

7899

2013-2014 Regular Sessions

I N A S S E M B L Y

June 7, 2013

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

AN ACT to amend the public health law, in relation to establishing a hospital-home care-physician collaboration program

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

1 Section 1. The public health law is amended by adding a new section
2 2805-w to read as follows:
3 S 2805-W. HOSPITAL-HOME CARE-PHYSICIAN COLLABORATION PROGRAM. 1. THE
4 PURPOSE OF THIS SECTION SHALL BE TO FACILITATE INNOVATION IN HOSPITAL,
5 HOME CARE AGENCY AND PHYSICIAN COLLABORATION IN MEETING THE COMMUNITY'S
6 HEALTH CARE NEEDS. IT SHALL PROVIDE A FRAMEWORK TO SUPPORT VOLUNTARY
7 INITIATIVES IN COLLABORATION TO IMPROVE PATIENT CARE ACCESS AND MANAGE-
8 MENT, PATIENT HEALTH OUTCOMES, COST-EFFECTIVENESS IN THE USE OF HEALTH
9 CARE SERVICES AND COMMUNITY POPULATION HEALTH. SUCH COLLABORATIVE INITI-
10 ATIVES MAY ALSO INCLUDE PAYORS, SKILLED NURSING FACILITIES AND OTHER
11 INTERDISCIPLINARY PROVIDERS, PRACTITIONERS AND SERVICE ENTITIES.
12 2. FOR PURPOSES OF THIS SECTION:
13 (A) "HOSPITAL" SHALL INCLUDE A GENERAL HOSPITAL AS DEFINED IN THIS
14 ARTICLE OR OTHER INPATIENT FACILITY FOR REHABILITATION OR SPECIALTY CARE
15 WITHIN THE DEFINITION OF HOSPITAL IN THIS ARTICLE.
16 (B) "HOME CARE AGENCY" SHALL MEAN A CERTIFIED HOME HEALTH AGENCY, LONG
17 TERM HOME HEALTH CARE PROGRAM OR LICENSED HOME CARE SERVICES AGENCY AS
18 DEFINED IN ARTICLE THIRTY-SIX OF THIS CHAPTER.
19 (C) "PAYOR" SHALL MEAN A HEALTH PLAN APPROVED PURSUANT TO ARTICLE
20 FORTY-FOUR OF THIS CHAPTER, OR ARTICLE THIRTY-TWO OR FORTY-THREE OF THE
21 INSURANCE LAW.
22 (D) "PRACTITIONER" SHALL MEAN ANY OF THE HEALTH, MENTAL HEALTH OR
23 HEALTH RELATED PROFESSIONS LICENSED PURSUANT TO TITLE EIGHT OF THE
24 EDUCATION LAW.

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

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1 3. THE COMMISSIONER IS AUTHORIZED TO PROVIDE FINANCING INCLUDING, BUT
2 NOT LIMITED TO, GRANTS OR POSITIVE ADJUSTMENTS IN MEDICAL ASSISTANCE
3 RATES OR PREMIUM PAYMENTS, TO THE EXTENT OF FUNDS AVAILABLE AND ALLO-
4 CATED OR APPROPRIATED THEREFOR, INCLUDING FUNDS PROVIDED TO THE STATE
5 THROUGH FEDERAL WAIVERS, FUNDS MADE AVAILABLE THROUGH STATE APPROPRI-
6 ATIONS AND/OR FUNDING THROUGH SECTION TWENTY-EIGHT HUNDRED SEVEN-V OF
7 THIS ARTICLE, AS WELL AS WAIVERS OF REGULATIONS UNDER TITLE TEN OF THE
8 NEW YORK CODES, RULES AND REGULATIONS, TO SUPPORT THE VOLUNTARY INITI-
9 ATIVES AND OBJECTIVES OF THIS SECTION.

10 4. HOSPITAL-HOME CARE-PHYSICIAN COLLABORATIVE INITIATIVES UNDER THIS
11 SECTION MAY INCLUDE, BUT ARE NOT BE LIMITED TO:

12 (A) HOSPITAL-HOME CARE-PHYSICIAN INTEGRATION INITIATIVES, INCLUDING
13 BUT NOT LIMITED TO:

14 (I) TRANSITIONS IN CARE INITIATIVES TO HELP EFFECTIVELY TRANSITION
15 PATIENTS TO POST-ACUTE CARE AT HOME, COORDINATE FOLLOW-UP CARE AND
16 ADDRESS ISSUES CRITICAL TO CARE PLAN SUCCESS AND READMISSION AVOIDANCE;

17 (II) CLINICAL PATHWAYS FOR SPECIFIED CONDITIONS, GUIDING PATIENTS'
18 PROGRESS AND OUTCOME GOALS, AS WELL AS EFFECTIVE HEALTH SERVICES USE;

19 (III) APPLICATION OF TELEHEALTH/TELEMEDICINE SERVICES IN MONITORING
20 AND MANAGING PATIENT CONDITIONS, AND PROMOTING SELF-CARE/MANAGEMENT,
21 IMPROVED OUTCOMES AND EFFECTIVE SERVICES USE;

22 (IV) FACILITATION OF PHYSICIAN HOUSE CALLS TO HOMEBOUND PATIENTS
23 AND/OR TO PATIENTS FOR WHOM SUCH HOME VISITS ARE DETERMINED NECESSARY
24 AND EFFECTIVE FOR PATIENT CARE MANAGEMENT;

25 (V) ADDITIONAL MODELS FOR PREVENTION OF AVOIDABLE HOSPITAL READMIS-
26 SIONS AND EMERGENCY ROOM VISITS;

27 (VI) HEALTH HOME DEVELOPMENT;

28 (VII) DEVELOPMENT AND DEMONSTRATION OF NEW MODELS OF INTEGRATED OR
29 COLLABORATIVE CARE AND CARE MANAGEMENT NOT OTHERWISE ACHIEVABLE THROUGH
30 EXISTING MODELS; AND

31 (VIII) BUNDLED PAYMENT DEMONSTRATIONS FOR HOSPITAL-TO-POST-ACUTE-CARE
32 FOR SPECIFIED CONDITIONS OR CATEGORIES OF CONDITIONS, IN PARTICULAR,
33 CONDITIONS PREDISPOSED TO HIGH PREVALENCE OF READMISSION, INCLUDING
34 THOSE CURRENTLY SUBJECT TO FEDERAL/STATE PENALTY, AND OTHER DISCHARGES
35 WITH EXTENSIVE POST-ACUTE NEEDS;

36 (B) RECRUITMENT, TRAINING AND RETENTION OF HOSPITAL/HOME CARE DIRECT
37 CARE STAFF AND PHYSICIANS, IN GEOGRAPHIC OR CLINICAL AREAS OF DEMON-
38 STRATED NEED. SUCH INITIATIVES MAY INCLUDE, BUT ARE NOT LIMITED TO, THE
39 FOLLOWING ACTIVITIES:

40 (I) OUTREACH AND PUBLIC EDUCATION ABOUT THE NEED AND VALUE OF SERVICE
41 IN HEALTH OCCUPATIONS;

42 (II) TRAINING/CONTINUING EDUCATION AND REGULATORY FACILITATION FOR
43 CROSS-TRAINING TO MAXIMIZE FLEXIBILITY IN THE UTILIZATION OF STAFF,
44 INCLUDING:

45 (A) TRAINING OF HOSPITAL NURSES IN HOME CARE;

46 (B) DUAL CERTIFIED NURSE AIDE/HOME HEALTH AIDE CERTIFICATION; AND

47 (C) DUAL PERSONAL CARE AIDE/HHA CERTIFICATION;

48 (III) SALARY/BENEFIT ENHANCEMENT;

49 (IV) CAREER LADDER DEVELOPMENT; AND

50 (V) OTHER INCENTIVES TO PRACTICE IN SHORTAGE AREAS; AND

51 (C) HOSPITAL, HOME CARE, PHYSICIAN COLLABORATIVES FOR THE CARE AND
52 MANAGEMENT OF SPECIAL NEEDS, HIGH-RISK AND HIGH-COST PATIENTS, INCLUDING
53 BUT NOT LIMITED TO BEST PRACTICES, AND TRAINING AND EDUCATION OF DIRECT
54 CARE PRACTITIONERS AND SERVICE EMPLOYEES.

55 5. HOSPITALS AND HOME CARE AGENCIES WHICH ARE PROVIDED FINANCING OR
56 WAIVERS PURSUANT TO THIS SECTION SHALL REPORT TO THE COMMISSIONER ON THE

1 PATIENT, SERVICE AND COST EXPERIENCES PURSUANT TO THIS SECTION, INCLUD-
2 ING THE EXTENT TO WHICH THE PROJECT GOALS ARE ACHIEVED. THE COMMISSIONER
3 SHALL COMPILE AND MAKE SUCH REPORTS AVAILABLE ON THE DEPARTMENT'S
4 WEBSITE.

5 S 2. This act shall take effect immediately.