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

2500

2015-2016 Regular Sessions

I N S E N A T E

January 26, 2015

Introduced by Sen. SQUADRON -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to the closure of hospitals

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

Section 1. This act shall be known and maybe cited as the "local input in community healthcare act".

S 2. The public health law is amended by adding a new section 2801-i to read as follows:

S 2801-I. CLOSURE OF HOSPITALS. 1. NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, THE CLOSURE OF A GENERAL HOSPITAL, SURRENDER OF AN OPERATING CERTIFICATE, OR ELIMINATION OF A SERVICE ALLOWED FOR IN AN OPERATING CERTIFICATE PURSUANT TO THIS ARTICLE SHALL BE SUBJECT TO REVIEW AND APPROVAL BY THE COMMISSIONER.

2. (A) NO LATER THAN THIRTY DAYS AFTER RECEIPT OF AN APPLICATION FOR CLOSURE OF A GENERAL HOSPITAL IN A CITY WITH A POPULATION OF ONE MILLION OR MORE, THE COMMISSIONER SHALL SUBMIT A WRITTEN REPORT TO THE COMMUNITY BOARD, THE CITY PLANNING COMMISSION, THE CITY COUNCIL MEMBER REPRESENTING THE AREA WITHIN WHICH THE FACILITY IS LOCATED, THE PRESIDENT OF THE BOROUGH WITHIN WHICH THE FACILITY IS LOCATED, THE CONGRESSIONAL REPRESENTATIVE FOR THE DISTRICT IN WHICH THE FACILITY IS LOCATED, AND THE STATE SENATOR AND THE ASSEMBLY MEMBER REPRESENTING THE AREA WITHIN WHICH THE FACILITY IS LOCATED, OR THE CITY DEPARTMENT OF HEALTH. SUCH WRITTEN REPORT SHALL INCLUDE:

(1) THE ANTICIPATED IMPACT OF THE GENERAL HOSPITAL'S CLOSURE ON ACCESS TO HEALTH CARE SERVICES BY MEMBERS OF THE SURROUNDING COMMUNITIES, INCLUDING BUT NOT LIMITED TO RECIPIENTS OF MEDICAL ASSISTANCE FOR NEEDY PERSONS, THE UNINSURED, AND UNDERSERVED POPULATIONS;

(2) SPECIFIC MEASURES THE DEPARTMENT AND OTHER PARTIES HAVE TAKEN OR WOULD TAKE TO AMELIORATE SUCH ANTICIPATED IMPACT ON THE COMMUNITIES;

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

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(3) ANY FURTHER RECOMMENDATIONS REGARDING ACCESS TO HEALTH CARE SERVICES IN COMMUNITIES IMPACTED BY THE CLOSURE;

(4) AN ASSESSMENT OF THE ABILITY OF THE STATE TO ASSUME FINANCIAL RESPONSIBILITY OR IDENTIFY AN ALTERNATE OPERATOR; AND

(5) COMPLETE COPIES OF THE APPLICATION OR REQUEST FOR CLOSURE.

(B) THE COMMISSIONER SHALL ALSO MAKE A FULL COPY OF SUCH REPORT AVAILABLE TO THE PUBLIC ON THE DEPARTMENT'S WEBSITE.

3. SUCH COMMUNITY BOARD, CITY COUNCIL MEMBER, STATE SENATOR, ASSEMBLY MEMBER, CONGRESSIONAL REPRESENTATIVE, AND BOROUGH PRESIDENT, CITY PLANNING COMMISSION, OR CITY HEALTH DEPARTMENT MAY REVIEW AND MAKE RECOMMENDATIONS BASED UPON SUCH WRITTEN REPORT BY THE COMMISSIONER WITHIN THIRTY DAYS OF RECEIPT THEREOF. ANY RECOMMENDATION BY SUCH COMMUNITY BOARD, CITY COUNCIL MEMBER, STATE SENATOR, ASSEMBLY MEMBER, CONGRESSIONAL REPRESENTATIVE, BOROUGH PRESIDENT, OR CITY PLANNING COMMISSION, OR CITY HEALTH DEPARTMENT OF SUCH CITY SHALL BE SUBMITTED TO THE COMMISSIONER.

4. UPON ANY DECISION BY THE COMMISSIONER TO APPROVE OR REJECT AN APPLICATION FOR CLOSURE OF A GENERAL HOSPITAL IN A CITY WITH A POPULATION OF ONE MILLION OR MORE, THE COMMISSIONER SHALL MAKE AVAILABLE TO THE PUBLIC ON THE DEPARTMENT'S WEBSITE A WRITTEN REPORT INCLUDING:

(A) A SUMMARY OF THE ISSUES RAISED PURSUANT TO SUBDIVISION ONE OF SECTION TWENTY-EIGHT HUNDRED ONE-G OF THIS ARTICLE AND A SUMMARY OF ANY RECOMMENDATIONS SUBMITTED BY THE COMMUNITY BOARD, CITY COUNCIL MEMBER, STATE SENATOR, ASSEMBLY MEMBER, CONGRESSIONAL REPRESENTATIVE, BOROUGH PRESIDENT, CITY PLANNING COMMISSION, OR CITY HEALTH DEPARTMENT PURSUANT TO SUBDIVISION THREE OF THIS SECTION;

(B) A STATEMENT OF THE REASONS WHY ANY SIGNIFICANT ALTERNATIVE RECOMMENDATIONS MADE PURSUANT TO SUBDIVISION ONE OF SECTION TWENTY-EIGHT HUNDRED ONE-G OF THIS ARTICLE AND SUBDIVISION THREE OF THIS SECTION WERE OR WERE NOT INCORPORATED INTO THE FINAL PLAN;

(C) A DESCRIPTION OF ANY CHANGES MADE TO THE PROPOSED PLAN AS A RESULT OF THE ISSUES RAISED PURSUANT TO SUBDIVISION ONE OF SECTION TWENTY-EIGHT HUNDRED ONE-G OF THIS ARTICLE AND THE RECOMMENDATIONS SUBMITTED BY THE COMMUNITY BOARD, CITY COUNCIL MEMBER, STATE SENATOR, ASSEMBLY MEMBER, CONGRESSIONAL REPRESENTATIVE, BOROUGH PRESIDENT, CITY PLANNING COMMISSION, CITY HEALTH DEPARTMENT OR MEMBER OF THE PUBLIC PURSUANT TO SUBDIVISION THREE OF THIS SECTION; AND

(D) A COMPLETE COPY OF THE PROPOSED DECISION OF THE COMMISSIONER REGARDING THE CLOSURE OF THE HOSPITAL, INCLUDING ALL PROPOSED TERMS, CONDITIONS AND PLANS FOR PROVIDING HEALTH SERVICES TO THE AFFECTED COMMUNITIES AND POPULATIONS.

5. THE COMMISSIONER MAY ONLY APPROVE THE APPLICATION IF HE OR SHE REASONABLY DETERMINES THAT THE NEEDS OF THE COMMUNITY AND IMPACTED STAKEHOLDERS, INCLUDING BUT NOT LIMITED TO ACCESS TO EMERGENCY MEDICAL CARE, CAN BE ADEQUATELY MET.

6. NO CLOSURE SHALL BE APPROVED UNDER THIS SECTION UNLESS THE COMMISSIONER COMPLIES WITH THE PROVISIONS OF THIS SECTION AND THE PROVISIONS OF SECTION TWENTY-EIGHT HUNDRED ONE-G OF THIS ARTICLE.

7. THE COMMISSIONER SHALL PROMULGATE ANY RULES NECESSARY TO EFFECTUATE THE PROVISIONS OF THIS SECTION.

S 3. Subdivisions 1 and 2 of section 2801-g of the public health law, as added by chapter 541 of the laws of 2010, are amended to read as follows:

1. No later than [thirty] FORTY-FIVE days after [the] AN APPLICATION FOR closure of a general hospital, the commissioner shall hold a public community forum for the purpose of obtaining public input concerning the anticipated impact of the general hospital's closure on access to health

care services by members of the surrounding community, including but not limited to recipients of medical assistance for needy persons, the uninsured, and underserved populations, and options and proposals to ameliorate such anticipated impact. The commissioner shall afford community members, health care providers, labor unions, payers, businesses [and], consumers, THE COMMUNITY BOARD, THE CITY PLANNING COMMISSION, THE CITY COUNCIL MEMBER REPRESENTING THE AREA WITHIN WHICH THE FACILITY IS LOCATED, THE CONGRESSIONAL REPRESENTATIVE FOR THE DISTRICT IN WHICH THE FACILITY IS LOCATED, THE PRESIDENT OF THE BOROUGH WITHIN WHICH THE FACILITY IS LOCATED, AND THE STATE SENATOR AND ASSEMBLY MEMBER REPRESENTING THE AREA WITHIN WHICH THE FACILITY IS LOCATED, a reasonable opportunity to speak about relevant matters at such community forum. THE COMMISSIONER SHALL ALSO ACCEPT COMMENTS SUBMITTED IN WRITING AT SUCH PUBLIC FORUM AND BY MAIL WITHIN A REASONABLE TIMEFRAME. AT LEAST TEN DAYS PRIOR TO SUCH COMMUNITY FORUM, THE COMMISSIONER SHALL RELEASE PUBLICLY AND POST ON ITS WEBSITE A COMPLETE COPY OF THE COMMISSIONER'S REPORT RELATED TO THE CLOSURE REQUIRED BY SUBDIVISION TWO OF SECTION TWENTY-EIGHT HUNDRED ONE-I OF THIS ARTICLE.

2. No later than [sixty] THIRTY days after holding a community forum pursuant to subdivision one of this section, the commissioner shall make available to the public on the department's website [information] A WRITTEN REPORT regarding:

(a) the anticipated impact of the general hospital's closure on access to health care services by members of the surrounding community, including but not limited to recipients of medical assistance for needy persons, the uninsured, and underserved populations;

(b) specific measures the department and other parties have taken or will take to ameliorate such anticipated impact; [and]

(c) any further recommendations regarding access to health care services in communities impacted by the general hospital's closure; AND

(D) INFORMATION ABOUT TRANSITIONAL MEDICAL SERVICES TO THE IMPACTED COMMUNITIES, INCLUDING BUT NOT LIMITED TO ARRANGEMENTS FOR CONTINUITY OF CARE.

S 4. This act shall take effect immediately.