

STATE OF NEW YORK

1805

2019-2020 Regular Sessions

IN SENATE

January 16, 2019

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 authorizing collaborative programs for community paramedicine services

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

1 Section 1. Section 2805-x of the public health law, as added by
2 section 48 of part B of chapter 57 of the laws of 2015, is amended to
3 read as follows:

4 § 2805-x. Hospital-home care-physician collaboration program. 1. The
5 purpose of this section shall be to facilitate innovation in hospital,
6 home care agency and physician collaboration in meeting the community's
7 health care needs. It shall provide a framework to support voluntary
8 initiatives in collaboration to improve patient care access and manage-
9 ment, patient health outcomes, cost-effectiveness in the use of health
10 care services and community population health. Such collaborative hospi-
11 tal-home care-physician initiatives may also include payors, skilled
12 nursing facilities, emergency medical services and other interdiscipli-
13 nary providers, practitioners and service entities as part of such
14 hospital-home care-physician collaborative provided, however, that in
15 the case of collaborative community paramedicine as set forth in this
16 section and article thirty of this chapter, the collaborative shall
17 minimally comprise hospital, home care, physician, and emergency medical
18 services partners.

19 2. For purposes of this section:

20 (a) "Hospital" shall include a general hospital as defined in this
21 article or other inpatient facility for rehabilitation or specialty care
22 within the definition of hospital in this article.

23 (b) "Home care agency" shall mean a certified home health agency, long
24 term home health care program or licensed home care services agency as
25 defined in article thirty-six of this chapter.

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

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1 (c) "Payor" shall mean a health plan approved pursuant to article
2 forty-four of this chapter, or article thirty-two or forty-three of the
3 insurance law.

4 (d) "Practitioner" shall mean any of the health, mental health or
5 health related professions licensed pursuant to title eight of the
6 education law.

7 (e) "Emergency medical services" (EMS) shall mean the services of an
8 ambulance service or an advanced life support first response service
9 certified under article thirty of this chapter staffed by emergency
10 medical technicians or advanced emergency medical technicians to provide
11 basic or advanced life support and, for the purposes of the community
12 paramedicine collaboration model set forth in subdivision four of this
13 section, also to provide such services pursuant to such models in
14 circumstances other than the initial emergency medical care and trans-
15 portation of sick and injured persons.

16 3. The commissioner is authorized to provide financing including, but
17 not limited to, grants or positive adjustments in medical assistance
18 rates or premium payments, to the extent of funds available and allo-
19 cated or appropriated therefor, including funds provided to the state
20 through federal waivers, funds made available through state appropri-
21 ations and/or funding through section twenty-eight hundred seven-v of
22 this article, as well as waivers of regulations under title ten of the
23 New York codes, rules and regulations, to support the voluntary initi-
24 atives and objectives of this section. Nothing in this section shall be
25 construed to limit, or to imply the need for state approval of, collabo-
26 rative initiatives enumerated in this section which are otherwise
27 permissible under law or regulation, provided however that the approval
28 of the commissioner shall be required for either state funding or regu-
29 latory waivers as provided for under this section.

30 4. Hospital-home care-physician collaborative initiatives under this
31 section may include, but shall not be limited to:

32 (a) Hospital-home care-physician integration initiatives, including
33 but not limited to:

34 (i) transitions in care initiatives to help effectively transition
35 patients to post-acute care at home, coordinate follow-up care and
36 address issues critical to care plan success and readmission avoidance;

37 (ii) clinical pathways for specified conditions, guiding patients'
38 progress and outcome goals, as well as effective health services use;

39 (iii) application of telehealth/telemedicine services in monitoring
40 and managing patient conditions, and promoting self-care/management,
41 improved outcomes and effective services use;

42 (iv) facilitation of physician house calls to homebound patients
43 and/or to patients for whom such home visits are determined necessary
44 and effective for patient care management;

45 (v) additional models for prevention of avoidable hospital readmis-
46 sions and emergency room visits;

47 (vi) health home development;

48 (vii) development and demonstration of new models of integrated or
49 collaborative care and care management not otherwise achievable through
50 existing models; ~~and~~

51 (viii) bundled payment demonstrations for hospital-to-post-acute-care
52 for specified conditions or categories of conditions, in particular,
53 conditions predisposed to high prevalence of readmission, including
54 those currently subject to federal/state penalty, and other discharges
55 with extensive post-acute needs; and

(ix) models of community paramedicine, under which hospitals, emergency medical services who utilize employed or volunteer emergency medical technicians or advanced emergency medical technicians, physicians and home care agencies, in joint partnership, may develop and implement a plan for the collaborative provision of services in community settings. In addition to emergency services provided under article thirty of this chapter, models of community paramedicine may include collaborative services to at-risk individuals living in the community to prevent emergencies, avoidable emergency room need, avoidable transport and potentially avoidable hospital admissions and readmissions; community paramedicine services to individuals with behavioral health conditions, or developmental or intellectual disabilities, shall further include the collaboration of appropriate providers of behavioral health services licensed or certified under the mental hygiene law;

(b) Recruitment, training and retention of hospital/home care direct care staff and physicians, in geographic or clinical areas of demonstrated need. Such initiatives may include, but are not limited to, the following activities:

(i) outreach and public education about the need and value of service in health occupations;

(ii) training/continuing education and regulatory facilitation for cross-training to maximize flexibility in the utilization of staff, including:

(A) training of hospital nurses in home care;

(B) dual certified nurse aide/home health aide certification; ~~and~~

(C) dual personal care aide/HHA certification; and

(D) orientation and/or collaborative training of EMS, hospital, home care, physician and, as necessary, other participating provider staff in community paramedicine;

(iii) salary/benefit enhancement;

(iv) career ladder development; and

(v) other incentives to practice in shortage areas; and

(c) Hospital - home care - physician collaboratives for the care and management of special needs, high-risk and high-cost patients, including but not limited to best practices, and training and education of direct care practitioners and service employees.

5. Hospitals and home care agencies which are provided financing or waivers pursuant to this section shall report to the commissioner on the patient, service and cost experiences pursuant to this section, including the extent to which the project goals are achieved. The commissioner shall compile and make such reports available on the department's website.

§ 2. The public health law is amended by adding a new section 3001-a to read as follows:

§ 3001-a. Community paramedicine services. Notwithstanding any inconsistent provision of this article, an emergency medical technician or advanced emergency medical technician in course of his or her work as an employee or volunteer of an ambulance service or an advanced life support first response service certified under this article to provide emergency medical services may also participate in models of community paramedicine pursuant to section twenty-eight hundred five-x of this chapter.

§ 3. This act shall take effect immediately.