

3257

2009-2010 Regular Sessions

I N S E N A T E

March 13, 2009

Introduced by Sen. DUANE -- (at request of the Department of Health) --
read twice and ordered printed, and when printed to be committed 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 ASSEM-
BLY, 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2 and 2529 of the public health law are REPEALED.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;

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

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

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

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

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

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

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

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

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

9 S 3. Subparagraph 1 of paragraph (o) of subdivision 4 of section 366
10 of the social services law, as amended by section 3 of part D of chapter
11 57 of the laws of 2000, is amended to read as follows:

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

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

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

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

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

53 2. FOR PURPOSES OF THIS TITLE, "PRENATAL CARE PROVIDER" MEANS A
54 MEDICAL CARE FACILITY OR PUBLIC OR PRIVATE NOT-FOR-PROFIT AGENCY OR
55 ORGANIZATION, PHYSICIAN, LICENSED NURSE PRACTITIONER, OR LICENSED

1 MIDWIFE PRACTICING ON AN INDIVIDUAL OR GROUP BASIS OR MANAGED CARE PLAN
2 THAT CONTRACTS WITH PRENATAL PROVIDERS.

3 S 6. Section 364-i of the social services law, as amended by chapter
4 693 of the laws of 1996, is amended by adding a new subdivision 6 to
5 read as follows:

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

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

25 (C) A PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS ELIGIBLE FOR COVERAGE
26 OF:

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

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

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

1 APPLICATION BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH
2 THE DETERMINATION IS MADE.

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

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

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

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

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

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

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

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

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

54 (iii) an agreement with designated prenatal care providers to accept
55 the care of high risk patients on a referral basis and/or to provide
56 special tests and procedures which are not ordinarily available to

1 prenatal care clinics if such hospital is capable of caring for high
2 risk patients and/or providing special tests and procedures.

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

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

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

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

20 S 11. Subparagraph (ii) of paragraph (b) of subdivision 3 of section
21 364-j of the social services law, as amended by section 13 of part C of
22 chapter 58 of the laws of 2004, is amended to read as follows:

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

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

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

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

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

52 3. The commissioner of health shall establish a procedure to ensure
53 that every child born to a mother who is receiving medical assistance[,
54 or services under the prenatal care assistance program under title two
55 of article twenty-five of the public health law,] on the date of the
56 child's birth is automatically enrolled in the medical assistance

1 program, assigned a client identification number, and issued an active
2 medical assistance identification card, as soon as possible, but in no
3 event later than ten business days from the receipt of the report
4 required pursuant to subdivision one of this section.

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

16 S 14. Paragraph (a) of subdivision 4 and subdivision 7 of section 374
17 of the social services law, paragraph (a) of subdivision 4 as amended by
18 chapter 239 of the laws of 1954 and subdivision 7 as amended by chapter
19 655 of the laws of 1978, are amended to read as follows:

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

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

45 S 15. Section 381 of the social services law, as amended by chapter
46 555 of the laws of 1978, is amended to read as follows:

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

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

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

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

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

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

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