



1 demonstration program shall be limited to individuals who: receive  
2 medical assistance pursuant to title eleven of article five of the  
3 social services law and may be eligible for benefits pursuant to title  
4 18 of the social security act (Medicare); are not enrolled in a Medicaid  
5 managed care plan, including individuals who are not required or not  
6 eligible to participate in Medicaid managed care programs pursuant to  
7 section three hundred sixty-four-j of the social services law; are diag-  
8 nosed with chronic health problems as may be specified by the entity  
9 undertaking the demonstration program, including, but not limited to one  
10 or more of the following: congestive heart failure, chronic obstructive  
11 pulmonary disease, asthma, EMPHYSEMA, CHRONIC BRONCHITIS, OTHER CHRONIC  
12 RESPIRATORY DISEASES, diabetes, ADULT AND CHILDHOOD OBESITY, or other  
13 chronic health conditions as may be specified by the department; or have  
14 experienced or are likely to experience one or more hospitalizations or  
15 are otherwise expected to incur excessive costs and high utilization of  
16 health care services.

17 4. The demonstration program shall offer evidence-based services and  
18 interventions designed to ensure that the enrollees receive high quali-  
19 ty, preventative and cost-effective care, aimed at reducing the necessi-  
20 ty for hospitalization or emergency room care or at reducing lengths of  
21 stay when hospitalization is necessary. The demonstration program may  
22 include screening of eligible enrollees, developing an individualized  
23 care management plan for each enrollee and implementing that plan.  
24 Disease management demonstration programs that utilize information tech-  
25 nology systems that allow for continuous application of evidence-based  
26 guidelines to medical assistance claims data and other available data to  
27 identify specific instances in which clinical interventions are justi-  
28 fied and communicate indicated interventions to physicians, health care  
29 providers and/or patients, and monitor physician and health care provid-  
30 er response to such interventions, shall have the enrollees, or groups  
31 of enrollees, approved by the department for participation. The services  
32 provided by the demonstration program as part of the care management  
33 plan may include, but are not limited to, case management, social work,  
34 individualized health counselors, multi-behavioral goals plans, claims  
35 data management, health and self-care education, drug therapy management  
36 and oversight, personal emergency response systems and other monitoring  
37 technologies, SYSTEMATIC CHRONIC HEALTH CONDITIONS IDENTIFIED FOR MONI-  
38 TORING, telehealth services and similar services designed to improve the  
39 quality and cost-effectiveness of health care services.

40 S 2. This act shall take effect immediately.

41

## PART B

42 Section 1. Section 2599-b of the public health law, as amended by  
43 section 88 of part B of chapter 58 of the laws of 2005, is amended to  
44 read as follows:

45 S 2599-b. Program development. 1. The program shall be designed to  
46 prevent and reduce the incidence and prevalence of obesity in children  
47 and adolescents, especially among populations with high rates of obesity  
48 and obesity-related health complications including, but not limited to,  
49 diabetes, heart disease, cancer, osteoarthritis, asthma, EMPHYSEMA,  
50 CHRONIC BRONCHITIS, OTHER CHRONIC RESPIRATORY DISEASES and other condi-  
51 tions. The program shall use recommendations and goals of the United  
52 States departments of agriculture and health and human services, the  
53 surgeon general and centers for disease control AND PREVENTION in devel-  
54 oping and implementing guidelines for nutrition education and physical

1 activity projects as part of obesity prevention efforts. The content and  
2 implementation of the program shall stress the benefits of choosing a  
3 balanced, healthful diet from the many options available to consumers,  
4 without specifically targeting the elimination of any particular food  
5 group, food product or food-related industry.

6 2. The childhood obesity prevention program shall include, but not be  
7 limited to:

8 (a) developing media health promotion campaigns targeted to children  
9 and adolescents and their parents and caregivers that emphasize increas-  
10 ing consumption of low-calorie, high-nutrient foods, decreasing consump-  
11 tion of high-calorie, low-nutrient foods and increasing physical activ-  
12 ity designed to prevent or reduce obesity;

13 (b) establishing school-based childhood obesity prevention nutrition  
14 education and physical activity programs including programs described in  
15 section twenty-five hundred ninety-nine-c of this article, as well as  
16 other programs with linkages to physical and health education courses,  
17 and which utilize the school health index of the National Center for  
18 Chronic Disease Prevention and Health Promotion or other recognized  
19 school health assessment PURSUANT TO ARTICLE NINETEEN OF THE EDUCATION  
20 LAW;

21 (c) establishing community-based childhood obesity prevention nutri-  
22 tion education and physical activity programs including programs which  
23 involve parents and caregivers, and which encourage communities, fami-  
24 lies, child care and other settings to provide safe and adequate space  
25 and time for physical activity and encourage a healthy diet, AND CAN BE  
26 IN COORDINATION WITH COUNTY COOPERATIVE EXTENSION PROGRAMS ESTABLISHED  
27 PURSUANT TO SECTION TWO HUNDRED TWENTY-FOUR-B OF THE COUNTY LAW;

28 (d) coordinating with the state education department, department of  
29 agriculture and markets, office of parks, recreation and historic pres-  
30 ervation, office of temporary and disability assistance, office of chil-  
31 dren and family services and other federal, state and local agencies to  
32 incorporate strategies to prevent and reduce childhood obesity into  
33 government food assistance, health, education and recreation programs;

34 (e) sponsoring periodic conferences or meetings to bring together  
35 experts in nutrition, exercise, public health, mental health, education,  
36 parenting, media, food marketing, food security, agriculture, community  
37 planning and other disciplines to examine societal-based solutions to  
38 the problem of childhood obesity and issue guidelines and recommenda-  
39 tions for New York state policy and programs;

40 (f) developing training programs for medical and other health profes-  
41 sionals to teach practical skills in nutrition and exercise education to  
42 children and their parents and caregivers; [and]

43 (g) developing screening programs in coordination with health care  
44 providers and institutions including but not limited to day care centers  
45 and schools for overweight and obesity for children aged two through  
46 eighteen years, using body mass index (BMI) appropriate for age and  
47 gender, and notification, in a manner protecting the confidentiality of  
48 such children and their families, of parents of BMI status, and explana-  
49 tion of the consequences of such status, including recommended actions  
50 parents may need to take and information about resources and referrals  
51 available to families to enhance nutrition and physical activity to  
52 reduce and prevent obesity[.]; AND

53 (H) COORDINATING WITH THE EDUCATION DEPARTMENT, OFFICE OF TEMPORARY  
54 AND DISABILITY ASSISTANCE, OFFICE OF CHILDREN AND FAMILY SERVICES AND  
55 OTHER FEDERAL, STATE AND LOCAL AGENCIES TO INCORPORATE STRATEGIES TO  
56 CURTAIL THE INCIDENCE OF ASTHMA, CHRONIC BRONCHITIS AND OTHER CHRONIC

1 RESPIRATORY DISEASES TO ENABLE ADULTS AND CHILDREN TO SAFELY INCREASE  
2 PHYSICAL ACTIVITY.

3 3. The department, IN COOPERATION WITH THE EDUCATION DEPARTMENT, shall  
4 periodically collect and analyze information from schools, health and  
5 nutrition programs and other sources to determine the prevalence of  
6 childhood obesity in New York state, and to evaluate, to the extent  
7 possible, the effectiveness of the childhood obesity prevention program.

8 S 2. The opening paragraph of section 2599-c of the public health law,  
9 as amended by section 88 of part B of chapter 58 of the laws of 2005, is  
10 amended to read as follows:

11 The commissioner, IN COOPERATION WITH THE COMMISSIONERS OF EDUCATION  
12 AND AGRICULTURE AND MARKETS, AND COUNTY BOARDS OF COOPERATIVE EXTENSION,  
13 shall encourage the establishment of school-based childhood obesity  
14 prevention and physical activity programs that promote:

15 S 3. This act shall take effect immediately.

16 PART C

17 Section 1. Paragraphs (a), (b) and (c) of subdivision 1 of section  
18 2411 of the public health law, as amended by section 5 of part A of  
19 chapter 60 of the laws of 2014, are amended to read as follows:

20 (a) Survey state agencies, boards, programs and other state govern-  
21 mental entities to assess what, if any, relevant data has been or is  
22 being collected which may be of use to researchers engaged in breast  
23 cancer research, OR ADULT AND CHILDHOOD OBESITY, ASTHMA, CHRONIC BRON-  
24 CHITIS OR OTHER CHRONIC RESPIRATORY DISEASE RESEARCH;

25 (b) Consistent with the survey conducted pursuant to paragraph (a) of  
26 this subdivision, compile a list of data collected by state agencies  
27 which may be of assistance to researchers engaged in breast cancer  
28 research as established in section twenty-four hundred twelve of this  
29 title, AND ADULT AND CHILDHOOD OBESITY, ASTHMA, CHRONIC BRONCHITIS OR  
30 OTHER CHRONIC RESPIRATORY DISEASE RESEARCH;

31 (c) Consult with the Centers for Disease Control and Prevention, the  
32 National Institutes of Health, the Federal Agency For Health Care Policy  
33 and Research, the National Academy of Sciences and other organizations  
34 or entities which may be involved in cancer research to solicit both  
35 information regarding breast cancer research projects that are currently  
36 being conducted and recommendations for future research projects, AND  
37 ADULT AND CHILDHOOD OBESITY, ASTHMA, CHRONIC BRONCHITIS OR OTHER CHRONIC  
38 RESPIRATORY DISEASE RESEARCH PROJECTS;

39 S 2. Subdivision 1 of section 2500 of the public health law, as  
40 amended by chapter 822 of the laws of 1987, is amended to read as  
41 follows:

42 1. The commissioner shall act in an advisory and supervisory capacity,  
43 in matters pertaining to the safeguarding of motherhood, the prevention  
44 of maternal, perinatal, infant and child mortality, the prevention of  
45 diseases, low birth weight, CHILDHOOD OBESITY, and defects of childhood  
46 and the promotion of maternal, prenatal and child health, including care  
47 in hospitals, and shall administer such services bearing on the health  
48 of mothers and children for which funds are or shall hereafter be made  
49 available.

50 S 3. This act shall take effect immediately.

51 PART D

1 Section 1. Section 2505-a of the public health law, as added by chap-  
2 ter 292 of the laws of 2009, is amended to read as follows:

3 S 2505-a. Rights of breastfeeding mothers. 1. The principles enunci-  
4 ated in subdivision three of this section are declared to be the public  
5 policy of the state and a copy of such statement of rights shall be  
6 posted conspicuously in a public place in each maternal health care  
7 facility AND CHILD DAY CARE FACILITY. For purposes of this section,  
8 "maternal health care provider" means a physician, midwife, or other  
9 authorized practitioner attending a pregnant woman; and "maternal health  
10 care facility" includes hospitals and freestanding birthing centers  
11 providing perinatal services in accordance with article twenty-eight of  
12 this chapter and applicable regulations.

13 2. The commissioner shall make available to every maternal health care  
14 provider [and], maternal health care facility AND CHILD DAY CARE FACILI-  
15 TY, on the health department's website for the purpose of health care  
16 facilities to include such rights in the maternity information leaflet  
17 as described in section twenty-eight hundred three-j of this chapter, a  
18 copy of the statement of rights provided in subdivision three of this  
19 section in the top six languages other than English spoken in the state  
20 according to the latest available data from the U.S. Bureau of Census,  
21 and shall adopt any rules and regulations necessary to ensure that such  
22 patients are treated in accordance with the provisions of such state-  
23 ment.

24 3. The statement of rights shall consist of the following:

25 "Breastfeeding Mothers' Bill of Rights"

26 Choosing the way you will feed your new baby is one of the important  
27 decisions you will make in preparing for your infant's arrival. Doctors  
28 agree that for most women breastfeeding is the safest and most healthy  
29 choice. It is your right to be informed about the benefits of breast-  
30 feeding and have your health care provider [and], maternal health care  
31 facility AND CHILD DAY CARE FACILITY encourage and support breastfeed-  
32 ing. You have the right to make your own choice about breastfeeding.  
33 Whether you choose to breastfeed or not you have the following basic  
34 rights regardless of your race, creed, national origin, sexual orien-  
35 tation, gender identity or expression, or source of payment for your  
36 health care. Maternal health care facilities have a responsibility to  
37 ensure that you understand these rights. They must provide this informa-  
38 tion clearly for you and must provide an interpreter if necessary. These  
39 rights may only be limited in cases where your health or the health of  
40 your baby requires it. If any of the following things are not medically  
41 right for you or your baby, you should be fully informed of the facts  
42 and be consulted.

43 (1) Before You Deliver, if you attend prenatal childbirth education  
44 classes provided by the maternal health care facility and all hospital  
45 clinics and diagnostic and treatment centers providing prenatal services  
46 in accordance with article 28 of the public health law you must receive  
47 the breastfeeding mothers' bill of rights. Each maternal health care  
48 facility shall provide the maternity information leaflet, including the  
49 Breastfeeding Mothers' Bill of Rights, in accordance with section twen-  
50 ty-eight hundred three-i of [this chapter] THE PUBLIC HEALTH LAW to each  
51 patient or to the appointed personal representative at the time of  
52 prebooking or time of admission to a maternal health care facility. Each  
53 maternal health care provider shall give a copy of the Breastfeeding  
54 Mothers' Bill of Rights to each patient at or prior to the medically  
55 appropriate time.

1 You have the right to complete information about the benefits of  
2 breastfeeding for yourself and your baby. This will help you make an  
3 informed choice on how to feed your baby.

4 You have the right to receive information that is free of commercial  
5 interests and includes:

6 \* How breastfeeding benefits you and your baby nutritionally,  
7 medically and emotionally;

8 \* How to prepare yourself for breastfeeding;

9 \* How to understand some of the problems you may face and how to solve  
10 them.

11 (2) In The Maternal Health Care Facility:

12 \* You have the right to have your baby stay with you right after birth  
13 whether you deliver vaginally or by cesarean section. You have the right  
14 to begin breastfeeding within one hour after birth.

15 \* You have the right to have someone trained to help you in breast-  
16 feeding give you information and help you when you need it.

17 \* You have the right to have your baby not receive any bottle feeding  
18 or pacifiers.

19 \* You have the right to know about and refuse any drugs that may dry  
20 up your milk.

21 \* You have the right to have your baby in your room with you 24 hours  
22 a day.

23 \* You have the right to breastfeed your baby at any time day or night.

24 \* You have the right to know if your doctor or your baby's pediatri-  
25 cian is advising against breastfeeding before any feeding decisions are  
26 made.

27 \* You have the right to have a sign on your baby's crib clearly stat-  
28 ing that your baby is breastfeeding and that no bottle feeding of any  
29 type is to be offered.

30 \* You have the right to receive full information about how you are  
31 doing with breastfeeding and get help on how to improve.

32 \* You have the right to breastfeed your baby in the neonatal intensive  
33 care unit. If nursing is not possible, every attempt will be made to  
34 have your baby receive your pumped or expressed milk.

35 \* If you, or your baby, are re-hospitalized in a maternal care facili-  
36 ty after the initial delivery stay, the hospital will make every effort  
37 to continue to support breastfeeding, to provide hospital grade electric  
38 pumps and rooming in facilities.

39 \* You have the right to have help from someone specially trained in  
40 breastfeeding support and expressing breast milk if your baby has  
41 special needs.

42 \* You have the right to have a family member or friend receive breast-  
43 feeding information from a staff member if you request it.

44 (3) When You Leave The Maternal Health Care Facility:

45 \* You have the right to printed breastfeeding information free of  
46 commercial material.

47 \* You have the right, unless specifically requested by you, and avail-  
48 able at the facility, to be discharged from the facility without  
49 discharge packs containing infant formula, or formula coupons unless  
50 ordered by your baby's health care provider.

51 \* You have the right to get information about breastfeeding resources  
52 in your community including information on availability of breastfeeding  
53 consultants, support groups and breast pumps.

54 \* You have the right to have the facility give you information to help  
55 choose a medical provider for your baby and understand the importance of  
56 a follow-up appointment.

1 \* You have the right to receive information about safely collecting  
2 and storing your breast milk.

3 \* You have the right to breastfeed your baby in any location, public  
4 or private, where you are otherwise authorized to be. Complaints can be  
5 directed to the New York State Division of Human Rights.

6 \* YOU HAVE A RIGHT TO BREASTFEED YOUR BABY AT YOUR PLACE OF EMPLOYMENT  
7 OR CHILD DAY CARE CENTER IN AN ENVIRONMENT THAT DOES NOT DISCOURAGE  
8 BREASTFEEDING OR THE PROVISION OF BREAST MILK.

9 All the above are your rights. If the maternal health care facility  
10 does not honor these rights you can seek help by contacting the New York  
11 state department of health or by contacting the hospital complaint  
12 hotline or via email.

13 4. The commissioner shall make regulations reasonably necessary to  
14 implement this section.

15 S 2. Section 2505 of the public health law, as added by chapter 479 of  
16 the laws of 1980, is amended to read as follows:

17 S 2505. Human breast milk; collection, storage and distribution;  
18 general powers of the commissioner. The commissioner is hereby  
19 empowered to:

20 (a) adopt regulations and guidelines including, but not limited to  
21 donor standards, methods of collection, and standards for storage, and  
22 distribution of human breast milk;

23 (b) conduct educational activities to inform the public and health  
24 care providers of the availability of human breast milk for infants  
25 determined to require such milk and to inform potential donors of the  
26 opportunities for proper donation;

27 (c) CONDUCT EDUCATIONAL ACTIVITIES TO ENCOURAGE AND FACILITATE EMPLOY-  
28 ERS AND CHILD DAY CARE CENTERS TO ESTABLISH ENVIRONMENTS THAT DO NOT  
29 DISCOURAGE BREASTFEEDING AND THE PROVISION OF BREAST MILK. SUCH ENVIRON-  
30 MENTS MAY INCLUDE SANITARY LOCATIONS FOR BREASTFEEDING AND REFRIGERATORS  
31 TO ASSIST IN BREASTFEEDING AND FEEDING BABIES WITH EXPRESSED BREAST  
32 MILK; AND

33 (D) establish rules and regulations to effectuate the provisions of  
34 this section.

35 S 3. Subdivision 2 of section 2515 of the public health law, as added  
36 by section 20 of part A of chapter 58 of the laws of 2008, is amended to  
37 read as follows:

38 2. "Services for eligible adolescents" means those services, including  
39 but not limited to: vocational and educational counseling, job skills  
40 training, family life and parenting education, life skills development,  
41 coordination, case management, primary preventive health care, PREGNANCY  
42 AND CHILD NUTRITION COUNSELING FOR EXPECTANT MOTHERS TO CURB THE INCI-  
43 DENCE OF CHILDHOOD OBESITY, family planning, social and recreational  
44 programs, child care, outreach and advocacy, follow-up on service utili-  
45 zation, crisis intervention, and efforts to stimulate community interest  
46 and involvement.

47 S 4. Paragraph (c) of subdivision 2 of section 2515-a of the public  
48 health law, as added by section 20 of part A of chapter 58 of the laws  
49 of 2008, is amended to read as follows:

50 (c) serve a geographic area where the incidence of infant mortality,  
51 LOW BIRTH WEIGHT INFANTS, CHILDHOOD OBESITY and the prevalence of low-  
52 income families are high and where the availability or accessibility of  
53 services for eligible adolescents is low;

54 S 5. Subdivision (b) of section 2522 of the public health law, as  
55 amended by chapter 484 of the laws of 2009, is amended and a new subdi-  
56 vision (e-1) is added to read as follows:

1 (b) promotion of community awareness of the benefits TO THE MOTHER AND  
2 CHILD of preconception health and early and continuous prenatal care;

3 (E-1) HEALTH AND NUTRITIONAL EDUCATION AND SERVICES FOR BOTH PARENTS,  
4 REGARDING CHILDHOOD AND ADULT OBESITY AND ASTHMA, AND THE PREVENTION OR  
5 MITIGATION THEREOF;

6 S 6. This act shall take effect immediately.

7 S 2. Severability clause. If any clause, sentence, paragraph, subdi-  
8 vision, section or part of this act shall be adjudged by any court of  
9 competent jurisdiction to be invalid, such judgment shall not affect,  
10 impair, or invalidate the remainder thereof, but shall be confined in  
11 its operation to the clause, sentence, paragraph, subdivision, section  
12 or part thereof directly involved in the controversy in which such judg-  
13 ment shall have been rendered. It is hereby declared to be the intent of  
14 the legislature that this act would have been enacted even if such  
15 invalid provisions had not been included herein.

16 S 3. This act shall take effect immediately provided, however, that  
17 the applicable effective date of Parts A through D of this act shall be  
18 as specifically set forth in the last section of such Parts.