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

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2009-2010 Regular Sessions

I N A S S E M B L Y

April 14, 2009

Introduced by M. of A. KAVANAGH -- read once and referred to the Committee on Health -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported and referred to the Committee on Ways and Means -- 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 establishing the child health plus and school meals enrollment coordination act of 2011

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 health plus and school meals enrollment coordination act of 2011".

S 2. Legislative intent. The legislature hereby finds and declares good health and good nutrition the fundamentals of laying a strong foundation for early childhood development, success in school, and later achievement as adults, and therefore, finds it necessary to increase enrollment in child health plus. To do so, the legislature finds it necessary to coordinate the school meal program with child health plus. Through three successful programs, which are the Child Health Plus Insurance Program, the School Breakfast Program, and the School Lunch Program, New York state has shown a long-standing commitment to providing health care to its residents, and through the efforts of the legislature, is a national leader in health care innovation. New York state has made important strides in enrolling children in public health insurance by expanding eligibility to cover more children, simplifying the application and re-certification processes, and establishing facilitated enrollment centers throughout the state. Furthermore, the state has attempted to improve the health of its schoolchildren by improving the

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

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nutritional status of school meals and by making such meals more affordable through the free and reduced price School Breakfast and School Lunch programs.

Despite the long-standing, successful history of Child Health Plus in New York state, hundreds of thousands of children are not participating in this vitally necessary and important public health program. Uninsured children comprise approximately 10%, or approximately 250,000 of the 2.6 million uninsured people in New York state. Of these 250,000 children, 220,000 are eligible for, but not participating in either Medicaid or Child Health Plus.

The legislature further finds that the impact on children who are uninsured, and particularly poor children, is serious because leaving treatable and preventable conditions undiagnosed and untreated can have lifelong adverse effects on their functioning and opportunities. Delayed or missed care also cuts children off from routine health care provided in primary care settings that includes child-specific, age-appropriate screening, diagnosis and treatment of both chronic and acute conditions. One-third (32.9%) of uninsured children in New York state go without any medical care for the entire year in a society where 87.5% of insured children receive care during the same period. Research shows that having access to reliable and accountable primary health care is associated with lower pediatric hospitalization rates for conditions that are preventable with good primary care. In New York state, the gap in access to health care is greater for minority children. Uninsured Hispanic children are 10 times more likely than insured Hispanic children to not receive the medical care they need. Uninsured African-American children are 20 times more likely than insured African-American children to not receive necessary medical care.

Since the majority of children who are eligible for but not participating in Child Health Plus are attending school, the legislature finds it necessary to improve coordination between these two health and nutrition programs so that children who apply for and participate in either free or reduced price school meals are also enrolled in medicaid or Child Health Plus.

S 3. Subparagraph (iii) of paragraph (f) of subdivision 2 of section 2511 of the public health law, as added by section 44 of part A of chapter 1 of the laws of 2002, is amended to read as follows:

(iii) Income documentation shall include, but not be limited to, one or more of the following for each parent and legally responsible adult who is a member of the household and whose income is available to the child;

(A) current annual income tax returns;

(B) paycheck stubs;

(C) written documentation of income from all employers; or

(D) WRITTEN DOCUMENTATION OF INCOME ELIGIBILITY OF A CHILD FOR FREE OR REDUCED BREAKFAST OR LUNCH THROUGH THE SCHOOL MEAL PROGRAM CERTIFIED BY THE CHILD'S SCHOOL, PROVIDED THAT:

(I) THE COMMISSIONER MAY VERIFY THE ACCURACY OF THE INFORMATION PROVIDED IN THE SAME MANNER AND WAY AS PROVIDED FOR IN SUBPARAGRAPH (II) OF THIS PARAGRAPH; AND

(II) SUCH DOCUMENTATION MAY NOT BE SUITABLE PROOF OF INCOME IN THE EVENT OF A MATERIAL INCONSISTENCY IN INCOME AFTER THE COMMISSIONER HAS PERFORMED VERIFICATION PURSUANT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH; OR

(E) other documentation of income (earned or unearned) as determined by the commissioner, provided, however, such documentation shall set forth the source of such income.

S 4. Paragraph (c) of subdivision 2 of section 366-a of the social services law, as added by section 51 of part A of chapter 1 of the laws of 2002, is amended to read as follows:

(c) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (A) OF THIS SUBDIVISION, AN APPLICANT OR RECIPIENT PROVIDING WRITTEN DOCUMENTATION OF INCOME ELIGIBILITY OF A CHILD FOR FREE OR REDUCED BREAKFAST OR LUNCH THROUGH THE SCHOOL MEAL PROGRAM CERTIFIED BY THE CHILD'S SCHOOL SHALL MEET THE EVIDENTIARY REQUIREMENT NECESSARY TO DOCUMENT INCOME.

(D) The commissioner of health may verify the accuracy of the information provided by the applicant or recipient pursuant to [paragraph] PARAGRAPHS (b) AND (C) of this subdivision, by matching it against information to which the commissioner of health has access, including under subdivision eight of this section. In the event there is an inconsistency between the information reported by the applicant or recipient and any information obtained by the commissioner of health from other sources and such inconsistency is material to medical assistance eligibility, the commissioner of health shall request that the applicant or recipient provide adequate documentation to verify his or her resources.

S 5. This act shall take effect June 1, 2011 and shall apply to the 2011-2012 academic year.