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

2274

2011-2012 Regular Sessions

I N S E N A T E

January 18, 2011

Introduced by Sen. KRUGER -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT authorizing medication and treatment compliance demonstration programs and providing for the repeal of such programs upon expiration thereof

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

Section 1. Medication and treatment compliance demonstration programs. 1. The department of health may establish one or more demonstration programs to improve medication and treatment compliance of persons with chronic health problems (referred to in this section as a "demonstration program"). In doing so, the department of health shall work in cooperation with one or more not-for-profit organizations that have demonstrated expertise in providing services within the scope of a specific disease or in the administration and monitoring of medication and treatment regimens. A demonstration program may offer monitoring and support services to patients diagnosed with chronic health problems including, but not limited to, one or more of the following: congestive heart failure, brittle diabetes, chronic obstructive pulmonary disease, cancer, bipolar disorders, schizophrenia, HIV/AIDS, transplant patients and for wound care. Services to be offered in a demonstration program may include, but are not limited to, a proactive telephone-based reminder, verification, support and reporting service coupled with face-to-face patient medication evaluations.

2. Enrollment in a demonstration program shall be voluntary for all clients. A participating individual may discontinue his or her enrollment at any time without cause. The commissioner of health shall review and approve all enrollment and marketing materials for a demonstration program.

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

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3. The department of health shall be responsible for regulating the quality, appropriateness and cost effectiveness of a demonstration program.

4. The department of health shall utilize to the extent possible all potential sources of funding for demonstration programs including, but not limited to, funding available through titles 18 and 19 of the federal social security act. Additional sources may include but shall not be limited to, private payments and donations. Services provided as part of a demonstration program and related administrative expenses not otherwise eligible for coverage under these or other funding sources shall be eligible for reimbursement under the medical assistance program for the purposes of this act as long as federal financial participation is available.

5. The department of health shall provide an interim report to the governor and the legislature on or before December 31, 2014 and a final report on or before December 31, 2016 on results of demonstration programs. Both reports shall include findings as to demonstration programs' cost effectiveness, including the cost of maintaining the person in the community, funding sources, identification of the client group served, programmatic benefits and the effect on the need for hospital or residential health care facility beds. In the final report, the department of health shall offer recommendations as to whether demonstration programs should be extended, modified, eliminated or made permanent.

S 2. This act shall take effect immediately and shall expire and be deemed repealed March 31, 2017.