

3579

2015-2016 Regular Sessions

I N   S E N A T E

February 12, 2015

---

Introduced by Sens. ESPAILLAT, PERKINS, SAMPSON -- read twice and ordered printed, and when printed to be committed to the Committee on Commerce, Economic Development and Small Business

AN ACT to amend the economic development law, in relation to the establishment of the New York state task force on health care cost reduction through entrepreneurial innovation

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

1     Section 1. The economic development law is amended by adding a new  
2     section 139 to read as follows:  
3     S 139. NEW YORK STATE TASK FORCE ON HEALTH CARE COST REDUCTION THROUGH  
4     ENTREPRENEURIAL INNOVATION. 1. THE LEGISLATURE FINDS THAT OPPORTUNITIES  
5     EXIST TO IMPROVE HEALTH CARE DELIVERY, AND HEALTH THROUGH NONSURGICAL  
6     AND NON-PHARMACOLOGICAL MEANS BY ENCOURAGING COOPERATION OF HEALTH CARE  
7     PROVIDERS, MANUFACTURERS, SERVICE PROVIDERS, RESEARCHERS AND ENGINEERS  
8     TO DEVELOP INNOVATIVE SOLUTIONS. BY DEVELOPING PRODUCTS THAT HELP OUR  
9     SENIORS STAY IN THEIR HOMES LONGER, PEOPLE ON SPECIAL DIETS GET THE FOOD  
10    THAT THEY NEED AT A COST THEY CAN AFFORD, OR ENABLING REMOTE EMERGENCY  
11    WORKERS TO RESPOND MORE EFFECTIVELY, ULTIMATELY, HEALTH CARE COSTS ARE  
12    REDUCED. THEREFORE, THE LEGISLATURE ESTABLISHES THE NEW YORK STATE TASK  
13    FORCE ON HEALTH CARE COST REDUCTION THROUGH ENTREPRENEURIAL INNOVATION  
14    IN ORDER TO DEVELOP A COMPREHENSIVE STATEWIDE PLAN FOR DEVELOPMENT OF  
15    INDUSTRIES THAT DELIVER PRODUCTS AND SERVICES TO REDUCE THE COST OF  
16    HEALTH CARE WHILE CREATING JOBS AND STIMULATING ECONOMIC ACTIVITY  
17    THROUGHOUT THE STATE.  
18    2. THE DEPARTMENT, IN COOPERATION WITH THE DEPARTMENT OF HEALTH, SHALL  
19    ESTABLISH A TASK FORCE TO UNDERTAKE AN ASSESSMENT OF CONDITIONS THAT ARE  
20    TREATED IN THE HEALTH CARE SYSTEM WHERE COSTS ARE LOWERED THROUGH USE OF  
21    CURRENTLY AVAILABLE OR NEW PRODUCTS OR SERVICES AND DEVELOP A PLAN FOR  
22    NEW YORK STATE PUBLIC, NOT-FOR-PROFIT AND PRIVATE HEALTH CARE PROVIDERS  
23    TO WORK TOGETHER WITH INNOVATIVE SERVICE AND MANUFACTURING BUSINESSES TO

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

LBD08534-01-5

1 DEVELOP AND PROMOTE THE USE OF INNOVATIVE PRODUCTS AND SERVICES THAT  
2 LOWER HEALTH CARE COST WHILE IMPROVING HEALTH CARE OUTCOMES FOR  
3 PATIENTS, CAREGIVERS AND COMMUNITIES. THE TASK FORCE SHALL ISSUE A  
4 PRELIMINARY REPORT TO THE GOVERNOR AND LEGISLATURE OF ITS FINDINGS,  
5 CONCLUSIONS, AND RECOMMENDATIONS WITHIN NINETY DAYS AFTER THE EFFECTIVE  
6 DATE OF THIS SECTION AND A FINAL REPORT OF ITS FINDINGS, CONCLUSIONS,  
7 AND RECOMMENDATIONS NO LATER THAN ONE HUNDRED FIFTY DAYS AFTER THE  
8 EFFECTIVE DATE OF THIS SECTION. THE NEW YORK STATE TASK FORCE ON HEALTH  
9 CARE COST REDUCTION THROUGH ENTREPRENEURIAL INNOVATION REPORT SHALL  
10 INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING:

11 (A) AN INVENTORY OF TARGETED HEALTH CARE CONDITIONS FOR A COST  
12 REDUCTION PLAN AND THE RELATED PRODUCTS AND/OR SERVICES TO BE DEVELOPED,  
13 SUCH AS:

14 (I) PRODUCTS THAT MEET THE NEEDS OF SPECIAL DIETS, SUCH AS FOR THOSE  
15 WITH FOOD ALLERGIES, CELIAC DISEASE AND LACTOSE INTOLERANCE;

16 (II) PRODUCTS USED IN THE WORKPLACE TO PREVENT INJURIES FROM REPETI-  
17 TIVE STRESS, BURNS OR FALLS;

18 (III) PRODUCTS USED IN REHABILITATION AND RECOVERY FROM SURGICAL  
19 PROCEDURES OR INJURY;

20 (IV) PRODUCTS USED TO ALLOW HOMES TO BE ACCESSIBLE TO THE DISABLED, OR  
21 TO ALLOW SENIORS TO AGE IN PLACE;

22 (V) PRODUCTS FOR IMPROVING EMERGENCY OR FIRST RESPONDER SERVICES; AND

23 (VI) PRODUCTS TO PROVIDE FOR EFFICIENT AND EFFECTIVE REMOTE OR VIRTUAL  
24 AND ELECTRONICALLY ENABLED REMOTE HEALTH CARE, INCLUDING LOCATOR TECH-  
25 NOLOGY.

26 (B) AN INVENTORY OF NEW YORK STATE'S CURRENT INDUSTRIES AND RESOURCES  
27 THAT PROVIDE PRODUCTS AND SERVICES RELATED TO HEALTH CARE COST REDUCTION  
28 PLANS AS WELL AS CURRENTLY UNMET NEEDS, SHOWING GEOGRAPHIC AND INDUSTRY  
29 BASED STRENGTHS AND WEAKNESSES. PARTICULAR ATTENTION SHALL BE GIVEN TO  
30 THE CURRENT AND FUTURE OPPORTUNITIES FOR SMALL AND EMERGING MANUFACTUR-  
31 ING AND TECHNOLOGY BUSINESS THROUGHOUT NEW YORK STATE AS WELL AS THE  
32 RELEVANT SPECIALIZED RESEARCH AND DEVELOPMENT CAPABILITIES OF THE  
33 STATE'S UNIVERSITIES AND COLLEGES.

34 (C) RECOMMENDATIONS FOR DEVELOPMENT OF PRODUCTS AND SERVICES AND  
35 ACCOMPANYING BENCHMARKS, TIMELINES AND GOALS THAT CAN BE IMPLEMENTED AND  
36 PROMOTED BY THE DEPARTMENT WHILE WORKING WITH STAKEHOLDERS, INCLUDING,  
37 BUT NOT LIMITED TO, BUSINESSES, RESEARCH INSTITUTIONS, STATE AGENCIES  
38 AND AUTHORITIES, INDUSTRY AND TRADE GROUPS, AND LOCAL, REGIONAL AND  
39 STATEWIDE HEALTHCARE PROVIDERS.

40 (D) IN ORDER TO ACHIEVE THESE GOALS, THE TASK FORCE MAY HOLD PUBLIC  
41 HEARINGS, AND SHALL HAVE THE POWERS OF A LEGISLATIVE COMMITTEE PURSUANT  
42 TO THE LEGISLATIVE LAW.

43 (E) TO THE MAXIMUM EXTENT FEASIBLE, THE TASK FORCE SHALL BE ENTITLED  
44 TO REQUEST AND RECEIVE AND SHALL UTILIZE AND BE PROVIDED WITH SUCH  
45 FACILITIES, RESOURCES, AND DATA OF ANY DEPARTMENT, DIVISION, BOARD,  
46 BUREAU, COMMISSION, OR AGENCY OF THE STATE OR ANY POLITICAL SUBDIVISION  
47 THEREOF AS IT MAY REASONABLY REQUEST TO CARRY OUT PROPERLY ITS POWERS  
48 AND DUTIES PURSUANT TO THIS SECTION. THE TASK FORCE MAY USE RESOURCES OF  
49 THE DEPARTMENT AS IT MAY DEEM NECESSARY FOR THE PERFORMANCE OF ITS FUNC-  
50 TIONS.

51 3. NEW YORK STATE TASK FORCE ON HEALTH CARE COST REDUCTION THROUGH  
52 ENTREPRENEURIAL INNOVATION SHALL BE COMPOSED OF NINETEEN MEMBERS AS  
53 FOLLOWS:

54 (A) TWO EX-OFFICIO MEMBERS, WHO MAY DESIGNATE A REPRESENTATIVE TO ACT  
55 ON HIS OR HER BEHALF:

56 (I) THE COMMISSIONER OF THE DEPARTMENT OF ECONOMIC DEVELOPMENT; AND

1 (II) THE COMMISSIONER OF THE DEPARTMENT OF HEALTH.

2 (B) FIVE MEMBERS APPOINTED BY THE GOVERNOR, FOUR MEMBERS APPOINTED BY  
3 THE TEMPORARY PRESIDENT OF THE SENATE, FOUR MEMBERS APPOINTED BY THE  
4 SPEAKER OF THE ASSEMBLY, TWO MEMBERS APPOINTED BY THE MINORITY LEADER OF  
5 THE SENATE AND TWO MEMBERS APPOINTED BY THE MINORITY LEADER OF THE  
6 ASSEMBLY. SUCH MEMBERS SHALL BE LEADERS IN THE RELEVANT AREAS OF HEALTH  
7 SERVICE DELIVERY, ADVANCED MANUFACTURING, RESEARCH AND DEVELOPMENT, NEW  
8 PRODUCT DEVELOPMENT AND COMMERCIALIZATION. THE GOVERNOR SHALL DESIGNATE  
9 A CHAIRPERSON OF THE TASK FORCE. VACANCIES IN THE MEMBERSHIP OF THE TASK  
10 FORCE SHALL BE FILLED IN THE MANNER PROVIDED FOR ORIGINAL APPOINTMENTS.

11 (C) APPOINTING AUTHORITIES SHALL APPOINT MEMBERS OF THE TASK FORCE ON  
12 OR BEFORE THIRTY DAYS AFTER THE EFFECTIVE DATE OF THIS SECTION AND THE  
13 TASK FORCE SHALL CONVENE ITS FIRST MEETING ON OR BEFORE THIRTY DAYS  
14 THEREAFTER.

15 4. NOTWITHSTANDING THE PROVISIONS OF SECTION SEVENTY-FOUR OF THE  
16 PUBLIC OFFICERS LAW, SECTION EIGHT HUNDRED SIX OF THE GENERAL MUNICIPAL  
17 LAW OR ANY OTHER PROVISION OF LAW, MEMBERSHIP ON THE COMMISSION OF ANY  
18 STATE OR MUNICIPAL OFFICER OR EMPLOYEE SHALL NOT CONSTITUTE THE  
19 VIOLATION OF ANY CODE OF ETHICS OR A CONFLICT OF INTEREST. THE MEMBERS  
20 OF THE TASK FORCE SHALL RECEIVE NO COMPENSATION FOR THEIR SERVICES, BUT  
21 SHALL BE ALLOWED THEIR ACTUAL AND NECESSARY EXPENSES INCURRED IN THE  
22 PERFORMANCE OF THEIR DUTIES PURSUANT TO THIS SECTION.

23 S 2. This act shall take effect on the thirtieth day after it shall  
24 have become a law.