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

7227

2015-2016 Regular Sessions

I N A S S E M B L Y

April 28, 2015

Introduced by M. of A. GUNTHER -- (at request of the Office for People with Developmental Disabilities) -- read once and referred to the Committee on Mental Health

AN ACT to amend the social services law, in relation to developmental disability individual support and care organizations; to amend the mental hygiene law, in relation to the development of certain methodologies; and to repeal certain provisions of the mental hygiene law relating thereto

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

Section 1. Subdivision 1 of section 364-j of the social services law is amended by adding a new paragraph (aa) to read as follows:

(AA) "DEVELOPMENTAL DISABILITY INDIVIDUAL SUPPORT AND CARE COORDINATION ORGANIZATION" OR "DISCO". AN ORGANIZATION THAT HAS RECEIVED A CERTIFICATE OF AUTHORITY ISSUED BY THE COMMISSIONER AND THE COMMISSIONER OF DEVELOPMENTAL DISABILITIES PURSUANT TO SECTION FORTY-FOUR HUNDRED THREE-G OF THE PUBLIC HEALTH LAW.

S 2. Paragraph (a) of subdivision 3 of section 364-j of the social services law, as amended by section 38 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

(a) Every person eligible for or receiving medical assistance under this article, who resides in a social services district providing medical assistance, which has implemented the state's managed care program shall participate in the program authorized by this section. Provided, however, that participation in a comprehensive HIV special needs plan also shall be in accordance with article forty-four of the public health law [and]; participation in a special needs managed care plan shall also be in accordance with article forty-four of the public health law and article thirty-one of the mental hygiene law AND PARTICIPATION AND ENROLLMENT IN A DISCO SHALL BE IN ACCORDANCE WITH SECTION

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

LBD09625-04-5

FORTY-FOUR HUNDRED THREE-G OF THE PUBLIC HEALTH LAW AND SECTION 13.40 OF THE MENTAL HYGIENE LAW.

S 3. Subparagraph (i) of paragraph (a) of subdivision 4 of section 364-j of the social services law, as amended by section 14 of part C of chapter 58 of the laws of 2004, is amended to read as follows:

(i) a managed care provider shall arrange for access to and enrollment of primary care practitioners and other medical services providers; PROVIDED, HOWEVER, THAT A DISCO SHALL ARRANGE FOR ACCESS TO AND ENROLLMENT OF PRIMARY CARE PRACTITIONERS IF SO AUTHORIZED. Each managed care provider shall possess the expertise and sufficient resources to assure the delivery of quality medical care to participants in an appropriate and timely manner and may include physicians, nurse practitioners, county health departments, providers of comprehensive health service plans licensed pursuant to article forty-four of the public health law, and hospitals and diagnostic and treatment centers licensed pursuant to article twenty-eight of the public health law or otherwise authorized by law to offer comprehensive health services or facilities licensed pursuant to articles sixteen, thirty-one and thirty-two of the mental hygiene law.

S 4. Paragraph (b) of subdivision 4 of section 364-j of the social services law, as amended by section 57 of part A of chapter 57 of the laws of 2006, is amended to read as follows:

(b) Participants shall select a managed care provider from among those designated under the managed care program, provided, however, a participant shall be provided with a choice of no less than two managed care providers. Notwithstanding the foregoing, a local social services district designated a rural area as defined in 42 U.S.C. 1395ww may limit a participant to one managed care provider, if the commissioner and the local social services district find that only one managed care provider is available, AND THE COMMISSIONER AND THE COMMISSIONER OF DEVELOPMENTAL DISABILITIES MAY LIMIT A PARTICIPANT ELIGIBLE TO ENROLL IN A DISCO TO ONE MANAGED CARE PLAN, IF FEDERAL APPROVAL IS SECURED TO REQUIRE ENROLLMENT WHEN THERE ARE LESS THAN TWO MANAGED CARE PLANS OPERATING IN THE PARTICIPANT'S COUNTY OF RESIDENCE AUTHORIZED TO COORDINATE CARE FOR PERSONS WITH DEVELOPMENTAL DISABILITIES PURSUANT TO ARTICLE FORTY-FOUR OF THE PUBLIC HEALTH LAW. A managed care provider in a rural area shall offer a participant a choice of at least three primary care practitioners and permit the individual to obtain a service or seek a provider outside of the managed care network where such service or provider is not available from within the managed care provider network, PROVIDED, HOWEVER, THAT THIS REQUIREMENT SHALL ONLY APPLY TO A DISCO TO THE EXTENT IT IS AUTHORIZED TO COVER SUCH SERVICES.

S 5. Paragraph (c) of subdivision 4 of section 364-j of the social services law, as amended by chapter 649 of the laws of 1996, is amended to read as follows:

(c) Participants shall select a primary care practitioner from among those designated by the managed care provider. In all districts, participants shall be provided with a choice of no less than three primary care practitioners. In the event that a participant does not select a primary care practitioner, the participant's managed care provider shall select a primary care practitioner for the participant, taking into account geographic accessibility; PROVIDED, HOWEVER, THAT THIS PARAGRAPH SHALL NOT APPLY IF A PARTICIPANT IS ENROLLED IN A DISCO THAT IS NOT AUTHORIZED TO ARRANGE FOR PRIMARY CARE.

S 6. Subparagraphs (iv), (v), (vi) and (vii) of paragraph (e) of subdivision 4 of section 364-j of the social services law, subparagraphs

(iv) and (vii) as amended by section 39 of part A of chapter 56 of the laws of 2013, subparagraph (v) as amended by section 78 of part H of chapter 59 of the laws of 2011, and subparagraph (vi) as amended by section 14 of part C of chapter 58 of the laws of 2004, are amended to read as follows:

(iv) Local social services districts or enrollment organizations through their enrollment counselors, OR IN THE CASE OF DISCOS, THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES OR ENROLLMENT ORGANIZATIONS THROUGH THEIR ENROLLMENT COUNSELORS, shall provide participants with the opportunity for face to face counseling including individual counseling upon request of the participant. Local social services districts or enrollment organizations through their enrollment counselors OR IN THE CASE OF DISCO, THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES OR ENROLLMENT ORGANIZATIONS THROUGH THEIR ENROLLMENT COUNSELORS, shall also provide participants with information in a culturally and linguistically appropriate and understandable manner, in light of the participant's needs, circumstances and language proficiency, sufficient to enable the participant to make an informed selection of a managed care provider. Such information shall include, but shall not be limited to: how to access care within the program; a description of the medical assistance services that can be obtained other than through a managed care provider; the available managed care providers and the scope of services covered by each; a listing of the medical services providers associated with each managed care provider; the participants' rights within the managed care program; and how to exercise such rights. Enrollment counselors shall inquire into each participant's existing relationships with medical services providers and explain whether and how such relationships may be maintained within the managed care program. For enrollments made during face to face counseling, if the participant has a preference for particular medical services providers, enrollment counselors shall verify with the medical services providers that such medical services providers whom the participant prefers participate in the managed care provider's network and are available to serve the participant.

(v) Upon delivery of the pre-enrollment information, the local district or the enrollment organization shall certify the participant's receipt of such information. Upon verification that the participant has received the pre-enrollment education information, a managed care provider, a local district or the enrollment organization may enroll a participant into a managed care provider. Managed care providers must submit enrollment forms to the local department of social services. Upon enrollment, participants will sign an attestation that they have been informed that: participants have a choice of managed care providers; participants have a choice of primary care practitioners; and, except as otherwise provided in this section, including but not limited to the exceptions listed in subparagraph (iii) of paragraph (a) of this subdivision, participants must exclusively use their primary care practitioners and plan providers. The commissioner of health may suspend or curtail enrollment or impose sanctions for failure to appropriately notify clients as required in this subparagraph. ENROLLMENT IN A DISCO SHALL NOT BE GOVERNED BY THIS SUBPARAGRAPH.

(vi) Enrollment counselors or local social services districts, OR, AS APPROPRIATE, THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, shall further inquire into each participant's health status in order to identify physical or behavioral conditions that require immediate attention or continuity of care, and provide to participants information

regarding health care options available to persons with HIV and other illnesses or conditions under the managed care program. Any information disclosed to counselors shall be kept confidential in accordance with applicable provisions of the public health law, and as appropriate, the mental hygiene law.

(vii) Any marketing materials developed by a managed care provider shall be approved by the department of health or the local social services district, and the commissioner of mental health and the commissioner of alcoholism and substance abuse services, OR THE COMMISSIONER OF DEVELOPMENTAL DISABILITIES, where appropriate, within sixty days prior to distribution to recipients of medical assistance. All marketing materials shall be reviewed within sixty days of submission.

S 7. Paragraph (f) of subdivision 4 of section 364-j of the social services law is amended by adding a new subparagraph (vi) to read as follows:

(VI) THE PROVISIONS OF THIS PARAGRAPH SHALL NOT APPLY TO PARTICIPANTS ELIGIBLE TO ENROLL IN A DISCO.

S 8. Paragraph (g) of subdivision 4 of section 364-j of the social services law, as amended by section 39 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

(g) If another managed care provider is available, participants may change such provider or plan without cause within thirty days of notification of enrollment or the effective date of enrollment, whichever is later with a managed care provider by making a request of the local social services district except that such period shall be forty-five days for participants who have been assigned to a provider by the commissioner of health. However, after such thirty or forty-five day period, whichever is applicable, a participant may be prohibited from changing managed care providers more frequently than once every twelve months, as permitted by federal law except for good cause as determined by the commissioner of health through regulations. NOTWITHSTANDING ANY PROVISION OF THIS PARAGRAPH, PARTICIPANTS MAY CHANGE A MANAGED CARE PROVIDER TO ENROLL IN A DISCO AT ANY TIME WITHOUT CAUSE AND MAY CHANGE DISCO OR DISCOS PLAN AT ANY TIME WITHOUT CAUSE.

S 9. Paragraph (h) of subdivision 4 of section 364-j of the social services law, as amended by section 39 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

(h) If another medical services provider is available, a participant may change his or her provider of medical services (including primary care practitioners) without cause within thirty days of the participant's first appointment with a medical services provider by making a request of the managed care provider. However, after that thirty day period, no participant shall be permitted to change his or her provider of medical services other than once every six months except for good cause as determined by the commissioner through regulations. THIS PARAGRAPH SHALL NOT APPLY TO PARTICIPANTS ENROLLED IN DISCOS.

S 10. Paragraph (i) of subdivision 4 of section 364-j of the social services law, as amended by section 39 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

(i) A managed care provider requesting a disenrollment shall not disenroll a participant without the prior approval of the local social services district in which the participant resides, OR, IN THE CASE OF A DISCO, WITHOUT THE PRIOR APPROVAL OF THE COMMISSIONER OF DEVELOPMENTAL DISABILITIES, provided that disenrollment from a special needs managed care plan must comply with the standards of the commissioner of health, the commissioner of alcoholism and substance abuse services, and the

commissioner of mental health AND DISENROLLMENT FROM A DISCO MUST COMPLY WITH THE STANDARDS OF THE COMMISSIONER OF HEALTH AND THE COMMISSIONER OF DEVELOPMENTAL DISABILITIES. A managed care provider shall not request disenrollment of a participant based on any diagnosis, condition, or perceived diagnosis or condition, or a participant's efforts to exercise his or her rights under a grievance process, provided however, that a managed care provider may, where medically appropriate, request permission to refer participants to a managed care provider that is a special needs managed care plan or a comprehensive HIV special needs plan after consulting with such participant and upon obtaining his/her consent to such referral, and provided further that a special needs managed care plan may, where clinically appropriate, disenroll individuals who no longer require the level of services provided by a special needs managed care plan.

S 11. Paragraph (m) of subdivision 4 of section 364-j of the social services law, as amended by chapter 649 of the laws of 1996, is amended to read as follows:

(m) A managed care provider shall provide all early periodic screening diagnosis and treatment services, as well as interperiodic screening and referral, to each participant under the age of twenty-one, at regular intervals, as medically appropriate, EXCEPT THAT A DISCO SHALL ONLY BE REQUIRED TO PROVIDE SUCH SERVICES IF SO AUTHORIZED.

S 12. Paragraph (n) of subdivision 4 of section 364-j of the social services law, as amended by chapter 484 of the laws of 2009, is amended to read as follows:

(n) A managed care provider shall provide or arrange, directly or indirectly (including by referral) for the provision of comprehensive prenatal care services to all pregnant participants in accordance with standards adopted by the department of health, EXCEPT THAT A DISCO SHALL ONLY BE REQUIRED TO PROVIDE OR ARRANGE FOR SUCH SERVICES IF SO AUTHORIZED.

S 13. Paragraph (v) of subdivision 4 of section 364-j of the social services law, as added by section 39 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

(v) A managed care provider must allow enrollees to access chemical dependence treatment services from facilities certified by the office of alcoholism and substance abuse services, even if such services are rendered by a practitioner who would not otherwise be separately reimbursed, including but not limited to a credentialed alcoholism and substance abuse counselor (CASAC), EXCEPT THAT A DISCO SHALL ONLY BE REQUIRED TO ALLOW ACCESS TO SUCH SERVICES IF SO AUTHORIZED.

S 14. Paragraph (g) of subdivision 5 of section 364-j of the social services law, as added by section 15 of part C of chapter 58 of the laws of 2004, is amended to read as follows:

(g) The commissioner of health may delegate some or all of the tasks identified in this section to the local districts, EXCEPT THAT THE COMMISSIONER OF HEALTH MAY NOT MAKE ANY SUCH DELEGATION WITH RESPECT TO DISCOS.

S 15. Paragraph (b) of subdivision 6 of section 364-j of the social services law, as added by chapter 649 of the laws of 1996, is amended to read as follows:

(b) distribute marketing materials to recipients of medical assistance, unless such materials are approved by the department of health and, as appropriate, the office of mental health OR THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES.

S 16. Subparagraph (ii) of paragraph (f) of subdivision 8 of section 364-j of the social services law, as added by chapter 649 of the laws of 1996, is amended to read as follows:

(ii) there are opportunities to select from at least three primary care providers, PROVIDED HOWEVER THAT THIS REQUIREMENT SHALL NOT APPLY TO DISCOS THAT ARE NOT AUTHORIZED TO OFFER OR ARRANGE FOR PRIMARY CARE; and

S 17. The opening paragraph of paragraph (f) of subdivision 27 of section 364-j of the social services law, as added by section 72 of part A of chapter 56 of the laws of 2013, is amended to read as follows:

Notwithstanding any inconsistent provisions of this section and sections one hundred twelve and one hundred sixty-three of the state finance law, or section one hundred forty-two of the economic development law, or any other law to the contrary, the commissioner of health and, in the case of FIDAs authorized exclusively to enroll persons with developmental disabilities, the commissioner of health and the commissioner of the office for people with developmental disabilities, may contract with FIDAs approved under this section without a competitive bid or request for proposal process, [are authorized to enter into a contract or contracts under this section,] provided, however, that:

S 18. Paragraphs (a) and (b) of subdivision 2 of section 43.04 of the mental hygiene law, as amended by chapter 41 of the laws of 1992, subparagraph (ii) of paragraph (a) and subparagraph (ii) of paragraph (b) as separately amended by chapters 194 and 309 of the laws of 1996 and subparagraph (iii) of paragraph (a) as added by section 1 and subparagraph (iii) of paragraph (b) as added by section 2 of part D of chapter 58 of the laws of 2007, are amended to read as follows:

(a) (i) For each provider of services in the categories of services set forth in subdivision one of this section located in [Regions II and III, as defined in the methodology established pursuant to paragraph (ii) of subdivision (c) of section 43.02 of this article] ALL COUNTIES EXCLUDING NEW YORK, BRONX, KINGS, QUEENS AND RICHMOND, the assessment shall be six-tenths of one percent of each such provider of services' gross receipts received for all services rendered within such service categories on a cash basis beginning January first, nineteen hundred ninety-one.

(ii) For each provider of services in the categories of services set forth in subdivision one of this section, excluding, on and after April first, nineteen hundred ninety-four, providers of day treatment services, located in [Regions II and III, as defined in the methodology established pursuant to paragraph (ii) of subdivision (c) of section 43.02 of this article] ALL COUNTIES EXCLUDING NEW YORK, BRONX, KINGS, QUEENS AND RICHMOND, an additional assessment shall be two and four-tenths percent of each such provider of services' gross receipts received for all services rendered within such service categories on a cash basis beginning April first, nineteen hundred ninety-two; provided, however, such additional assessment shall be five and four-tenths percent of each such provider of services' gross receipts received for all services rendered within such service categories on a cash basis beginning April first, nineteen hundred ninety-six and ending March thirty-first, nineteen hundred ninety-seven.

(iii) For each provider of services in the categories of services set forth in subdivision one of this section, excluding, on and after April first, nineteen hundred ninety-four, providers of day treatment services, located in [Regions II and III, as defined in the methodology established pursuant to paragraph (ii) of subdivision (c) of section

43.02 of this article] ALL COUNTIES EXCLUDING NEW YORK, BRONX, KINGS, QUEENS AND RICHMOND, notwithstanding any other provision of this paragraph, the total assessment shall be six percent of each such provider's gross receipts received on a cash basis for all services rendered, beginning April first, nineteen hundred ninety-seven, and five and five-tenths percent of each such provider's gross receipts received on a cash basis for all services rendered, beginning January first, two thousand eight.

(b) (i) For each provider of services in the categories of services set forth in subdivision one of this section located in [Region I, as defined in the methodology established pursuant to paragraph (ii) of subdivision (c) of section 43.02 of this article] THE COUNTIES OF NEW YORK, BRONX, KINGS, QUEENS AND RICHMOND, the assessment shall be six-tenths of one percent of each such provider of services' gross receipts received for all services rendered within such service categories on a cash basis beginning July first, nineteen hundred ninety-one.

(ii) For each provider of services in the categories of services set forth in subdivision one of this section, excluding, on and after April first, nineteen hundred ninety-four, providers of day treatment services, located in [Region I, as defined in the methodology established pursuant to paragraph (ii) of subdivision (c) of section 43.02 of this article] THE COUNTIES OF NEW YORK, BRONX, KINGS, QUEENS AND RICHMOND, an additional assessment shall be two and four-tenths percent of each such provider of services' gross receipts received for all services rendered within such service categories on a cash basis beginning April first, nineteen hundred ninety-two; provided, however, such additional assessment shall be five and four-tenths percent of each such provider of services' gross receipts received for all services rendered within such service categories on a cash basis beginning April first, nineteen hundred ninety-six and ending March thirty-first, nineteen hundred ninety-seven.

(iii) For each provider of services in the categories of services set forth in subdivision one of this section, excluding, on and after April first, nineteen hundred ninety-four, providers of day treatment services, located in [Region I, as defined in the methodology established pursuant to paragraph (ii) of subdivision (c) of section 43.02 of this article] THE COUNTIES OF NEW YORK, BRONX, KINGS, QUEENS AND RICHMOND, notwithstanding any other provision of this paragraph, the total assessment shall be six percent of each such provider's gross receipts received on a cash basis for all services rendered, beginning April first, nineteen hundred ninety-seven, and five and five-tenths percent of each such provider's gross receipts received on a cash basis for all services rendered, beginning January first, two thousand eight.

S 19. Subdivision 4 of section 43.04 of the mental hygiene law, as amended by chapter 37 of the laws of 2011, is amended to read as follows:

4. Gross receipts received from all services rendered within the service categories set forth in subdivision one of this section shall include, without limitation, all monies received on account of such services pursuant to rates of reimbursement established by the office for people with developmental disabilities OR THE DEPARTMENT OF HEALTH and paid by the state, and shall not include, subject to the provisions of subdivision twelve of this section, charitable contributions, grants, donations, bequests and income from non-service related fund raising activities and governmental deficit financing.

S 20. Paragraph 3 of subdivision (b) of section 5.07 of the mental hygiene law, as amended by section 3 of part N of chapter 56 of the laws of 2012, is amended to read as follows:

(3) The commissioners of each of the offices shall be responsible for the development of such statewide five-year plan for services within the jurisdiction of their respective offices and after giving due notice shall conduct one or more public hearings on such plan. The behavioral health services advisory council and the advisory council on developmental disabilities shall review the statewide five year comprehensive plan developed by such office or offices and report its recommendations thereon to such commissioner or commissioners. Each commissioner shall submit the plan, with appropriate modifications, to the governor no later than the first day of November of each year in order that such plan may be considered with the estimates of the offices for the preparation of the executive budget of the state of New York for the next succeeding state fiscal year. Such comprehensive plan shall be submitted to the legislature and also be posted to the website of each office. Statewide plans shall ensure responsiveness to changing needs and goals and shall reflect the development of new information and the completion of program evaluations. [An interim report detailing the commissioner's actions in fulfilling the requirements of this section in preparation of the plan and modifications in the plan of services being considered by the commissioner shall be submitted to the governor and the legislature on or before the fifteenth day of March of each year. Such interim report shall include, but need not be limited to:

(a) actions to include participation of consumers, consumer groups, providers of services and departmental facilities, as required by this subdivision; and

(b) any modifications in the plan of services being considered by the commissioner, to include: (i) compelling budgetary, programmatic or clinical justifications or other major appropriate reason for any significant new statewide programs or policy changes from a prior (approved) five year comprehensive plan; and (ii) procedures to involve or inform local governmental units of such actions or plans.]

S 21. Subdivision (c) of section 5.07 of the mental hygiene law is REPEALED.

S 22. Section 13.06 of the mental hygiene law is REPEALED.

S 23. Subdivision (a) of section 13.21 of the mental hygiene law, as amended by section 3 of part J of chapter 56 of the laws of 2012, is amended to read as follows:

(a) The directors of both the state operations offices and developmental disabilities regional offices in the office for people with developmental disabilities shall be appointed by the commissioner. Each such director shall be in the non-competitive class and designated as confidential as defined by subdivision two-a of section forty-two of the civil service law and shall serve at the pleasure of the commissioner. [He or she] THE COMMISSIONER shall in exercising his or her appointing authority take, consistent with article twenty-three-A of the correction law, all reasonable and necessary steps to insure that any such person so appointed has not previously engaged in any act in violation of any law which indicates a propensity to act in a manner that would compromise the health and safety of patients in the facility [of which he or she is director. He or she]. A DIRECTOR shall manage the state operations office or developmental disabilities regional office and administer its personnel system subject to applicable law, the regulations of the commissioner, and the rules of the state civil service commission.

The directors of the developmental disabilities regional offices and state operations offices shall maintain effective supervision of all parts of their respective offices. The directors of state operations offices shall generally provide for the administration of supports and services to individuals with developmental disabilities in state operated programs. Directors of regional offices shall generally oversee the administration of supports and services to individuals with developmental disabilities in settings outside the state operated programs.

S 24. Subdivision (a) of section 13.33 of the mental hygiene law, as amended by section 4 of part J of chapter 56 of the laws of 2012, is amended to read as follows:

(a) Each state operations office under the jurisdiction of the commissioner shall have a minimum of one board of visitors consisting of at least seven but not more than fourteen members. Members appointed or reappointed after the effective date of this chapter shall be appointed by the governor[, by and with the advice and consent of the senate]. Members shall be appointed for four year terms to expire on the thirty-first day of December of the fourth year of the term of office provided however, when more than three terms expire in any one year, members may be appointed for terms of fewer years as designated by the governor so that no more than three members' terms expire in any one year. All terms of office shall expire on the thirty-first day of December of the designated year. A member whose term has expired shall, however, remain in office until such member's successor has been appointed and has taken office, or until such member shall have resigned or have been removed from office in the manner hereinafter provided. Should any member resign or be removed from office, the governor shall promptly submit[, for senate consent,] a successor candidate to fill the remaining term of the vacated office. A visitor may be removed by the governor for cause after notice and an opportunity for a hearing on the charges. In making appointments to boards of visitors, the governor shall endeavor to ensure that the membership of each such board shall adequately reflect the composition of the community or communities served by the state operations office, that the membership of each such board includes at least three individuals who are parents or relatives of patients or of former patients and that the remainder includes only those persons, including former patients, who shall have expressed an active interest in, or shall have obtained professional knowledge in the care of persons with developmental disabilities or in developmental disability endeavors generally.

S 25. Section 33.17 of the mental hygiene law is REPEALED.

S 26. This act shall take effect immediately; provided, however, that the amendments to section 364-j of the social services law made by sections one, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen, sixteen and seventeen of this act shall not affect the repeal of such section and shall be deemed repealed therewith.