

8647

2009-2010 Regular Sessions

I N A S S E M B L Y

June 2, 2009

Introduced by M. of A. CANESTRARI, GORDON -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to establishing a demonstration program to study transition authorization panels as an approach to secure decisions regarding the transition of incapable patients who do not have legally authorized decisionmakers from inpatient care to post-acute care; and providing for the repeal of such provisions upon expiration thereof

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

1 Section 1. The legislature finds and declares that in many instances
2 there are hospital patients who are medically ready to transition to a
3 different level of care, such as nursing home care, home care or
4 assisted living, but they lack capacity to authorize the transition, and
5 also lack a family member or other person who can authorize the transi-
6 tion on their behalf. As a result, such patients can be subject to inor-
7 dinate delays in accomplishing a needed transition, and can remain as
8 hospital inpatients for long periods. That delay is harmful to the
9 interests of those patients, as well as to other persons who may need
10 the scarce inpatient resources, to hospitals, to payors and to the
11 public in general.

12 The legislature further finds that while article 81 of the mental
13 hygiene law provides a procedure for the court-appointment of guardians
14 who could be empowered to authorize transition for such patients, such
15 procedure was designed for longer-term assistance with an incapacitated
16 person's personal and property affairs, and includes features that often
17 go beyond what is needed for transition-related decisions alone. As a
18 result, the guardianship proceeding can require far more time, effort
19 and expense than is warranted for this limited, non-contested decision.

20 Accordingly, the legislature finds that it would be valuable to study
21 an alternative approach to secure decisions relating to the transition

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

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1 of isolated incapable patients from inpatient care to post-acute care.
2 Specifically, the transition authorization panel demonstration program
3 shows promise as means to protect the rights and interests of incapable
4 patients in the transition decision, while allowing such decisions to be
5 made within a reasonable timeframe.

6 S 2. The public health law is amended by adding a new section 2803-s
7 to read as follows:

8 S 2803-S. TRANSITION AUTHORIZATION PANEL DEMONSTRATION PROGRAM. 1.
9 THERE IS HEREBY ESTABLISHED A TRANSITION AUTHORIZATION PANEL DEMON-
10 STRATION PROGRAM, CONDUCTED AT FIVE PROGRAM SITES, TO EVALUATE AN
11 APPROACH TO SECURE DECISIONS RELATING TO THE TRANSITION OF ISOLATED
12 PATIENTS FROM INPATIENT CARE TO POST-ACUTE CARE.

13 2. AS USED IN THIS SECTION:

14 (A) "ELIGIBLE PATIENT" MEANS AN INPATIENT AT A PARTICIPATING HOSPITAL
15 WHO, ACCORDING TO THE PATIENT'S ATTENDING PHYSICIAN:

16 (I) IS READY TO BE DISCHARGED AS AN INPATIENT, BUT NEEDS TO BE TRANSI-
17 TIONED TO POST-ACUTE CARE;

18 (II) LACKS CAPACITY TO CONSENT TO THE DISCHARGE AND TO ADMISSION TO
19 POST-ACUTE CARE;

20 (III) DOES NOT HAVE A GUARDIAN, HEALTH CARE AGENT OR POWER OF ATTOR-
21 NEY, OR A FAMILY MEMBER, FRIEND OR OTHER REPRESENTATIVE WHO IS WILLING
22 AND LEGALLY AUTHORIZED TO MAKE A TRANSITION DECISION ON HIS OR HER
23 BEHALF, AND WHOSE CONSENT WOULD BE ACCEPTED BY A PROPOSED POST-ACUTE
24 CARE PROVIDER;

25 (IV) HAS A DISCHARGE PLAN THAT IDENTIFIES AN APPROPRIATE POST-ACUTE
26 CARE PROVIDER THAT IS OR MAY BE WILLING TO ADMIT THE PATIENT IF A TRAN-
27 SITION AUTHORIZATION PANEL WERE TO AUTHORIZE THE TRANSITION AND, IF
28 NECESSARY, MAKE TRANSITION-RELATED FINANCIAL ARRANGEMENTS; AND

29 (V) HAS NOT EXPRESSED AN OBJECTION TO ANY OF THE FOREGOING FINDINGS OR
30 TO BEING TRANSITIONED TO THE PROPOSED POST-ACUTE FACILITY OR SERVICE OR,
31 IF APPLICABLE, THE PROPOSED TRANSITION-RELATED FINANCIAL ARRANGEMENTS;

32 (B) "PARTICIPATING HOSPITAL" MEANS ANY OF THE FOLLOWING HOSPITALS:

33 (I) CROUSE HOSPITAL, SYRACUSE, NY.

34 (II) GLENS FALLS HOSPITAL, GLENS FALLS, NY.

35 (III) MEMORIAL HOSPITAL, ALBANY, NY.

36 (IV) SAMARITAN HOSPITAL, TROY, NY.

37 (V) UNIVERSITY OF ROCHESTER MEDICAL CENTER, ROCHESTER, NY.

38 (C) "POST-ACUTE CARE" MEANS CARE PROVIDED BY A NURSING HOME, TRANSI-
39 TIONAL CARE UNIT, HOME HEALTH AGENCY, ASSISTED LIVING PROGRAM, ADULT
40 CARE FACILITY, AN INPATIENT TREATMENT FACILITY OR RESIDENTIAL FACILITY
41 LICENSED OR OPERATED BY THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE
42 SERVICES, THE OFFICE OF MENTAL HEALTH OR THE OFFICE OF MENTAL RETARDA-
43 TION AND DEVELOPMENTAL DISABILITIES, OR AN INPATIENT TREATMENT FACILITY
44 OR RESIDENTIAL FACILITY LICENSED BY A HEALTH, MENTAL HYGIENE OR SOCIAL
45 SERVICES AGENCY OF ANOTHER STATE.

46 (D) "TRANSITION AUTHORIZATION" MEANS A DECISION, MADE BY A TRANSITION
47 AUTHORIZATION PANEL PURSUANT TO THIS ARTICLE, TO AUTHORIZE THE TRANSI-
48 TION OF AN ELIGIBLE PATIENT FROM A PARTICIPATING HOSPITAL TO A SPECIFIC
49 POST-ACUTE CARE PROVIDER.

50 (E) "TRANSITION AUTHORIZATION PANEL AGENT" MEANS AN INDIVIDUAL AUTHOR-
51 IZED BY THE TRANSITION AUTHORIZATION PANEL TO CARRY OUT TRANSITION
52 RELATED FINANCIAL ARRANGEMENTS.

53 (F) "TRANSITION AUTHORIZATION PANEL" MEANS A THREE-PERSON PANEL,
54 CONVENED PURSUANT TO THIS ARTICLE, TO AUTHORIZE THE TRANSITION OF AN
55 ELIGIBLE PATIENT FROM A PARTICIPATING HOSPITAL TO A POST-ACUTE CARE
56 PROVIDER, AND TO MAKE TRANSITION-RELATED FINANCIAL ARRANGEMENTS.

1 (G) "TRANSITION AUTHORIZATION PANEL POOL" MEANS THE FULL POOL OF
2 PERSONS QUALIFIED AND DESIGNATED TO SERVE ON TRANSITION AUTHORIZATION
3 PANELS AT A PROGRAM SITE.

4 (H) "TRANSITION-RELATED FINANCIAL ARRANGEMENTS" MEANS ACTS NECESSARY:

5 (I) TO EXPEND THE ELIGIBLE PATIENT'S FUNDS FOR POST-ACUTE CARE FOR ONE
6 HUNDRED TWENTY DAYS OR UNTIL THE COURT APPOINTMENT OF A GUARDIAN OF THE
7 PERSON PURSUANT TO ARTICLE EIGHTY-ONE OF THE MENTAL HYGIENE LAW, WHICH-
8 EVER OCCURS FIRST.

9 (II) TO APPLY FOR THE ELIGIBLE PATIENT'S ENROLLMENT IN MEDICAID.

10 (III) TO ACCESS FINANCIAL INFORMATION ABOUT THE ELIGIBLE PATIENT FROM
11 FINANCIAL INSTITUTIONS TO THE EXTENT NECESSARY FOR THE PURPOSES SET
12 FORTH IN SUBPARAGRAPHS (I) AND (II) OF THIS PARAGRAPH.

13 3. EACH PARTICIPATING HOSPITAL SHALL:

14 (A) DESIGNATE A PERSON AS ADMINISTRATOR OF THE PROGRAM WITH RESPECT TO
15 THAT PROGRAM SITE; AND

16 (B) CARRY OUT, AND BEAR THE COSTS OF, THE ADMINISTRATIVE RESPONSIBIL-
17 ITIES OF THE PROGRAM AS SET FORTH IN THIS SECTION, WITH RESPECT TO THAT
18 PROGRAM SITE.

19 4. (A) A PARTICIPATING HOSPITAL MAY CREATE A TRANSITION AUTHORIZATION
20 PANEL POOL AT A PROGRAM SITE, WHICH SHALL HAVE THREE CLASSES OF MEMBERS:

21 (I) ONE CLASS OF MEMBERS SHALL BE QUALIFIED PERSONS DESIGNATED BY THE
22 HOSPITAL;

23 (II) ONE CLASS OF MEMBERS SHALL BE QUALIFIED PERSONS DESIGNATED BY THE
24 LOCAL SOCIAL SERVICES COMMISSIONER; AND

25 (III) ONE CLASS OF MEMBERS SHALL BE QUALIFIED PERSONS JOINTLY DESIG-
26 NATED BY THE HOSPITAL AND LOCAL SOCIAL SERVICES COMMISSIONER, WHO ARE
27 NOT EMPLOYED BY EITHER.

28 (B) FOR THE PURPOSES OF THIS PARAGRAPH, "QUALIFIED PERSONS" MEANS
29 ADULT PERSONS WITH RECOGNIZED EXPERTISE OR DEMONSTRATED INTEREST IN THE
30 CARE AND TREATMENT OF HOSPITAL AND POST-ACUTE CARE PATIENTS, AND WHO CAN
31 BE EXPECTED TO APPLY THE STANDARDS OF THIS ARTICLE IN GOOD FAITH AND
32 WITH SIGNIFICANT SENSITIVITY TO THE INTERESTS OF THE ELIGIBLE PATIENT.

33 (C) THE PARTICIPATING HOSPITAL AND THE LOCAL SOCIAL SERVICES COMMIS-
34 SIONER SHALL JOINTLY APPOINT ONE MEMBER AS CHAIR OF THE TRANSITION
35 AUTHORIZATION PANEL POOL.

36 5. (A) THE REVIEW OF REQUESTS FOR TRANSITION AUTHORIZATION AND FOR
37 TRANSITION-RELATED FINANCIAL ARRANGEMENTS SHALL BE UNDERTAKEN BY PANELS
38 OF THREE MEMBERS DRAWN FROM THE TRANSITION AUTHORIZATION PANEL POOL, ONE
39 FROM EACH CLASS. THE MEMBER FROM THE JOINTLY APPOINTED CLASS SHALL SERVE
40 AS PANEL CHAIR.

41 (B) NO PERSON WHO IS A HEALTH CARE PROFESSIONAL ACTIVELY INVOLVED IN
42 THE TREATMENT OF THE PATIENT WHOSE CASE IS UNDER CONSIDERATION BY A
43 PANEL MAY SERVE ON THE PANEL WITH RESPECT TO SUCH PATIENT, ALTHOUGH
44 OTHER HOSPITAL PERSONNEL MAY SERVE ON THE PANEL IF OTHERWISE QUALIFIED.

45 6. (A) THE CHIEF EXECUTIVE OFFICER OF A PARTICIPATING HOSPITAL OR HIS
46 OR HER DESIGNEE MAY CAUSE A PANEL TO BE CONVENED BY SUBMITTING A WRITTEN
47 REQUEST TO THE ADMINISTRATOR. THE REQUEST MUST:

48 (I) INDICATE THAT IT IS A REQUEST FOR THE PANEL TO AUTHORIZE THE TRAN-
49 SITION OF THE PATIENT TO POST-ACUTE CARE AND, IF APPLICABLE, TO MAKE
50 TRANSITION-RELATED FINANCIAL ARRAIGNMENTS;

51 (II) SET FORTH THE REASONS FOR BELIEVING THAT THE PATIENT IS AN ELIGI-
52 BLE PATIENT; AND

53 (III) SET FORTH THE PROPOSED POST-ACUTE CARE PROVIDER (OR PROVIDERS,
54 IF APPLICATIONS HAVE OR WILL BE MADE TO MORE THAN ONE);

55 (B) UPON RECEIPT OF THE REQUEST, THE ADMINISTRATOR SHALL:

1 (I) SET A TIME, DATE AND PLACE FOR THE TRANSITION AUTHORIZATION PANEL
2 TO REVIEW THE REQUEST. SUCH REVIEW MAY BE SCHEDULED FOR ANY TIME AND
3 DATE AT LEAST THREE DAYS AFTER THE REQUEST AND NOTICE IS SENT AS
4 PROVIDED BELOW; HOWEVER, THE REVIEW MAY BE HELD EARLIER OR LATER THAN
5 THE DATA SET FORTH IN THE NOTICE IF ALL PERSONS WHO ARE ENTITLED TO
6 NOTICE, AS SET FORTH BELOW, AGREE, IN WRITING OR VERBALLY (AS DOCUMENTED
7 BY THE ADMINISTRATOR), TO THE TIME, PLACE AND DATE OF THE REVIEW.

8 (II) SEND A COPY OF THE REQUEST AND NOTICE, BY HAND, MAIL, FAX OR
9 E-MAIL, TO THE FOLLOWING PERSONS:

10 (A) THREE MEMBERS OF THE TRANSITION AUTHORIZATION PANEL POOL, ONE FROM
11 EACH CLASS, SELECTED BY THE POOL CHAIR, WHO ARE WILLING AND ABLE TO
12 SERVE AS A PANEL FOR THE PURPOSE OF THIS REVIEW;

13 (B) THE PATIENT, IF THERE IS ANY INDICATION OF THE PATIENT'S ABILITY
14 TO COMPREHEND SUCH NOTICE;

15 (C) TO A FAMILY MEMBER OR FRIEND OF THE PATIENT WHO IS REASONABLY
16 AVAILABLE, AND WHO HAS BEEN INVOLVED IN THE PATIENT'S CARE OR WHO HAS
17 DEMONSTRATED CONCERN ABOUT THE PATIENT'S WELFARE, IF THERE IS ANY SUCH
18 PERSON;

19 (D) IF THE PATIENT WAS ADMITTED FROM A FACILITY OR RESIDENCE LICENSED
20 BY THE OFFICE OF MENTAL HEALTH OR THE OFFICE OR MENTAL RETARDATION AND
21 DEVELOPMENTAL DISABILITIES, TO THE FACILITY DIRECTOR AND TO THE MENTAL
22 HYGIENE LEGAL SERVICES OFFICE FOR THAT JUDICIAL DEPARTMENT; AND
23 (E) TO THE PATIENT'S ATTENDING PHYSICIAN.

24 (III) PROVIDE NOTICE TO THE PATIENT AND TO MENTAL HYGIENE LEGAL
25 SERVICES WHICH SHALL INFORM THE PATIENT THAT HE OR SHE WILL BE AFFORDED
26 AN OPPORTUNITY TO ADDRESS THE PANEL, MAY BE PRESENT FOR ANY OTHER
27 ADDRESSES MADE TO THE PANEL, AND MAY BE PRESENT FOR OTHER PARTS OF THE
28 PANEL REVIEW AS THE CHAIR MAY PERMIT, BUT THAT HE OR SHE WILL NOT BE
29 PERMITTED TO BE PRESENT DURING THE PANEL'S DELIBERATION.

30 (IV) PROVIDE NOTICE TO A PERSON DESCRIBED IN CLAUSES (B) THROUGH (E)
31 OF THIS SUBPARAGRAPH WHICH SHALL INFORM THE PERSON THAT HE OR SHE WILL
32 BE AFFORDED AN OPPORTUNITY TO ADDRESS THE PANEL, AND MAY BE PRESENT FOR
33 SUCH OTHER PARTS OF THE PANEL REVIEW AS THE CHAIR MAY PERMIT, THAT THE
34 PATIENT AND MENTAL HYGIENE LEGAL SERVICES (WHEN REPRESENTING A PATIENT)
35 MAY BE PRESENT WHEN ANY OTHER PERSON ADDRESSES THE PANEL, AND THAT NO
36 PERSON DESCRIBED IN CLAUSES (B) THROUGH (E) OF THIS SUBPARAGRAPH SHALL
37 BE PERMITTED TO BE PRESENT DURING THE PANEL'S DELIBERATION.

38 7. (A) PRIOR TO OR DURING THE REVIEW, THE PANEL CHAIR MAY REQUEST AND,
39 NOTWITHSTANDING ANY OTHER LAW TO THE CONTRARY, SHALL BE ENTITLED TO
40 RECEIVE FROM ANY HEALTH CARE PROVIDER AND DISCLOSE TO THE PANEL ANY
41 INFORMATION WHICH IS RELEVANT TO THE PANEL'S REVIEW. INFORMATION WHICH
42 IS CONFIDENTIAL, AS PROVIDED FOR BY LAW, SHALL BE KEPT CONFIDENTIAL BY
43 THE PANEL AND ANY LIMITATIONS ON THE FURTHER RELEASE THEREOF IMPOSED BY
44 LAW UPON THE PARTY FURNISHING THE INFORMATION SHALL APPLY TO THE PANEL.

45 (B) THE PANEL SHALL MEET IN PERSON TO CONDUCT ITS REVIEW.

46 (C) THE PANEL CHAIR MAY REQUEST THE ATTENDANCE AT THE REVIEW OF ANY
47 PERSON WHO MIGHT ASSIST THE PANEL IN ITS REVIEW.

48 (D) THE PATIENT AND MENTAL HYGIENE LEGAL SERVICES (WHEN REPRESENTING A
49 PATIENT) MAY BE PRESENT WHEN ANY OTHER PERSON ADDRESSES THE PANEL.

50 (E) WHERE PRACTICABLE, THE PANEL MEMBERS SHALL PERSONALLY INTERVIEW
51 AND OBSERVE THE PATIENT PRIOR TO MAKING THEIR DECISION.

52 (F) NO PERSON DESCRIBED IN CLAUSES (B) THROUGH (E) OF SUBPARAGRAPH
53 (II) OF PARAGRAPH (B) OF SUBDIVISION SIX OF THIS SECTION SHALL BE
54 PERMITTED TO BE PRESENT DURING THE PANEL DELIBERATION.

55 (G) THE PANEL CHAIR MAY ADJOURN AND RECONVENE THE PANEL AS NECESSARY.

1 (H) THE ADMINISTRATOR SHALL TAKE AND MAINTAIN MINUTES OF ANY PANEL
2 MEETING, BUT NO RECORDING OR TRANSCRIPTION SHALL BE REQUIRED.

3 8. (A) THE PANEL SHALL MAKE A DETERMINATION, BY MAJORITY VOTE, AS TO
4 WHETHER THE PATIENT IS AN ELIGIBLE PATIENT, WHETHER TO AUTHORIZE THE
5 PROPOSED TRANSITION, AND WHETHER TO AUTHORIZE TRANSITION-RELATED FINAN-
6 CIAL ARRANGEMENTS. THE DETERMINATION SHALL BE SET FORTH IN WRITING AND
7 SHALL BE SIGNED BY THE CHAIR ON BEHALF OF THE PANEL.

8 (B) IF THE PANEL DETERMINES TO AUTHORIZE THE PROPOSED TRANSITION
9 AND/OR TRANSITION-RELATED FINANCIAL ARRANGEMENTS, THE AUTHORIZATION
10 SHALL BE SET FORTH IN AN ORDER, SIGNED BY THE CHAIR ON BEHALF OF THE
11 PANEL. THE ORDER SHALL DESCRIBE THE SCOPE OF SUCH AUTHORIZATION AND, IF
12 IT AUTHORIZES TRANSITION-RELATED FINANCIAL ARRANGEMENTS, DESIGNATE A
13 TRANSITION AUTHORIZATION PANEL AGENT.

14 (C) THE DETERMINATION, AND THE ORDER IF THERE IS ONE, SHALL BE MADE
15 PART OF THE PATIENT'S MEDICAL RECORD.

16 (D) NOTWITHSTANDING ANY LAW TO THE CONTRARY, THE ADMINISTRATOR AND THE
17 AGENT SHALL DISCLOSE THE ORDER TO SUCH PERSONS AS NECESSARY FOR THE
18 PURPOSE OF CARRYING OUT ITS TERMS.

19 (E) THE ORDER MAY BE RELIED UPON BY THE PARTICIPATING HOSPITAL, BY
20 POST-ACUTE CARE PROVIDERS, BY FINANCIAL INSTITUTIONS, AND BY OTHER
21 THIRD-PARTIES AS LEGAL AUTHORITY FOR THEM TO PERFORM OR COOPERATE IN THE
22 PERFORMANCE OF THE AUTHORIZED ACTS, INCLUDING LEGAL AUTHORITY:

23 (I) FOR THE PARTICIPATING HOSPITAL TO DISCHARGE THE PATIENT;

24 (II) FOR THE POST-ACUTE CARE PROVIDER TO ADMIT THE PATIENT;

25 (III) FOR THE TRANSITION AUTHORIZATION PANEL AGENT TO MAKE TRANSI-
26 TION-RELATED FINANCIAL ARRANGEMENTS; AND

27 (IV) FOR MEDICAID, FINANCIAL INSTITUTIONS AND OTHER PARTIES TO PROVIDE
28 FINANCIAL AND OTHER PERSONAL INFORMATION ABOUT THE PATIENT TO THE ADMIN-
29 ISTRATOR OR AGENT, AND TO OTHERWISE COOPERATE IN THE TRANSITION-RELATED
30 FINANCIAL ARRANGEMENTS.

31 9. A PARTICIPATING HOSPITAL, THE LOCAL SOCIAL SERVICES DEPARTMENT, AND
32 ANY OTHER PERSON MAY, BUT SHALL NOT BE REQUIRED TO, ENTER INTO AN AGREE-
33 MENT WITH A POST-ACUTE CARE PROVIDER FOR SUCH HOSPITAL, DEPARTMENT, OR
34 OTHER PERSON TO PETITION FOR THE APPOINTMENT OF A GUARDIAN UNDER ARTICLE
35 EIGHTY-ONE OF THE MENTAL HYGIENE LAW FOR A PATIENT TRANSITIONED PURSUANT
36 TO THE ORDER OF A TRANSITION AUTHORIZATION PANEL, EITHER BEFORE OR AFTER
37 THE TRANSITION, AS A WAY TO PROVIDE FOR BROADER AND LONGER TERM DECI-
38 SIONMAKING AUTHORITY WITH RESPECT TO THE TRANSITIONED PATIENT. THE CHIEF
39 EXECUTIVE OFFICER OF A PARTICIPATING HOSPITAL, OR HIS OR HER DESIGNEE,
40 THAT ENTERS INTO SUCH AGREEMENT PRIOR TO THE PATIENT'S DISCHARGE SHALL
41 BE DEEMED TO HAVE THE AUTHORITY TO COMMENCE A PETITION UNDER PARAGRAPH
42 SEVEN OF SUBDIVISION (A) OF SECTION 81.06 OF THE MENTAL HYGIENE LAW.

43 10. NO PERSON SHALL BE SUBJECT TO CRIMINAL OR CIVIL LIABILITY OR SANC-
44 TION BY A GOVERNMENTAL AGENCY (A) FOR ACTIONS IN GOOD FAITH PURSUANT TO
45 THIS ARTICLE AS A MEMBER OR AGENT OF A TRANSITION AUTHORIZATION PANEL,
46 OR AS ADMINISTRATOR OF A TRANSITION AUTHORIZATION PROGRAM; (B) FOR
47 DISCHARGING, TRANSFERRING OR ADMITTING A PATIENT FROM OR TO A FACILITY
48 PURSUANT TO AN ORDER OF A TRANSITION AUTHORIZATION PANEL; OR (C) FOR
49 DISCLOSING FINANCIAL INFORMATION ABOUT A PATIENT OR DISBURSING PATIENT
50 FUNDS PURSUANT TO AN ORDER OF A TRANSITION AUTHORIZATION PANEL.

51 11. (A) THE ADMINISTRATOR OF EACH PANEL SHALL SUBMIT AN ANNUAL REPORT
52 TO THE COMMISSIONER OF HEALTH, DUE WITHIN THIRTY DAYS OF EACH ANNIVER-
53 SARY OF THE EFFECTIVE DATE OF THIS SECTION. THE REPORT SHALL SET FORTH:

54 (I) WITH RESPECT TO EACH CASE CONSIDERED BY A PANEL, THE TYPE OF
55 POST-ACUTE CARE REQUESTED; THE LENGTH OF TIME FROM THE DATE OF THE
56 REQUEST UNTIL (A) THE PANEL CONVENED, (B) THE PANEL ISSUED ITS DETERMI-

1 NATION, AND (C) THE PATIENT WAS DISCHARGED FROM THE PARTICIPATING HOSPI-
2 TAL (IF THE DETERMINATION APPROVED THE TRANSITION); THE CATEGORIES OF
3 PERSONS WHO ADDRESSED THE PANEL; THE NUMBER OF UNANIMOUS AND NON-UNANI-
4 MOUS PANEL VOTES; WHETHER THE ORDER CALLED FOR TRANSITION-RELATED FINAN-
5 CIAL ARRANGEMENTS AND IF SO WHETHER THOSE ARRANGEMENTS WERE SUCCESSFULLY
6 MADE; AND ANY DATA OR OTHER INFORMATION AVAILABLE TO THE ADMINISTRATOR
7 REGARDING THE IMPACT OF THE DEMONSTRATION ON THE HOSPITAL'S AVERAGE
8 INPATIENT LENGTH OF STAY.

9 (II) THE PARTICIPATING HOSPITAL AND LOCAL SOCIAL SERVICES DEPARTMENT'S
10 RECOMMENDATIONS FOR AMENDMENTS TO THIS SECTION, AND RECOMMENDATIONS
11 REGARDING THE MERIT OF EXTENDING THIS DEMONSTRATION PROGRAM OR ADOPTING
12 A PERMANENT AND STATEWIDE TRANSITION AUTHORIZATION PROGRAM.

13 (B) THE COMMISSIONER SHALL COMPILE THE REPORTS SUBMITTED TO HIM OR HER
14 AS REQUIRED ABOVE, AND PROMPTLY SUBMIT SUCH REPORTS TO THE TEMPORARY
15 PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, THE MINORITY LEAD-
16 ER OF THE SENATE AND THE MINORITY LEADER OF THE ASSEMBLY. THE COMMIS-
17 SIONER MAY ADD HIS OR HER OWN RECOMMENDATIONS TO THAT COMPILATION.

18 S 3. This act shall take effect immediately, and shall expire and be
19 deemed repealed three years and ninety days after it shall have become a
20 law.