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I N   A S S E M B L Y

April 15, 2016

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

AN ACT to amend the social services law, in relation to requiring patient's health home to use the adverse childhood experience questionnaire in assessing the patient's health risks and to making Medicaid reimbursement of primary care providers contingent upon the use of the adverse childhood experience questionnaire; and to require the commissioner of health to submit reports to the senate and assembly health committees

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

- 1     Section 1. The social services law is amended by adding two new  
2     sections 365-l-1 and 365-l-2 to read as follows:  
3     S 365-L-1. STANDARDS FOR PROVISION OF HEALTH HOME SERVICES TO MEDICAID  
4     ENROLLEES WITH CHRONIC CONDITIONS. CONSISTENT WITH FEDERAL LAW TO ENSURE  
5     FEDERAL FINANCIAL PARTICIPATION, A HEALTH CARE PROFESSIONAL PROVIDING A  
6     PATIENT'S HEALTH HOME SHALL:  
7     1. PROVIDE COMPREHENSIVE PREVENTION AND DISEASE SCREENING FOR HIS OR  
8     HER PATIENTS AND MANAGING HIS OR HER PATIENTS' CHRONIC CONDITIONS BY  
9     COORDINATING CARE;  
10    2. ENABLE PATIENTS TO HAVE ACCESS TO PERSONAL HEALTH INFORMATION  
11    THROUGH A SECURE MEDIUM, SUCH AS THROUGH THE INTERNET, CONSISTENT WITH  
12    FEDERAL HEALTH INFORMATION TECHNOLOGY STANDARDS;  
13    3. COLLABORATE WITH THE COMMUNITY HEALTH TEAMS, INCLUDING BY DEVELOP-  
14    ING AND IMPLEMENTING A COMPREHENSIVE PLAN FOR PARTICIPATING PATIENTS;  
15    4. UTILIZE THE ADVERSE CHILDHOOD EXPERIENCE QUESTIONNAIRE IN ASSESSING  
16    A PATENT'S HEALTH AND HEALTH RISKS;  
17    5. ENSURE ACCESS TO A PATENT'S MEDICAL RECORDS BY THE COMMUNITY HEALTH  
18    TEAM MEMBERS IN A MANNER COMPLIANT WITH THE HEALTH INSURANCE PORTABILITY  
19    AND ACCOUNTABILITY ACT, 12 V.S.A. S 1612, AND 21 V.S.A. S 516; AND  
20    6. MEET REGULARLY WITH THE COMMUNITY HEALTH TEAM TO ENSURE INTEGRATION  
21    OF A PARTICIPATING PATIENT'S CARE.  
22    S 365-L-2. ADVERSE CHILDHOOD EXPERIENCE QUESTIONNAIRE. 1. REIMBURSE-  
23    MENT FOR PRIMARY CARE PROVIDED TO A MEDICAID PATIENT SHALL BE CONTINGENT

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

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1 UPON THE PROVIDER'S USE OF THE ADVERSE CHILDHOOD EXPERIENCE QUESTION-  
2 NAIRE (ACE-IQ) FOR THE PURPOSE OF ASSESSING THE PATIENT'S HEALTH RISKS.  
3 AS USED IN THIS SECTION, "PRIMARY CARE" MEANS HEALTH SERVICES PROVIDED  
4 BY HEALTH CARE PROFESSIONALS TO IDENTIFY AND TREAT ASYMPTOMATIC INDIVID-  
5 UALS WHO HAVE RISK FACTORS OR PRECLINICAL DISEASE, BUT IN WHOM THE  
6 DISEASE IS NOT CLINICALLY APPARENT, INCLUDING IMMUNIZATIONS AND SCREEN-  
7 ING, COUNSELING, TREATMENT, AND MEDICATION DETERMINED BY SCIENTIFIC  
8 EVIDENCE TO BE EFFECTIVE IN PREVENTING OR DETECTING A CONDITION.

9 S 2. On or before December 15, 2016, the commissioner of health shall  
10 submit a report to the senate and assembly health committees containing  
11 recommendations on the following:

12 (a) whether and how trauma-informed care could be more widely incorpo-  
13 rated into the practice of medicine throughout New York state; and

14 (b) whether and how the use of the advance childhood experience ques-  
15 tionnaire and other preventive medical services could be expanded  
16 throughout New York state.

17 S 3. This act shall take effect on the first of July next succeeding  
18 the date upon which it shall have become a law.