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

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 ASSEMBLY, DO ENACT AS FOLLOWS:

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

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

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

(A) THE COMMISSIONER SHALL ACT UPON SUCH APPLICATIONS IN A MANNER CONSISTENT WITH SECTION TWENTY-EIGHT HUNDRED TWO OF THIS ARTICLE PROVIDED THAT THE COMMISSIONER MAY NOT WAIVE REVIEW AND RECOMMENDATION BY THE STATE HOSPITAL REVIEW AND PLANNING COUNCIL. IN THE STATE HOSPITAL REVIEW AND PLANNING COUNCIL'S EVALUATION OF APPLICATIONS AND THE COMMISSIONER ACTING UPON SUCH APPLICATIONS, PRIORITY SHALL BE GIVEN TO APPLICANTS 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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SERVICE AREA. FURTHER, IN THE STATE HOSPITAL REVIEW AND PLANNING COUNCIL EVALUATING APPLICATIONS AND THE COMMISSIONER ACTING UPON SUCH APPLICATIONS, CONSIDERATION SHALL ALSO BE GIVEN TO THE GEOGRAPHIC DISTRIBUTION OF APPLICANTS THROUGHOUT THE STATE, SO THAT APPLICATIONS MAY BE APPROVED FROM THE VARIOUS GEOGRAPHIC REGIONS OF THE STATE.

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

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

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

S 2. This act shall take effect immediately.