STATE OF NEW YORK

3836

2019-2020 Regular Sessions

IN ASSEMBLY

January 31, 2019

Introduced by M. of A. McDONALD, TAYLOR, DICKENS, ARROYO, ENGLEBRIGHT, RIVERA, D'URSO, COOK, NIOU, SEAWRIGHT, HYNDMAN, BICHOTTE, CAHILL, ORTIZ, STERN, LAWRENCE, ASHBY, ABBATE, SIMON, WRIGHT -- 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:

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

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

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

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

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

(d) Providing opportunities for home care staff training in public health priority areas in the department's various training and educational programs for the health workforce and/or health care providers;

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

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

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

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

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

(i) Other means the commissioner determines appropriate.

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

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

(b) Asthma and respiratory condition management, including home environmental assessment;

(c) Falls prevention screening, education and prevention;

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

(e) Medication management, including in care transitions and polypharmacy populations;

(f) Pressure ulcer prevention and mitigation;

(g) Diabetes;

(h) Obesity;

(i) Cardiovascular health;

(j) Health care disparities;

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

(l) Immunizations; and

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

3. In implementing this section, the commissioner shall seek the advice of representatives of home care providers, state associations representative of home care, state associations representative of physicians, state associations representative of county public health services and others with home care and/or public health expertise whom the commissioner may designate.

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

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

§ 2. This act shall take effect immediately. Effective immediately the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made on or before such date.