

2614

2013-2014 Regular Sessions

I N A S S E M B L Y

January 17, 2013

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

AN ACT to amend the public health law, the insurance law and the social services law, in relation to the provision of child abuse medical services at child advocacy centers and reimbursement therefor

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

1 Section 1. Short title. This act shall be known and may be cited as
2 the "child abuse medical services act".
3 S 2. Legislative intent. The legislature hereby finds and declares
4 that a child or adolescent who has been sexually abused needs immediate
5 medical attention and treatment. It is critical, therefore, that a child
6 or adolescent victimized by sexual assault, misconduct, or exploitation
7 has direct access to a medical provider who is specially trained to
8 evaluate, diagnose, and treat children and adolescents who have been
9 sexually abused. Furthermore, medical services must be specifically
10 tailored to the health, mental health, and social needs of an abused
11 child or adolescent. Child advocacy centers, accredited by the National
12 Children's Alliance and recognized by the New York state office of chil-
13 dren and family services, provide such specialized medical services to
14 abused and maltreated children and adolescents. Child advocacy centers
15 provide trained and experienced medical providers who are members of a
16 multi-disciplinary team located in a facility dedicated to children and
17 adolescents who have been abused or maltreated where children and
18 adolescents can find timely, complete, sensitive medical help, therapy,
19 and support. To ensure abused children and adolescents direct access to
20 child abuse medical providers at child advocacy centers and the avail-
21 ability of such services, the legislature hereby enacts the child abuse
22 medical services act.
23 S 3. The public health law is amended by adding a new section 4406-f
24 to read as follows:

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

LBD05475-01-3

1 S 4406-F. ACCESS TO CHILD ABUSE MEDICAL PROVIDERS AT CHILD ADVOCACY
2 CENTERS. 1. FOR THE PURPOSES OF THIS SECTION, THE FOLLOWING TERMS SHALL
3 HAVE THE FOLLOWING MEANINGS:

4 A. "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER
5 ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER
6 CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR
7 PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE
8 HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF
9 NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION
10 PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO
11 HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

12 B. "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM OF
13 EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT, IN
14 CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES, SPECIF-
15 ICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND
16 SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF
17 THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED
18 AND MALTREATED CHILDREN.

19 C. "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLINARY
20 TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND APPROVED
21 BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE OF INVES-
22 TIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

23 D. "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTICLE
24 ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, OR TWO HUNDRED SIXTY-THREE OF
25 THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN YEARS
26 OF AGE.

27 E. "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREATMENT
28 OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT
29 LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND MENTAL
30 HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN SEXUALLY
31 ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE FOLLOW-UP
32 FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPARTMENT IN
33 CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES.

34 2. NO CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED SHALL BE
35 DENIED DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY
36 CENTER. A HEALTH MAINTENANCE ORGANIZATION SHALL NOT DENY A CHILD
37 DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY
38 CENTER FOR A MEDICAL ASSESSMENT OR LIMIT SUCH ACCESS WHEN:

39 A. A CHILD DISCLOSES SEXUAL ABUSE TO A PARENT, OTHER PERSON LEGALLY
40 RESPONSIBLE FOR THE CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT
41 ACT, OR A PERSON OR OFFICIAL REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD
42 PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW;

43 B. A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR CARE OF THE CHILD AS
44 DEFINED BY THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL ACTING IN A
45 PROFESSIONAL CAPACITY REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSU-
46 ANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW HAS
47 REASONABLE CAUSE TO SUSPECT THAT THE CHILD HAS BEEN OR MAY HAVE BEEN
48 SEXUALLY ABUSED;

49 C. A CHILD PROTECTIVE AGENCY, AS DEFINED IN SECTION ONE THOUSAND
50 TWELVE OF THE FAMILY COURT ACT, HAS REASONABLE CAUSE TO BELIEVE THAT A
51 CHILD IN ITS CUSTODY HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED; OR

52 D. A COURT ORDER DIRECTS A MEDICAL ASSESSMENT OF A CHILD.

53 3. IT SHALL BE THE DUTY OF THE ADMINISTRATIVE OFFICER OR OTHER PERSON
54 IN CHARGE OF EACH HEALTH MAINTENANCE ORGANIZATION TO:

55 A. ADVISE EACH ENROLLEE, IN WRITING, OF THE PROVISIONS OF THIS
56 SECTION, AND

1 B. ESTABLISH, AND DISCLOSE TO ALL ENROLLEES, PARTICIPATING HEALTH
2 CARE PROVIDERS, THE COMMISSIONER, AND THE SUPERINTENDENT OF INSURANCE,
3 METHODS OF ENSURING THAT A CHILD COVERED UNDER THE PLAN WHO HAS OR MAY
4 HAVE BEEN SEXUALLY ABUSED HAS DIRECT ACCESS TO CHILD ABUSE MEDICAL
5 PROVIDERS AT CHILD ADVOCACY CENTERS.

6 4. THE AMOUNT OF REIMBURSEMENT WHICH SHALL BE PAID FOR A MEDICAL
7 ASSESSMENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY
8 CENTER SHALL EQUAL THE AMOUNT THAT WOULD BE PAID TO A QUALIFIED
9 PROVIDER WITHIN THE PLAN. THERE SHALL BE NO ADDITIONAL COST TO THE
10 INSURED BEYOND WHAT THE INSURED WOULD OTHERWISE PAY FOR SERVICES
11 RECEIVED WITHIN THE NETWORK.

12 S 4. Subdivision 1 of section 4408 of the public health law is amended
13 by adding a new paragraph (p-2) to read as follows:

14 (P-2) NOTICE THAT A CHILD ENROLLEE WHO HAS BEEN OR MAY HAVE BEEN SEXU-
15 ALLY ABUSED SHALL HAVE DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER
16 AT A CHILD ADVOCACY CENTER;

17 S 5. Subsection (i) of section 3216 of the insurance law is amended by
18 adding a new paragraph 30 to read as follows:

19 (30) (A) EVERY POLICY WHICH PROVIDES COVERAGE FOR HOSPITAL, SURGICAL,
20 OR MEDICAL CARE SHALL PROVIDE THE FOLLOWING COVERAGE FOR CHILD SEXUAL
21 ABUSE PURSUANT TO THIS PARAGRAPH.

22 (B) FOR THE PURPOSES OF THIS PARAGRAPH, THE FOLLOWING TERMS SHALL HAVE
23 THE FOLLOWING MEANINGS:

24 (I) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER
25 ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER
26 CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR
27 PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE
28 HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF
29 NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION
30 PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO
31 HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

32 (II) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM
33 OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF
34 HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES,
35 SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND
36 SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF
37 THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED
38 AND MALTREATED CHILDREN.

39 (III) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLI-
40 NARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND
41 APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE
42 OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

43 (IV) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTI-
44 CLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, OR TWO HUNDRED SIXTY-THREE
45 OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN
46 YEARS OF AGE.

47 (V) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREAT-
48 MENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS
49 NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND
50 MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN
51 SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE
52 FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPART-
53 MENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY
54 SERVICES.

55 (C) NO POLICY SHALL DENY TO A CHILD WHO HAS BEEN OR MAY HAVE BEEN
56 SEXUALLY ABUSED DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A

1 CHILD ADVOCACY CENTER FOR A MEDICAL ASSESSMENT OR LIMIT SUCH ACCESS
2 WHEN:

3 (I) A CHILD DISCLOSES SEXUAL ABUSE TO A PARENT, OTHER PERSON LEGALLY
4 RESPONSIBLE FOR THE CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT
5 ACT, OR A PERSON OR OFFICIAL REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD
6 PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW;

7 (II) A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR CARE OF THE CHILD
8 AS DEFINED IN THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL ACTING IN A
9 PROFESSIONAL CAPACITY REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSU-
10 ANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW HAS
11 REASONABLE CAUSE TO SUSPECT THAT THE CHILD HAS BEEN OR MAY HAVE BEEN
12 SEXUALLY ABUSED;

13 (III) A CHILD PROTECTIVE AGENCY, AS DEFINED IN SECTION ONE THOUSAND
14 TWELVE OF THE FAMILY COURT ACT, HAS REASONABLE CAUSE TO BELIEVE THAT A
15 CHILD IN ITS CUSTODY HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED; OR

16 (IV) A COURT ORDER DIRECTS A MEDICAL ASSESSMENT OF A CHILD.

17 S 6. Subsection (k) of section 3221 of the insurance law is amended by
18 adding a new paragraph 19 to read as follows:

19 (19) (A) EVERY INSURER DELIVERING A GROUP OR BLANKET POLICY OR ISSUING
20 A GROUP OR BLANKET POLICY FOR DELIVERY IN THIS STATE WHICH PROVIDES
21 COVERAGE FOR HOSPITAL, SURGICAL, OR MEDICAL CARE SHALL PROVIDE THE
22 FOLLOWING COVERAGE FOR CHILD SEXUAL ABUSE PURSUANT TO THIS PARAGRAPH.

23 (B) FOR THE PURPOSES OF THIS PARAGRAPH, THE FOLLOWING TERMS SHALL HAVE
24 THE FOLLOWING MEANINGS:

25 (I) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER
26 ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER
27 CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR
28 PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE
29 HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF
30 NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION
31 PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO
32 HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

33 (II) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM
34 OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF
35 HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES,
36 SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND
37 SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF
38 THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED
39 AND MALTREATED CHILDREN.

40 (III) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLI-
41 NARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND
42 APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE
43 OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

44 (IV) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTI-
45 CLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, OR TWO HUNDRED SIXTY-THREE
46 OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN
47 YEARS OF AGE.

48 (V) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREAT-
49 MENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS
50 NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND
51 MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN
52 SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE
53 FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPART-
54 MENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY
55 SERVICES.

(C) NO POLICY SHALL DENY TO A CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER FOR A MEDICAL ASSESSMENT OR LIMIT SUCH ACCESS WHEN:

(I) A CHILD DISCLOSES SEXUAL ABUSE TO A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR THE CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW;

(II) A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR CARE OF THE CHILD AS DEFINED IN THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL ACTING IN A PROFESSIONAL CAPACITY REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW HAS REASONABLE CAUSE TO SUSPECT THAT THE CHILD HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED;

(III) A CHILD PROTECTIVE AGENCY, AS DEFINED IN SECTION ONE THOUSAND TWELVE OF THE FAMILY COURT ACT, HAS REASONABLE CAUSE TO BELIEVE THAT A CHILD IN ITS CUSTODY HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED; OR

(IV) A COURT ORDER DIRECTS A MEDICAL ASSESSMENT OF A CHILD.

S 7. Section 4303 of the insurance law is amended by adding a new subsection (jj) to read as follows:

(JJ) (1) A MEDICAL EXPENSE INDEMNITY CORPORATION, A HOSPITAL SERVICE CORPORATION OR A HEALTH SERVICE CORPORATION WHICH PROVIDES COVERAGE FOR HOSPITAL, SURGICAL, OR MEDICAL CARE SHALL PROVIDE THE FOLLOWING COVERAGE FOR CHILD SEXUAL ABUSE.

(2) FOR THE PURPOSES OF THIS SUBSECTION THE FOLLOWING TERMS SHALL HAVE THE FOLLOWING MEANINGS:

(A) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

(B) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES, SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED AND MALTREATED CHILDREN.

(C) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLINARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

(D) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTICLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, OR TWO HUNDRED SIXTY-THREE OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN YEARS OF AGE.

(E) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREATMENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPART-

MENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES.

(3) NO POLICY SHALL DENY TO A CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED DIRECT ACCESS TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER FOR A MEDICAL ASSESSMENT OR LIMIT SUCH ACCESS WHEN:

(I) A CHILD DISCLOSES SEXUAL ABUSE TO A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR THE CARE OF THE CHILD AS DEFINED BY THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW;

(II) A PARENT, OTHER PERSON LEGALLY RESPONSIBLE FOR CARE OF THE CHILD AS DEFINED IN THE FAMILY COURT ACT, OR A PERSON OR OFFICIAL ACTING IN A PROFESSIONAL CAPACITY REQUIRED TO REPORT SEXUAL ABUSE OF A CHILD PURSUANT TO SECTION FOUR HUNDRED THIRTEEN OF THE SOCIAL SERVICES LAW HAS REASONABLE CAUSE TO SUSPECT THAT THE CHILD HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED;

(III) A CHILD PROTECTIVE AGENCY, AS DEFINED IN SECTION ONE THOUSAND TWELVE OF THE FAMILY COURT ACT, HAS REASONABLE CAUSE TO BELIEVE THAT A CHILD IN ITS CUSTODY HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED; OR

(IV) A COURT ORDER DIRECTS A MEDICAL ASSESSMENT OF A CHILD.

S 8. Paragraphs 16 and 17 of subsection (a) of section 3217-a of the insurance law, as added by chapter 705 of the laws of 1996, are amended and a new paragraph 18 is added to read as follows:

(16) notice of all appropriate mailing addresses and telephone numbers to be utilized by insureds seeking information or authorization; [and]

(17) where applicable, a listing by specialty, which may be in a separate document that is updated annually, of the name, address, and telephone number of all participating providers, including facilities, and in addition, in the case of physicians, board certification[.]; AND

(18) WHERE APPLICABLE, NOTICE OF THE PROVISIONS OF PARAGRAPH THIRTY OF SUBSECTION (I) OF SECTION THREE THOUSAND TWO HUNDRED SIXTEEN AND PARAGRAPH NINETEEN OF SUBSECTION (K) OF SECTION THREE THOUSAND TWO HUNDRED TWENTY-ONE OF THIS ARTICLE AND OF METHODS OF ENSURING THAT A CHILD COVERED UNDER THE POLICY WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED HAS DIRECT ACCESS TO CHILD ABUSE MEDICAL PROVIDERS AT CHILD ADVOCACY CENTERS.

S 9. Paragraphs 17 and 18 of subsection (a) of section 4324 of the insurance law, as added by chapter 705 of the laws of 1996, are amended and a new paragraph 19 is added to read as follows:

(17) where applicable, a listing by specialty, which may be in a separate document that is updated annually, of the name, address, and telephone number of all participating providers, including facilities, and in addition, in the case of physicians, board certification; [and]

(18) a description of the mechanisms by which subscribers may participate in the development of the policies of the corporation[.]; AND

(19) WHERE APPLICABLE, NOTICE OF THE PROVISIONS OF SUBSECTION (JJ) OF SECTION FOUR THOUSAND THREE HUNDRED THREE OF THIS ARTICLE AND OF METHODS OF ENSURING THAT A CHILD COVERED UNDER THE POLICY WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED HAS DIRECT ACCESS TO CHILD ABUSE MEDICAL PROVIDERS AT CHILD ADVOCACY CENTERS.

S 10. Subdivision 1 of section 364-j of the social services law is amended by adding five new paragraphs (z), (aa), (bb), (cc) and (dd) to read as follows:

(Z) "CHILD ABUSE MEDICAL PROVIDER". A PHYSICIAN LICENSED UNDER ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR

1 PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE
2 HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF
3 NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION
4 PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN, WHO
5 HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED, AT A CHILD ADVOCACY CENTER.

6 (AA) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM". A PROGRAM OF
7 EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF
8 HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES,
9 SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND
10 SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF
11 THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED
12 AND MALTREATED CHILDREN.

13 (BB) "CHILD ADVOCACY CENTER". A LOCAL OR REGIONAL MULTIDISCIPLINARY
14 TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND APPROVED
15 BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE OF INVE-
16 TIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

17 (CC) "CHILD SEXUAL ABUSE". ANY OF THE OFFENSES DESCRIBED IN ARTICLE
18 ONE HUNDRED THIRTY, TWO HUNDRED THIRTY OR TWO HUNDRED SIXTY-THREE OF THE
19 PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN YEARS OF
20 AGE.

21 (DD) "MEDICAL ASSESSMENT". THE EVALUATION, DIAGNOSIS, AND TREATMENT OF
22 A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT
23 LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND MENTAL
24 HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN SEXUALLY
25 ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE FOLLOW-UP
26 FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPARTMENT OF
27 HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES.

28 S 11. Subparagraphs (xiii) and (xiv) of paragraph (e) of subdivision 3
29 of section 364-j of the social services law, as amended by section 77-a
30 of part H of chapter 59 of the laws of 2011, are amended and a new para-
31 graph (xv) is added to read as follows:

32 (xiii) a person or family that is homeless; [and]

33 (xiv) individuals for whom a managed care provider is not geograph-
34 ically accessible so as to reasonably provide services to the person. A
35 managed care provider is not geographically accessible if the person
36 cannot access the provider's services in a timely fashion due to
37 distance or travel time; AND

38 (XV) MEDICAL ASSESSMENT OF A CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXU-
39 ALLY ABUSED, WHICH ASSESSMENT SHALL INSTEAD BE REFERRED IMMEDIATELY AND
40 DIRECTLY TO A CHILD ABUSE MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER.

41 S 12. Subparagraphs (ii) and (iii) of paragraph (a) of subdivision 4
42 of section 364-j of the social services law, as amended by section 14 of
43 part C of chapter 58 of the laws of 2004, clause (E) of subparagraph
44 (iii) as added and clause (F) of subparagraph (iii) as relettered by
45 chapter 37 of the laws of 2010, are amended and a new subparagraph (iv)
46 is added to read as follows:

47 (ii) provided, however, if a major public hospital, as defined in the
48 public health law, is designated by the commissioner of health as a
49 managed care provider in a social services district the commissioner of
50 health shall designate at least one other managed care provider which is
51 not a major public hospital or facility operated by a major public
52 hospital; [and]

53 (iii) under a managed care program, not all managed care providers
54 must be required to provide the same set of medical assistance services.
55 The managed care program shall establish procedures through which
56 participants will be assured access to all medical assistance services

1 to which they are otherwise entitled, other than through the managed
2 care provider, where:

3 (A) the service is not reasonably available directly or indirectly
4 from the managed care provider,

5 (B) it is necessary because of emergency or geographic unavailability,
6 or

7 (C) the services provided are family planning services; or

8 (D) the services are dental services and are provided by a diagnostic
9 and treatment center licensed under article twenty-eight of the public
10 health law which is affiliated with an academic dental center and which
11 has been granted an operating certificate pursuant to article twenty-
12 eight of the public health law to provide such dental services. Any
13 diagnostic and treatment center providing dental services pursuant to
14 this clause shall prior to June first of each year report to the gover-
15 nor, temporary president of the senate and speaker of the assembly on
16 the following: the total number of visits made by medical assistance
17 recipients during the immediately preceding calendar year; the number of
18 visits made by medical assistance recipients during the immediately
19 preceding calendar year by recipients who were enrolled in managed care
20 programs; the number of visits made by medical assistance recipients
21 during the immediately preceding calendar year by recipients who were
22 enrolled in managed care programs that provide dental benefits as a
23 covered service; and the number of visits made by the uninsured during
24 the immediately preceding calendar year; or

25 (E) the services are optometric services, as defined in article one
26 hundred forty-three of the education law, and are provided by a diagnos-
27 tic and treatment center licensed under article twenty-eight of the
28 public health law which is affiliated with the college of optometry of
29 the state university of New York and which has been granted an operating
30 certificate pursuant to article twenty-eight of the public health law to
31 provide such optometric services. Any diagnostic and treatment center
32 providing optometric services pursuant to this clause shall prior to
33 June first of each year report to the governor, temporary president of
34 the senate and speaker of the assembly on the following: the total
35 number of visits made by medical assistance recipients during the imme-
36 diately preceding calendar year; the number of visits made by medical
37 assistance recipients during the immediately preceding calendar year by
38 recipients who were enrolled in managed care programs; the number of
39 visits made by medical assistance recipients during the immediately
40 preceding calendar year by recipients who were enrolled in managed care
41 programs that provide optometric benefits as a covered service; and the
42 number of visits made by the uninsured during the immediately preceding
43 calendar year; or

44 (F) other services as defined by the commissioner of health[.]; AND

45 (IV) MEDICAL ASSESSMENT OF A CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXU-
46 ALLY ABUSED SHALL BE REFERRED IMMEDIATELY AND DIRECTLY TO A CHILD ABUSE
47 MEDICAL PROVIDER AT A CHILD ADVOCACY CENTER.

48 S 13. The social services law is amended by adding a new section 368-g
49 to read as follows:

50 S 368-G. REIMBURSEMENT FOR CHILD SEXUAL ABUSE MEDICAL ASSESSMENT. 1.
51 FOR THE PURPOSES OF THIS SECTION, THE FOLLOWING TERMS SHALL HAVE THE
52 FOLLOWING MEANINGS:

53 (A) "CHILD ABUSE MEDICAL PROVIDER" MEANS A PHYSICIAN LICENSED UNDER
54 ARTICLE ONE HUNDRED THIRTY-ONE OF THE EDUCATION LAW, NURSE PRACTITIONER
55 CERTIFIED UNDER SECTION SIXTY-NINE HUNDRED TEN OF THE EDUCATION LAW, OR
56 PHYSICIAN ASSISTANT OR SPECIALIST ASSISTANT LICENSED UNDER ARTICLE ONE

1 HUNDRED THIRTY-ONE-B OF THE EDUCATION LAW TO PRACTICE IN THE STATE OF
2 NEW YORK WHO HAS COMPLETED A CHILD ABUSE MEDICAL PROVIDER EDUCATION
3 PROGRAM AND PROVIDES MEDICAL ASSESSMENT AND SERVICES TO CHILDREN WHO
4 HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED AT A CHILD ADVOCACY CENTER.

5 (B) "CHILD ABUSE MEDICAL PROVIDER EDUCATION PROGRAM" MEANS A PROGRAM
6 OF EDUCATION DEVELOPED AND IMPLEMENTED OR APPROVED BY THE DEPARTMENT OF
7 HEALTH, IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY SERVICES,
8 SPECIFICALLY TO TRAIN PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN AND
9 SPECIALIST ASSISTANTS LICENSED TO PRACTICE PURSUANT TO TITLE EIGHT OF
10 THE EDUCATION LAW ABOUT EVALUATION, DIAGNOSIS, AND TREATMENT OF ABUSED
11 AND MALTREATED CHILDREN.

12 (C) "CHILD ADVOCACY CENTER" MEANS A LOCAL OR REGIONAL MULTIDISCIPLI-
13 NARY TEAM FULLY ACCREDITED BY THE NATIONAL CHILDREN'S ALLIANCE AND
14 APPROVED BY THE OFFICE OF CHILDREN AND FAMILY SERVICES FOR THE PURPOSE
15 OF INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE OR MALTREATMENT.

16 (D) "CHILD SEXUAL ABUSE" MEANS ANY OF THE OFFENSES DESCRIBED IN ARTI-
17 CLE ONE HUNDRED THIRTY, TWO HUNDRED THIRTY, AND TWO HUNDRED SIXTY-THREE
18 OF THE PENAL LAW WHEN COMMITTED AGAINST A PERSON LESS THAN EIGHTEEN
19 YEARS OF AGE.

20 (E) "MEDICAL ASSESSMENT" MEANS THE EVALUATION, DIAGNOSIS, AND TREAT-
21 MENT OF A CHILD BY A CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS
22 NOT LIMITED TO A THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL AND
23 MENTAL HEALTH EXAMINATION TO DETERMINE WHETHER OR NOT A CHILD HAS BEEN
24 SEXUALLY ABUSED, DIAGNOSE AND TREAT THE CHILD, AND IDENTIFY APPROPRIATE
25 FOLLOW-UP FOR THE CHILD PURSUANT TO A PROTOCOL APPROVED BY THE DEPART-
26 MENT OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY
27 SERVICES.

28 2. A SOCIAL SERVICES DISTRICT SHALL REIMBURSE A CHILD ABUSE MEDICAL
29 PROVIDER AT A CHILD CARE CENTER ELIGIBLE FOR FUNDING AS A COMPREHENSIVE
30 HEALTH SERVICES PROGRAM AT THE MAXIMUM REIMBURSEMENT THAT THE DEPARTMENT
31 OF HEALTH MAY PAY FOR PROVIDING OR ARRANGING FOR MEDICAL ASSESSMENT OF A
32 CHILD WHO HAS BEEN OR MAY HAVE BEEN SEXUALLY ABUSED IN ACCORDANCE WITH
33 THE FEDERAL SOCIAL SECURITY ACT AND REGULATIONS PROMULGATED THEREUNDER.

34 3. CHILD ADVOCACY CENTERS THAT ARE NOT ELIGIBLE FOR FUNDING AS COMPRE-
35 HENSIVE HEALTH SERVICES PROGRAMS SHALL BE RESPONSIBLE FOR PROVIDING
36 MEDICAL ASSESSMENTS AND SERVICES TO CHILDREN WHO HAVE BEEN OR MAY HAVE
37 BEEN SEXUALLY ABUSED PURSUANT TO A PROTOCOL APPROVED BY THE DEPARTMENT
38 OF HEALTH IN CONSULTATION WITH THE OFFICE OF CHILDREN AND FAMILY
39 SERVICES, WHICH SHALL INCLUDE BUT NOT BE LIMITED TO:

40 (A) MEDICAL EVALUATION, DIAGNOSIS, AND TREATMENT OF THE CHILD BY A
41 CHILD ABUSE MEDICAL PROVIDER, WHICH INCLUDES BUT IS NOT LIMITED TO A
42 THOROUGH MEDICAL HISTORY AND COMPLETE PHYSICAL EXAMINATION TO DETERMINE
43 WHETHER OR NOT A CHILD HAS BEEN SEXUALLY ABUSED;

44 (B) DIAGNOSIS AND TREATMENT OF THE CHILD;

45 (C) IDENTIFICATION OF APPROPRIATE FOLLOW-UP FOR THE CHILD; AND

46 (D) COORDINATION OF THE MEDICAL ASSESSMENT WITH A MULTIDISCIPLINARY
47 INVESTIGATION AND FOLLOW-UP OF SUCH CHILD.

48 4. NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE PER UNIT RATE OF
49 PAYMENT FOR MEDICAL ASSESSMENT AND SERVICES FURNISHED BY THE CHILD ADVOCACY
50 CENTERS TO CHILDREN WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ABUSED
51 AND WHO ARE ELIGIBLE FOR PAYMENTS MADE BY STATE GOVERNMENTAL AGENCIES
52 SHALL BE INCREASED TO AN AMOUNT EQUAL TO ONE HUNDRED TWENTY DOLLARS PER
53 UNIT.

54 S 14. This act shall take effect on the one hundred twentieth day
55 after it shall have become a law; provided that the departments of
56 health, insurance and family assistance are authorized to promulgate any

1 and all rules and regulations and take any other measures necessary to
2 implement this act on its effective date on or before such date; and
3 provided further that the amendments to subdivisions 1, 3 and 4 of
4 section 364-j of the social services law made by sections ten, eleven
5 and twelve of this act shall not affect the repeal of such section and
6 shall be deemed repealed therewith.