

STATE OF NEW YORK

11067

IN ASSEMBLY

June 4, 2018

Introduced by COMMITTEE ON RULES -- (at request of M. of A. McDonald) --
read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to integrating home care into the state's public health and prevention efforts

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The public health law is amended by adding a new section
2 3620-a to read as follows:

3 § 3620-a. Public health priority initiatives. 1. The commissioner
4 shall promote home care's integration into the state's health continuum
5 strategy to address public health priorities in disease prevention,
6 intervention, population health improvement, associated health care cost
7 reduction and research. Such integrated roles for home care shall be
8 promoted and incentivized on an agency voluntary basis. The commission-
9 er shall undertake these purposes through:

10 (a) Incorporation of home care agency direct care and care management
11 competencies in the department's prevention, primary care and public
12 health strategies;

13 (b) Promulgation of departmental guidance documents that describe and
14 assist home care agencies in exercising these roles;

15 (c) Promotion of evidence-based, best practices in public health and
16 prevention for use by home care agencies;

17 (d) Providing opportunities for home care staff training in public
18 health priority areas in the department's various training and educa-
19 tional programs for the health workforce and/or health care providers;

20 (e) Regulatory and procedural flexibility to optimize public health
21 triage and intervention by home care;

22 (f) Providing or making available public health and epidemiological
23 data for home care agency use in identifying, targeting and shaping
24 intervention;

25 (g) To the extent of available funds, and upon approval of the direc-
26 tor of the budget, reimbursement supplementation to rates or premiums
27 issued under section thirty-six hundred fourteen of this article or
28 section forty-four hundred three-f of this chapter, respectively;

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

LBD15833-01-8

1 (h) Promotion of public health priority collaboratives under section
2 twenty-eight hundred five-x of this chapter; and

3 (i) Other means the commissioner determines appropriate.

4 2. Priority public health areas under this section may include, but
5 not be limited to:

6 (a) Sepsis education, patient screening and early intervention;

7 (b) Asthma and respiratory condition management, including home envi-
8 ronmental assessment;

9 (c) Falls prevention screening, education and prevention;

10 (d) Opioid management and overuse or abuse prevention, including
11 alternatives in pain management, and programs in palliative care;

12 (e) Medication management, including in care transitions and poly-
13 pharmacy populations;

14 (f) Pressure ulcer prevention and mitigation;

15 (g) Diabetes;

16 (h) Obesity;

17 (i) Cardiovascular health;

18 (j) Health care disparities;

19 (k) High risk prenatal and post-partum care;

20 (l) Immunizations; and

21 (m) Other priority areas in population health, and in the related
22 social determinants of health, that the commissioner may designate.

23 3. In implementing this section, the commissioner shall seek the
24 advice of representatives of home care providers, state associations
25 representative of home care, state associations representative of physi-
26 cians, state associations representative of county public health
27 services and others with home care and/or public health expertise whom
28 the commissioner may designate.

29 4. The commissioner is authorized to calculate cost savings achieved
30 from public health initiatives through home care which the commissioner
31 shall determine applicable, and upon approval of the state budget direc-
32 tor, may provide a portion of which as shared savings reinvestment to
33 participating providers. Such shared savings may be provided through
34 supplementation of their medical assistance reimbursement, or other
35 means which the commissioner determines.

36 5. The department shall collect and report to the legislature informa-
37 tion on the activities and impact of home care public health initiatives
38 as the department determines relevant, including information on cost
39 savings, and shall include recommendations for further support of the
40 goals of this section. This report shall be provided within eighteen
41 months of the effective date of this section.

42 § 2. This act shall take effect immediately.