

STATE OF NEW YORK

7379

2017-2018 Regular Sessions

IN ASSEMBLY

April 25, 2017

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

AN ACT to amend the public health law, in relation to screening for elder abuse and maltreatment

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 article 19
2 to read as follows:

ARTICLE 19

ELDER ABUSE AND MALTREATMENT SCREENING

Section 1900. Legislative purpose.

1901. Elder abuse and maltreatment screening.

7 § 1900. Legislative purpose. The correlation between elder abuse and
8 maltreatment with increased hospitalizations, admissions and mortality
9 highlights the need for increased medical interventions, particularly as
10 New York continues to implement national healthcare reform initiatives.
11 A screening tool, to be utilized by medical professionals at important
12 junctures in the lives of those sixty years of age and older, presents a
13 significant opportunity for trusted medical providers to help identify
14 high risk patients and help to ensure their continued health and safety.

15 § 1901. Elder abuse and maltreatment screening. 1. The commissioner
16 shall establish a screening tool to identify abuse in elderly individ-
17 uals. Physicians, physician assistants and nurse practitioners may use
18 the tool to assist in identifying abuse or maltreatment in their elderly
19 patients during the course of treatment including, but not limited to,
20 annual physical exams or as part of patient screening under the uniform
21 assessment system for long term care as established by the department.

2. The screening tool shall include, but not be limited to:

22 a. a uniform intervention questionnaire with a common scale that can
23 be used across health care environments and populations to assist in the
24 identification of high risk patients;
25

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

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1 b. questions that can be used for both cognitively intact as well as
2 cognitively impaired individuals;

3 c. standardized intervention protocols including specific language and
4 uniform definitions of physical, sexual, emotional, and psychological
5 abuse, in addition to, neglect, abandonment, financial or material
6 exploitation, self-neglect and unwarranted control;

7 d. a list of resources to address the needs of patients identified as
8 being victims of abuse; and

9 e. documentation in a reportable format that may be used by the prac-
10 titioner to report suspected elder abuse and maltreatment cases to the
11 department for the purposes of tracking prevalence.

12 3. The screening tool shall be culturally and linguistically appropri-
13 ate in accordance with rules and regulations promulgated by the commis-
14 sioner.

15 4. Patients shall not be required to be subject to screening if they
16 refuse to participate or are in an urgent or emergent situation.

17 5. This section shall not affect the scope of practice of any health
18 care practitioner or diminish any authority or legal or professional
19 obligations of any health care practitioner.

20 6. The commissioner shall promulgate any rules and regulations neces-
21 sary to implement the provisions of this section.

22 § 2. This act shall take effect immediately.