

# 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.

LBD00720-01-9

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

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

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

10 (i) Other means the commissioner determines appropriate.

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

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

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

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

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

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

21 (f) Pressure ulcer prevention and mitigation;

22 (g) Diabetes;

23 (h) Obesity;

24 (i) Cardiovascular health;

25 (j) Health care disparities;

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

27 (l) Immunizations; and

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

30 3. In implementing this section, the commissioner shall seek the  
31 advice of representatives of home care providers, state associations  
32 representative of home care, state associations representative of physi-  
33 cians, state associations representative of county public health  
34 services and others with home care and/or public health expertise whom  
35 the commissioner may designate.

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

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

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