STATE OF NEW YORK

7130

IN SENATE

(Prefiled)

January 8, 2020

Introduced by Sen. HARCKHAM -- 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 requiring a consultation prior to the discharge of medically fragile young adults

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 2828 to read as follows:

§ 2828. Discharge of medically fragile young adults. 1. For purposes of this section, the following terms shall have the following meanings:

(a) "medically fragile young adults" shall have the same meaning as the term "medically fragile children" as set forth in subdivision three-a of section thirty-six hundred fourteen of this chapter and shall include medically fragile young adults who currently reside at a pediatric specialized nursing facility and are over twenty-one years of age;

(b) "hospital" shall mean any "general hospital" as defined in section twenty-eight hundred one of this article;

(c) "discharge" shall mean a patient's exit or release from a hospital to the patient's residence following an admission to a hospital;

(d) "patient" shall mean a patient who is a medically fragile young adult; and

(e) "residence" shall mean a dwelling that the patient considers to be his or her home. A "residence" for the purposes of this article shall not include any rehabilitation facility, hospital, group home or other residential health care facility as defined in section twenty-eight hundred one of this article or any inpatient facility regulated by the office of mental health.

2. Not later than twenty-four hours prior to a patient's discharge from a hospital, the hospital shall consult with the patient and the parent or legal guardian of the patient regarding such parent or legal guardian's capabilities and limitations and issue a discharge plan that describes a patient's after-care needs at his or her residence. At a minimum, such discharge plan shall include:

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

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(a) a description of all after-care tasks recommended by the discharging physician, taking into account the capabilities and limitations of the caregiver; and

(b) contact information for health care, community resources, and long-term services and support necessary to successfully carry out the patient's discharge plan.

3. The hospital issuing the discharge plan shall offer parents and legal guardians instruction in all after-care tasks described in the discharge plan.

(a) At minimum, such instruction shall include:

(i) a live or recorded demonstration of the tasks performed by a hospital employee authorized to perform the after-care task, provided in a culturally competent manner and in accordance with the hospital's requirements to provide language access services under state and federal law;

(ii) an opportunity for the parent or legal guardian and patient to ask questions about the after-care tasks; and

(iii) answers to the parent or legal guardian's and patient's questions provided in a culturally competent manner and in accordance with the hospital's requirements to provide language access services under state and federal law.

(b) Any instructions required under this article shall be documented in the patient's medical record, including, at minimum, the date, time, and contents of the instruction.

4. The department shall promulgate rules and regulations to allow medically fragile young adults who reside in pediatric specialized nursing facilities to remain at such facilities after reaching the age of twenty-one. The reimbursement methodology must remain the same as it was prior to reaching such age and include a daily per diem rate and coverage for bedholds. Medicaid reimbursement for this population for reserved beds due to hospitalization and for therapeutic and hospice leaves of absence must remain at one hundred percent of the Medicaid rate of medically fragile children. The department may not institute a daily limit at each facility for this population.

5. The department is authorized to promulgate rules and regulations to implement the provisions of this section, including but not limited to, regulations to further define the content and scope of any instruction provided to parents, legal guardians and patients under this section.

§ 2. This act shall take effect on the one hundred twentieth day after it shall have become a law. 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 and completed on or before such date.