

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

3257--A

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 -- reported favorably from said committee and committed to the Committee on Finance -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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2 and 2529 of the public health law are REPEALED.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;

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

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1 (g) mental health and related social services including screening and
2 counseling;
3 (h) transportation services for prenatal care services;
4 (i) labor and delivery services;
5 (j) post-partum services including family planning services;
6 (k) inpatient care, specialty physician and clinic services which are
7 necessary to assure a healthy delivery and recovery;
8 (l) dental services;
9 (m) emergency room services;
10 (n) home care; and
11 (o) pharmaceuticals.

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

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

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

35 (a) public education concerning availability of prenatal services;
36 (b) promotion of community awareness of the benefits of [pre-concep-
37 tion] PRECONCEPTION health and early and [continued] CONTINUOUS prenatal
38 care;

39 (c) outreach and direct recruitment of service recipients AND PROVID-
40 ERS;

41 (d) REFERRALS AND LINKAGE TO ORGANIZATIONS PROVIDING ASSISTANCE WITH
42 APPLICATIONS FOR MEDICAL ASSISTANCE AND ENROLLMENT IN MEDICAID MANAGED
43 CARE PROGRAMS;

44 (E) referrals and linkage with HOME VISITING AND other community
45 services; [and

46 (e)] (F) follow-up of patient participation in prenatal care [assist-
47 ance programs] SERVICES; AND

48 (G) IDENTIFICATION OF REGIONAL PERINATAL HEALTH CARE SYSTEM BARRIERS
49 AND LIMITATIONS THAT LEAD TO POOR PERINATAL OUTCOMES AND DEVELOPMENT OF
50 STRATEGIES TO ADDRESS SUCH BARRIERS AND LIMITATIONS.

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

1 6. The commissioner is authorized to set standards for prenatal care
2 service providers including, but not limited to, quality of care assur-
3 ances. The commissioner is authorized to inquire into services provided,
4 and providers and organizations shall furnish the department such
5 reports, records and information as it may require to effectuate the
6 provisions of this title and section seven of the Prenatal Care Act of
7 1987. All information concerning service recipients shall be kept confi-
8 dential, except as otherwise provided in this title and section seven of
9 the Prenatal Care Act of 1987. All information concerning applicants for
10 or recipients of medical assistance shall be kept confidential as
11 required by subdivision three of section three hundred sixty-nine of the
12 social services law.]

13 S 3. Paragraph (o) of subdivision 4 of section 366 of the social
14 services law is amended by adding a new subparagraph 4 to read as
15 follows:

16 (4) FOR PURPOSES OF THIS TITLE, PRENATAL CARE SERVICES INCLUDE:

17 (I) PRENATAL RISK ASSESSMENT;

18 (II) PRENATAL CARE VISITS;

19 (III) LABORATORY SERVICES;

20 (IV) HEALTH EDUCATION FOR BOTH PARENTS REGARDING PRENATAL NUTRITION
21 AND OTHER ASPECTS OF PRENATAL CARE, ALCOHOL AND TOBACCO USE, SUBSTANCE
22 ABUSE, USE OF MEDICATION, LABOR AND DELIVERY, FAMILY PLANNING TO PREVENT
23 FUTURE UNINTENDED PREGNANCIES, BREAST FEEDING, INFANT CARE AND PARENT-
24 ING;

25 (V) REFERRAL FOR PEDIATRIC CARE;

26 (VI) REFERRAL FOR NUTRITION SERVICES INCLUDING SCREENING, EDUCATION,
27 COUNSELING, FOLLOW-UP AND PROVISION OF SERVICES UNDER THE WOMEN, INFANTS
28 AND CHILDREN'S PROGRAM AND THE SUPPLEMENTAL NUTRITION ASSISTANCE
29 PROGRAM;

30 (VII) MENTAL HEALTH AND RELATED SOCIAL SERVICES INCLUDING SCREENING
31 AND COUNSELING;

32 (VIII) TRANSPORTATION SERVICES FOR PRENATAL CARE SERVICES;

33 (IX) LABOR AND DELIVERY SERVICES;

34 (X) POST-PARTUM SERVICES INCLUDING FAMILY PLANNING SERVICES;

35 (XI) INPATIENT CARE, SPECIALTY PHYSICIAN AND CLINIC SERVICES WHICH ARE
36 NECESSARY TO ASSURE A HEALTHY DELIVERY AND RECOVERY;

37 (XII) DENTAL SERVICES;

38 (XIII) EMERGENCY ROOM SERVICES;

39 (XIV) HOME CARE; AND

40 (XV) PHARMACEUTICALS.

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

44 6. Any inconsistent provision of law notwithstanding, medical assist-
45 ance shall also include payment for medical care, services or supplies
46 furnished to eligible pregnant women [under the prenatal care assistance
47 program established pursuant to title two of article twenty-five of the
48 public health law] PURSUANT TO PARAGRAPH (O) OF SUBDIVISION FOUR OF
49 SECTION THREE HUNDRED SIXTY-SIX AND SUBDIVISION SIX OF SECTION THREE
50 HUNDRED SIXTY-FOUR-I OF THIS TITLE, to the extent that and for so long
51 as federal financial participation is available therefor; provided,
52 however, that nothing in this section shall be deemed to affect payment
53 for such medical care, services or supplies if federal financial partic-
54 ipation is not available for such care, services and supplies solely by
55 reason of the immigration status of the otherwise eligible pregnant
56 woman.

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

3 S 365-K. PROVISION OF PRENATAL CARE SERVICES. 1. THE COMMISSIONER
4 SHALL ESTABLISH STANDARDS AND GUIDELINES FOR THE PROVISION OF PRENATAL
5 CARE SERVICES UNDER THE MEDICAL ASSISTANCE PROGRAM. IN ESTABLISHING SUCH
6 STANDARDS AND GUIDELINES, THE COMMISSIONER SHALL CONSIDER GENERALLY
7 ACCEPTED STANDARDS OF PROFESSIONAL PRACTICE, INCLUDING, BUT NOT LIMITED
8 TO, STANDARDS ISSUED BY THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNE-
9 COLOGISTS AND THE AMERICAN ACADEMY OF PEDIATRICS, AND SHALL CONSULT WITH
10 PRENATAL CARE PROVIDERS AND OTHER INTERESTED PARTIES.

11 2. FOR PURPOSES OF THIS TITLE, "PRENATAL CARE PROVIDER" MEANS A
12 MEDICAL CARE FACILITY OR PUBLIC OR PRIVATE NOT-FOR-PROFIT AGENCY OR
13 ORGANIZATION, PHYSICIAN, LICENSED NURSE PRACTITIONER, OR LICENSED
14 MIDWIFE PRACTICING ON AN INDIVIDUAL OR GROUP BASIS THAT PROVIDES PRENA-
15 TAL CARE OR MANAGED CARE PLAN THAT CONTRACTS WITH PRENATAL PROVIDERS.

16 S 6. Section 364-i of the social services law is amended by adding a
17 new subdivision 6 to read as follows:

18 6. (A) A PREGNANT WOMAN SHALL BE PRESUMED TO BE ELIGIBLE FOR COVERAGE
19 OF SERVICES DESCRIBED IN PARAGRAPH (C) OF THIS SUBDIVISION BEGINNING ON
20 THE DATE THAT A PRENATAL CARE PROVIDER, LICENSED UNDER ARTICLE
21 TWENTY-EIGHT OF THE PUBLIC HEALTH LAW OR OTHER PRENATAL CARE PROVIDER
22 APPROVED BY THE DEPARTMENT OF HEALTH DETERMINES, ON THE BASIS OF PRELIM-
23 INARY INFORMATION, THAT THE PREGNANT WOMAN'S FAMILY HAS: (I) SUBJECT TO
24 THE APPROVAL OF THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES,
25 GROSS INCOME THAT DOES NOT EXCEED TWO HUNDRED THIRTY PERCENT OF THE
26 FEDERAL POVERTY LINE (AS DEFINED AND ANNUALLY REVISED BY THE UNITED
27 STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES) FOR A FAMILY OF THE SAME
28 SIZE, OR (II) IN THE ABSENCE OF SUCH APPROVAL, NET INCOME THAT DOES NOT
29 EXCEED TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE (AS DEFINED AND
30 ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
31 SERVICES) FOR A FAMILY OF THE SAME SIZE.

32 (B) SUCH PRESUMPTIVE ELIGIBILITY SHALL CONTINUE THROUGH THE EARLIER
33 OF: THE DAY ON WHICH ELIGIBILITY IS DETERMINED PURSUANT TO THIS TITLE;
34 OR THE LAST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE PROVIDER
35 MAKES PRELIMINARY DETERMINATION, IN THE CASE OF A PREGNANT WOMAN WHO
36 DOES NOT FILE AN APPLICATION FOR MEDICAL ASSISTANCE ON OR BEFORE SUCH
37 DAY.

38 (C) A PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS ELIGIBLE FOR COVERAGE
39 OF:

40 (I) ALL MEDICAL CARE, SERVICES, AND SUPPLIES AVAILABLE UNDER THE
41 MEDICAL ASSISTANCE PROGRAM, EXCLUDING INPATIENT SERVICES AND INSTITU-
42 TIONAL LONG TERM CARE, IF THE WOMAN'S FAMILY HAS: (A) SUBJECT TO THE
43 APPROVAL OF THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES,
44 GROSS INCOME THAT DOES NOT EXCEED ONE HUNDRED TWENTY PERCENT OF THE
45 FEDERAL POVERTY LINE (AS DEFINED AND ANNUALLY REVISED BY THE UNITED
46 STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES) FOR A FAMILY OF THE SAME
47 SIZE, OR (B) IN THE ABSENCE OF SUCH APPROVAL, NET INCOME THAT DOES NOT
48 EXCEED ONE HUNDRED PERCENT OF THE FEDERAL POVERTY LINE (AS DEFINED AND
49 ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN
50 SERVICES) FOR A FAMILY OF THE SAME SIZE; OR

51 (II) PRENATAL CARE SERVICES AS DESCRIBED IN SUBPARAGRAPH FOUR OF PARA-
52 GRAPH (O) OF SUBDIVISION FOUR OF SECTION THREE HUNDRED SIXTY-SIX OF THIS
53 TITLE, IF THE WOMAN'S FAMILY HAS: (A) SUBJECT TO THE APPROVAL OF THE
54 FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES, GROSS INCOME THAT
55 EXCEEDS ONE HUNDRED TWENTY PERCENT OF THE FEDERAL POVERTY LINE (AS
56 DEFINED AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH

1 AND HUMAN SERVICES) FOR FAMILIES OF THE SAME SIZE, BUT DOES NOT EXCEED
2 TWO HUNDRED THIRTY PERCENT OF SUCH FEDERAL POVERTY LINE, OR (B) IN THE
3 ABSENCE OF SUCH APPROVAL, NET INCOME THAT EXCEEDS ONE HUNDRED PERCENT
4 BUT DOES NOT EXCEED TWO HUNDRED PERCENT OF THE FEDERAL POVERTY LINE (AS
5 DEFINED AND ANNUALLY REVISED BY THE UNITED STATES DEPARTMENT OF HEALTH
6 AND HUMAN SERVICES) FOR A FAMILY OF THE SAME SIZE.

7 (D) THE DEPARTMENT OF HEALTH SHALL PROVIDE PRENATAL CARE PROVIDERS
8 LICENSED UNDER ARTICLE TWENTY-EIGHT OF THE PUBLIC HEALTH LAW AND OTHER
9 APPROVED PRENATAL CARE PROVIDERS WITH SUCH FORMS AS ARE NECESSARY FOR A
10 PREGNANT WOMAN TO APPLY AND INFORMATION ON HOW TO ASSIST SUCH WOMEN IN
11 COMPLETING AND FILING SUCH FORMS. A QUALIFIED PROVIDER WHICH DETERMINES
12 THAT A PREGNANT WOMAN IS PRESUMPTIVELY ELIGIBLE SHALL NOTIFY THE SOCIAL
13 SERVICES DISTRICT IN WHICH THE PREGNANT WOMAN RESIDES OF THE DETERMI-
14 NATION WITHIN FIVE WORKING DAYS AFTER THE DATE ON WHICH SUCH DETERMI-
15 NATION IS MADE AND SHALL INFORM THE WOMAN AT THE TIME THE DETERMINATION
16 IS MADE THAT SHE IS REQUIRED TO MAKE APPLICATION BY THE LAST DAY OF THE
17 MONTH FOLLOWING THE MONTH IN WHICH THE DETERMINATION IS MADE.

18 (E) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, CARE THAT IS FURNISHED
19 TO A PREGNANT WOMAN PURSUANT TO THIS SUBDIVISION DURING A PRESUMPTIVE
20 ELIGIBILITY PERIOD SHALL BE DEEMED AS MEDICAL ASSISTANCE FOR PURPOSES OF
21 PAYMENT AND STATE REIMBURSEMENT.

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

28 (G) ALL PRENATAL CARE PROVIDERS ENROLLED IN THE MEDICAID PROGRAM MUST
29 PROVIDE PRENATAL CARE SERVICES TO ELIGIBLE SERVICE RECIPIENTS DETERMINED
30 PRESUMPTIVELY ELIGIBLE FOR MEDICAL ASSISTANCE BUT NOT YET ENROLLED IN
31 THE MEDICAL ASSISTANCE PROGRAM, AND ASSIST WOMEN IN SUBMITTING APPROPRI-
32 ATE DOCUMENTATION TO THE SOCIAL SERVICES DISTRICT AS REQUIRED BY THE
33 COMMISSIONER.

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

37 (b) Notwithstanding any inconsistent provision of section twelve of
38 this chapter or any other law, the commissioner may impose a civil
39 penalty of up to three thousand five hundred dollars for each violation
40 of the requirements of subdivision one of section three hundred sixty-
41 six-g of the social services law or the rules and regulations promulgat-
42 ed pursuant to such section, pertaining to reporting to the department,
43 or such other entity designated by the department, of each live birth to
44 a woman receiving medical assistance [or services under the prenatal
45 care assistance program under title two of article twenty-five of this
46 chapter]. Any such civil penalties shall be assessed subject to the
47 applicable provisions of sections twelve and twelve-a of this chapter.

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

51 (e) In order for a general hospital to be eligible for distribution of
52 funds from the pools, such general hospital if it provides obstetrical
53 care and services must agree to participate in a program approved by the
54 department for the provision of prenatal care to persons eligible for
55 medical assistance or medically indigent persons if requested by such a
56 program. [The department shall write a standardized contract which may

1 be used by an approved program for purposes of obtaining the partic-
2 ipation of such hospitals in the program.] Nothing stated herein shall
3 require a hospital to grant admitting privileges to a physician solely
4 because such person is part of an approved program. The participation of
5 hospitals in an approved program shall include, but not be limited to:

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

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

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

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

22 d. Certified home health agencies which provide home care volunteer
23 programs for maternal and child health shall establish provisions for
24 referral and case coordination with PRENATAL CARE providers [of prenatal
25 care assistance services as defined in section twenty-five hundred twen-
26 ty-one of this chapter] AS DEFINED IN SECTION THREE HUNDRED SIXTY-FIVE-K
27 OF THE SOCIAL SERVICES LAW.

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

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

37 S 11. Subparagraph (ii) of paragraph (b) of subdivision 3 of section
38 364-j of the social services law, as amended by section 13 of part C of
39 chapter 58 of the laws of 2004, is amended to read as follows:

40 (ii) a pregnant woman with an established relationship, as defined by
41 the commissioner of health, with a [comprehensive prenatal primary care
42 provider, including a prenatal care assistance program as defined in
43 title two of article twenty-five of the public health law] PRENATAL CARE
44 PROVIDER, that is not associated with a managed care provider in the
45 participant's social services district, may defer participation in the
46 managed care program while pregnant and for sixty days post-partum;

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

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

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

4 1. Each hospital licensed under article twenty-eight of the public
5 health law shall report to the department of health, or such other enti-
6 ty designated by the department of health, in such format as the depart-
7 ment of health shall provide, each live birth of a child to a woman
8 receiving medical assistance[, or services under the prenatal care
9 assistance program under title two of article twenty-five of the public
10 health law,] on the date of the birth. Such reports shall be made within
11 five business days of the birth and shall include data identifying the
12 mother and child.

13 3. The commissioner of health shall establish a procedure to ensure
14 that every child born to a mother who is receiving medical assistance[,
15 or services under the prenatal care assistance program under title two
16 of article twenty-five of the public health law,] on the date of the
17 child's birth is automatically enrolled in the medical assistance
18 program, assigned a client identification number, and issued an active
19 medical assistance identification card, as soon as possible, but in no
20 event later than ten business days from the receipt of the report
21 required pursuant to subdivision one of this section.

22 (a) Consistent with the provisions of section three hundred sixty-six
23 of this title, a child under the age of one year whose mother is receiv-
24 ing medical assistance[, or services under the prenatal care assistance
25 program under title two of article twenty-five of the public health
26 law], or whose mother was receiving [such assistance or services]
27 MEDICAL ASSISTANCE on the date of the child's birth, who is presented to
28 a medical assistance provider, as defined in section three hundred
29 sixty-six-d of this title, for care, shall be deemed to be enrolled in
30 the medical assistance program regardless of the issuance of a medical
31 assistance identification card or client identification number to such
32 child or other proof of the child's eligibility.

33 S 14. Paragraph (a) of subdivision 4 and subdivision 7 of section 374
34 of the social services law, paragraph (a) of subdivision 4 as amended by
35 chapter 239 of the laws of 1954 and subdivision 7 as amended by chapter
36 655 of the laws of 1978, are amended to read as follows:

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

47 7. After receipt of notice from the state commissioner of health or
48 the department of health of the city of New York, as the case may be,
49 that an application has been received by such commissioner or department
50 for a license or for the renewal of a license to conduct a maternity
51 hospital or lying-in asylum, pursuant to the provisions of [sections
52 twenty-five hundred twenty to twenty-five hundred twenty-three, inclu-
53 sive,] ARTICLE TWENTY-EIGHT of the public health law, the department
54 shall, after notice to the applicant and opportunity for him to be
55 heard, certify in writing to such commissioner or city department that
56 the department has reasonable cause to believe that the applicant is

1 violating or has violated the provisions of this section, if such be the
2 case. The department shall so certify within thirty days of the date it
3 received notice, or within such additional period, not to exceed thirty
4 days, as the department may request in writing addressed to the commis-
5 sioner or administration giving notice.

6 S 15. Section 381 of the social services law, as amended by chapter
7 555 of the laws of 1978, is amended to read as follows:

8 S 381. Maternity homes; records and reports. Every hospital or
9 lying-in asylum whether incorporated or unincorporated where women or
10 girls may be received, cared for or treated during pregnancy or during
11 or after delivery and every person licensed to carry on like work under
12 the provisions of [sections twenty-five hundred twenty to twenty-five
13 hundred twenty-three, inclusive,] ARTICLE TWENTY-EIGHT of the public
14 health law shall keep a record showing the full and true name and
15 address including street and number, if any, of every such woman or girl
16 and of each child of such woman or girl received, admitted or born on
17 the premises, the full and true names and addresses and the religious
18 faith of the parents of every such child, the dates of reception, admis-
19 sion or birth and of discharge or departure of each such woman, girl or
20 child, the full and true names and addresses of the person or persons by
21 whom any such child is removed or taken away, the amount paid for the
22 care of any such woman, girl or child and the full and true names and
23 addresses of the person or persons making such payment or payments; and
24 shall keep such further record as may be required by regulations of the
25 department. The department may, through its authorized agents and
26 employees, at all reasonable times, inspect and examine such records and
27 may require from such licensed person or from such hospital and its
28 directors, officers, trustees, employees, manager, superintendent, owner
29 or other person responsible for its operation, all information in their
30 possession with reference to any such child not taken away or removed
31 from such hospital by his parents or parent.

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

33 (a) the amendments to subdivision eight of section 4403-c of the
34 public health law made by section ten of this act shall be subject to
35 the repeal of such section and shall be deemed repealed therewith;

36 (b) the amendments to subdivisions three and four of section 364-j of
37 the social services law made by sections eleven and twelve, respective-
38 ly, of this act shall be subject to the repeal of such section and shall
39 be deemed repealed therewith; and

40 (c) effective immediately, the addition, amendment and/or repeal of
41 any rule or regulation necessary for the implementation of this act on
42 its effective date are authorized and directed to be made and completed
43 on or before such effective date.