARY DETERMINATION, IN THE CASE OF A PREGNANT
21 WOMAN WHO DOES NOT FILE AN APPLICATION FOR MEDICAL ASSISTANCE ON OR
22 BEFORE SUCH DAY.

23 (C) A PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS ELIGIBLE FOR COVERAGE
24 OF:

25 (I) ALL MEDICAL CARE, SERVICES, AND SUPPLIES AVAILABLE UNDER THE
26 MEDICAL ASSISTANCE PROGRAM, EXCLUDING INPATIENT SERVICES AND INSTITU-
27 TIONAL LONG TERM CARE, IF THE WOMAN'S FAMILY HAS: (A) SUBJECT TO THE
28 APPROVAL OF THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES,
29 GROSS INCOME THAT DOES NOT EXCEED ONE HUNDRED TWENTY PERCENT OF THE
30 FEDERAL POVERTY LINE (AS DEFINED AND ANNUALLY REVISED BY THE UNITED
31 STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES) FOR A FAMILY OF THE SAME
32 SIZE, OR (B) IN THE ABSENCE OF SUCH APPROVAL, NET INCOME THAT DOES NOT
33 EXCEED ONE HUNDRED PERCENT OF THE FEDERAL POVERTY LINE (AS DEFINED AND
34 ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
35 SERVICES) FOR A FAMILY OF THE SAME SIZE; OR

36 (II) PRENATAL CARE SERVICES IF THE WOMAN'S FAMILY HAS: (A) SUBJECT TO
37 THE APPROVAL OF THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES,
38 GROSS INCOME THAT EXCEEDS ONE HUNDRED TWENTY PERCENT OF THE FEDERAL
39 POVERTY LINE (AS DEFINED AND ANNUALLY REVISED BY THE UNITED STATES
40 DEPARTMENT OF HEALTH AND HUMAN SERVICES) FOR FAMILIES OF THE SAME SIZE,
41 BUT DOES NOT EXCEED TWO HUNDRED THIRTY PERCENT OF SUCH FEDERAL POVERTY
42 LINE, OR (B) IN THE ABSENCE OF SUCH APPROVAL, NET INCOME THAT EXCEEDS
43 ONE HUNDRED PERCENT BUT DOES NOT EXCEED TWO HUNDRED PERCENT OF THE
44 FEDERAL POVERTY LINE (AS DEFINED AND ANNUALLY REVISED BY THE UNITED
45 STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES) FOR A FAMILY OF THE SAME
46 SIZE.

47 (D) THE DEPARTMENT OF HEALTH SHALL PROVIDE QUALIFIED PROVIDERS WITH
48 SUCH FORMS AS ARE NECESSARY FOR A PREGNANT WOMAN TO APPLY AND INFORMA-
49 TION ON HOW TO ASSIST SUCH WOMEN IN COMPLETING AND FILING SUCH FORMS. A
50 QUALIFIED PROVIDER THAT DETERMINES THAT A PREGNANT WOMAN IS PRESUMPTIVE-
51 LY ELIGIBLE SHALL NOTIFY THE SOCIAL SERVICES DISTRICT IN WHICH THE PREG-
52 NANT WOMAN RESIDES OF THE DETERMINATION WITHIN FIVE WORKING DAYS AFTER
53 THE DATE ON WHICH SUCH DETERMINATION IS MADE AND SHALL INFORM THE WOMAN
54 AT THE TIME THE DETERMINATION IS MADE THAT SHE IS REQUIRED TO MAKE
55 APPLICATION BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH
56 THE DETERMINATION IS MADE.

1 (E) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, PRENATAL CARE THAT IS
2 FURNISHED TO A PREGNANT WOMAN DURING A PRESUMPTIVE ELIGIBILITY PERIOD BY
3 A QUALIFIED PROVIDER SHALL BE DEEMED AS MEDICAL ASSISTANCE FOR PURPOSES
4 OF PAYMENT AND STATE REIMBURSEMENT.

5 (F) FACILITIES LICENSED UNDER ARTICLE TWENTY-EIGHT OF THE PUBLIC
6 HEALTH LAW PROVIDING PRENATAL CARE SERVICES SHALL PERFORM PRESUMPTIVE
7 ELIGIBILITY DETERMINATIONS AND ASSIST WOMEN IN SUBMITTING APPROPRIATE
8 DOCUMENTATION TO THE SOCIAL SERVICES DISTRICT AS REQUIRED BY THE COMMIS-
9 SIONER; PROVIDED, HOWEVER, THAT A FACILITY MAY APPLY TO THE COMMISSIONER
10 FOR EXEMPTION FROM THIS REQUIREMENT ON THE BASIS OF UNDUE HARDSHIP.

11 (G) ALL PRENATAL CARE SERVICE PROVIDERS MUST PROVIDE PRENATAL CARE
12 SERVICES TO ELIGIBLE SERVICE RECIPIENTS DETERMINED PRESUMPTIVELY ELIGI-
13 BLE FOR MEDICAL ASSISTANCE BUT NOT YET ENROLLED IN THE MEDICAL ASSIST-
14 ANCE PROGRAM, AND ASSIST WOMEN IN SUBMITTING APPROPRIATE DOCUMENTATION
15 TO THE SOCIAL SERVICES DISTRICT AS REQUIRED BY THE COMMISSIONER.

16 S 7. Paragraph (b) of subdivision 8 of section 2803 of the public
17 health law, as added by section 2 of part G of chapter 412 of the laws
18 of 1999, is amended to read as follows:

19 (b) Notwithstanding any inconsistent provision of section twelve of
20 this chapter or any other law, the commissioner may impose a civil
21 penalty of up to three thousand five hundred dollars for each violation
22 of the requirements of subdivision one of section three hundred sixty-
23 six-g of the social services law or the rules and regulations promulgat-
24 ed pursuant to such section, pertaining to reporting to the department,
25 or such other entity designated by the department, of each live birth to
26 a woman receiving medical assistance [or services under the prenatal
27 care assistance program under title two of article twenty-five of this
28 chapter]. Any such civil penalties shall be assessed subject to the
29 applicable provisions of sections twelve and twelve-a of this chapter.

30 S 8. Paragraph (e) of subdivision 16 of section 2807-c of the public
31 health law, as amended by chapter 731 of the laws of 1993, is amended to
32 read as follows:

33 (e) In order for a general hospital to be eligible for distribution of
34 funds from the pools, such general hospital if it provides obstetrical
35 care and services must agree to participate in a program approved by the
36 department for the provision of prenatal care to persons eligible for
37 medical assistance or medically indigent persons if requested by such a
38 program. [The department shall write a standardized contract which may
39 be used by an approved program for purposes of obtaining the partic-
40 ipation of such hospitals in the program.] Nothing stated herein shall
41 require a hospital to grant admitting privileges to a physician solely
42 because such person is part of an approved program. The participation of
43 hospitals in an approved program shall include, but not be limited to:

44 (i) arrangements with designated prenatal care providers for prebook-
45 ing pregnant women for approximate delivery time, and provision of staff
46 and facilities for the delivery and necessary postpartum care for women
47 and infants involved in such programs;

48 (ii) a system for medical record transfer from a prenatal care provid-
49 er to hospital staff participating in delivery and for the transfer of
50 information regarding hospital delivery and care back to the prenatal
51 care provider for postpartum follow-up; and

52 (iii) an agreement with designated prenatal care providers to accept
53 the care of high risk patients on a referral basis and/or to provide
54 special tests and procedures which are not ordinarily available to
55 prenatal care clinics if such hospital is capable of caring for high
56 risk patients and/or providing special tests and procedures.

1 S 9. Paragraph d of subdivision 2 of section 3607 of the public health
2 law, as added by chapter 891 of the laws of 1990, is amended to read as
3 follows:

4 d. Certified home health agencies which provide home care volunteer
5 programs for maternal and child health shall establish provisions for
6 referral and case coordination with providers of prenatal care [assist-
7 ance] services [as defined in section twenty-five hundred twenty-one of
8 this chapter].

9 S 10. Paragraph (h) of subdivision 8 of section 4403-c of the public
10 health law, as added by chapter 649 of the laws of 1996, is amended to
11 read as follows:

12 (h) direct provision of or arrangement for the provision of comprehen-
13 sive prenatal care services to all pregnant participants [including all
14 services enumerated in subdivision one of section twenty-five hundred
15 twenty-two of this chapter] in accordance with standards adopted by the
16 department of health [pursuant to such section] and with statute and
17 regulations governing HIV testing of pregnant women and newborns;

18 S 11. Subparagraph (ii) of paragraph (b) of subdivision 3 of section
19 364-j of the social services law, as amended by section 13 of part C of
20 chapter 58 of the laws of 2004, is amended to read as follows:

21 (ii) a pregnant woman with an established relationship, as defined by
22 the commissioner of health, with a [comprehensive prenatal primary care
23 provider, including a prenatal care assistance program as defined in
24 title two of article twenty-five of the public health law] PROVIDER OF
25 PRENATAL CARE SERVICES, that is not associated with a managed care
26 provider in the participant's social services district, may defer
27 participation in the managed care program while pregnant and for sixty
28 days post-partum;

29 S 12. Paragraph (n) of subdivision 4 of section 364-j of the social
30 services law, as added by chapter 649 of the laws of 1996, is amended to
31 read as follows:

32 (n) A managed care provider shall provide or arrange, directly or
33 indirectly (including by referral) for the provision of comprehensive
34 prenatal care services to all pregnant participants [including all
35 services enumerated in subdivision one of section twenty-five hundred
36 twenty-two of the public health law] in accordance with standards
37 adopted by the department of health [pursuant to such section].

38 S 13. Subdivisions 1 and 3 and paragraph (a) of subdivision 4 of
39 section 366-g of the social services law, as added by section 1 of part
40 G of chapter 412 of the laws of 1999, are amended to read as follows:

41 1. Each hospital licensed under article twenty-eight of the public
42 health law shall report to the department of health, or such other enti-
43 ty designated by the department of health, in such format as the depart-
44 ment of health shall provide, each live birth of a child to a woman
45 receiving medical assistance[, or services under the prenatal care
46 assistance program under title two of article twenty-five of the public
47 health law,] on the date of the birth. Such reports shall be made within
48 five business days of the birth and shall include data identifying the
49 mother and child.

50 3. The commissioner of health shall establish a procedure to ensure
51 that every child born to a mother who is receiving medical assistance[,
52 or services under the prenatal care assistance program under title two
53 of article twenty-five of the public health law,] on the date of the
54 child's birth is automatically enrolled in the medical assistance
55 program, assigned a client identification number, and issued an active
56 medical assistance identification card, as soon as possible, but in no

1 event later than ten business days from the receipt of the report
2 required pursuant to subdivision one of this section.

3 (a) Consistent with the provisions of section three hundred sixty-six
4 of this title, a child under the age of one year whose mother is receiv-
5 ing medical assistance[, or services under the prenatal care assistance
6 program under title two of article twenty-five of the public health
7 law], or whose mother was receiving [such assistance or services]
8 MEDICAL ASSISTANCE on the date of the child's birth, who is presented to
9 a medical assistance provider, as defined in section three hundred
10 sixty-six-d of this title, for care, shall be deemed to be enrolled in
11 the medical assistance program regardless of the issuance of a medical
12 assistance identification card or client identification number to such
13 child or other proof of the child's eligibility.

14 S 14. Paragraph (a) of subdivision 4 and subdivision 7 of section 374
15 of the social services law, paragraph (a) of subdivision 4 as amended by
16 chapter 239 of the laws of 1954 and subdivision 7 as amended by chapter
17 655 of the laws of 1978, are amended to read as follows:

18 (a) No hospital or lying-in asylum whether incorporated or unincorpo-
19 rated where women or girls may be received, cared for or treated during
20 pregnancy or during or after delivery except as hereinafter provided and
21 no person licensed to carry on like work under the provisions of
22 [sections twenty-five hundred twenty to twenty-five hundred twenty-
23 three, inclusive,] ARTICLE TWENTY-EIGHT of the public health law shall
24 be an authorized agency for placing out or boarding out children or
25 place out any child in a foster home whether for adoption or otherwise
26 either directly or indirectly or as agent or representative of the moth-
27 er or parents of such child.

28 7. After receipt of notice from the state commissioner of health or
29 the department of health of the city of New York, as the case may be,
30 that an application has been received by such commissioner or department
31 for a license or for the renewal of a license to conduct a maternity
32 hospital or lying-in asylum, pursuant to the provisions of [sections
33 twenty-five hundred twenty to twenty-five hundred twenty-three, inclu-
34 sive,] ARTICLE TWENTY-EIGHT of the public health law, the department
35 shall, after notice to the applicant and opportunity for him to be
36 heard, certify in writing to such commissioner or city department that
37 the department has reasonable cause to believe that the applicant is
38 violating or has violated the provisions of this section, if such be the
39 case. The department shall so certify within thirty days of the date it
40 received notice, or within such additional period, not to exceed thirty
41 days, as the department may request in writing addressed to the commis-
42 sioner or administration giving notice.

43 S 15. Section 381 of the social services law, as amended by chapter
44 555 of the laws of 1978, is amended to read as follows:

45 S 381. Maternity homes; records and reports. Every hospital or
46 lying-in asylum whether incorporated or unincorporated where women or
47 girls may be received, cared for or treated during pregnancy or during
48 or after delivery and every person licensed to carry on like work under
49 the provisions of [sections twenty-five hundred twenty to twenty-five
50 hundred twenty-three, inclusive,] ARTICLE TWENTY-EIGHT of the public
51 health law shall keep a record showing the full and true name and
52 address including street and number, if any, of every such woman or girl
53 and of each child of such woman or girl received, admitted or born on
54 the premises, the full and true names and addresses and the religious
55 faith of the parents of every such child, the dates of reception, admis-
56 sion or birth and of discharge or departure of each such woman, girl or

1 child, the full and true names and addresses of the person or persons by
2 whom any such child is removed or taken away, the amount paid for the
3 care of any such woman, girl or child and the full and true names and
4 addresses of the person or persons making such payment or payments; and
5 shall keep such further record as may be required by regulations of the
6 department. The department may, through its authorized agents and
7 employees, at all reasonable times, inspect and examine such records and
8 may require from such licensed person or from such hospital and its
9 directors, officers, trustees, employees, manager, superintendent, owner
10 or other person responsible for its operation, all information in their
11 possession with reference to any such child not taken away or removed
12 from such hospital by his parents or parent.

13 S 16. This act shall take effect immediately; provided that:

14 (a) the amendments to section 364-i of the social services law made by
15 section six of this act shall not affect the expiration of such section
16 pursuant to section 2 of chapter 693 of the laws of 1996, as amended,
17 and shall be deemed to expire therewith;

18 (b) the amendments to subdivision eight of section 4403-c of the
19 public health law made by section ten of this act shall be subject to
20 the repeal of such section and shall be deemed repealed therewith;

21 (c) the amendments to subdivisions three and four of section 364-j of
22 the social services law made by sections eleven and twelve, respective-
23 ly, of this act shall be subject to the repeal of such section and shall
24 be deemed repealed therewith; and

25 (d) effective immediately, the addition, amendment and/or repeal of
26 any rule or regulation necessary for the implementation of this act on
27 its effective date are authorized and directed to be made and completed
28 on or before such effective date.