

6417

2015-2016 Regular Sessions

I N A S S E M B L Y

March 24, 2015

Introduced by M. of A. SIMON, ARROYO, BARRON, BRENNAN, COOK, COLTON,  
MOSLEY, SKOUFIS, STECK, WALKER -- Multi-Sponsored by -- M. of A.  
BLAKE, SCHIMEL -- read once and referred 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 ASSEM-  
BLY, DO ENACT AS FOLLOWS:

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

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

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

10 2. (A) NO LATER THAN THIRTY DAYS AFTER RECEIPT OF AN APPLICATION FOR  
11 CLOSURE OF A GENERAL HOSPITAL IN A CITY WITH A POPULATION OF ONE MILLION  
12 OR MORE, THE COMMISSIONER SHALL SUBMIT A WRITTEN REPORT TO THE COMMUNITY  
13 BOARD, THE CITY PLANNING COMMISSION, THE CITY COUNCIL MEMBER REPRESENT-  
14 ING THE AREA WITHIN WHICH THE FACILITY IS LOCATED, THE PRESIDENT OF THE  
15 BOROUGH WITHIN WHICH THE FACILITY IS LOCATED, THE CONGRESSIONAL REPRE-  
16 SENTATIVE FOR THE DISTRICT IN WHICH THE FACILITY IS LOCATED, AND THE  
17 STATE SENATOR AND THE ASSEMBLY MEMBER REPRESENTING THE AREA WITHIN WHICH  
18 THE FACILITY IS LOCATED, OR THE CITY DEPARTMENT OF HEALTH. SUCH WRITTEN  
19 REPORT SHALL INCLUDE:

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

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

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

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

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

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

8 (B) THE COMMISSIONER SHALL ALSO MAKE A FULL COPY OF SUCH REPORT AVAIL-  
9 ABLE TO THE PUBLIC ON THE DEPARTMENT'S WEBSITE.

10 3. SUCH COMMUNITY BOARD, CITY COUNCIL MEMBER, STATE SENATOR, ASSEMBLY  
11 MEMBER, CONGRESSIONAL REPRESENTATIVE, AND BOROUGH PRESIDENT, CITY PLAN-  
12 NING COMMISSION, OR CITY HEALTH DEPARTMENT MAY REVIEW AND MAKE RECOMMEN-  
13 DATIONS BASED UPON SUCH WRITTEN REPORT BY THE COMMISSIONER WITHIN THIRTY  
14 DAYS OF RECEIPT THEREOF. ANY RECOMMENDATION BY SUCH COMMUNITY BOARD,  
15 CITY COUNCIL MEMBER, STATE SENATOR, ASSEMBLY MEMBER, CONGRESSIONAL  
16 REPRESENTATIVE, BOROUGH PRESIDENT, OR CITY PLANNING COMMISSION, OR CITY  
17 HEALTH DEPARTMENT OF SUCH CITY SHALL BE SUBMITTED TO THE COMMISSIONER.

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

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

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

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

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

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

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

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

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

55 1. No later than [thirty] FORTY-FIVE days after [the] AN APPLICATION  
56 FOR closure of a general hospital, the commissioner shall hold a public

1 community forum for the purpose of obtaining public input concerning the  
2 anticipated impact of the general hospital's closure on access to health  
3 care services by members of the surrounding community, including but not  
4 limited to recipients of medical assistance for needy persons, the unin-  
5 sured, and underserved populations, and options and proposals to amelio-  
6 rate such anticipated impact. The commissioner shall afford community  
7 members, health care providers, labor unions, payers, businesses [and],  
8 consumers, THE COMMUNITY BOARD, THE CITY PLANNING COMMISSION, THE CITY  
9 COUNCIL MEMBER REPRESENTING THE AREA WITHIN WHICH THE FACILITY IS  
10 LOCATED, THE CONGRESSIONAL REPRESENTATIVE FOR THE DISTRICT IN WHICH THE  
11 FACILITY IS LOCATED, THE PRESIDENT OF THE BOROUGH WITHIN WHICH THE  
12 FACILITY IS LOCATED, AND THE STATE SENATOR AND ASSEMBLY MEMBER REPRESENTING  
13 THE AREA WITHIN WHICH THE FACILITY IS LOCATED, a reasonable  
14 opportunity to speak about relevant matters at such community forum. THE  
15 COMMISSIONER SHALL ALSO ACCEPT COMMENTS SUBMITTED IN WRITING AT SUCH  
16 PUBLIC FORUM AND BY MAIL WITHIN A REASONABLE TIMEFRAME. AT LEAST TEN  
17 DAYS PRIOR TO SUCH COMMUNITY FORUM, THE COMMISSIONER SHALL RELEASE  
18 PUBLICLY AND POST ON ITS WEBSITE A COMPLETE COPY OF THE COMMISSIONER'S  
19 REPORT RELATED TO THE CLOSURE REQUIRED BY SUBDIVISION TWO OF SECTION  
20 TWENTY-EIGHT HUNDRED ONE-I OF THIS ARTICLE.

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

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

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

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

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

36 S 4. This act shall take effect immediately.