

# STATE OF NEW YORK

5144

2019-2020 Regular Sessions

## IN SENATE

April 11, 2019

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-h  
4 to read as follows:

5 § 2801-h. 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;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

53 1. No later than [~~thirty~~] **forty-five** days after [~~the~~] **an application**  
54 **for** closure of a general hospital, the commissioner shall hold a public  
55 community forum for the purpose of obtaining public input concerning the  
56 anticipated impact of the general hospital's closure on access to health

1 care services by members of the surrounding community, including but not  
2 limited to recipients of medical assistance for needy persons, the unin-  
3 sured, and underserved populations, and options and proposals to amelio-  
4 rate such anticipated impact. The commissioner shall afford community  
5 members, health care providers, labor unions, payers, businesses [~~and~~],  
6 consumers, the community board, the city planning commission, the city  
7 council member representing the area within which the facility is  
8 located, the congressional representative for the district in which the  
9 facility is located, the president of the borough within which the  
10 facility is located, and the state senator and assembly member repres-  
11 enting the area within which the facility is located, a reasonable  
12 opportunity to speak about relevant matters at such community forum. The  
13 commissioner shall also accept comments submitted in writing at such  
14 public forum and by mail within a reasonable timeframe. At least ten  
15 days prior to such community forum, the commissioner shall release  
16 publicly and post on its website a complete copy of the commissioner's  
17 report related to the closure required by subdivision two of section  
18 twenty-eight hundred one-h of this article.

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

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

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

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

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

34 § 4. This act shall take effect immediately.