

# STATE OF NEW YORK

7082

## IN SENATE

(Prefiled)

January 3, 2018

Introduced by Sen. KAVANAGH -- 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 the closure of hospitals

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

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

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

5 § 2801-i. Closure of hospitals. 1. Notwithstanding any provision of  
6 law to the contrary, the closure of a general hospital or surrender of  
7 an operating certificate pursuant to this article shall be subject to  
8 review and approval by the commissioner.

9 2. (a) No later than thirty days after receipt of an application for  
10 closure of a general hospital in a city with a population of one million  
11 or more, the commissioner shall submit a written report to the community  
12 board, the city planning commission, the city council member represent-  
13 ing the area within which the facility is located, the president of the  
14 borough within which the facility is located, the congressional repre-  
15 sentative for the district in which the facility is located, and the  
16 state senator and the assembly member representing the area within which  
17 the facility is located, or the city department of health. Such written  
18 report shall include:

19 (1) the anticipated impact of the general hospital's closure on access  
20 to health care services by members of the surrounding communities,  
21 including but not limited to recipients of medical assistance for needy  
22 persons, the uninsured, and underserved populations;

23 (2) specific measures the department and other parties have taken or  
24 would take to ameliorate such anticipated impact on the communities;

25 (3) any further recommendations regarding access to health care  
26 services in communities impacted by the closure;

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

LBD00446-03-7

1 (4) an assessment of the ability of the state to assume financial  
2 responsibility or identify an alternate operator; and

3 (5) complete copies of the application or request for closure.

4 (b) The commissioner shall also make a full copy of such report avail-  
5 able to the public on the department's website.

6 3. Such community board, city council member, state senator, assembly  
7 member, congressional representative, and borough president, city plan-  
8 ning commission, or city health department may review and make recommen-  
9 dations based upon such written report by the commissioner within thirty  
10 days of receipt thereof. Any recommendation by such community board,  
11 city council member, state senator, assembly member, congressional  
12 representative, borough president, or city planning commission, or city  
13 health department of such city shall be submitted to the commissioner.

14 4. Upon any decision by the commissioner to approve or reject an  
15 application for closure of a general hospital in a city with a popu-  
16 lation of one million or more, the commissioner shall make available to  
17 the public on the department's website a written report including:

18 (a) a summary of the issues raised pursuant to subdivision one of  
19 section twenty-eight hundred one-g of this article and a summary of any  
20 recommendations submitted by the community board, city council member,  
21 state senator, assembly member, congressional representative, borough  
22 president, city planning commission, or city health department pursuant  
23 to subdivision three of this section;

24 (b) a statement of the reasons why any significant alternative recom-  
25 mendations made pursuant to subdivision one of section twenty-eight  
26 hundred one-g of this article and subdivision three of this section were  
27 or were not incorporated into the final plan;

28 (c) a description of any changes made to the proposed plan as a result  
29 of the issues raised pursuant to subdivision one of section twenty-eight  
30 hundred one-g of this article and the recommendations submitted by the  
31 community board, city council member, state senator, assembly member,  
32 congressional representative, borough president, city planning commis-  
33 sion, city health department or member of the public pursuant to subdi-  
34 vision three of this section; and

35 (d) a complete copy of the proposed decision of the commissioner  
36 regarding the closure of the hospital, including all proposed terms,  
37 conditions and plans for providing health services to the affected  
38 communities and populations.

39 5. The commissioner may only approve the application if he or she  
40 reasonably determines that the needs of the community and impacted  
41 stakeholders, including but not limited to access to emergency medical  
42 care, can be adequately met.

43 6. No closure shall be approved under this section unless the commis-  
44 sioner complies with the provisions of this section and the provisions  
45 of section twenty-eight hundred one-g of this article.

46 7. The commissioner shall promulgate any rules necessary to effectuate  
47 the provisions of this section.

48 § 3. Subdivisions 1 and 2 of section 2801-g of the public health law,  
49 as added by chapter 541 of the laws of 2010, are amended to read as  
50 follows:

51 1. No later than [~~thirty~~] forty-five days after [~~the~~] an application  
52 for closure of a general hospital, the commissioner shall hold a public  
53 community forum for the purpose of obtaining public input concerning the  
54 anticipated impact of the general hospital's closure on access to health  
55 care services by members of the surrounding community, including but not  
56 limited to recipients of medical assistance for needy persons, the unin-

1 sured, and underserved populations, and options and proposals to amelio-  
2 rate such anticipated impact. The commissioner shall afford community  
3 members, health care providers, labor unions, payers, businesses [~~and~~],  
4 consumers, the community board, the city planning commission, the city  
5 council member representing the area within which the facility is  
6 located, the congressional representative for the district in which the  
7 facility is located, the president of the borough within which the  
8 facility is located, and the state senator and assembly member repres-  
9 enting the area within which the facility is located, a reasonable  
10 opportunity to speak about relevant matters at such community forum. The  
11 commissioner shall also accept comments submitted in writing at such  
12 public forum and by mail within a reasonable timeframe. At least ten  
13 days prior to such community forum, the commissioner shall release  
14 publicly and post on its website a complete copy of the commissioner's  
15 report related to the closure required by subdivision two of section  
16 twenty-eight hundred one-i of this article.

17 2. No later than [~~sixty~~] thirty days after holding a community forum  
18 pursuant to subdivision one of this section, the commissioner shall make  
19 available to the public on the department's website [~~information~~] a  
20 written report regarding:

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

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

27 (c) any further recommendations regarding access to health care  
28 services in communities impacted by the general hospital's closure; and

29 (d) information about transitional medical services to the impacted  
30 communities, including but not limited to arrangements for continuity of  
31 care.

32 § 4. This act shall take effect immediately.