

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

5273--A

2009-2010 Regular Sessions

I N S E N A T E

April 27, 2009

Introduced by Sen. MONTGOMERY -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, the insurance law and the social services law, in relation to the provision of child abuse medical services at child advocacy centers and reimbursement therefor

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

1 Section 1. Short title. This act shall be known and may be cited as
2 the "child abuse medical services act".
3 S 2. Legislative intent. The legislature hereby finds and declares
4 that a child or adolescent who has been sexually abused needs immediate
5 medical attention and treatment. It is critical, therefore, that a child
6 or adolescent victimized by sexual assault, misconduct, or exploitation
7 has direct access to a medical provider who is specially trained to
8 evaluate, diagnose, and treat children and adolescents who have been
9 sexually abused. Furthermore, medical services must be specifically
10 tailored to the health, mental health, and social needs of an abused
11 child or adolescent. Child advocacy centers, accredited by the National
12 Children's Alliance and recognized by the New York state office of chil-
13 dren and family services, provide such specialized medical services to
14 abused and maltreated children and adolescents. Child advocacy centers
15 provide trained and experienced medical providers who are members of a
16 multi-disciplinary team located in a facility dedicated to children and
17 adolescents who have been abused or maltreated where children and
18 adolescents can find timely, complete, sensitive medical help, therapy,
19 and support. To ensure abused children and adolescents direct access to
20 child abuse medical providers at child advocacy centers and the avail-

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

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1 ability of such services, the legislature hereby enacts the child abuse
2 medical services act.

3 S 3. The public health law is amended by adding a new section 4406-f
4 to read as follows:

5 S 4406-F. ACCESS TO CHILD ABUSE MEDICAL PROVIDERS AT CHILD ADVOCACY
6 CENTERS. 1. FOR THE PURPOSES OF THIS SECTION, THE FOLLOWING TERMS SHALL
7 HAVE THE FOLLOWING MEANINGS:

8 A. "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER
9 ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER
10 CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR
11 PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE
12 HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF
13 NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION
14 PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO
15 HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

16 B. "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM OF
17 EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT, IN
18 CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES, SPECIF-
19 ICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND
20 SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF
21 THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED
22 AND MALTREATED CHILDREN.

23 C. "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLINARY
24 TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND APPROVED
25 BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE OF INVES-
26 TIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

27 D. "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTICLE
28 ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, OR TWO HUNDRED SIXTY-THREE OF
29 THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN YEARS
30 OF AGE.

31 E. "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREATMENT
32 OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT
33 LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND MENTAL
34 HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN SEXUALLY
35 ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE FOLLOW-UP
36 FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPARTMENT IN
37 CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES.

38 2. NO CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED SHALL BE
39 DENIED DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY
40 CENTER. A HEALTH MAINTENANCE ORGANIZATION SHALL NOT DENY A CHILD
41 DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY
42 CENTER FOR A MEDICAL ASSESSMENT OR LIMIT SUCH ACCESS WHEN:

43 A. A CHILD DISCLOSES SEXUAL ABUSE TO A PARENT, OTHER PERSON LEGALLY
44 RESPONSIBLE FOR THE CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT
45 ACT, OR A PERSON OR OFFICIAL REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD
46 PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW;

47 B. A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR CARE OF THE CHILD AS
48 DEFINED BY THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL ACTING IN A
49 PROFESSIONAL CAPACITY REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSU-
50 ANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW HAS
51 REASONABLE CAUSE TO SUSPECT THAT THE CHILD HAS BEEN OR MAY HAVE BEEN
52 SEXUALLY ABUSED;

53 C. A CHILD PROTECTIVE AGENCY, AS DEFINED IN SECTION ONE THOUSAND
54 TWELVE OF THE FAMILY COURT ACT, HAS REASONABLE CAUSE TO BELIEVE THAT A
55 CHILD IN ITS CUSTODY HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED; OR

56 D. A COURT ORDER DIRECTS A MEDICAL ASSESSMENT OF A CHILD.

1 3. IT SHALL BE THE DUTY OF THE ADMINISTRATIVE OFFICER OR OTHER PERSON
2 IN CHARGE OF EACH HEALTH MAINTENANCE ORGANIZATION TO:

3 A. ADVISE EACH ENROLLEE, IN WRITING, OF THE PROVISIONS OF THIS
4 SECTION, AND

5 B. ESTABLISH, AND DISCLOSE TO ALL ENROLLEES, PARTICIPATING HEALTH
6 CARE PROVIDERS, THE COMMISSIONER, AND THE SUPERINTENDENT OF INSURANCE,
7 METHODS OF ENSURING THAT A CHILD COVERED UNDER THE PLAN WHO HAS OR MAY
8 HAVE BEEN SEXUALLY ABUSED HAS DIRECT ACCESS TO CHILD ABUSE MEDICAL
9 PROVIDERS AT CHILD ADVOCACY CENTERS.

10 4. THE AMOUNT OF REIMBURSEMENT WHICH SHALL BE PAID FOR A MEDICAL
11 ASSESSMENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY
12 CENTER SHALL EQUAL THE AMOUNT THAT WOULD BE PAID TO A QUALIFIED
13 PROVIDER WITHIN THE PLAN. THERE SHALL BE NO ADDITIONAL COST TO THE
14 INSURED BEYOND WHAT THE INSURED WOULD OTHERWISE PAY FOR SERVICES
15 RECEIVED WITHIN THE NETWORK.

16 S 4. Subdivision 1 of section 4408 of the public health law is amended
17 by adding a new paragraph (p-2) to read as follows:

18 (P-2) NOTICE THAT A CHILD ENROLLEE WHO HAS BEEN OR MAY HAVE BEEN SEXU-
19 ALLY ABUSED SHALL HAVE DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER
20 AT A CHILD ADVOCACY CENTER;

21 S 5. Subsection (i) of section 3216 of the insurance law is amended by
22 adding a new paragraph 27 to read as follows:

23 (27) (A) EVERY POLICY WHICH PROVIDES COVERAGE FOR HOSPITAL, SURGICAL,
24 OR MEDICAL CARE SHALL PROVIDE THE FOLLOWING COVERAGE FOR CHILD SEXUAL
25 ABUSE PURSUANT TO THIS PARAGRAPH.

26 (B) FOR THE PURPOSES OF THIS PARAGRAPH, THE FOLLOWING TERMS SHALL HAVE
27 THE FOLLOWING MEANINGS:

28 (I) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER
29 ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER
30 CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR
31 PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE
32 HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF
33 NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION
34 PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO
35 HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

36 (II) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM
37 OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF
38 HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES,
39 SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND
40 SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF
41 THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED
42 AND MALTREATED CHILDREN.

43 (III) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLI-
44 NARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND
45 APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE
46 OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

47 (IV) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTI-
48 CLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, OR TWO HUNDRED SIXTY-THREE
49 OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN
50 YEARS OF AGE.

51 (V) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREAT-
52 MENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS
53 NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND
54 MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN
55 SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE
56 FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPART-

1 MENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY
2 SERVICES.

3 (C) NO POLICY SHALL DENY TO A CHILD WHO HAS BEEN OR MAY HAVE BEEN
4 SEXUALLY ABUSED DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A
5 CHILD ADVOCACY CENTER FOR A MEDICAL ASSESSMENT OR LIMIT SUCH ACCESS
6 WHEN:

7 (I) A CHILD DISCLOSES SEXUAL ABUSE TO A PARENT, OTHER PERSON LEGALLY
8 RESPONSIBLE FOR THE CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT
9 ACT, OR A PERSON OR OFFICIAL REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD
10 PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW;

11 (II) A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR CARE OF THE CHILD
12 AS DEFINED IN THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL ACTING IN A
13 PROFESSIONAL CAPACITY REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSU-
14 ANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW HAS
15 REASONABLE CAUSE TO SUSPECT THAT THE CHILD HAS BEEN OR MAY HAVE BEEN
16 SEXUALLY ABUSED;

17 (III) A CHILD PROTECTIVE AGENCY, AS DEFINED IN SECTION ONE THOUSAND
18 TWELVE OF THE FAMILY COURT ACT, HAS REASONABLE CAUSE TO BELIEVE THAT A
19 CHILD IN ITS CUSTODY HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED; OR

20 (IV) A COURT ORDER DIRECTS A MEDICAL ASSESSMENT OF A CHILD.

21 S 6. Subsection (k) of section 3221 of the insurance law is amended by
22 adding a new paragraph 16 to read as follows:

23 (16) (A) EVERY INSURER DELIVERING A GROUP OR BLANKET POLICY OR ISSUING
24 A GROUP OR BLANKET POLICY FOR DELIVERY IN THIS STATE WHICH PROVIDES
25 COVERAGE FOR HOSPITAL, SURGICAL, OR MEDICAL CARE SHALL PROVIDE THE
26 FOLLOWING COVERAGE FOR CHILD SEXUAL ABUSE PURSUANT TO THIS PARAGRAPH.

27 (B) FOR THE PURPOSES OF THIS PARAGRAPH, THE FOLLOWING TERMS SHALL HAVE
28 THE FOLLOWING MEANINGS:

29 (I) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER
30 ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER
31 CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR
32 PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE
33 HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF
34 NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION
35 PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO
36 HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

37 (II) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM
38 OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF
39 HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES,
40 SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND
41 SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF
42 THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED
43 AND MALTREATED CHILDREN.

44 (III) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLI-
45 NARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND
46 APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE
47 OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

48 (IV) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTI-
49 CLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, OR TWO HUNDRED SIXTY-THREE
50 OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN
51 YEARS OF AGE.

52 (V) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREAT-
53 MENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS
54 NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND
55 MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN
56 SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE

1 FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPART-
2 MENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY
3 SERVICES.

4 (C) NO POLICY SHALL DENY TO A CHILD WHO HAS BEEN OR MAY HAVE BEEN
5 SEXUALLY ABUSED DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A
6 CHILD ADVOCACY CENTER FOR A MEDICAL ASSESSMENT OR LIMIT SUCH ACCESS
7 WHEN:

8 (I) A CHILD DISCLOSES SEXUAL ABUSE TO A PARENT, OTHER PERSON LEGALLY
9 RESPONSIBLE FOR THE CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT
10 ACT, OR A PERSON OR OFFICIAL REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD
11 PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW;

12 (II) A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR CARE OF THE CHILD
13 AS DEFINED IN THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL ACTING IN A
14 PROFESSIONAL CAPACITY REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSU-
15 ANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW HAS
16 REASONABLE CAUSE TO SUSPECT THAT THE CHILD HAS BEEN OR MAY HAVE BEEN
17 SEXUALLY ABUSED;

18 (III) A CHILD PROTECTIVE AGENCY, AS DEFINED IN SECTION ONE THOUSAND
19 TWELVE OF THE FAMILY COURT ACT, HAS REASONABLE CAUSE TO BELIEVE THAT A
20 CHILD IN ITS CUSTODY HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED; OR

21 (IV) A COURT ORDER DIRECTS A MEDICAL ASSESSMENT OF A CHILD.

22 S 7. Section 4303 of the insurance law is amended by adding a new
23 subsection (gg) to read as follows:

24 (GG) (1) A MEDICAL EXPENSE INDEMNITY CORPORATION, A HOSPITAL SERVICE
25 CORPORATION OR A HEALTH SERVICE CORPORATION WHICH PROVIDES COVERAGE FOR
26 HOSPITAL, SURGICAL, OR MEDICAL CARE SHALL PROVIDE THE FOLLOWING COVERAGE
27 FOR CHILD SEXUAL ABUSE.

28 (2) FOR THE PURPOSES OF THIS SUBSECTION THE FOLLOWING TERMS SHALL HAVE
29 THE FOLLOWING MEANINGS:

30 (A) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER
31 ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER
32 CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR
33 PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE
34 HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF
35 NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION
36 PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO
37 HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

38 (B) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM
39 OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF
40 HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES,
41 SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND
42 SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF
43 THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED
44 AND MALTREATED CHILDREN.

45 (C) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLI-
46 NARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND
47 APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE
48 OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

49 (D) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTI-
50 CLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, OR TWO HUNDRED SIXTY-THREE
51 OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN
52 YEARS OF AGE.

53 (E) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREAT-
54 MENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS
55 NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND
56 MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN

1 SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE
2 FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPART-
3 MENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY
4 SERVICES.

5 (3) NO POLICY SHALL DENY TO A CHILD WHO HAS BEEN OR MAY HAVE BEEN
6 SEXUALLY ABUSED DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A
7 CHILD ADVOCACY CENTER FOR A MEDICAL ASSESSMENT OR LIMIT SUCH ACCESS
8 WHEN:

9 (I) A CHILD DISCLOSES SEXUAL ABUSE TO A PARENT, OTHER PERSON LEGALLY
10 RESPONSIBLE FOR THE CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT
11 ACT, OR A PERSON OR OFFICIAL REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD
12 PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW;

13 (II) A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR CARE OF THE CHILD
14 AS DEFINED IN THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL ACTING IN A
15 PROFESSIONAL CAPACITY REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSU-
16 ANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW HAS
17 REASONABLE CAUSE TO SUSPECT THAT THE CHILD HAS BEEN OR MAY HAVE BEEN
18 SEXUALLY ABUSED;

19 (III) A CHILD PROTECTIVE AGENCY, AS DEFINED IN SECTION ONE THOUSAND
20 TWELVE OF THE FAMILY COURT ACT, HAS REASONABLE CAUSE TO BELIEVE THAT A
21 CHILD IN ITS CUSTODY HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED; OR

22 (IV) A COURT ORDER DIRECTS A MEDICAL ASSESSMENT OF A CHILD.

23 S 8. Paragraphs 16 and 17 of subsection (a) of section 3217-a of the
24 insurance law, as added by chapter 705 of the laws of 1996, are amended
25 and a new paragraph 18 is added to read as follows:

26 (16) notice of all appropriate mailing addresses and telephone numbers
27 to be utilized by insureds seeking information or authorization; [and]

28 (17) where applicable, a listing by specialty, which may be in a sepa-
29 rate document that is updated annually, of the name, address, and tele-
30 phone number of all participating providers, including facilities, and
31 in addition, in the case of physicians, board certification[.]; AND

32 (18) WHERE APPLICABLE, NOTICE OF THE PROVISIONS OF PARAGRAPH
33 TWENTY-SEVEN OF SUBSECTION (I) OF SECTION THREE THOUSAND TWO HUNDRED
34 SIXTEEN AND PARAGRAPH SIXTEEN OF SUBSECTION (K) OF SECTION THREE THOU-
35 SAND TWO HUNDRED TWENTY-ONE OF THIS ARTICLE AND OF METHODS OF ENSURING
36 THAT A CHILD COVERED UNDER THE POLICY WHO HAS BEEN OR MAY HAVE BEEN
37 SEXUALLY ABUSED HAS DIRECT ACCESS TO CHILD ABUSE MEDICAL PROVIDERS AT
38 CHILD ADVOCACY CENTERS.

39 S 9. Paragraphs 17 and 18 of subsection (a) of section 4324 of the
40 insurance law, as added by chapter 705 of the laws of 1996, are amended
41 and a new paragraph 19 is added to read as follows:

42 (17) where applicable, a listing by specialty, which may be in a sepa-
43 rate document that is updated annually, of the name, address, and tele-
44 phone number of all participating providers, including facilities, and
45 in addition, in the case of physicians, board certification; [and]

46 (18) a description of the mechanisms by which subscribers may partic-
47 ipate in the development of the policies of the corporation[.]; AND

48 (19) WHERE APPLICABLE, NOTICE OF THE PROVISIONS OF SUBSECTION (GG) OF
49 SECTION FOUR THOUSAND THREE HUNDRED THREE OF THIS ARTICLE AND OF METHODS
50 OF ENSURING THAT A CHILD COVERED UNDER THE POLICY WHO HAS BEEN OR MAY
51 HAVE BEEN SEXUALLY ABUSED HAS DIRECT ACCESS TO CHILD ABUSE MEDICAL
52 PROVIDERS AT CHILD ADVOCACY CENTERS.

53 S 10. Subdivision 1 of section 364-j of the social services law is
54 amended by adding five new paragraphs (z), (aa), (bb), (cc) and (dd) to
55 read as follows:

(Z) "CHILD ABUSE MEDICAL PROVIDER". A PHYSICIAN LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

(AA) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM". A PROGRAM OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES, SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED AND MALTREATED CHILDREN.

(BB) "CHILD ADVOCACY CENTER". A LOCAL OR REGIONAL MULTIDISCIPLINARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

(CC) "CHILD SEXUAL ABUSE". ANY OF THE OFFENSES DESCRIBED IN ARTICLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY OR TWO HUNDRED SIXTY-THREE OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN YEARS OF AGE.

(DD) "MEDICAL ASSESSMENT". THE EVALUATION, DIAGNOSIS, AND TREATMENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPARTMENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES.

S 11. Subparagraphs (ix) and (x) of paragraph (e) of subdivision 3 of section 364-j of the social services law, as amended by chapter 648 of the laws of 1999, are amended and a new paragraph (xi) is added to read as follows:

(ix) HIV COBRA case management; [and]

(x) other services as determined by the commissioner of health[.]; AND

(XI) MEDICAL ASSESSMENT OF A CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, WHICH ASSESSMENT SHALL INSTEAD BE REFERRED IMMEDIATELY AND DIRECTLY TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER.

S 12. Subparagraphs (ii) and (iii) of paragraph (a) of subdivision 4 of section 364-j of the social services law, as amended by section 14 of part C of chapter 58 of the laws of 2004, are amended and a new subparagraph (iv) is added to read as follows:

(ii) provided, however, if a major public hospital, as defined in the public health law, is designated by the commissioner of health as a managed care provider in a social services district the commissioner of health shall designate at least one other managed care provider which is not a major public hospital or facility operated by a major public hospital; [and]

(iii) under a managed care program, not all managed care providers must be required to provide the same set of medical assistance services. The managed care program shall establish procedures through which participants will be assured access to all medical assistance services to which they are otherwise entitled, other than through the managed care provider, where:

1 (A) the service is not reasonably available directly or indirectly
2 from the managed care provider,

3 (B) it is necessary because of emergency or geographic unavailability,
4 or

5 (C) the services provided are family planning services; or

6 (D) the services are dental services and are provided by a diagnostic
7 and treatment center licensed under article twenty-eight of the public
8 health law which is affiliated with an academic dental center and which
9 has been granted an operating certificate pursuant to article twenty-
10 eight of the public health law to provide such dental services. Any
11 diagnostic and treatment center providing dental services pursuant to
12 this clause shall prior to June first of each year report to the gover-
13 nor, temporary president of the senate and speaker of the assembly on
14 the following: the total number of visits made by medical assistance
15 recipients during the immediately preceding calendar year; the number of
16 visits made by medical assistance recipients during the immediately
17 preceding calendar year by recipients who were enrolled in managed care
18 programs; the number of visits made by medical assistance recipients
19 during the immediately preceding calendar year by recipients who were
20 enrolled in managed care programs that provide dental benefits as a
21 covered service; and the number of visits made by the uninsured during
22 the immediately preceding calendar year; or

23 (E) other services as defined by the commissioner of health[.]; AND

24 (IV) MEDICAL ASSESSMENT OF A CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXU-
25 ALLY ABUSED SHALL BE REFERRED IMMEDIATELY AND DIRECTLY TO A CHILD ABUSE
26 MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER.

27 S 13. The social services law is amended by adding a new section 368-g
28 to read as follows:

29 S 368-G. REIMBURSEMENT FOR CHILD SEXUAL ABUSE MEDICAL ASSESSMENT. 1.
30 FOR THE PURPOSES OF THIS SECTION, THE FOLLOWING TERMS SHALL HAVE THE
31 FOLLOWING MEANINGS:

32 (A) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER
33 ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER
34 CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR
35 PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE
36 HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF
37 NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION
38 PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN WHO
39 HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED AT A CHILD ADVOCACY CENTER.

40 (B) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM
41 OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF
42 HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES,
43 SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND
44 SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF
45 THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED
46 AND MALTREATED CHILDREN.

47 (C) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLI-
48 NARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND
49 APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE
50 OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

51 (D) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTI-
52 CLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, AND TWO HUNDRED SIXTY-THREE
53 OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN
54 YEARS OF AGE.

55 (E) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREAT-
56 MENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS

1 NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND
2 MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN
3 SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE
4 FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPART-
5 MENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY
6 SERVICES.

7 2. A SOCIAL SERVICES DISTRICT SHALL REIMBURSE A CHILD ABUSE MEDICAL
8 PROVIDER AT A CHILD CARE CENTER ELIGIBLE FOR FUNDING AS A COMPREHENSIVE
9 HEALTH SERVICES PROGRAM AT THE MAXIMUM REIMBURSEMENT THAT THE DEPARTMENT
10 OF HEALTH MAY PAY FOR PROVIDING OR ARRANGING FOR MEDICAL ASSESSMENT OF A
11 CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED IN ACCORDANCE WITH
12 THE FEDERAL SOCIAL SECURITY ACT AND REGULATIONS PROMULGATED THEREUNDER.

13 3. CHILD ADVOCACY CENTERS THAT ARE NOT ELIGIBLE FOR FUNDING AS COMPRE-
14 HENSIVE HEALTH SERVICES PROGRAMS SHALL BE RESPONSIBLE FOR PROVIDING
15 MEDICAL ASSESSMENTS AND SERVICES TO CHILDREN WHO HAVE BEEN OR MAY HAVE
16 BEEN SEXUALLY ABUSED PURSUANT TO A PROTOCOL APPROVED BY THE DEPARTMENT
17 OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY
18 SERVICES, WHICH SHALL INCLUDE BUT NOT BE LIMITED TO:

19 (A) MEDICAL EVALUATION, DIAGNOSIS, AND TREATMENT OF THE CHILD BY A
20 CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT LIMITED TO A
21 THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL EXAMINATION TO DETERMINE
22 WHETHER OR NOT A CHILD HAS BEEN SEXUALLY ABUSED;

23 (B) DIAGNOSIS AND TREATMENT OF THE CHILD;

24 (C) IDENTIFICATION OF APPROPRIATE FOLLOW-UP FOR THE CHILD; AND

25 (D) COORDINATION OF THE MEDICAL ASSESSMENT WITH A MULTIDISCIPLINARY
26 INVESTIGATION AND FOLLOW-UP OF SUCH CHILD.

27 4. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE PER UNIT RATE OF
28 PAYMENT FOR MEDICAL ASSESSMENT AND SERVICES FURNISHED BY THE CHILD ADVO-
29 CACY CENTERS TO CHILDREN WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED
30 AND WHO ARE ELIGIBLE FOR PAYMENTS MADE BY STATE GOVERNMENTAL AGENCIES
31 SHALL BE INCREASED TO AN AMOUNT EQUAL TO ONE HUNDRED TWENTY DOLLARS PER
32 UNIT.

33 S 14. This act shall take effect on the one hundred twentieth day
34 after it shall have become a law; provided that the departments of
35 health, insurance and family assistance are authorized to promulgate any
36 and all rules and regulations and take any other measures necessary to
37 implement this act on its effective date on or before such date; and
38 provided further that the amendments to subdivisions 1, 3 and 4 of
39 section 364-j of the social services law made by sections ten, eleven
40 and twelve of this act shall not affect the repeal of such section and
41 shall be deemed repealed therewith.