

2017-2018 Regular Sessions

I N S E N A T E

(PREFILED)

January 4, 2017

Introduced by Sen. RIVERA -- 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 equitable and consistent access to outpatient care services

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

1 Section 1. Paragraphs (iii) and (iv) of subdivision 2 of section
2 2803-1 of the public health law, as amended by chapter 639 of the laws
3 of 1996, are amended and a new paragraph (v) is added to read as
4 follows:

5 (iii) demonstrate the hospital's operational and financial commitment
6 to meeting community health care needs, to provide charity care services
7 and to improve access to health care services by the underserved; [and]

8 (iv) prepare and make available to the public a statement showing on a
9 combined basis a summary of the financial resources of the hospital and
10 related corporations and the allocation of available resources to hospital
11 purposes including the provision of free or reduced charge
12 services[.]; AND

13 (V) DEMONSTRATE THE HOSPITAL'S COMMITMENT TO ENSURING QUALITY CARE AND
14 CONTINUITY OF CARE WITHIN ALL TREATMENT SETTINGS FOR ALL PATIENT POPU-
15 LATIONS, INCLUDING PERSONS COVERED BY MEDICAID AND THE UNINSURED, IN
16 ACCORDANCE WITH THE PROVISIONS OF SECTION TWENTY-EIGHT HUNDRED FIVE-Z OF
17 THIS ARTICLE.

18 § 2. The public health law is amended by adding a new section 2805-z
19 to read as follows:

20 § 2805-Z. ACCESS TO OUTPATIENT SERVICES. EVERY GENERAL HOSPITAL SHALL
21 ESTABLISH POLICIES THAT ASSURE EQUITABLE AND CONSISTENT ACCESS TO OUTPA-
22 TIENT CARE SERVICES THAT MAY BE PROVIDED OR ARRANGED BY SUCH HOSPITAL
23 THROUGH HOSPITAL-AFFILIATED OUTPATIENT DEPARTMENTS, CLINICS, FACULTY
24 PRACTICE PLANS OR PRIVATE PHYSICIAN PRACTICES, REGARDLESS OF A PATIENT'S

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

1 SOURCE OF COVERAGE OR PAYMENT. SUCH POLICIES SHALL BE INCORPORATED WITH-
2 IN THE GENERAL HOSPITAL'S COMMUNITY SERVICES PLAN, IN ACCORDANCE WITH
3 THE PROVISIONS OF SECTION TWENTY-EIGHT HUNDRED THREE-L OF THIS ARTICLE.
4 TO ASSIST GENERAL HOSPITALS IN SATISFYING THESE OBLIGATIONS AND DEVELOP-
5 ING SUCH POLICIES, THE DEPARTMENT SHALL EXAMINE BARRIERS THAT MAY EXIST
6 TO ASSURING EQUITABLE ACCESS TO HEALTH CARE SERVICES. IN CONDUCTING SUCH
7 EXAMINATION, THE DEPARTMENT SHALL CONSIDER ANY STATE OR FEDERAL REGULA-
8 TORY OR REIMBURSEMENT POLICIES THAT DISCOURAGE EQUITABLE ACCESS, REGARD-
9 LESS OF THE PATIENT'S SOURCE OF COVERAGE OR PAYMENT. THE DEPARTMENT
10 SHALL ALSO EXAMINE THE EXTENT TO WHICH INSURANCE AND MANAGED CARE BENE-
11 FIT DESIGNS MAY DISCOURAGE OR PRECLUDE ACCESS TO APPROPRIATE SERVICES BY
12 PATIENTS, REGARDLESS OF THE PATIENT'S SOURCE OF COVERAGE OR PAYMENT. THE
13 COMMISSIONER SHALL, ON OR BEFORE DECEMBER THIRTY-FIRST, TWO THOUSAND
14 EIGHTEEN, ISSUE A REPORT ON SUCH EXAMINATION INCLUDING RECOMMENDATIONS
15 FOR ANY NECESSARY LEGISLATIVE OR REGULATORY CHANGES TO ENHANCE ACCESS TO
16 SERVICES, AND DETAILING ANY FEDERAL STATUTORY OR REGULATORY BARRIERS.

17 § 3. This act shall take effect immediately, except that section one
18 of this act shall take effect on October 1, 2018 and the provisions of
19 such section shall apply to community service plans due and submitted on
20 or after such date.