

3463

2011-2012 Regular Sessions

I N A S S E M B L Y

January 25, 2011

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

AN ACT to amend the public health law, in relation to the observational  
care unit demonstration program

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

1 Section 1. The public health law is amended by adding a new section  
2 2802-b to read as follows:

3 S 2802-B. OBSERVATIONAL CARE UNIT DEMONSTRATION PROGRAM. 1. NOTWITH-  
4 STANDING ANY OTHER PROVISION OF LAW TO THE CONTRARY, THE COMMISSIONER IS  
5 AUTHORIZED TO APPROVE UP TO FIVE MEDICAL PRACTICES WITHIN THE STATE IN  
6 UNDERSERVED RURAL AREAS OF THE STATE TO OPERATE OBSERVATIONAL CARE UNITS  
7 BY AND WITHIN SUCH MEDICAL PRACTICES. FOR PURPOSES OF THIS SECTION,  
8 "OBSERVATIONAL CARE" SHALL MEAN THOSE SERVICES FURNISHED BY A MEDICAL  
9 PRACTICE ON PREMISES, INCLUDING USE OF A BED AND PERIODIC MONITORING BY  
10 A MEDICAL PRACTICE'S NURSING OR OTHER STAFF, WHICH ARE REASONABLE AND  
11 NECESSARY TO EVALUATE AN OUTPATIENT'S CONDITION OR DETERMINE THE NEED  
12 FOR A POSSIBLE ADMISSION TO A HOSPITAL AS AN INPATIENT OR CONTINUE TO  
13 NEED SPECIALIZED MEDICAL, NURSING AND OTHER HOSPITAL ANCILLARY SERVICES  
14 AND ARE NOT YET APPROPRIATE FOR DISCHARGE.

15 2. IN ORDER TO RECEIVE APPROVAL FROM THE COMMISSIONER TO OPERATE AN  
16 OBSERVATIONAL UNIT AND TO PROVIDE OBSERVATIONAL CARE SERVICES, A MEDICAL  
17 PRACTICE SHALL FILE AN APPLICATION ON FORMS PRESCRIBED BY OR ACCEPTABLE  
18 TO THE COMMISSIONER.

19 (A) THE COMMISSIONER SHALL ACT UPON SUCH APPLICATIONS IN A MANNER  
20 CONSISTENT WITH SECTION TWENTY-EIGHT HUNDRED TWO OF THIS ARTICLE  
21 PROVIDED THAT THE COMMISSIONER MAY NOT WAIVE REVIEW AND RECOMMENDATION  
22 BY THE STATE HOSPITAL REVIEW AND PLANNING COUNCIL. IN THE STATE HOSPITAL  
23 REVIEW AND PLANNING COUNCIL'S EVALUATION OF APPLICATIONS AND THE COMMIS-  
24 SIONER ACTING UPON SUCH APPLICATIONS, PRIORITY SHALL BE GIVEN TO APPLI-  
25 CANTS WHO ARE SERVING PATIENTS LOCATED IN A MEDICALLY UNDERSERVED RURAL

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

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1 SERVICE AREA. FURTHER, IN THE STATE HOSPITAL REVIEW AND PLANNING COUNCIL  
2 EVALUATING APPLICATIONS AND THE COMMISSIONER ACTING UPON SUCH APPLICA-  
3 TIONS, CONSIDERATION SHALL ALSO BE GIVEN TO THE GEOGRAPHIC DISTRIBUTION  
4 OF APPLICANTS THROUGHOUT THE STATE, SO THAT APPLICATIONS MAY BE APPROVED  
5 FROM THE VARIOUS GEOGRAPHIC REGIONS OF THE STATE.

6 (B) THE CARE PROVIDED IN AN OBSERVATIONAL CARE UNIT SHALL BE LIMITED  
7 IN DURATION NOT TO EXCEED TWENTY-FOUR HOURS AND DESIGNED TO RESOLVE A  
8 PATIENT'S ACUTE CARE MEDICAL PROBLEMS, TEST, DIAGNOSE, STABILIZE AND  
9 TREAT RAPIDLY PATIENTS WHO ARE IN NEED OF A LEVEL OF TREATMENT NOT  
10 REQUIRING IMMEDIATE INPATIENT ADMISSION TO A HOSPITAL FACILITY AND  
11 APPROPRIATE DISCHARGE OF SUCH A PATIENT TO A HOME, RESIDENTIAL HEALTH  
12 CARE FACILITY OR OTHER APPROPRIATE SETTING.

13 (C) IN ORDER TO BE APPROVED TO OPERATE AN OBSERVATIONAL CARE UNIT AND  
14 TO PROVIDE OBSERVATIONAL CARE SERVICES, AN APPLICANT MUST COMPLY WITH  
15 AND MEET ALL APPLICABLE REQUIREMENTS OF AND CONDITIONS OF PARTICIPATION  
16 UNDER TITLE XVIII OF THE FEDERAL SOCIAL SECURITY ACT (MEDICARE).

17 3. THE COMMISSIONER SHALL REPORT TO THE GOVERNOR AND THE LEGISLATURE  
18 CONCERNING THE IMPLEMENTATION OF THIS SECTION AND THE OPERATION OF  
19 OBSERVATIONAL CARE UNITS WITHIN THREE YEARS AFTER THE EFFECTIVE DATE OF  
20 THIS SECTION.

21 S 2. This act shall take effect immediately.