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

6807

I N S E N A T E

March 23, 2012

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

AN ACT to amend the public health law and the state finance law, in relation to establishing the medical harm disclosure act

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

Section 1. Short title. This act shall be known and may be cited as the "medical harm disclosure act".

S 2. Article 29-D of the public health law is amended by adding a new title 1-A to read as follows:

TITLE 1-A

MEDICAL HARM DISCLOSURE ACT

SECTION 2997-E. DEFINITIONS.
2997-F. HOSPITAL REQUIREMENTS.
2997-G. MEDICAL HARM DISCLOSURE ADVISORY COMMITTEE.
2997-H. METHODOLOGIES FOR COLLECTING, ANALYZING AND VALIDATING DATA.
2997-I. PUBLIC REPORTS.
2997-J. PRIVACY.
2997-K. PROTECTION FOR TAKING ACTION.
2997-L. PATIENT SAFETY TRUST FUND.
2997-M. DEPARTMENT ACTIONS AND PENALTIES.
2997-N. OVERSIGHT INFORMATION.
2997-O. PUBLIC AWARENESS.

S 2997-E. DEFINITIONS. FOR PURPOSES OF THIS TITLE, THE FOLLOWING TERMS SHALL HAVE THE FOLLOWING MEANINGS:

1. "HOSPITAL" SHALL MEAN A HOSPITAL AS DEFINED PURSUANT TO ARTICLE TWENTY-EIGHT OF THIS CHAPTER.

2. "MEDICAL HARM EVENT" SHALL MEAN HARM TO A PATIENT AS A RESULT OF MEDICAL CARE OR IN A HEALTH CARE SETTING. IT MAY INCLUDE, BUT SHOULD NOT BE LIMITED TO, THE NATIONAL QUALITY FORUM'S LIST OF SERIOUS REPORTABLE EVENTS, AND SHALL INCLUDE THE FOLLOWING CATEGORIES OF EVENTS:

(A) SURGICAL AND RELATED ANESTHESIA EVENTS INCLUDING UNEXPECTED COMPLICATIONS AND DEATHS, SURGERY PERFORMED ON A WRONG BODY PART,

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

SURGERY PERFORMED ON THE WRONG PATIENT, THE WRONG SURGICAL PROCEDURE PERFORMED ON A PATIENT, AND RETENTION OF A FOREIGN OBJECT IN A PATIENT AFTER SURGERY OR OTHER PROCEDURE, EXCLUDING OBJECTS INTENTIONALLY IMPLANTED AS PART OF A PLANNED INTERVENTION AND OBJECTS PRESENT PRIOR TO SURGERY THAT ARE INTENTIONALLY RETAINED.

(B) MEDICATION EVENTS RELATED TO PROFESSIONAL PRACTICE, OR HEALTH CARE PRODUCTS, PROCEDURES, AND SYSTEMS, INCLUDING, BUT NOT LIMITED TO, PRESCRIBING, PRESCRIPTION ORDER COMMUNICATIONS, PRODUCT LABELING, PACKAGING AND NOMENCLATURE, COMPOUNDING, DISPENSING, DISTRIBUTION, ADMINISTRATION, EDUCATION, MONITORING, AND USE.

(C) PRODUCT OR DEVICE EVENTS RELATED TO THE USE OR FUNCTION OF A DEVICE IN PATIENT CARE IN WHICH THE DEVICE IS USED FOR FUNCTIONS OTHER THAN AS INTENDED, INCLUDING, BUT NOT LIMITED TO, CATHETERS, INFUSION PUMPS, OR VENTILATORS.

(D) CARE MANAGEMENT EVENTS INCLUDING, BUT NOT LIMITED TO, STAGE 3 OR 4 PRESSURE ULCERS ACQUIRED AFTER ADMISSION TO A HEALTH FACILITY, FAILURE TO RESCUE, IV INJURIES, AND MATERNAL DEATH OR SERIOUS DISABILITY ASSOCIATED WITH LABOR OR DELIVERY, INCLUDING EVENTS THAT OCCUR WITHIN FORTY-TWO DAYS POST-DELIVERY.

(E) ENVIRONMENTAL DEATHS INCLUDING, BUT NOT LIMITED TO, UNINTENDED ELECTRIC SHOCK, DELIVERY OF THE WRONG GAS OR CONTAMINATED TOXIC SUBSTANCE, BURNS INCURRED FROM ANY SOURCE, PATIENT FALLS, AND HARM ASSOCIATED WITH THE USE OF RESTRAINTS OR BEDRAILS.

(F) DEATH OF A PREVIOUSLY HEALTHY PERSON WHILE UNDERGOING MEDICAL CARE.

S 2997-F. HOSPITAL REQUIREMENTS. 1. IN ADDITION TO THE REPORTING REQUIREMENTS SET FORTH IN SECTION TWENTY-EIGHT HUNDRED FIVE-L OF THIS CHAPTER, A HOSPITAL SHALL REPORT A MEDICAL HARM EVENT TO THE DEPARTMENT NOT LATER THAN FIVE DAYS AFTER THE EVENT HAS BEEN DETECTED, OR, IF THAT EVENT IS AN ONGOING URGENT OR EMERGENT THREAT TO THE WELFARE, HEALTH, OR SAFETY OF PATIENTS, PERSONNEL, OR VISITORS, NOT LATER THAN TWENTY-FOUR HOURS AFTER THE ADVERSE EVENT HAS BEEN DETECTED. THE REPORTS SHALL BE MADE ON A FORM PRESCRIBED BY THE DEPARTMENT.

2. THE REPORT SHALL INDICATE THE LEVEL OF MEDICAL HARM TO THE PATIENT, SUCH AS WHETHER IT RESULTED IN SERIOUS INJURY OR DEATH, USING THE FORMAT DEVELOPED BY THE DEPARTMENT.

3. ON A QUARTERLY BASIS, EACH HOSPITAL THAT HAS HAD NO MEDICAL HARM EVENTS TO REPORT DURING THAT QUARTER SHALL AFFIRMATIVELY DECLARE THIS FACT TO THE DEPARTMENT, USING A FORM DEVELOPED BY THE DEPARTMENT.

4. EACH HOSPITAL SHALL CREATE FACILITY-WIDE PATIENT SAFETY PROGRAMS TO ROUTINELY REVIEW PATIENT RECORDS FOR MEDICAL HARM, ANALYZE THESE EVENTS TO DETERMINE IF THEY WERE PREVENTABLE AND IMPLEMENT CHANGES TO PREVENT SIMILAR HARMFUL EVENTS. EACH HOSPITAL SHALL PROVIDE AN ANNUAL SUMMARY OF ITS PATIENT SAFETY PROGRAM TO THE DEPARTMENT.

5. EACH HOSPITAL SHALL INFORM THE PATIENT, THE PARTY RESPONSIBLE FOR THE PATIENT, OR AN ADULT MEMBER OF THE IMMEDIATE FAMILY IN CASES OF DEATH OR SERIOUS BODILY INJURY, OF THE MEDICAL HARM EVENT BY THE TIME THE REPORT IS MADE TO THE DEPARTMENT.

6. EACH HOSPITAL SHALL INTERVIEW PATIENTS, FAMILY MEMBERS, AND/OR PARTIES RESPONSIBLE FOR THE PATIENT ABOUT MEDICAL HARM EVENTS AND DOCUMENT A DETAILED SUMMARY OF THAT INTERVIEW IN THE PATIENT'S MEDICAL RECORD.

7. IF THE MEDICAL HARM EVENT CONTRIBUTED TO THE DEATH OF A PATIENT, THE HOSPITAL SHALL INCLUDE THAT EVENT AS A CONTRIBUTING CAUSE ON THE PATIENT'S DEATH CERTIFICATE.

8. IF THE HOSPITAL IS A DIVISION OR SUBSIDIARY OF ANOTHER ENTITY THAT OWNS OR OPERATES MULTIPLE HOSPITALS OR RELATED ORGANIZATIONS, A REPORT SHALL BE MADE FOR EACH SPECIFIC DIVISION OR SUBSIDIARY AND NOT AGGREGATELY FOR MULTIPLE HOSPITALS.

9. NOTHING IN THIS SECTION SHALL BE INTERPRETED TO CHANGE OR OTHERWISE AFFECT HOSPITAL REPORTING REQUIREMENTS REGARDING REPORTABLE DISEASES OR UNUSUAL OCCURRENCES, AS PROVIDED ELSEWHERE IN THIS CHAPTER.

S 2997-G. MEDICAL HARM DISCLOSURE ADVISORY COMMITTEE. 1. THE COMMISSIONER SHALL APPOINT A MEDICAL HARM DISCLOSURE ADVISORY COMMITTEE, INCLUDING REPRESENTATIVES FROM PUBLIC AND PRIVATE HOSPITALS, DIRECT CARE NURSING STAFF, PHYSICIANS, EPIDEMIOLOGISTS WITH EXPERTISE IN PATIENT SAFETY, ACADEMIC RESEARCHERS, CONSUMER ORGANIZATIONS, HEALTH INSURERS, HEALTH MAINTENANCE ORGANIZATIONS, ORGANIZED LABOR, AND PURCHASERS OF HEALTH INSURANCE, SUCH AS EMPLOYERS. THE ADVISORY COMMITTEE SHALL HAVE A MAJORITY OF MEMBERS REPRESENTING INTERESTS OTHER THAN HOSPITALS.

2. THE MEDICAL HARM DISCLOSURE ADVISORY COMMITTEE SHALL ASSIST THE DEPARTMENT IN THE DEVELOPMENT OF ALL ASPECTS OF THE DEPARTMENT'S METHODOLOGY FOR COLLECTING, ANALYZING, AND DISCLOSING THE INFORMATION COLLECTED UNDER THIS TITLE, INCLUDING COLLECTION METHODS, FORMATTING, EVALUATION OF METHODS USED AND THE METHODS AND MEANS FOR RELEASE AND DISSEMINATION.

3. MEETINGS OF THE ADVISORY COMMITTEE SHALL BE OPEN TO THE PUBLIC PURSUANT TO ARTICLE SEVEN OF THE PUBLIC OFFICERS LAW.

S 2997-H. METHODOLOGIES FOR COLLECTING, ANALYZING AND VALIDATING DATA. 1. THE DEPARTMENT SHALL, WITH THE ADVICE OF THE MEDICAL HARM DISCLOSURE ADVISORY COMMITTEE CREATED IN SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-G OF THIS TITLE, DEVELOP GUIDELINES FOR HOSPITALS IN IDENTIFYING MEDICAL HARM EVENTS.

2. THE DEPARTMENT SHALL CREATE STANDARDIZED REPORTING FORMATS FOR HOSPITALS TO USE TO COMPLY WITH ALL PROVISIONS OF THIS TITLE.

3. IN DEVELOPING THE METHODOLOGY FOR COLLECTING THE DATA ON MEDICAL HARM EVENTS, THE DEPARTMENT AND THE MEDICAL HARM DISCLOSURE ADVISORY COMMITTEE SHALL USE THE "COMMON FORMATS" FORMS DEVELOPED BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY OR A SIMILAR STANDARDIZED COLLECTION METHOD.

4. IN DEVELOPING THE METHODOLOGY FOR ANALYZING THE DATA, THE DEPARTMENT SHALL INCLUDE A STANDARDIZED METHOD OF CATEGORIZING THE LEVEL OF HARM EXPERIENCED BY THE PATIENT, SUCH AS THE NATIONAL COORDINATING COUNCIL FOR MEDICATION ERRORS REPORTING AND PREVENTION INDEX FOR CATEGORIZING ERRORS.

5. THE DEPARTMENT SHALL AT LEAST QUARTERLY CHECK THE ACCURACY OF INFORMATION REPORTED BY HOSPITALS UNDER THIS TITLE BY COMPARING THE INFORMATION WITH OTHER AVAILABLE DATA SUCH AS PATIENT SAFETY INDICATORS FROM HOSPITAL PATIENT DISCHARGE DATA, COMPLAINTS FILED WITH THE LICENSING DIVISION, DEATH CERTIFICATES, INSPECTION AND SURVEY REPORTS, AND MEDICAL MALPRACTICE INFORMATION. THE DEPARTMENT SHALL ANNUALLY CONDUCT RANDOM REVIEWS OF HOSPITAL MEDICAL RECORDS.

6. THE DATA COLLECTION, ANALYSIS AND VALIDATION METHODOLOGIES SHALL BE DISCLOSED TO THE PUBLIC.

7. EVERY THREE YEARS, THE DEPARTMENT SHALL HAVE AN INDEPENDENT AUDIT CONDUCTED BY A STATE UNIVERSITY OF NEW YORK ENTITY NOT AFFILIATED WITH ANY HOSPITAL REQUIRED TO REPORT UNDER THIS TITLE. SUCH AUDIT SHALL:

(A) ASSESS THE ACCURACY OF REPORTING BY HOSPITALS, ESPECIALLY SEEKING TO IDENTIFY UNDERREPORTING;

(B) BE FUNDED BY THE PATIENT SAFETY TRUST FUND ESTABLISHED IN SECTION NINETY-FIVE-H OF THE STATE FINANCE LAW; AND

(C) BE AVAILABLE TO THE PUBLIC ON THE DEPARTMENT'S WEBSITE WITHIN ONE MONTH OF RECEIVING THE FINAL REPORT.

8. THE DEPARTMENT SHALL ADOPT REGULATIONS TO CARRY OUT THE PROVISIONS OF THIS TITLE.

S 2997-I. PUBLIC REPORTS. 1. EACH QUARTER, THE DEPARTMENT SHALL PUBLISH DETAILS OF THE FINES ASSESSED TO HOSPITALS FOR FAILURE TO REPORT MEDICAL HARM EVENTS UNDER SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-M OF THIS TITLE, AND SHALL ISSUE A NEWS RELEASE ABOUT THAT PUBLICATION.

2. THE DEPARTMENT SHALL ANNUALLY SUBMIT A REPORT TO THE LEGISLATURE DETAILING MEDICAL HARM EVENTS REPORTED AT EACH HOSPITAL REQUIRED TO REPORT UNDER THIS TITLE. THE REPORT MAY INCLUDE POLICY RECOMMENDATIONS, AS APPROPRIATE. SUCH REPORT SHALL:

(A) BE PUBLISHED ON THE DEPARTMENT'S WEBSITE AT THE SAME TIME IT IS SUBMITTED TO THE LEGISLATURE;

(B) INCLUDE HOSPITAL-SPECIFIC INFORMATION ON THE NUMBER AND TYPE OF MEDICAL HARM EVENTS REPORTED, THE LEVEL OF HARM TO PATIENTS, FINES ASSESSED AND ENFORCEMENT ACTIONS TAKEN, AND THE QUARTERLY AFFIRMATION BY HOSPITALS IN WHICH NO MEDICAL HARM EVENTS HAVE OCCURRED;

(C) PROVIDE INFORMATION IN A MANNER THAT STRATIFIES THE DATA BASED ON CHARACTERISTICS OF THE HOSPITALS, SUCH AS NUMBER OF PATIENT ADMISSIONS AND PATIENT DAYS IN EACH HOSPITAL; AND

(D) CONTAIN TEXT WRITTEN IN PLAIN LANGUAGE THAT INCLUDES A DISCUSSION OF FINDINGS, CONCLUSIONS, AND TRENDS CONCERNING THE OVERALL PATIENT SAFETY IN THE STATE, INCLUDING A COMPARISON TO PRIOR YEARS, AND THE METHODS THE DEPARTMENT USED TO CHECK FOR THE ACCURACY OF HOSPITAL REPORTS.

3. EACH QUARTER, THE DEPARTMENT SHALL MAKE INFORMATION REGARDING OUTCOMES OF HOSPITAL INSPECTIONS AND INVESTIGATIONS CONDUCTED PURSUANT TO ITS REGULATORY DUTIES UNDER THIS CHAPTER, READILY ACCESSIBLE TO THE PUBLIC ON THE DEPARTMENT WEBSITE.

4. NO HOSPITAL REPORT OR DEPARTMENT PUBLIC DISCLOSURE MAY CONTAIN INFORMATION IDENTIFYING A PATIENT, EMPLOYEE, OR LICENSED HEALTH CARE PROFESSIONAL IN CONNECTION WITH A SPECIFIC INFECTION INCIDENT.

5. THE FIRST REPORT REQUIRED UNDER SUBDIVISION TWO OF THIS SECTION SHALL BE SUBMITTED AND PUBLISHED NO LATER THAN DECEMBER THIRTY-FIRST, TWO THOUSAND THIRTEEN. FOLLOWING THE INITIAL REPORT, THE DEPARTMENT SHALL PUBLISH THESE REPORTS ANNUALLY.

S 2997-J. PRIVACY. IT IS THE EXPRESSED INTENT OF THE LEGISLATURE THAT A PATIENT'S RIGHT OF CONFIDENTIALITY SHALL NOT BE VIOLATED IN ANY MANNER. PATIENT SOCIAL SECURITY NUMBERS OR ANY OTHER INFORMATION THAT COULD BE USED TO IDENTIFY AN INDIVIDUAL PATIENT SHALL NOT BE RELEASED NOTWITHSTANDING ANY OTHER PROVISION OF LAW.

S 2997-K. PROTECTION FOR TAKING ACTION. NO HOSPITAL SHALL DISCHARGE, REFUSE TO HIRE, REFUSE TO SERVE, RETALIATE IN ANY MANNER OR TAKE ANY ADVERSE ACTION AGAINST ANY EMPLOYEE, APPLICANT FOR EMPLOYMENT OR HEALTH CARE PROVIDER BECAUSE SUCH EMPLOYEE, APPLICANT FOR EMPLOYMENT OR HEALTH CARE PROVIDER TAKES OR HAS TAKEN ANY ACTION IN FURTHERANCE OF THE ENFORCEMENT OF THE PROVISIONS OF THIS TITLE.

S 2997-L. PATIENT SAFETY TRUST FUND. 1. ALL MONEYS RECEIVED PURSUANT TO SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-M OF THIS TITLE AND SUBDIVISION TWO OF THIS SECTION SHALL BE CREDITED TO THE PATIENT SAFETY TRUST FUND, ESTABLISHED PURSUANT TO SECTION NINETY-FIVE-H OF THE STATE FINANCE LAW. THE COMMISSIONER SHALL USE THE FUND FOR REGULATORY OVERSIGHT AND PUBLIC ACCOUNTABILITY FOR SAFE HEALTH CARE, INCLUDING, BUT NOT LIMITED TO THE AUDIT SPECIFIED UNDER SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-H OF THIS TITLE.

2. IN ADDITION TO THE MONEYS RECEIVED PURSUANT TO SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-M OF THIS TITLE, AN ANNUAL PATIENT SAFETY SURCHARGE ON LICENSING FEES CHARGED TO THOSE MEDICAL FACILITIES REQUIRED TO REPORT UNDER THIS TITLE IS HEREBY ESTABLISHED.

S 2997-M. DEPARTMENT ACTIONS AND PENALTIES. 1. IN ANY CASE IN WHICH THE DEPARTMENT RECEIVES A REPORT FROM A HOSPITAL PURSUANT TO SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-F OF THIS TITLE, THAT INDICATES AN ONGOING THREAT OR IMMINENT DANGER OF DEATH OR SERIOUS BODILY HARM, THE DEPARTMENT SHALL MAKE AN ONSITE INSPECTION OR INVESTIGATION WITHIN FORTY-EIGHT HOURS OR TWO BUSINESS DAYS, WHICHEVER IS GREATER, OF THE RECEIPT OF THE REPORT AND SHALL COMPLETE THAT INVESTIGATION WITHIN FORTY-FIVE DAYS.

2. IF A HOSPITAL FAILS TO REPORT A MEDICAL HARM EVENT PURSUANT TO SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-F OF THIS TITLE, THE DEPARTMENT MAY ASSESS THE LICENSEE A CIVIL PENALTY IN AN AMOUNT NOT TO EXCEED ONE HUNDRED DOLLARS FOR EACH DAY THAT THE ADVERSE EVENT IS NOT REPORTED FOLLOWING THE INITIAL FIVE-DAY PERIOD OR TWENTY-FOUR-HOUR PERIOD, AS APPLICABLE. IF THE LICENSEE DISPUTES A DETERMINATION BY THE DEPARTMENT REGARDING ALLEGED FAILURE TO REPORT AN ADVERSE EVENT, THE LICENSEE MAY, WITHIN TEN DAYS, REQUEST A HEARING PURSUANT TO SECTION TWENTY-EIGHT HUNDRED SIX OF THIS CHAPTER. PENALTIES SHALL BE PAID WHEN APPEALS PURSUANT TO SUCH SECTION HAVE BEEN EXHAUSTED.

3. THE DEPARTMENT SHALL BE RESPONSIBLE FOR ENSURING COMPLIANCE WITH THIS TITLE AS A CONDITION OF LICENSURE UNDER ARTICLE TWENTY-EIGHT OF THIS CHAPTER AND SHALL ENFORCE SUCH COMPLIANCE ACCORDING TO THE PROVISIONS OF SUCH ARTICLE.

S 2997-N. OVERSIGHT INFORMATION. THE DEPARTMENT'S HOSPITAL LICENSING DIVISION AND THE DIVISION COLLECTING THE INFORMATION REQUIRED BY THIS TITLE SHALL SHARE DATA REGARDING MEDICAL HARM EVENTS IN HOSPITALS, WITH PATIENT CONFIDENTIALITY MAINTAINED BY BOTH DIVISIONS.

S 2997-O. PUBLIC AWARENESS. THE DEPARTMENT SHALL PROMOTE PUBLIC AWARENESS REGARDING WHERE AND HOW CONSUMERS CAN FILE COMPLAINTS ABOUT HOSPITALS, INCLUDING A REQUIREMENT THAT INFORMATION ABOUT FILING COMPLAINTS BE POSTED IN A VISIBLE MANNER:

1. ON THE DEPARTMENT'S LICENSING WEBSITE;

2. ON EACH HOSPITAL'S WEBSITE;

3. IN PUBLIC AREAS IN HOSPITAL FACILITIES;

4. ON ALL HOSPITAL CORRESPONDENCE AND BILLING DOCUMENTS; AND

5. ON ALL CORRESPONDENCE BY THE DEPARTMENT'S HOSPITAL LICENSING DIVISION AND THE DIVISION COLLECTING DATA ON MEDICAL HARM EVENTS UNDER THIS TITLE.

S 3. Subdivision 1 of section 2806 of the public health law, as amended by chapter 490 of the laws of 1983, is amended to read as follows:

1. A hospital operating certificate may be revoked, suspended, limited or annulled by the commissioner on proof that: (a) the hospital has failed to comply with the provisions of this article or rules and regulations promulgated thereunder; [or] (b) a general hospital has refused or failed to admit or to provide for necessary emergency care and treatment for an unidentified person brought to it in an unconscious, seriously ill or wounded condition; OR (C) A HOSPITAL HAS VIOLATED ANY PROVISION OF TITLE ONE-A OF ARTICLE TWENTY-NINE-D OF THIS CHAPTER. A hospital operating certificate shall be revoked, limited or annulled by the commissioner upon revocation, limitation or annulment by the public health council of approval of establishment of such hospital.

S 4. The state finance law is amended by adding a new section 95-h to read as follows:

S 95-H. PATIENT SAFETY TRUST FUND. 1. THERE IS HEREBY ESTABLISHED IN THE JOINT CUSTODY OF THE COMMISSIONER OF TAXATION AND FINANCE AND THE COMPTROLLER, A SPECIAL FUND TO BE KNOWN AS THE "PATIENT SAFETY TRUST FUND".

2. SUCH FUND SHALL CONSIST OF ALL MONEYS APPROPRIATED FOR THE PURPOSE OF SUCH FUND, ANY CIVIL PENALTIES PAID PURSUANT TO SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-M OF THE PUBLIC HEALTH LAW AND THE ANNUAL PATIENT SAFETY SURCHARGE ESTABLISHED BY SECTION TWENTY-NINE HUNDRED NINETY-SEVEN-L OF THE PUBLIC HEALTH LAW.

3. MONEYS OF THE FUND SHALL BE AVAILABLE FOR REGULATORY OVERSIGHT AND PUBLIC ACCOUNTABILITY FOR SAFE HEALTH CARE, INCLUDING, BUT NOT LIMITED TO THE PURPOSES SET FORTH IN TITLE ONE-A OF ARTICLE TWENTY-NINE-D OF THE PUBLIC HEALTH LAW.

4. MONEYS IN THE FUND SHALL BE KEPT SEPARATE AND SHALL NOT BE COMMINGLED WITH ANY OTHER MONEYS IN THE CUSTODY OF THE COMMISSIONER OF TAXATION AND FINANCE AND THE COMPTROLLER.

5. THE MONEYS OF THE FUND SHALL BE PAID OUT ON THE AUDIT AND WARRANT OF THE COMPTROLLER ON VOUCHERS CERTIFIED OR APPROVED BY THE COMMISSIONER OF HEALTH, OR BY AN OFFICER OR EMPLOYEE OF THE DEPARTMENT OF HEALTH DESIGNATED BY SUCH COMMISSIONER.

S 5. This act shall take effect on the one hundred twentieth day after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date is authorized to be made on or before such date.